



# RCSI

The purpose of this document is to provide guidance and information on the timelines and scoring process for applicants to Specialist Training as set out by the Irish Surgical Postgraduate Training Committee.

The document outlines the intake process to ensure the delivery of transparent and rigorous standards from the point of application to the appointment of a specialty trainee.

It steps through each of the intake stages, scoring and timelines for both Pathway & Equivalent Standards Route (ESR).

**2025 intake:**

- Interviews w/c 10 March 2025

Click [here](#) for more information.

**RCSI SURGICAL AFFAIRS**

# **SPECIALTY TRAINING INTAKE GUIDE 2025 APPLICANT EDITION**

## DOCUMENT CONTROL

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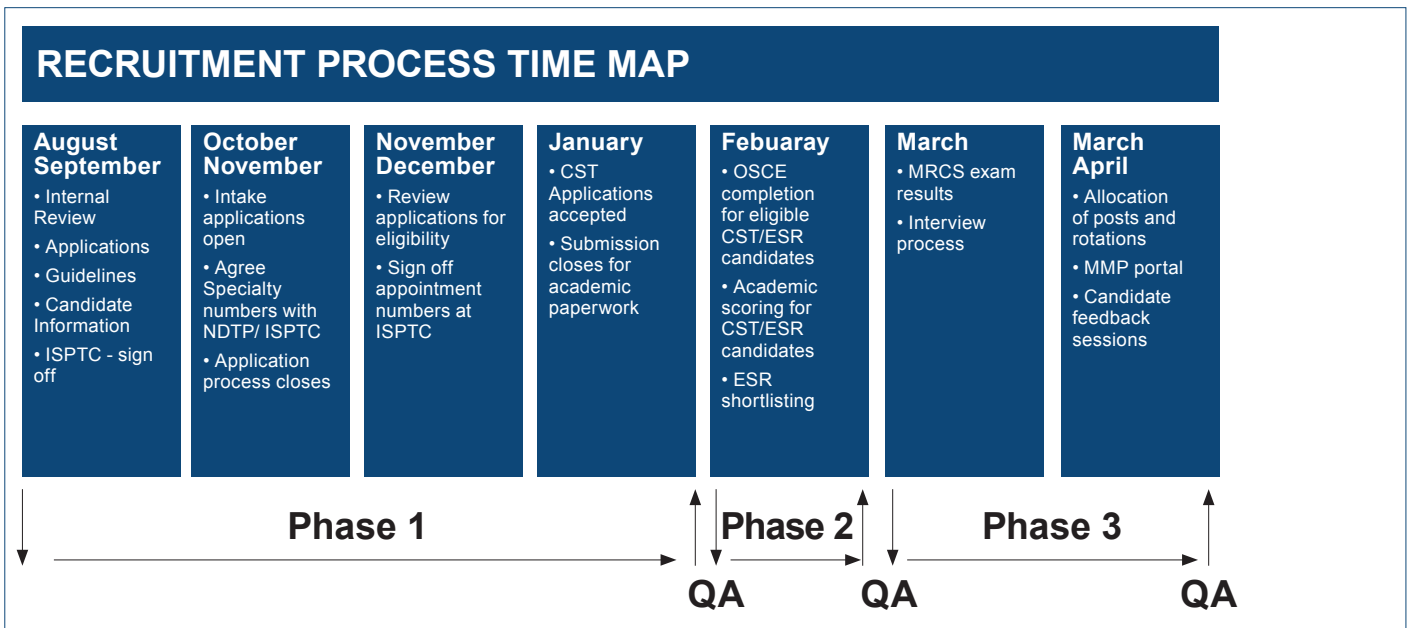
***Please note Candidates should refer to separate Trauma and Orthopaedic Applicant Guide for information pertaining to Trauma and Orthopaedic Surgery***

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## 1.0 RECRUITMENT PROCESS & TIME LINE

Below is a broad outline of the timeframe for intake each year.



## 2.0 RCSI/NDTP/HSE APPROVED INTAKE NUMBERS 2025

Each year ISPTC collaborate with National Doctors Training and Planning (NDTP) to agree appointable numbers for each specialty intake.

