

THE MINISTRY OF DEFENCE CLINICAL EXCELLENCE AWARDS SCHEME

Guide for Assessors

2011 Round

May 2011



MINISTRY OF DEFENCE

**Headquarters
Surgeon General**

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Who is this guide for?

This guide is for anyone assessing applications for the MOD Clinical Excellence Awards scheme. It explains how the Scheme works, the role of the assessor in the process and what criteria under the MOD scheme should be used to assess applications. It should be used as background information, and as a reference guide when making assessments.

It should be used in conjunction with the *“Rules & Guidance for Applicants”*.(Form A).

Part 1: Introduction

The MOD Clinical Excellence Awards Scheme

1.1 The MOD Clinical Excellence Awards Scheme (CEA) recognises and rewards Defence Medical Services (DMS) consultants and Academic GPs who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

1.2 To be considered for an award, consultants and academic GPs must demonstrate a commitment to delivering high quality patient care, and to the continuous improvement of DMS objectives.

1.3 The scheme is administered by HQ Surgeon General on behalf of the MODCEA committee (MODCEAC).

How does the Scheme work?

1.4 There are four levels of award: Bronze, Silver, Gold and Platinum. There is one application form for all levels of award, ensuring each applicant has the same opportunity to highlight their contributions.

What does the Scheme reward?

1.5 The Scheme rewards individuals who perform over and above the standard expected of a consultant or academic GP in their post, and who locally, nationally or internationally:

- demonstrate sustained commitment to patient care and wellbeing, or improving public health;
- sustain high standards of both technical and clinical aspects of service whilst providing patient-focused care;
- in their day-to-day practice demonstrate a sustained commitment to the values and goals of the NHS, by participating actively in annual job planning, observing the private practice Code of Conduct and showing a commitment to achieving agreed service objectives;
- through active participation in clinical governance contribute to continuous improvement in service organisation and delivery;
- embrace the principles of evidence-based practice;
- contribute to knowledge base through research and participate actively in research governance;
- are recognised as excellent teachers and/or trainers and/or managers;
- contribute to policy-making and planning in health and health care;
- make an outstanding contribution to professional leadership.

1.6 Please note, consultants and academic GPs applying for awards are not expected to meet every objective.

Part 2: The Assessment Process

Preliminary Selection Meeting

2.1 After the deadline, Headquarters Surgeon General (HQ SG) sends all completed applications to the MOD committee members in advance of the preliminary selection meeting for scoring, in line with the assessment criteria, and they then return the completed assessment forms to HQ SG for collation.

2.2 The preliminary meeting is then held In Autumn 2011 to identify and consider possible awardees, taking account of overall scores from MOD members of MODCEAC (ACCEA and the representative of the Academy of Medical Royal colleges do not score at this stage of the selection process) and citations from organisations and individuals. The total available number of awards available in the round is also discussed (the maximum number of MOD CEAs available at any one time is 38).

Final Selection Meeting

2.3 The prioritised recommendation list of applicants compiled at the preliminary selection meeting is then distributed to all committee members prior to the full MODCEAC meeting. At that meeting all members discuss the recommendations compiled at the preliminary meeting and agree the final list of awards, taking into account the scoring and views of ACCEA and the representative of the Academy of Medical Royal Colleges. Checks may be made to see if an individual is being investigated by the GMC/GDC before the final committee decision. Discussion of individual applications is confidential to members of the committee.

Members of the 2011 MOD Clinical Excellence Awards Committee

- 2.4** Chairman of ACCEA for England and Wales (Chairman)
Medical Director of ACCEA for England and Wales (Vice-Chairman)
Representative of an ACCEA Sub-Committee (external layperson)
Representative of the Academy of Medical Royal Colleges (if required¹)
Surgeon General
Medical Director General (Naval)
Director General Army Medical Services
Director General Medical Services (RAF)
Commander Joint Medical Command
Director Service Personnel Policy
Director Defence Dental Services
Medical Director Joint Medical Command
HQ Surgeon General representative (Secretary)

¹ A Defence Consultant Adviser and/or representative from a Royal College or Faculty may be invited to attend the final selection meeting of the MODCEAC, depending on the specialties of the candidates being considered.

Part 3: Assessor's Guide

How are applications assessed?

3.1 Assessors must use the scoring guide provided in Part 4, in order to ensure that all applications are assessed against the same criteria. All levels of MOD CEA are assessed using the same forms and process, including reviews of existing awards. In order to differentiate between the different levels, assessors are expected to take account of the kind of achievements possible at different stages of a consultant's or academic GP's career.

