



RCSI

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

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 14th March 2025

Click [here](#) for more information.

RCSI SURGICAL AFFAIRS

SPECIALTY TRAINING INTAKE GUIDE 2025

**TRAUMA & ORTHOPAEDIC SURGERY
APPLICANT EDITION**

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2.	25/09/2024	2025 information added. Updated formatting as per internal policy document.	NC & CMcG	ISPTC

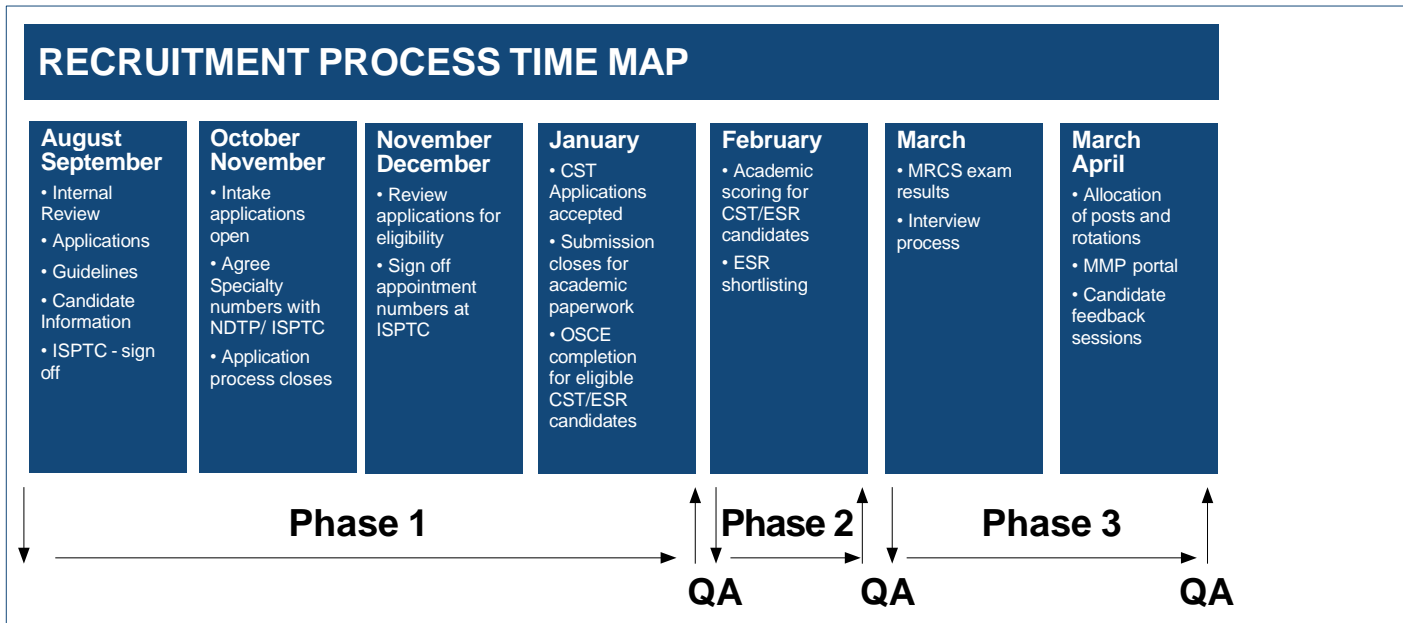
Please note: This document only refers to guidance information for those applicants applying to Specialist Training in Trauma and Orthopaedic Surgery

CONTENTS

1.0 Recruitment Process Map	4
2.0 Intake Numbers	4
3.0 Pathway – Phases of Recruitment	5
3.1 Pathway Academic Scoring	5
3.2 Core Surgical Training Scoring	7
4.0 Phases of Recruitment (ESR)	8
4.1 ESR Scoring matrix	9
4.2 OOPE Trainer Assessment reports (TAR) scoring	11
4.3 OOPE Logbook scoring	11
5.0 Pre-Interview briefing	12
6.0 Specialty Interview	13
6.1 Post-Interview debrief	14
6.2 Offers of Appointment to Specialist Training	14

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.