Appointable numbers are agreed and signed off by both NDTP/ISPTC in November/December.

The appointable numbers cannot be changed on day of interview, except where the appointable standards have not been met or where there might be exceptional circumstances. Any amendment to the appointable numbers must be signed off by ISPTC / NDTP.

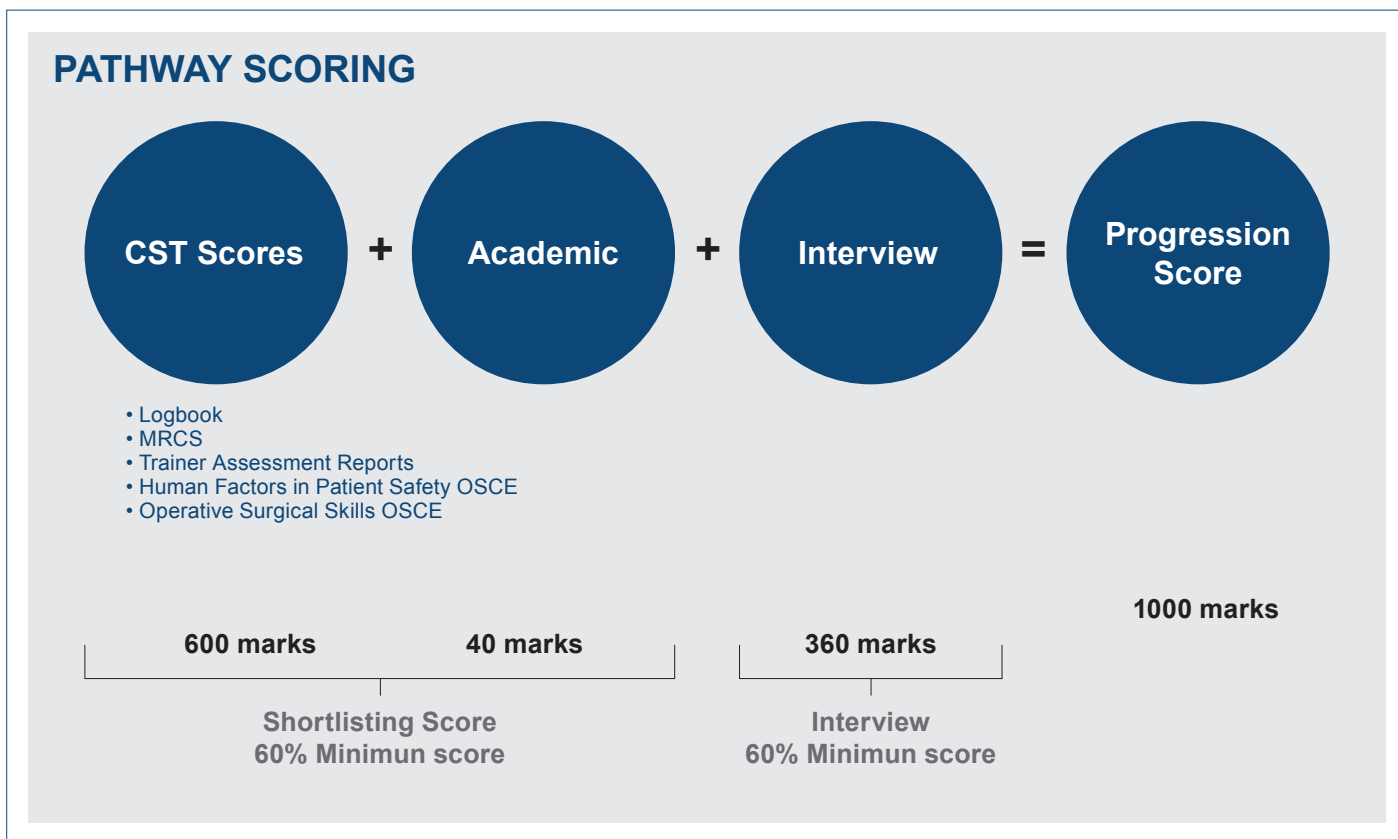
### Appointable Specialty Numbers 2025

| Specialty                                  | Appointable Range |
|--|-------------------|
| Cardiothoracic Surgery                     | TBC               |
| General Surgery                            | TBC               |
| Neurosurgery                               | TBC               |
| Ophthalmic Surgery                         | TBC               |
| Oral & Maxillofacial Surgery               | TBC               |
| Otolaryngology Head & Neck Surgery         | TBC               |
| Paediatric Surgery                         | TBC               |
| Plastic Reconstructive & Aesthetic Surgery | TBC               |
| Trauma & Orthopaedic Surgery               | TBC               |
| Urology                                    | TBC               |
| Vascular Surgery                           | TBC               |

### 3.0 PATHWAY – PHASES OF RECRUITMENT

Pathway candidates are those trainees who are competing for appointment directly from CST2 to ST3.

The following diagram gives a high-level outline of the assignment of marks to pathway candidates applying to specialist training.



#### 3.1 Pathway Academic scoring (January)

An academic scoring panel is appointed by the TPD, this is normally a sub-set of the interview panel. This is supported by ST Admin and the nominated Chair of the Interview panel may be present.

The academic scoring for Pathway applicants is the approved ISPTC scoring matrix (pg 6).

**Note 1: Cardiothoracic Surgery do not apply academic scoring.**

## Pathway scoring matrix

| Academic scoring   | 40 Marks available                    |
|--|---------------------------------------|