3.2 Assessors will have sight of the following documents from each applicant:

- a) Application Form, which includes a personal statement (not scored) and 8 domains (to be scored)
- b) A copy of each applicant's Job Plan (not scored)
- c) Supporting Citations: one from the applicant's Medical Director General, and up to 3 external citations (not scored)

Principles of assessment

3.3 It is important that assessors abide by the following rules:

- a) An applicant's evidence for a domain must be included in the correct domain box – if it is not, the evidence cannot be taken from elsewhere in the application.
- b) Supporting citations and job plans can be used to corroborate the applicant's evidence – they should not be used to augment information not provided by the applicant.
- c) The awards are given to those that offer outstanding service and results consistently over and above the normal delivery of their job plans, including the quality of delivery of contractual duties.
- d) Assessors should be aware that applicants are not always expected to perform 'over and above' in all 8 domains, as this may vary according to the type and nature of their post, or the particular parameters of their job.
- e) If an applicant has clearly exceeded the word limit for any domain, do not consider this extra information when scoring.
- f) All stated outcomes and improvements to service delivery should be evidence-based.

Part 4: Guide to scoring applications

How to score applications

4.1 Please ensure that you read Part 3 of this guide before you commence scoring.

4.2 You must then score each of the 8 domains in the application form, using the guidance below: this applies to bronze, silver, gold or platinum applicants, and also includes individuals who have applied to review or upgrade an existing award.

4.3 You must score each domain using the following ratings:

Rating	Score
Demonstrating an exceptional level of achievements over contractual commitment	10
Over and above contractual commitment	6
Meets contractual commitment	2
Has made no assessable commitment	0

4.4 Those applying for reviews of their existing award must be scored against the same criteria as all other applicants. The information they provide in their application must relate to the previous 5 year period, since the last award was given.

2011 MOD CLINICAL EXCELLENCE AWARDS – SCORING GUIDE FOR ASSESSORS

Application Domain & Criteria	Score	Scoring Notes
<p>Domain 1: Commitment to achieving agreed objectives Applicants should provide evidence of how they have achieved their objectives and indicate the level of difficulty.</p> <p>Applicant should summarise their service and NHS objectives, with programme or other activities, including a short summary of their objectives.</p> <p>Under the ‘evidence of achievement’ column, the applicant is required to articulate clear outcomes from their objectives, and to highlight any extra effort that was required to achieve the objectives, the extra pressures placed on the role and the individual, and new methods introduced to enhance working methods.</p> <p>Give any evidence of the quality and quantity of service, such as arises out of audit or assessment by patients, peers or outside bodies.</p> <p>(see ‘Rules & Guidance for applicants’ for examples)</p>	0	<p>No assessable contribution The applicant has not stated how they contribute over and above expected standards to achieving their objectives (<i>or</i> has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations Performance in some aspects of the role could be assessed as ‘over and above’ expected standards. But generally, on the evidence provided, contractual obligations are fulfilled to competent standards and no more.</p>
	6	<p>Over and above contractual expectations Some duties are performed in line with the criteria for ‘exceptional level of work’ as below. However, on the evidence provided, most are delivered above contractual expectations, without being in the highest category.</p>
	10	<p>Exceptional level of work/achievement over contractual expectations Post is carried out to the highest standards. Evidence for this should come from benchmarking exercises or objective reviews by outside agencies. Where this is not available, there should be other evidence that the work undertaken is outstanding – in relation to service delivery and outcomes – when compared to that of peers.</p> <p>Where appropriate, the applicant should demonstrate exemplary standards in dealing with patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers’ survey, or feedback on the service (external or peer review reports).</p>

