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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).

2026 intake:

- Interviews w/c 13 March 2026

Click [here](#) for more information.

RCSI SURGICAL AFFAIRS

SPECIALTY TRAINING INTAKE GUIDE 2026 APPLICANT EDITION

**Specialty Training Intake Guide 2026
Applicant Edition**

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5	08-10-2025	Details updated for 2026 intake. Final line in Section 3.2 added. Note added (*) in section 5.0. Section 5.1 updated details for station 2 for clarity. Section 5.2 updated with reference to QA team.	NC & CMcG	ISPTC

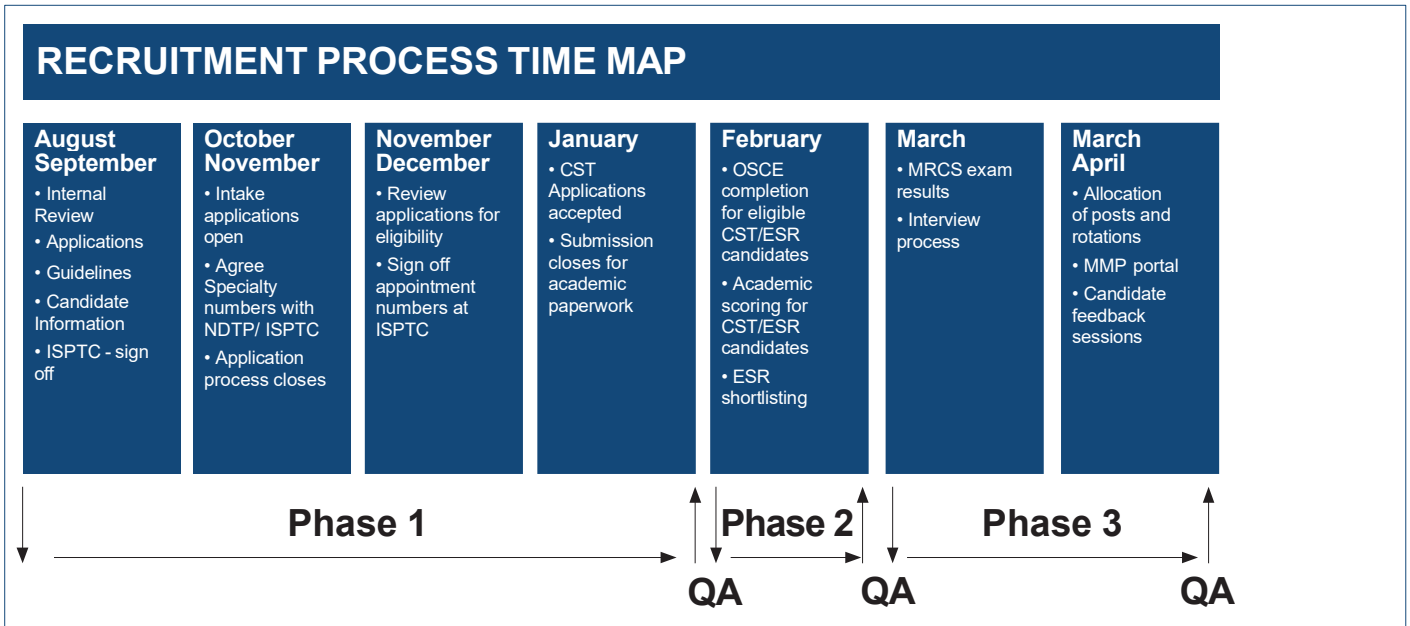
Please note Candidates should refer to separate Trauma and Orthopaedic Applicant Guide for information pertaining to Trauma and Orthopaedic Surgery

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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 2026

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.