| <b>1. Higher Degree by Thesis</b> <ul style="list-style-type: none"> <li>• PhD</li> <li>• MD</li> <li>• MCh</li> <li>• Submitted with verification</li> </ul>  | 30 (Max)<br>30<br>26<br>20<br>16      |
| <b>2. Other Higher Degree /Awards</b> <ul style="list-style-type: none"> <li>• Taught modular MCh (90 ECTS credits)</li> <li>• Other relevant Masters degrees (90 ECTS credits) (e.g M.Sc., M.Ed., MBA)</li> <li>• Relevant Higher Diploma (60 ECTS credits)</li> <li>• Relevant Diploma (45 ECTS credits)</li> <li>• Relevant Certificates (30 ECTS credits)</li> </ul> | 20 (Max)<br>20<br>20<br>14<br>10<br>6 |
| <b>3. Publications</b> <ul style="list-style-type: none"> <li>• Peer reviewed scientific papers</li> <li>• Invited review article (max 8 depending on journal)</li> <li>• Book Chapters (4 each, Max 4)</li> <li>• Case reports (2 each, Max 4)</li> </ul>   | 30 (Max)<br>6-20<br>8<br>8<br>4       |
| <b>4. Presentations at Scientific papers</b> <ul style="list-style-type: none"> <li>• International / National ( 2 each, max 10)</li> </ul>  | 10 (Max)                              |
| <b>5. Prizes for Research</b> <ul style="list-style-type: none"> <li>• International</li> <li>• National</li> </ul>  | 10 (Max)<br>10<br>6                   |
| <b>6. Other Approved Education Programmes /Courses</b> <ul style="list-style-type: none"> <li>• Specialty &amp; relevant clinical</li> <li>• courses (5 each, max 10)</li> </ul>   | 10 (Max)                              |

**Additional scores for this component can be credited at the specialty interview.**

**Station 2: Commitment to academic advancement and lifelong learning**

**Notes:**

Plastic Surgery will award additional marks when published in a Plastics Journal

### 3.2 Core Surgical Training – scoring

CST scores are made up of the following components;

- Cumulative CAPA 1,2,3 scores (TARs & RCSI Logbook)
- \*MRCS Part B score
- OSCE scores Operative Surgical Skills (OSS) CST1&2
- OSCE scores Human Factors in Patient Safety (HFPS) CST1&2

The ST Admin /Sr. Team Lead and QA will populate the scorecard with the CST scores.