Application Domain & Criteria	Score	Scoring Notes
<p>Domain 2: Clinical governance and improvement in service organisation and delivery</p> <p>Applicant's evidence should show how they have significantly enhanced clinical effectiveness (quality assured, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS or DMS.</p> <p>Applicants should indicate the elements they have been responsible for with evidence that these have been of high quality and benefit.</p> <p>(see 'Rules & Guidance for applicants' for examples)</p>	0	<p>No assessable contribution The applicant has not stated how they have enhanced clinical effectiveness over and above expected standards (<i>or</i> has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations The applicant has fully-achieved their service-based goals and provided comprehensive services to a consistently high level. But there is no evidence of them making any major enhancements or improvements.</p>
	6	<p>Over and above contractual expectations The applicant has made high quality service developments, improvements or innovations that have contributed to a better and more effective service delivery. This should be demonstrated by:</p> <ul style="list-style-type: none"> ● improved outcomes (clinical effectiveness); ● greater cost effectiveness; ● services becoming more patient-centred and accessible; or ● benefits in prevention, diagnosis, treatment or models of care. <p>For this score, the activity would be expected at local and possibly regional level especially if in the face of difficult circumstances or constraints.</p>
	10	<p>Exceptional level of work/achievement over contractual expectations <i>Service innovation</i> – introduction of new procedures, treatments, or service delivery, based on original research or development or effectively overcoming barriers to clinical effectiveness. This should be backed up by relevant, completed audit cycles or research that has been adopted at regional, national or international level, with demonstrable change in evidence-based practice. This may include the take up of innovations elsewhere. <i>Clinical governance</i> – introduction or development of clinical governance approaches which have resulted in audited/published advances taken up elsewhere.</p>

Application Domain & Criteria	Score	Scoring Notes
<p>Domain 3: Principles in evidence based practice Applicants' evidence should demonstrate how they have used evidence based practice.</p> <p>This could, for example, cover information about the following:</p> <ul style="list-style-type: none"> • Evidence of research carried out on a specific issue, which is then developed and leads to better patient care • Examples of applying strategies to implement evidence based practice with demonstrable evidence of take up; • Information on published work where outcomes from evidence based practice have led to changes in ways of working • Excellence in the delivery of professional commitments - this may include reference to validated performance or outcome data (ideally presented in comparative terms), reference to external or peer review reports assessing the quality of the consultant's service, or the demonstrated usage of evidence-based practice. 	0	<p>No assessable contribution The applicant has not stated how they have implemented or developed evidence based practice over and above expected standards (<i>or</i> has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations The applicant implements evidence based practice in their own area, could include NICE guidelines, local clinical policies or policies for use on operations</p>
	6	<p>Over and above contractual expectations The applicant shows evidence of implementing evidence based practice in their own area – and using the audit cycle to develop and change future practice, or how their research has influenced changes in practice</p>
	10	<p>Exceptional level of work/achievement over contractual expectations The applicant shows evidence of developing at national / international level evidence based practice.</p>

Application Domain & Criteria	Score	Scoring Notes
<p>Domain 4 – Contribution to the knowledge base through research</p> <p>Applicants should start this section of the form by outlining their research aims and activity in one sentence – for example “my research is clinically orientated and addresses problems arising due to chronic pulmonary disease.”</p> <p>Then applicants must detail their achievements to date with supporting evidence, such as:</p> <ul style="list-style-type: none"> • peer-reviewed publications, chapters or books written/edited – please indicate editorial activity; • grants held • other markers of standing in chosen research field(s) such as office bearer of learned societies or visiting professorships; • significant participation in multi-centre research studies, for example high levels of recruitment to clinical trials; • contribution to the research and supervision of others; • actual or potential impact of the research on health service practice, health service policy or on the development of health services; • new techniques or service models developed and which have been adopted by others. 	0	<p>No assessable contribution The applicant has not stated how they have contributed to research above expected standards (<i>or</i> has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations If the applicant is an academic consultant, they should be considered by their employer to be “research active” – at a level commensurate with their post. This rating would be based on the applicant’s research output and associated publications within the past five years – they would be expected to have undertaken research, encouraged research by junior staff, and contributed to some peer reviewed publications</p>
	6	<p>Over and above contractual expectations The applicant will be expected to show a sustained personal contribution in research. They will have undertaken a lead or collaborative role, holding, or having held within the past five years, peer reviewed grants. Other roles may include:</p> <ul style="list-style-type: none"> • supervision of doctorate/post-doctorate fellows • publication record in peer-reviewed journals within the past five years; • other markers of research standing such as lectures etc • development of a method, a tool or equipment, which contribute to the understanding of, or towards care delivery.
	10	<p>Exceptional level of work/achievement over contractual expectations The applicant’s research work will be of considerable importance to the DMS/NHS by its influence on the understanding, management or prevention of disease. This will be demonstrated by evidence of the following:</p>