Indicative appointable numbers will be made available on the RCSI website at time of advertising each year.

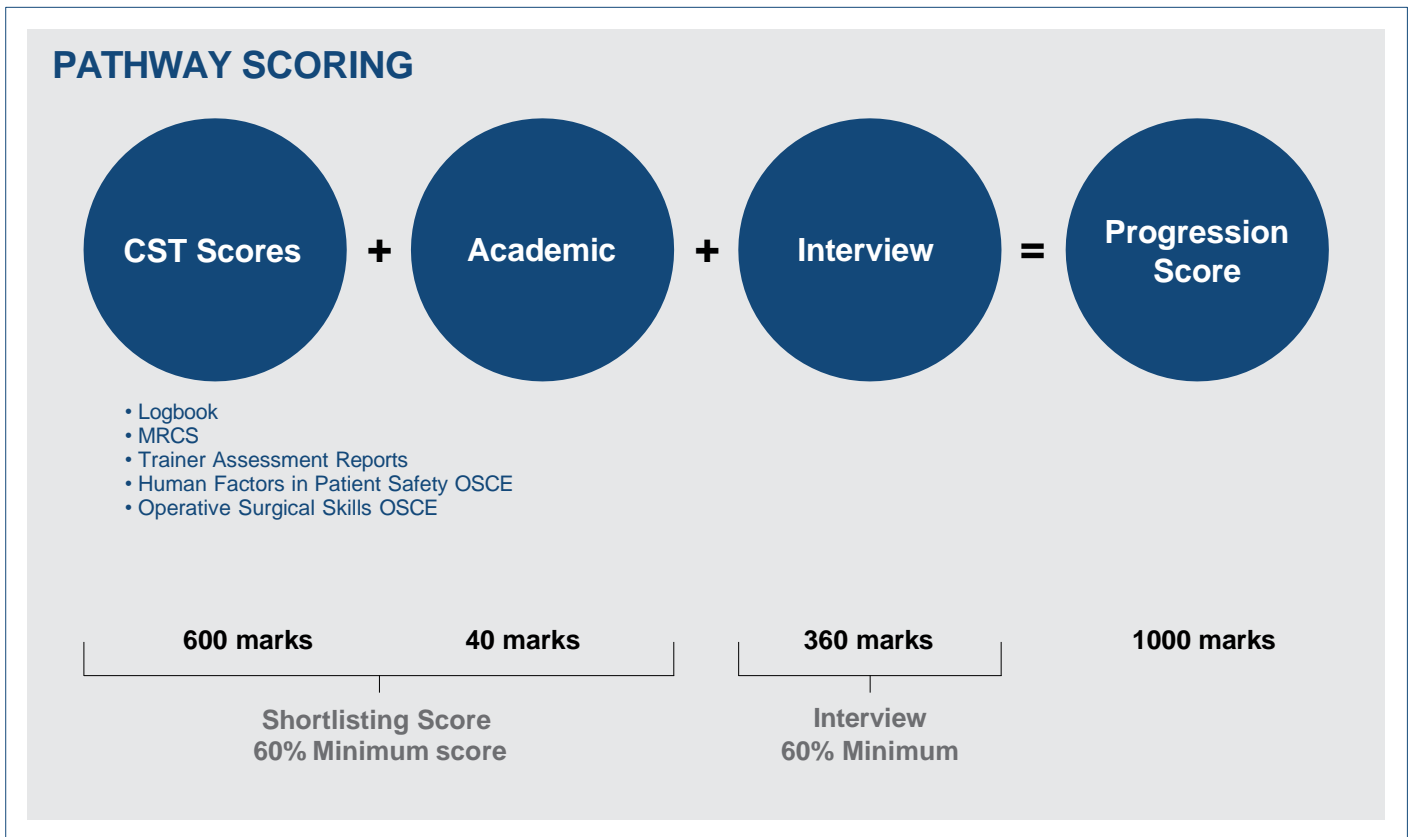
Appointable Specialty Numbers 2025

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 below is the approved ISPTC scoring matrix for Pathway applicants.