Once the CST scores have been quality assured the TPD will meet with the ST Admin and QA to review the pre-populated CST scores along with the academic scores for each candidate.

Following review the TPD will sign off on all pre-interview scores.

### Pathway Scorecard: Cumulative & MRCS scoring

| Out of 500                               | (% out of * minus 60% cut off for appointment) x multiplier of 4 | Out of 600                          | 30 max                  | 20 max                         | 30 max       | 10 max        | 10 max                  | 10 max                                   |                           | For Progression Max 40 |
|--|--|-------------------------------------|-------------------------|--------------------------------|--------------|---------------|-------------------------|--|---------------------------|------------------------|
| Cumulative CAPA 1,2,3 + OSS + HFPS Score | Actual Total MRCS Score  | Total Score for Pre interview score | Higher Degree by Thesis | Other Higher Degrees/ Diplomas | Publications | Presentations | Research Prizes/ Grants | RCSI/ Other approved education programme | Research & Academic TOTAL | Pre Academic Score     |

\*Applicants who sat the MRCS

1. Prior to May 2021 are weighted out of 360
2. May & July 2021 are weighted out of 260 (Due to Covid reduced stations)
3. From October 2021 the weighting is 340

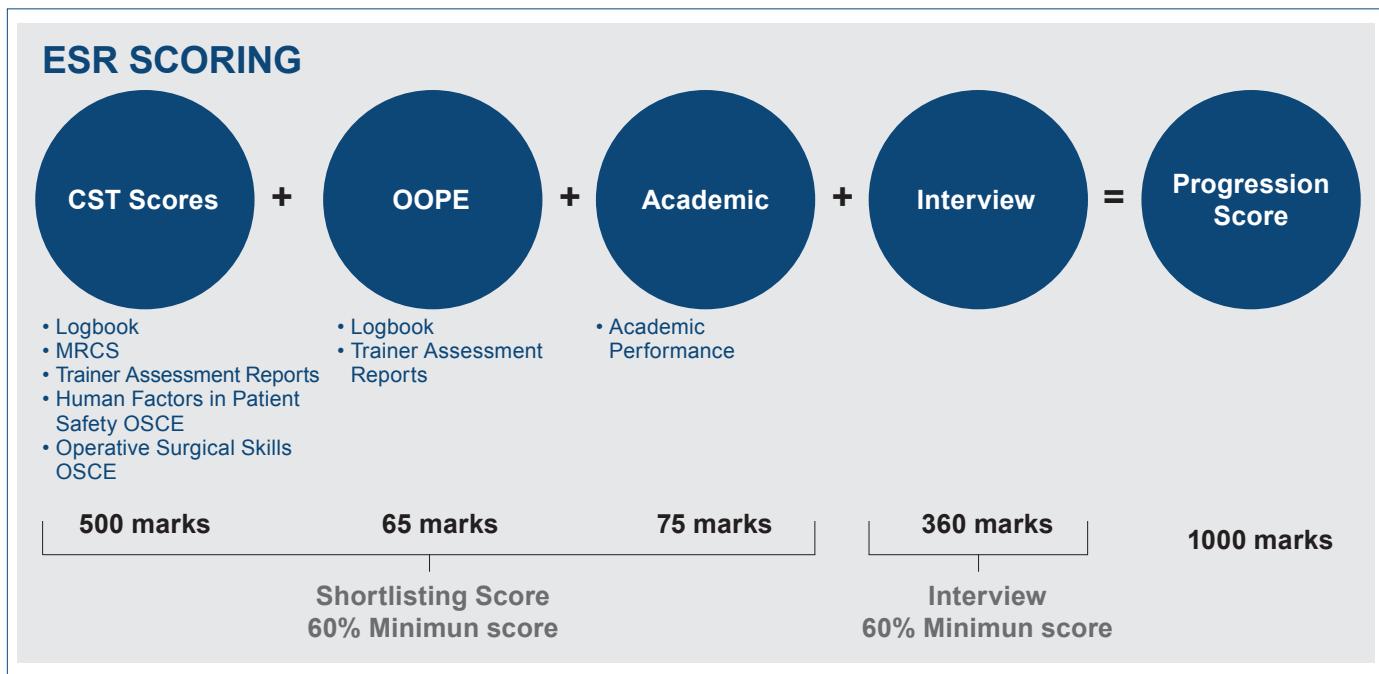
\* Denotes weighting that will be applied in the scorecard