<p>Assessment of this domain will be influenced by the post held, and the time that is allocated within that post conducting research. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers. In determining this, consideration will be given to the view of the University Medical Dean or, for a recognised research body, its Chief Executive.</p>		<ul style="list-style-type: none"> • Major peer-reviewed grants held currently and/or within the last five years, for which the applicant is the principal investigator or main research lead. They should have included the title, duration and value. • Research publications in high citation journals. A list of leading journals is available at annex A. • National or international presentations/lectures/demonstrations given on research. • Supervision of successful doctorate students, some of whom might have come on national or international fellowships. • Patent of an innovation. • Other peer-determined markers of research eminence. • Evidence, for all these elements, is only relevant if it refers to work the applicant has carried out since gaining any previous national awards. <p>Applicants may refer to work that took place more than 5 years ago, but only to illustrate the basis on which their more recent achievements have been made.</p>
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Application Domain & Criteria	Score	Scoring Notes
<p>Domain 5: Recognition as exceptional teacher or trainer or manager</p> <p>Applicants should use this section to show the high teaching standards they have reached, using examples of innovation in teaching, student feedback evidence, or in wider contributions to the profession of teaching.</p> <p>Teaching and training are an important aspect of a consultant's career, and the development of junior colleagues is assumed by MODCEAC to be a part of the ordinary consultant role.</p> <p>For some applicants, teaching and training will form a major part of the contribution that they make to the NHS or DMS that is "over and above" what would be normally expected of them and they may wish to state that this is their focus.</p> <p>Excellence may be demonstrated by leadership and innovation in teaching locally, nationally or internationally. This may include undergraduate and/or postgraduate examination and supervision of postgraduate degree students. A contribution to the education of other health and social care professionals is also relevant</p>	0	<p>No assessable contribution The applicant has not stated how they have contributed to research above expected standards (<i>or</i> has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations Evidence of having fulfilled the teaching/training expectations identified in the job plan, in terms of quality and quantity.</p>
	6	<p>Over and above contractual expectations All applicants should present evidence in the following areas:</p> <ul style="list-style-type: none"> • Formal training in teaching and/or training through courses such as 'Training the Trainers' and Institute of Learning and Teaching (ILT) membership. • Evidence of quality of teaching through regular audit/360 degree appraisal • Involvement in quality assurance of teaching and evidence of success with regulatory bodies involved with teaching and training. • High performance in formal roles such as working with under and postgraduate deans, and involvement with postgraduate educational programmes in roles such as head of training/programme director, regional, adviser, clinical tutor etc.

	10	Exceptional level of work/achievement over contractual expectations In addition to achievements listed in “over and above contractual expectations” applicants should show evidence of performance over and above the standard expected in the following: <ul style="list-style-type: none">• Leadership and innovation in teaching, including:<ul style="list-style-type: none">○ new course development;○ innovative assessment methods;○ introduction of new learning techniques;○ authorship of successful textbooks or other media on teaching/training.• National and international educational leadership, such as presentations, invitations to lecture, peer-reviewed and other publications on educational matters.• Innovation and trend-setting in teaching and training, including examination processes, for a college, faculty, specialist society or other national professional bodies.
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Application Domain & Criteria	Score	Scoring Notes
<p>Domain 6: Contribution to policy making and planning in Healthcare</p> <p>Applicants should present evidence of the ways in which they have made a substantial personal contribution in national or international (including NATO or other international military organisation) health policy development or planning.</p> <p>Information in support could cover:</p> <ul style="list-style-type: none"> • development of new policies or plans for health or health care; • major reviews, inquiries or investigations; • Armed Forces/national/international (including NATO or other international military organisation) policies aimed at modernising health services or professional practice. • For each post give, in one sentence, evidence of any outstanding contributions that you have made. • Evidence of contribution to a national or international board or advisory body (although membership itself is recognised as a marker of high professional status, details of contribution should still be included by applicants) 	0	<p>No assessable contribution The applicant has not stated how they have contributed to research above expected standards (<i>or</i> has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations The applicant has contributed when required, to assisting others to developing policy in line with their role.</p>
	6	<p>Over and above contractual expectations The applicant shows evidence of involvement in the processes of healthcare planning and policy at a level which has made a clear contribution to the development of new practice or towards the modernisation of health services.</p>
	10	<p>Exceptional level of work/achievement over contractual expectations The applicant shows evidence that has influenced the development of clinical, occupational, public health or force protection policy at national, international, NATO or other international military organisation level.</p>