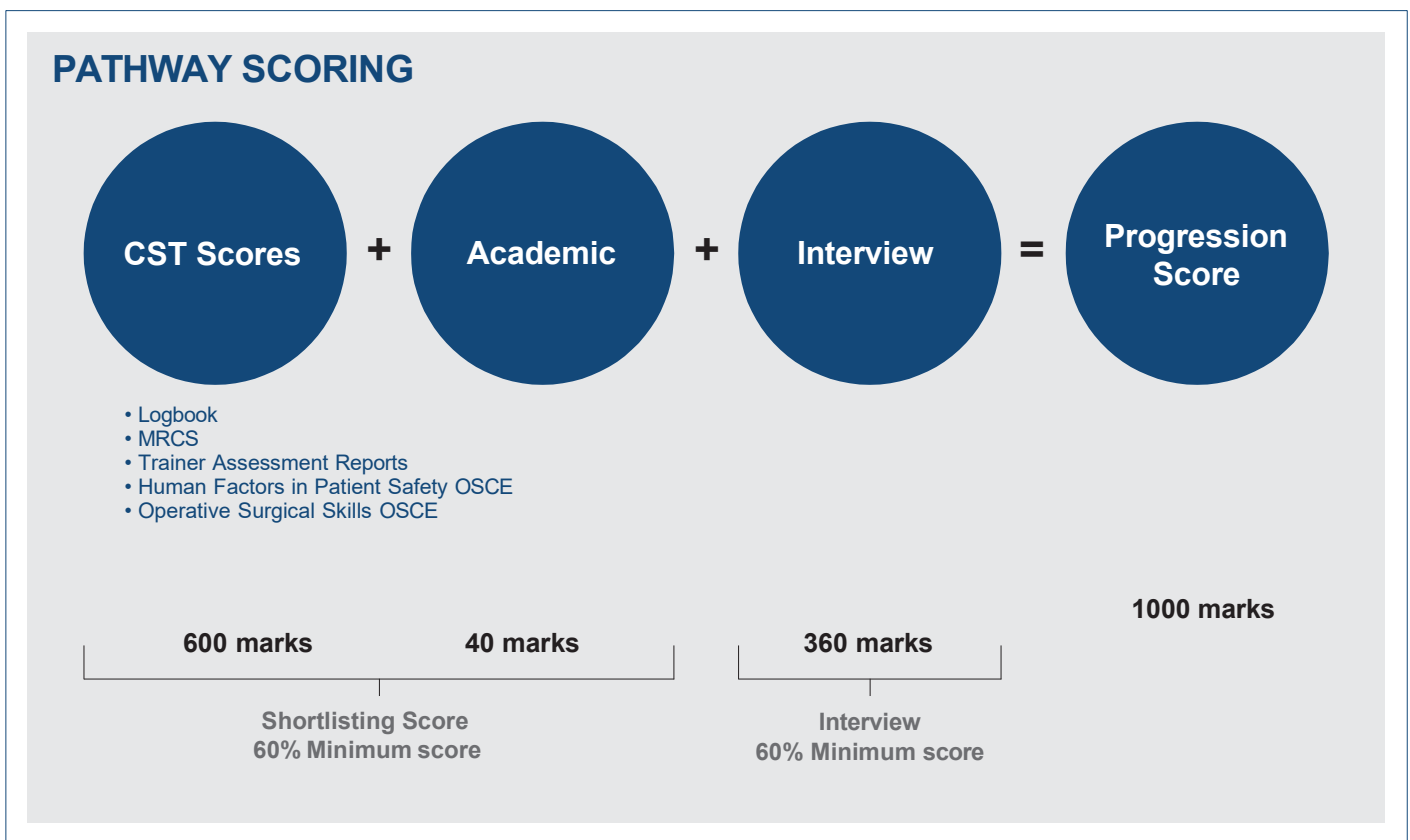
Appointable Specialty Numbers 2026

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

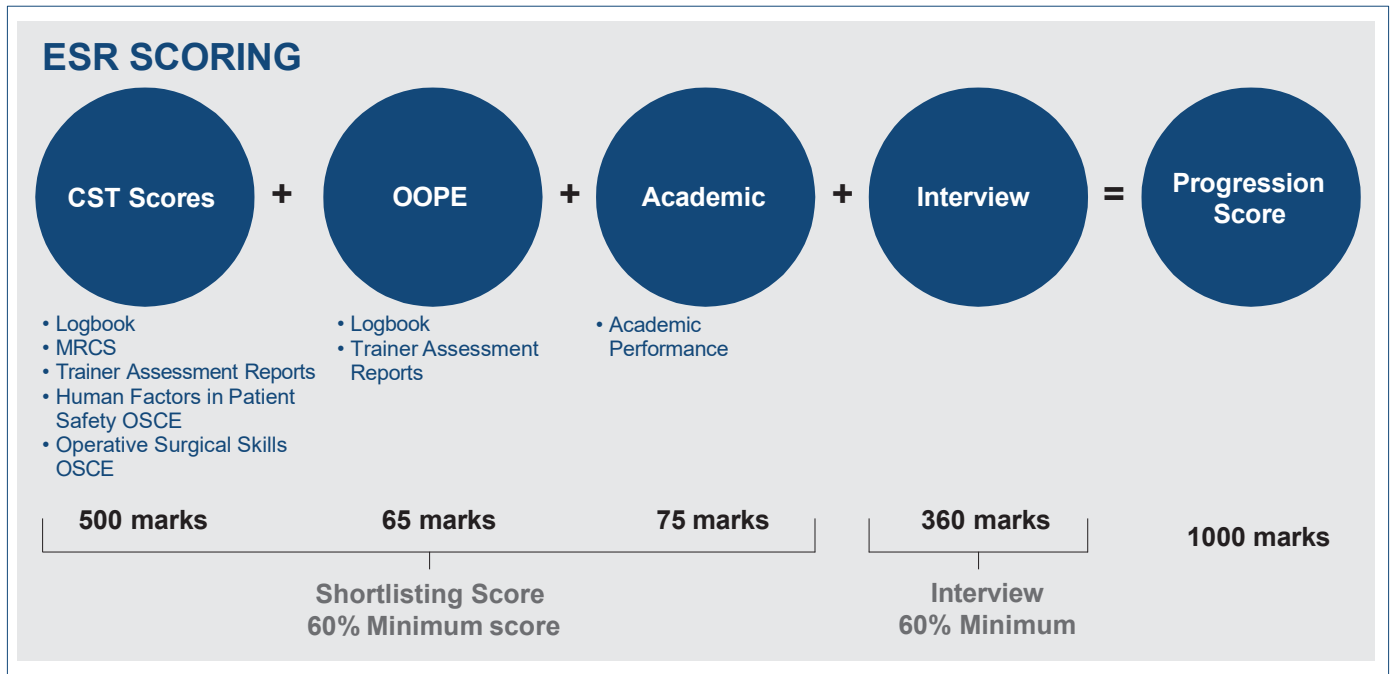
* Denotes weighting that will be applied in the scorecard

4.0 EQUIVALENT STANDARDS ROUTE - ESR - PHASES OF RECRUITMENT

There are two ESR routes:

- **RCSI ESR** - Training undertaken with RCSI i.e. 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 applicant's career.

It is theoretically 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.

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

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
eLogbook: 10 marks per rotation	30 marks
Trainee Assessment Report (TAR) 1 per 6-month rotation	35 marks
Please note: the most recent posts will only be taken into consideration for scoring an applicant's clinical experience	

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 Maximum)								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
Interview Total		360 marks
A minimum of 60% of the Interview total must be achieved to be eligible for appointment.		

* For Cardiothoracic surgery *Station 2* is worth *80 marks*.

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

- Stations 1,3,4 & 5 are prorated down to 80.
- Station 2 prorated down to 40 (Cardiothoracic Surgery worth 80 marks).
- 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 and QA 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 these 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.