## 4.0 EQUIVALENT STANDARDS ROUTE - ESR - PHASES OF RECRUITMENT

There are two ESR routes:

- **RCSI ESR** - Training undertaken with RCSI ie an applicant has previously completed CST
- **NON RCSI ESR** - Training undertaken externally to RCSI

The following diagram gives a high-level outline of the assignment of marks to ESR candidates applying to specialist training.



Below is the RCSI/ISPTC approved scoring matrix for ESR applicants, academic scoring will be completed in the same session as the pathway academic scoring. ESR OOPE logbooks are scored at this time. Please note that ESR candidates who have previously completed CST will have their scores redistributed in line with the ESR scorecard.

**Note 1: Cardiothoracic Surgery do not apply academic scoring.**



## 4.1 ESR Academic scoring

A maximum of 75 marks are awarded for relevant Academic Performance & Commitment to Academic Advancement & Lifelong learning over the totality of an applicants career.

It is theroretically possible for applicants to accumulate more than 75 marks over academic performance but the max awarded will be 75 marks

Below is the ESR scoring for General Surgery, Neurosurgery, Oral & Maxillofacial Surgery, Otolaryngology, Head & Neck Surgery, Paediatric Surgery, Plastic Reconstructive & Aesthetic Surgery, Urology and Vascular Surgery.

Marks in this section are not cumulative, and applicants will only be credited for the highest scoring degree. For example, if an applicant has an MD degree (45) and also a surgically relevant MSc degree (25) their total score in this section will be 45 marks

### Higher Degree by Thesis

#### 55 marks

Awarded:

|                              |          |
|------------------------------|----------|
| PhD                          | 55 marks |
| MD                           | 45 marks |
| MCh                          | 35 marks |
| Submitted with verification: | 15 marks |

Applicants who have completed a thesis must submit a summary of the thesis with the application process. Applicants who have been awarded a Higher Degree by thesis through a non-Irish university must produce sufficient documentation to satisfy the shortlisting committee that their thesis is equivalent to a thesis which would be submitted to an Irish university.

### Other Higher Degrees/Awards

**35 marks**

Taught Modular MCh (90 ECTS credits)

A proportion of this 35 marks may be awarded for satisfactory completion of individual modules of a taught Masters or taught PhD programme. The mark awarded will be guided by the European Credit Transfer System (ECTS).

### Other relevant Masters degree (90 ECTS credits)

**35 marks**

(e.g. M.Sc., M.Ed., MBA)

A mark of up to 35 Marks may be awarded for surgically relevant degrees which are obtained through full-time study of at least one year and are relevant to the specialty. The same mark (35 marks) may be awarded for specialty relevant degrees which are obtained through part-time study of at least two years. A mark of 25 marks may be awarded for surgically relevant degrees which are obtained through part-time study of at least one year. The mark awarded will be guided by the ECTS.

### Relevant Higher Diplomas (60 ECTS credits)

**25 marks**

|   |          |
|---|----------|
| Relevant Diplomas (45 ECTS credits)     | 18 marks |
| Relevant Certificates (30 ECTS credits) | 12 marks |

Each specialty will devise its own list of degrees and diplomas which are relevant to that specialty and for which marks will be awarded.

As with the taught modular M.Ch (above) marks can be awarded for attainment of ECTS credits even if a full Degree/Diploma has not yet been awarded.

Marks are only awarded for degrees or diplomas which are awarded by universities or educational establishments recognised by the Irish Medical Council or by the Royal College of Surgeons in Ireland. Marks are not awarded for any degree which is obtained prior to commencement of undergraduate medical school. Likewise, marks are not awarded for any degree obtained as a matter of course during medical school. Degrees obtained during medical school may only be scored if the applicant has taken time out of medical school to obtain the degree on a full-time basis.