Application Domain & Criteria	Score	Scoring Notes
<p>Domain 7: Contribution to improvement in military medicine</p> <p>In this domain, applicants should present evidence of any other achievements in the field of military medicine at Unit, Service, Armed Forces, national or international (including NATO and other international military organisations) level not covered in the first six domains which are over and above what would normally be expected in their post. This should not simply consist of a list of operational deployments as these are considered to be an integral part of a DMS work.</p> <p>Applicants should present evidence of their achievements in the field of military medicine, for example:</p> <ul style="list-style-type: none"> • clinical improvement, • operational improvements, • development of advances in care 	0	<p>No assessable contribution The applicant has not stated how they have contributed to research above expected standards (or has stated this but in a different domain).</p>
	2	<p>Meets contractual expectations The applicant shows evidence that continuously seeks to translate civilian standards into appropriate military standards.</p>
	6	<p>Over and above contractual expectations The applicant shows evidence that they have influenced or introduced standards of care into the military environment.</p>
	10	<p>Exceptional level of work/achievement over contractual expectations The applicant shows evidence that they have influenced Military medical policy procedures at national, international, NATO or other international military organisation level.</p>

Application Domain & Criteria	Score	Scoring Notes
<p>Domain 8: Leadership Applicants should provide evidence of their leadership skills, both military and clinical, where they have managed and led a team to success.</p> <p>Information in support could cover for example:</p> <ul style="list-style-type: none"> • excellence in leadership of the team for which the consultant has sole, rotational or shared responsibility; • leadership role in relation to clinical governance; • coaching or mentoring others encouraging them to develop broader skills; • creating an environment which gives others the freedom to contribute and deliver. 	0	No assessable contribution
	2	Meets contractual expectations Performance in some aspects of the leadership role could be assessed as "over and above" expected standards, e.g. contributing to the running of a trust/unit in difficult circumstances, building staff relations etc – but overall would be described as fulfilling a leadership role to competent standards.
	6	Over and above contractual expectations Applicants show successful management skills, especially in innovative development and hard-pressed services. They may also have been involved in recognised advisory committee work, at area and particularly national level, or chairing a trust or university committee as clinical director for example. Look also for examples of how applicants have carried out appraisals for peers/non-career grade doctors or been involved in major reviews, enquiries or investigations or as part of a College/Specialty Advisory Committee.
	10	Exceptional level of work/achievement over contractual expectations Applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievement in a leadership role – as confirmed by their employer and/or other citations. Medical directors and other clinical managers should not be given this score purely because they hold the post – there must be clear evidence that they have distinguished themselves by leadership in advancement of health policy and delivery.

	<p>Other evidence that could merit this score includes:</p> <ul style="list-style-type: none">• involvement in shaping national policy, aimed at modernising health services (might include effective chairing of an area or national importance advisory committee);• successful directorship of a large nationally-recognised unit, institute or supra-regional services;• planning and delivery of area or nationwide services;• <i>Leadership</i> in the development of the applicant's specialty at regional, national or international level. <p>other evidence from citations of exceptional activity and achievement.</p>
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Annex A

List of Leading Journals

Below is a non-exhaustive list of leading journals as compiled by HQ Surgeon General as a guide to Assessors.

General Journals

Nature
New England Journal of Medicine
British Medical Journal
Lancet
Journal of Clinical Investigation
Journal American Medical Association
Clinical Science
Science
Nature Medicine
Movement Disorders
Neuro-peadiatrics

Genetics

Nature Genetics
American Journal of Human Genetics
Human Molecular Genetics
Familial Cancer
Clinical Genetics
Journal of Medical Genetics
Cytogenetics & Gene Therapy

Anaesthesia

British Journal of Anaesthesia
European Journal of Anaesthesia

Pain

Pain
Anaesthesia & Analgesia
Regional Anaesthesia & Pain Medicine

Intensive Care Journals

Critical Care Medicine
Intensive Care Medicine

Respiratory Journals

American Journal of Respiratory and Critical Care Medicine
European Respiratory Journal
Chest
Thorax
Occupational Environmental Medicine

Public Health Medicine

American Journal of Epidemiology
Journal of Epidemiology & Community Health
Journal of Public Health Medicine
European Journal of Public Health
International Journal of Epidemiology
Social Science and Medicine

Geriatrics

Age and Ageing
Journal of the American Geriatrics Society
Gerontology

Paediatrics

Paediatrics
Journal of Paediatrics
Archives Diseases in Childhood

Accident and Emergency

Academic Emergency Medicine
Journal of Trauma
Resuscitation
Annals of Emergency Medicine
Emergency Medicine Journal

Psychiatry

Archives of General Psychiatry
British Journal of Psychiatry
American Journal of Psychiatry
Trends in Neurosciences
Psychological Medicine
Acta Psychiatrica Scandinavia
Addiction

