



# RCSI

RCSI.COM/SURGERY

The purpose of this document is to provide guidance and information to Training Programme Directors and interview panel members on the current process to appoint 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).

**2022 intake:**

- Opens 14th October 2021
- Closes 18th November 2021
- Academic paper submission 14<sup>th</sup> January 2022
- Interviews w/c 14<sup>th</sup> March 2022

Click [here](#) for more information.

**RCSI SURGICAL AFFAIRS**

# **SPECIALTY TRAINING INTAKE GUIDE 2022**

**TRAUMA & ORTHOPAEDIC SURGERY**

**DOCUMENT CONTROL**

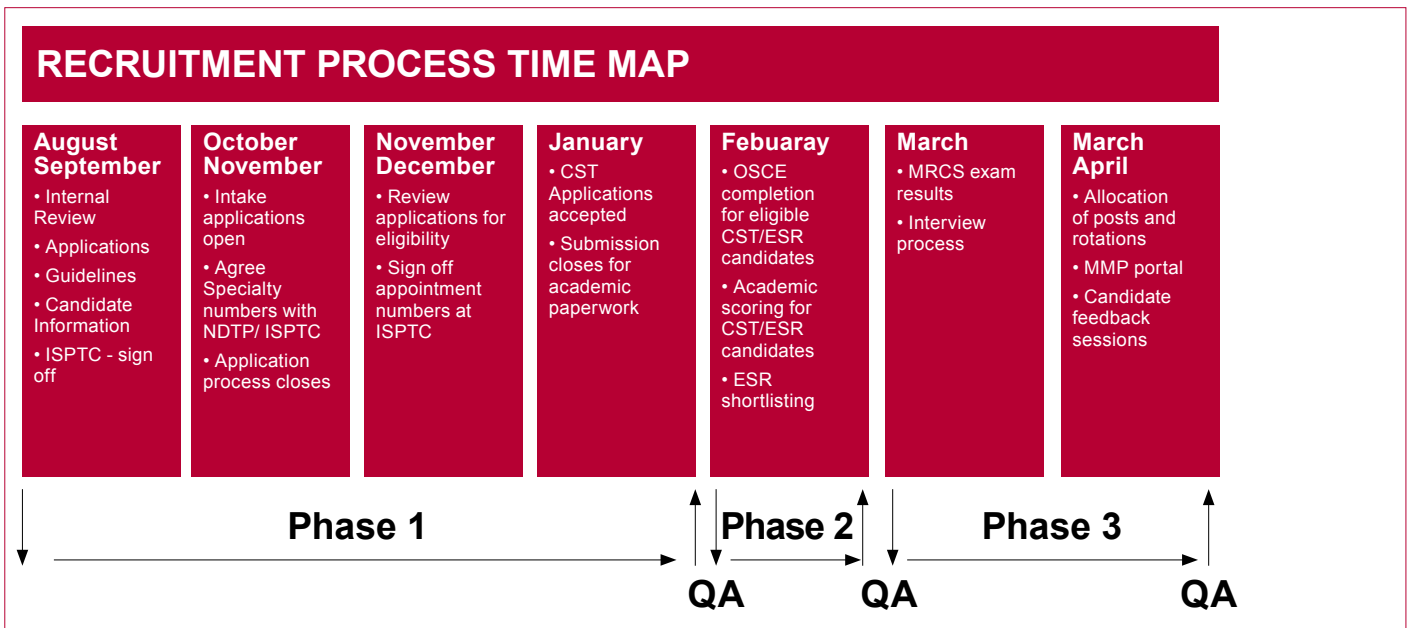
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## 1.0 Recruitment Process & Time line

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



## 2.0 RCSI/NDTP/HSE Approved Intake Numbers 2022

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.