**Publications****55 marks****Original peer reviewed scientific papers**

An applicant may submit any number of publications for consideration for scoring. However, the maximum mark of 55 in this section stands. Only publications in peer reviewed scientific journals will be considered. For most specialties, the marks allocated will be based on the impact factor of the journal as follows:

|                    |          |
|--------------------|----------|
| Impact factor < 1: | 10 marks |
| Impact factor ≥ 2: | 15 marks |
| Impact factor ≥ 3: | 28 marks |
| Impact factor ≥ 4: | 30 marks |
| Impact factor ≥ 5: | 45 marks |

The full mark described above will be awarded for first author or senior author; one half of that mark will be awarded for co-author. All publications for consideration must have a PMID number submitted with the application. If the publication is not yet on PubMed, there must be a letter of acceptance from the editor of the journal submitted with the application.

Some surgical specialties will produce a list of “premium journals” relevant to the specialty which will be marked as if their impact factor is >3

Applicants will be asked to submit their five most important publications. A sub-committee of the selection panel will then assess and grade the publications in order to allocate a suitable mark.

|                                 |                 |  |
|---------------------------------|-----------------|--|
| <b>Invited Review Articles:</b> | <b>15 marks</b> | <b>15 marks max, depending on Journal</b>              |
| <b>Book Chapters (Max two):</b> | <b>15 marks</b> | <b>First Author (must include ISBN no. of book)</b>    |
|                                 | <b>8 marks</b>  | Co-Author (must include ISBN no. of book)              |
|                                 |                 | A maximum of 15 marks may be awarded for book chapters |
| <b>Case Reports (Max two):</b>  | <b>8 marks</b>  | (irrespective of impact factor of journal, max         |
|                                 | <b>4 marks</b>  |  |

Applicants may not be rewarded twice for a presentation which is published automatically because it has been presented at a surgical meeting. No points will be awarded for abstracts or letters to the Editor.

**Presentations at Scientific/Clinical Meetings****18 marks**

A maximum of 18 marks may be awarded for presentations at scientific meetings. A mark of 4 may be awarded for presentation at each meeting (i.e. Max 5 presentations). Marks in this section may be cumulative up to the total of 18 marks.

- Marks are only awarded if the applicant has actually made the presentation at the meeting.
- No marks are awarded for being a co-author of a presentation.
- No marks are awarded for poster presentations. Marks will not be given twice for presenting the same material at more than one meeting.

Each specialty will/may compile its own list of international and national meetings which are recognised for scoring under this heading.

**Prizes for Research****18 marks**

The maximum score under this section is 18 marks. Marks in this section may be cumulative, up to a maximum of 18 marks. Each specialty will compile its own list of recognised prizes.

**Other Approved Education Programmes****10 marks**

(Specialty & relevant clinical course)  
(2 marks each max 10)

\* Plastic Surgery will award additional marks when published in a Plastics Journal

## 4.2 ESR scoring – RCSI ESR & Non RCSI ESR

In addition to the academic scoring component as outlined in (4.1) all ESR applicants must submit the following evidence with their application, for scoring.

### ESR RCSI

For those RCSI ESR applicants reapplying via the ESR route the following must be submitted with their application

1. Core Surgical Training - Evidence of training
2. OOPE - Out of programme experience following completion of CST

Note: where an applicant has previously completed CST-RCSI, RCSI hold all relevant data on file.

