

GUIDANCE ON FILLING OUT YOUR ORIEL APPLICATION

This guidance has been written to support the Oriel application to Paediatric Sub-specialty Training. There are small sections of the application form that are not relevant to this recruitment, but the College are unable to edit these sections as they're part of the fixed medical recruitment application form in Oriel. We have included the questions and answers below that do not need to be filled out, or that may cause some confusion. We've also included screen shots as a reference on pages 3 and 4.

Please note that once you're logged into Oriel your session will time out after 1 hour, so remember to save as you go.

If you have any queries, please contact the RCPCH Medical Recruitment Team on subspecialty@rcpch.ac.uk or 020 7092 6139.

Application page: Training history/Previous training details

1. Training history/Previous training details – see image 1 and 2 in the appendix

- Level to which you are applying.
If multiple levels are available to select, please choose the highest to which you can demonstrate eligibility.
Please select: Paediatric Sub-specialty training
- Have you previously relinquished or been released or removed from a training programme in the specialty or associated core training programme for which you are applying?
Please select: No (even if the answer is yes)
- Do you currently hold a National Training Number (NTN) or Deanery Reference Number (DRN) in the specialty to which you are applying and are you applying to continue your training in another area/region?
Please select: No

2. Personal details – see image 3 in the appendix

- Do you currently hold a National Training Number (NTN) or Deanery Reference Number (DRN)?
All trainees in core (with the exception of dental core), higher, specialty or locum appointment for training posts will hold either an NTN or DRN.
Please select: Yes
- If yes, which specialty and area/region?
Please select: Paediatrics/Anaesthetics/Intensive Care Medicine/Emergency Medicine (depending on your current specialty)
- If you currently hold an NTN, are you applying to this specialty with the intention of pursuing dual training with your current specialty?
Please select: No

3. Professional registration

- If applying to OMFS, will you have registration with the General Dental Council (GDC) by the start date of the post to which you are applying?
Please select: No

5. Special circumstances

- If you have special circumstances please complete the [Special circumstances request form \(reviewed 5 August 2024\)](#) and email it to the RCPCH Medical Recruitment Team at subspecialty@rcpch.ac.uk NOT to the MDRS team.

Application page: Fitness to practise

- If you answer, 'YES' to any of the questions on this page, please email the RCPCH Medical Recruitment Team at fitness.topractise@rcpch.ac.uk with the subject as 'CONFIDENTIAL'.

Application page: Competences/Eligibility

2. Entry qualification - applicants to Oral and Maxillo Facial Surgery only

- Please leave this section blank

3. Accreditation of transferable capabilities

- If successful in your application to this specialty, would you be interested in accrediting transferable capabilities?
Please select: No

Application page: Evidence

7. Publications/Presentations/Posters

Citation (write as anonymous)

- Please remove the authors so you are not identifiable. Please use the citation format stated by the relevant journal (but remember not to include authors) or use the 'house style' for most medical journals of; title of the article, title of journal, year of publication, volume number, first and last page numbers and DOI.

You will not lose marks on how you write the citation, but if you do not provide one, the shortlisters cannot award a score for your example.

Example citations:

- Peer reviewed publication: XX, Year, 'Article Title', Journal Title, Volume, Issue, Page(s)
- Poster: XX, 'Title of the Poster,' Title of the Conference/Meeting, Date, Location
- Presentation: XX, Year, 'Presentation Title' [PowerPoint presentation] Date. Institution, Place

5. Education - Involvement in teaching

- A local example will be provided to either your Team/Department/Hospital/Trust/Health Board and may include team meetings or local teaching sessions for undergraduates. For example, you taught postgraduates or undergraduates on placement in your hospital where you work.
- A regional example will be provided to an audience that is drawn from across a region and/or multi-site network (ICB/Deanery/Specialty Network/Medical School) and may be delivered at your local hospital. For example, you organised teaching at your local hospital for undergraduate paediatrics societies, not just the students on placement where you work.
- Do you have any of the following formal teaching qualifications?
If you do not have a formal teaching qualification, please select 'Other (please specify below)'
- What is the name of your teaching qualification? Please provide a link to the course website if available.
If you selected 'Other' for the previous question, please type 'N/A' here.

Application page: Supporting

8. UK Paediatric Training Details

- If you answered 'Yes', please select your current level of training. If you are currently on an OOP, please choose your last training level. If you answered 'No', please select the appropriate option.
Please select the option which applies to you. If you are ST5 (C4), ST6 (S1) or ST7 (S2) please select ST5, ST6 or ST7. If you would like to provide further details (this is not required) please select 'other' and add your explanation. For information on the nomenclature 'fix' please read this article:
<https://www.rcpch.ac.uk/news-events/news/five-weeks-to-go-until-progress-plus>

APPENDIX

Screen shots from example Oriel application: 1. Training history/Previous training details

Image 1.

1 Training history / Previous training details

* Level to which you are applying
If multiple levels are available to select, please choose the highest to which you can demonstrate eligibility.

Paediatric Sub-Specialty Training

This training post/programme is not normally available to any doctor who has previously relinquished or been released/removed from this training programme or the associated core training programme

* Have you previously relinquished or been released or removed from a training programme in the specialty or associated core training programme for which you are applying?

Yes No

Image 2.

* Do you currently hold a National Training Number (NTN) or Deanery Reference Number (DRN) in the specialty to which you are applying and are you applying to continue your training in another area/region?

Yes No

Screen shot from example Oriol application: 2. Personal details

Image 3.

- Do you currently hold a National Training Number (NTN) or Deanery Reference Number (DRN)?

All trainees in core (with the exception of dental core), higher, specialty or locum appointment for training posts will hold either an NTN or DRN.

 Yes No

If yes, which specialty and area/region?

- Specialty
Paediatrics

- Area/Region
Health Education England London

- What is your NTN/DRN?
123456

- If you currently hold an NTN, are you applying to this specialty with the intention of pursuing dual training with your current specialty?

 Yes No