T&O Pathway scoring matrix

Academic Development and Performance		20
1. Higher Degree by Thesis		15 (max)
• PhD	15%	
• MD	13%	
• MCh	10%	
• Submitted with verification	8%	
2. Other Higher Degree /Awards		10 (max)
• Taught modular MCh (90 ECTS credits)	10%	
• Other relevant Masters degrees (90 ECTS credits) (e.g., M.Sc., M.Ed., MBA)	10%	
• Relevant Higher Diploma (60 ECTS credits)	7%	
• Relevant Diploma (45 ECTS credits)	5%	
• Relevant Certificates (30 ECTS credits)	3%	
3. Publications		15 (max)
• Peer reviewed scientific papers	3-10%	
• Invited review article (max 8 depending on journal)	4%	
• Book Chapters (4 each, Max 4)	4%	
• Case reports (2 each, Max 4)	2%	
4. Presentations at Scientific/ Clinical Meetings		10 (max)
• International / National (2 each, max 10)		
5. Prizes for Research		5 (max)
• International	5%	
• National	3%	
6. RSCI/Other approved education		5 (max)

Note: Academic scores max at 20 marks from 1-5. An additional 5 marks is available for 6.

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

Station 2: Commitment to academic advancement and lifelong learning.

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 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. The ranking position of all Pathway candidates is available at this stage.

Pathway Scorecard: Cumulative & MRCS scoring

Out of 500	% Out of * minus 60% cut off x multiplier of 4	Out of 600	15 max	10 max	15 max	10 max	5 max	5 max	25 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

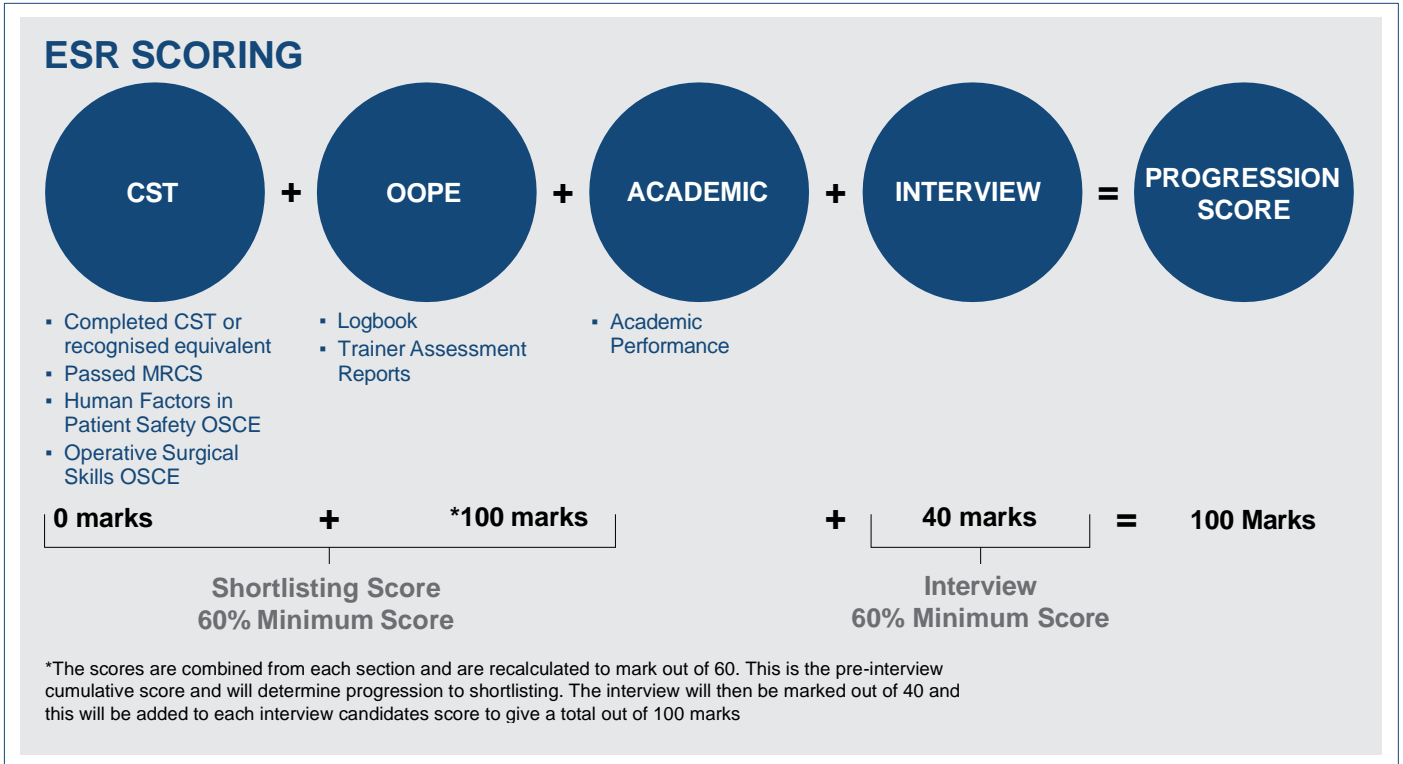
* Denotes weighting that will be supplied in the scorecard