Learning Disability

Journal of Intellectual Disability
Research

Pathology

American Journal of Pathology
Journal of Pathology
American Journal of Surgical Pathology
Human Pathology
Journal of Clinical Pathology
Histopathology
Journal of Molecular Diagnosis
International Journal of Immunopathology

Journal of Allergy and Clinical Immunology
Laboratory Investigation
Modern Pathology
Seminars in Diagnostic Pathology
Molecular Endocrinology

Neuropathology (see neurology)

Neuropathology and Applied Neurobiology
Brain Pathology
Journal of Neuropathology and Experimental Neurology

Cancer

Journal of the National Cancer Institute
Journal of Clinical Oncology
Annals of Oncology
International Journal of Radiation Oncology
British Journal of Cancer
Cancer
European Journal of Surgical Oncology
Cancer Research
Oncogenesis
Cell

Medicine

General

Annals of Internal Medicine
Quarterly Journal of Medicine
American Journal of Medicine
Journal of Experimental Medicine
Archives of Internal Medicine

Cardiology/Cardiovascular

Circulation
Arteriosclerosis
Thrombosis and Vascular Biology
Heart
Atherosclerosis
European Heart Journal
American Journal of Cardiology
American Heart Journal

Cardiothoracic

Journal of Thoracic and Cardiovascular Surgery
Annals of Thoracic Surgery

European Journal of Cardiothoracic Surgery
Heart
Thorax

Dermatology

Journal of Investigative Dermatology
Journal of the American Academy of Dermatology
British Journal of Dermatology
Archives of Dermatology
Contact Dermatitis
Acta Dermato-Venereologica
Archives of Dermatological Research
Experimental Dermatology
Melanoma Research
Seminars in Cutaneous Medicine & Surgery
Dermatological Surgery

Neurology

Brain
Annals of Neurology
Neurology
Stroke
Archives of Neurology
Nature Neuroscience
Behavioural Neurology
Epilepsia

Diabetes/Endocrinology

Diabetologia
Diabetic Medicine
Diabetes Care
Endocrinology
Journal of Clinical Endocrinology and Metabolism
Clinical Endocrinology

Environmental (see Occupational)

Gastroenterology/Hepatology

Gastroenterology
Gut
Scandinavian Journal of Gastroenterology
Hepatology
Journal of Hepatology
European Journal of Gastroenterology and Hepatology

Haematology

Blood
British Journal of Haematology
Leukaemia
Thrombosis and Haemostasis
Blood Coagulation and Fibrinolysis
Transfusion
Haematologica

Obstetrics & Gynaecology

British Journal of Obstetrics &
Gynaecology
American Journal of Obstetrics &
Gynaecology
Fertility & Sterility
Human Reproduction

Surgery

General

Annals of Surgery
British Journal of Surgery
Archives of Surgery
American Journal of Surgery
World Journal of Surgery
The Surgeon
Diseases of colon & rectum

Paediatrics

Journal of Paediatric Surgery

ENT Surgery

Laryngoscope
Archives of Otolaryngology
Journal of Laryngology and Otology
Clinical Otolaryngology
Head and Neck Surgery
Annals of Otolaryngology
Ear and Hearing
Otology & Neurotology
Rhinology
European Archives of ORL-HNS
Current Opinions ORL-HNS
Otolaryngology Clinics of North America
Otolaryngology, Head and Neck

Occupational and Environmental

Journal of Occupational and
Environmental Medicine
Occupational Medicine
Occupational Health Review

Aviation, Space and Environmental
Medicine (Journal of the Aerospace
Medical Association)

Orthopaedics

Journal of Bone and Joint Surgery
ACTA Orthopaedica Scandinavica
Injury
Journal of Arthroplasty
Clinical Orthopaedics and Related
Research
Osteoporosis International
Journal of Hand, Foot and Ankle
Proceedings of Society of Bone & Tooth

Ophthalmology

Investigative Ophthalmology and Vision
Science
Eye
British Journal of Ophthalmology
Ophthalmology
American Journal of Ophthalmology
Archives of Ophthalmology

Neurosurgery

Journal of Neurology, Neurosurgery and
Psychiatry
Journal of Neurosurgery
Journal of Neurotrauma
Neurosurgery

Plastic Surgery

Plastic & Reconstructive Surgery
British J of Plastic Surgery

Urology

Journal of Urology
British Journal of Urology
European Journal of Urology

Radiology

Radiology
American Journal of Roentgenology
Clinical Radiology
British Journal of Radiology