#### 1. ESR RCSI: Core Surgical Training data

- Trainer Assessment reports (CAPAs 1,2,3)
- Human Factors in Patient Safety OSCE results
- Operative Surgical Skills OSCE results
- Certified copies of MRCS part B results
- CST RCSI eLogbook

#### 2. ESR RCSI: OOPE

- Trainer Assessment reports ( 1 per each 6 months post CST)
- Access to post CST eLogbook

### Non RCSI ESR

For Non RCSI ESR applicants the following must be submitted with their application

1. Core Surgical Training Equivalence (for time stated as equivalent to CST)
2. OOPE - Out of programme experience post CST equivalent

#### 1. Non RCSI ESR CST Equivalence (for time stated as equivalent to CST)

- Trainer Assessment reports x 4 (templates provided)
- Certified copies MRCS results
- Must complete RCSI Operative Surgical Skills & Human Factors in Patient Safety OSCEs (if deemed eligible)
- Logbook for time equivalent to CST

#### 2. Non RCSI ESR OOPE (for time post CST equivalency)

- Trainer Assessment reports x 3 ( or 1 for each 6 months post CST equivalent)
- OOPE Logbook

## 4.2.1 Trainer Assessment Reports (TAR) – scoring

### RCSI ESR

**CST scoring** – TARs scores from CAPA1, CAPA2 & CAPA3 are weighted to give TAR1, TAR2 & TAR3 scores. TAR4 is not included in progression metrics and therefore not scored. All other CST scores are then applied

- MRCS
- Elogbook
- HFPS - OSCE scores
- OSS - OSCE scores

### Non RCSI ESR

**CST Training or equivalent** scoring - 4 TARs to be submitted to support Core/Basic Surgical Training experience. All TARs are scored and the 3 highest are inputted into the scorecard. If only 1 TAR submitted 0 will be imputed into TAR2 & TAR3 column. All other scores are then applied

- MRCS
- Elogbook
- HFPS - OSCE scores
- OSS - OSCE scores

## 4.2.2 OOPE Trainer Assessment Reports (TAR) scoring

Scoring is applied to Trainer Assessment reports (TAR) for OOPE for both **RCSI- ESR & Non RCSI ESR** applicants as follows;

- 1 TAR submitted to cover a 12 month period – score will be inputted into the TAR1 & TAR2 column on the score card ( = 2 x 6 month rotations)
- 2 TARs submitted for the same 6 month period – highest score will be inputted into TAR1 column on the scorecard
- 1 TAR submitted covering 6 month period score will be inputted into TAR1 column on the scorecard. TAR2 & TAR3 column will have 0 inputted.

A mean score is calculated for the \*OOPE TARs, therefore if only one TAR is submitted 0 will be entered into TAR2 & TAR3 column. No column should be left blank.

## 4.2.3 OOPE Logbook scoring

| Scores awarded for OOPE Clinical Experience  | 65 Marks        |
|--|-----------------|
| <b>eLogbook:</b><br>10 marks per rotation  | <b>30 marks</b> |
| Trainee Assessment Report (TAR)<br>1 per 6 month rotation  | <b>35 marks</b> |
| <b>Please note: the most recent posts will only be taken into consideration for scoring an applicant's clinical experience</b> |                 |

The scoring of the OOPE logbooks may differ between specialties. Each applicant's logbook is scored by the relevant specialty up to a max of 30 marks. The scores are QA'd and inputted into the scorecard. The TPD will sign off on all pre-interview scores. A specialty may select to shortlist applicants for interview (based on scoring metrics and eligibility criteria applied).

**Please see appendix 1 for Urology logbook scoring and the breakdown of 30 marks**

## ESR Scorecard

CST Equivalency section

| 5                      | 5       | 5       | 160       | 85                                 |                         | 85                            | 50           | 50            | 50                  | 50                                       | 85                          | 85                 |               |                                   |
|------------------------|---------|---------|-----------|------------------------------------|-------------------------|-------------------------------|--------------|---------------|---------------------|--|-----------------------------|--------------------|---------------|-----------------------------------|
| TAR1                   | TAR2    | TAR3    | TAR TOTAL | Logbook Total                      | MRCs Score              | MRCs Score to be awarded      | OSS1         | OSS2          | HF&PS1              | HFPS2                                    | OSS Final                   | HF&PS Final        | ESR CST Score |                                   |
| OoPE Clinical (MAX 65) |         |         |           | Academic Score (up to a 75 Maxium) |                         |                               |              |               |                     |  |                             |                    |               | CST PRE INTERVIEW SCORE (MAX 640) |
| Max 30                 | Max 35  |         |           | Max 65                             | Max 55                  | Max 35                        | Max 55       | Max 18        | Max 18              | Max 10                                   | Max 75                      |                    |               |                                   |
| eLogbook               | TAR (5) | TAR (5) | TAR (5)   | Max Clinical Score                 | Higher Degree by Thesis | Other Higher Degree/ Diplomas | Publications | Presentations | Prizes for research | RCSI/ Other Approved Education Programme | Research and Academic Total | Max Academic Score |               |                                   |