4.0 Equivalent Standards Route - ESR - Phases of Recruitment

There are two ESR routes:

- **RCSI ESR** - Training undertaken with RCSI i.e., they have 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.

4.1 ESR Scoring Matrix

CORE/BASIC SURGICAL TRAINING RECORD

0

In order to be eligible all candidates must have completed Core Surgical Training (CST) or recognised equivalent and have passed the MRCS examination

POST CORE/BASIC SURGICAL TRAINING RECORD

45 max

This part of the selection process is intended to assess performance post Core/Basic Surgical Training. Marks allocated for post Core/basic Surgical Training will be based on Workplace performance.

Performance at RCSI or other external education programmes.
Electronic Logbook.

A **minimum** of 10 must be achieved in this section in order to be shortlisted.

A. Workplace performance

Full time Clinical Registrar posts in approved orthopaedic training units.

7x3

21 marks

B. Trainee Assessment Reports (TARs):

Each applicant in Post-Core/Basic Surgical Training will be required to submit a trainer report from a Consultant Trainer for each 6 months of a clinical post in Post-Core/Basic Surgical Training. These reports give a detailed Trainer assessment of applicant performance in the domains of clinical skills, professional development, personal skills and interpersonal relationships. A different trainer must populate the TAR for each 6 months i.e., the same trainer cannot fill out more than one TAR form for each 6 months submitted.

5x3

15 marks

C. Electronic Logbook:

Each Post-Core/Basic Surgical Training applicant is expected to maintain their E-logbook and this will be assessed by the interview panel. A total of 3 marks per 6-month rotation maybe awarded for the e-logbook for Post Core/Basic Surgical Training.

3x3

9 marks

ACADEMIC DEVELOPMENT AND PERFORMANCE

55 max

In advance of a candidate submitting academic paperwork as part of the application we would strongly advise that all candidates familiarise themselves with the requirements of submission as set out in the ground rules below

Ground Rules:

Please note the following Ground Rules in relation to submission of academic paperwork.

Publications: Proof would take the form of an official email or headed letter from editor or their appointed representative indicating full and final acceptance of publication from author. This DOES NOT include editorial commentary suggesting any further revisions to manuscripts prior to acceptance.

Presentations: Evidence of abstraction on headed parent journal for meeting or conference and or presentation published including authorship and principal presenter on official meeting/conference proceedings documents. Future presentations and those with dates beyond the closing date of application will not be considered for scoring.