## 5.0 Pre Interview briefing

The pre interview briefing is a mandatory component of the intake process and takes place prior to each specialty interview. The briefing is presented by the National Director of Surgical Training Programmes (or nominee). All members of the interviewing panel, Chair and Extern must be present.

The panel will receive guidance on

- Relevant HR legislation
- Interview ethics
- Freedom of information Act
- Role of the Chair
- Role of the Extern
- EU employment legislation

The panels will also be guided through the scoring for the specialty selection interview and the five themes of the interview stations.

### Interview Stations

|                        |   |                  |
|------------------------|---|------------------|
| Station 1              | Quality and safety in surgical healthcare                 | 80 marks         |
| Station 2:             | Commitment to academic advancement and lifelong learning  | 40 marks         |
| Station 3:             | Knowledge of current issues relevant to surgical practice | 80 marks         |
| Station 4:             | Decision making in surgery                                | 80 marks         |
| Station 5:             | Professionalism and probity in surgical practice          | 80 marks         |
| <b>Interview Total</b> |   | <b>360 marks</b> |

A minimum of 60% of the Interview total must be achieved to be eligible for appointment.

## 5.1 Specialty Interview

Each candidate is awarded marks by each panel member at an interview station. The panel can be made up of 2/3 members. Each member marks independently. Average score per station is calculated per candidate and put in the final interview scorecard.

| Station 1<br>SCORED OUT OF 100<br>(To be pro-rata down to 80) | Station 2<br>ACADEMIC STATION<br>SCORED OUT OF 100<br>(To be pro rata back to 40) | Station 3<br>SCORED OUT OF 100<br>(To be pro-rata down to 80) | Station 4<br>SCORED OUT OF 100<br>(To be pro-rata down to 80) | Station 5<br>SCORED OUT OF 100<br>(To be pro-rata down to 80) |
|---|---|---|---|---|
|---|---|---|---|---|

- Stations 1,3,4 & 5 are prorated down to 80.
- Station 2 prorated down to 40.
- Interviewers score out of 100 to allow a range of marks.

## 5.2 Post Interview debrief

Following the completion of each specialty interview, the Surgical Training team will double key each candidate's station scores into the scorecard. Once results have been through the quality process the interview debrief will commence. In attendance at this meeting will be the interview panel, Chair, Training Programme Director and members of the Surgical Training team. The panel will be shown;

- Interview score (max 400),
- Final Progression score (max 1000)
- Final Progression ranking is then available to the panel.
- Once all members of the panel have confirmed they are in satisfied with the outcomes this is signed off and and full QA review will be undertaken.
- Once the full QA review has been completed the Surgical Training office will confirm the QA check is completed to the Chair and TPD and will notify all candidates of the outcome of the process.

## 5.3 Offers of Appointment to Specialist Training

A cooling off period of 24 hours stands following each specialty interview. This is in place for the Quality team to complete a full verification of scores prior to offers of appointment being made.

Only official offers of training are notified by the Surgical Training Office. The Surgical Training Office will also notify all unsuccessful candidates, **no other offer is valid.**

All candidates are eligible for feedback if sought.

Candidates who wish to avail of feedback should contact the relevant ST administrator to arrange a meeting with the TPD.

### Disclaimer

This document is a guidance to the marking scheme for Pathway and ESR candidates for Specialty training. It is for this purposes only and for those involved in the appointment of candidates to Specialty Training. Changes to marking schemes for candidates are under the remit of the ISPTC and are facilitated through a period of review and consultation.