Course attendance: Proof of participation in the course will be required. This should take the form of an official course attendance certificate, indicating dates attended as well as signature of course director/organiser on the certificate. Documents validating information supplied need to be received by the final academic information deadline to be eligible for scoring.

Academic Scoring

A maximum of 55 marks can be awarded in this section. It is theoretically possible for applicants to accumulate more than 55 marks based on thesis; other higher degrees/awards; publications and presentations but the maximum mark which may be awarded stands at 55.

1. Higher Degree by Thesis Awarded:

20 max

PhD 15
MD 12
MCh 10

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.

Applicants should also indicate the academic year(s) in which they were officially registered for their higher degree in the university concerned.

The specialty will devise its own list of degrees and diplomas which are relevant to Trauma & Orthopaedics and for which marks will be 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.

Marks in this section are cumulative.

2. Publications

15 max

• Original peer reviewed scientific

An applicant may submit any number of publications for consideration for scoring. However, the maximum mark of 15 in this section stands. Only publications in peer reviewed scientific journals will be considered. Marking is as indicated in previous section.

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.

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.

Applicants **must furnish** the most up to date Impact factor of the journal publication. These numbers will be validated and awarded accordingly. If an impact factor is unavailable applicants are urged to comprehensively populate the spreadsheet with as much information as possible. Please fill out publications section with all publications preferably in decreasing order of importance. Please also note that there are no marks for second or subsequent author on non-orthopaedic papers.

3. Oral Presentations - International/Cappagh Prize/National Prizes**10 max**

A maximum of 10 marks may be awarded for presentations at specialty specific scientific meetings.

- A mark of 2 will be awarded for a first name International/Cappagh prize presentation at each meeting (i.e., max 5 presentations).
- A mark of 1 will be awarded for a 1st name national presentations at each meeting (i.e., max 10 presentations)

Marks in this section are cumulative up to a maximum 10. 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. The shortlisting committee will decide what constitutes a recognised orthopaedic meeting or specialty specific section at both National and International level.

2. Courses**7.5 max**

A mark of 0.5 will be awarded per day for relevant orthopaedic courses up to a max of 7.5. The shortlisting committee will decide what constitutes a recognised orthopaedic course.

3. Merits: Awards, Distinctions, Prizes**2.5 max**

The shortlisting committee will consider and award marks appropriately for these merits.

The cut-off date for the award of marks in Section C will be 5pm, Friday 10th January 2025.

Under no circumstances will marks be given after that date based on accepted thesis, publications or presentations.

The scores are combined from each section and are recalculated to mark out of 60. This is the pre-interview cumulative score and will determine progression to shortlisting.

The interview will then be marked out of 40 and this will be added to each interview candidates score to give a total out of 100 marks.

This will then be the final score and based on this score candidates will be invited to interview.

4.2 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.

If only one TAR is submitted 0 will be entered into TAR 2 & TAR 3 column. No column should be left blank.

T&O add the TAR scores together to give a final score in this section.

4.3 OOPE Logbooks

Scoring is applied to Post CST logbooks by the specialty in line with the scoring matrix for ESR. Please note all ESR candidates are expected to provide their post CST logbooks with their applications.

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 station.

Interview Stations

Station 1	Quality and safety in surgical healthcare	80 marks
Station 2:	Commitment to academic advancement and lifelong learning	40marks (Pathway) 80marks (ESR)
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
Interview Total		400 marks (ESR) 360 marks (Pathway)

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

6.0 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.

Scorecard below is a sample of the ESR scoring for interview.

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

Scorecard below is a sample of the Pathway scoring for interview.

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

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

6.1 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 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.

6.2 Offers of Appointment to Specialist Training

If the interview panel deem it necessary a 24-hour cooling off period following the specialty interview may be implemented. This is in place for the Quality Team to complete a full verification of scores.

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 requested.

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 in Trauma and Orthopaedics. It is for this purpose only.

Changes to marking schemes for candidates are under the remit of the ISPTC and are facilitated through a period of review and consultation.