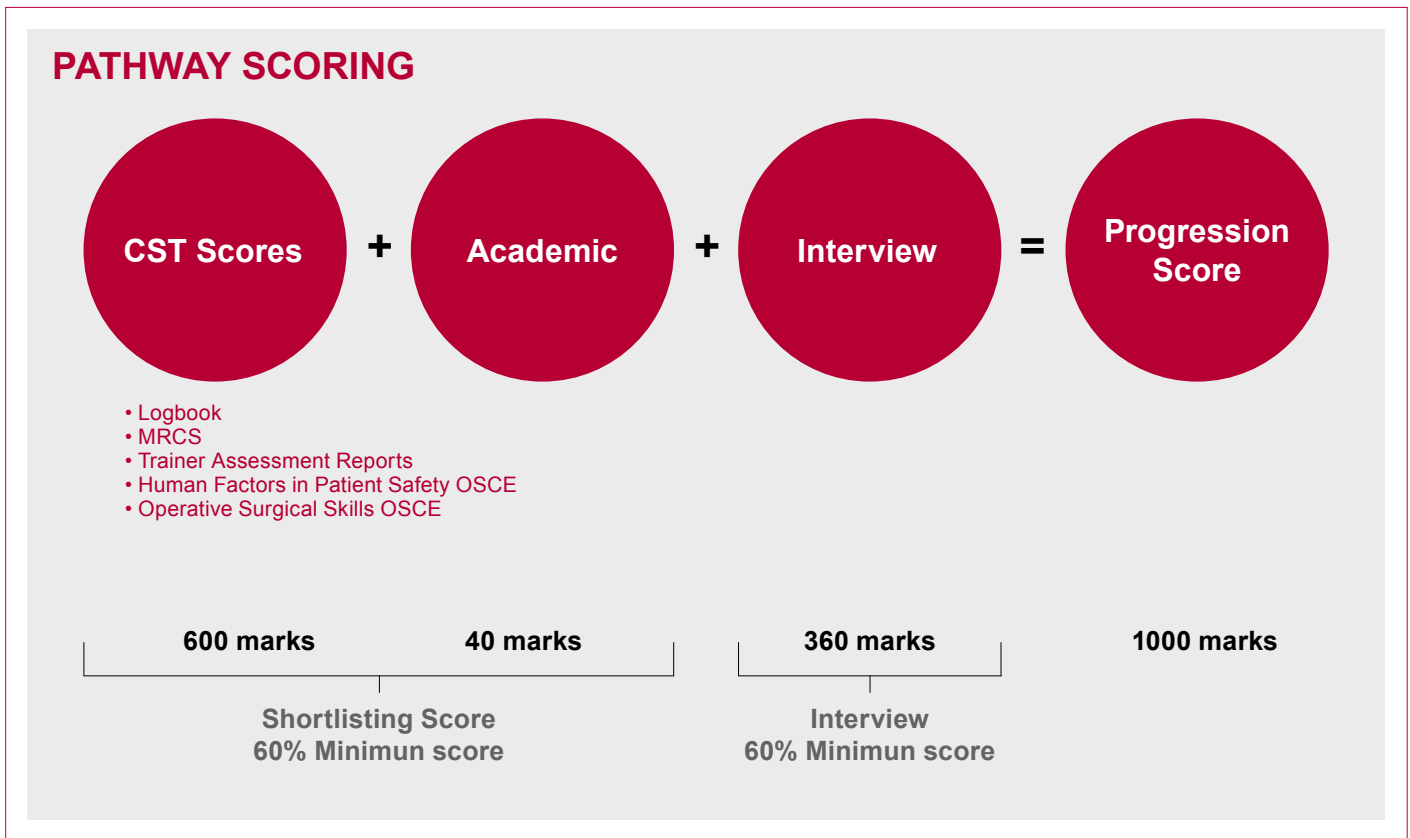
### Appointable Specialty Numbers 2022

Specialty	Appointable Range
Cardiothoracic Surgery	2 - 3
General Surgery	10 - 12
Neurosurgery	2 - 3
Ophthalmic Surgery	4 - 5
Oral & Maxillofacial Surgery	No intake 2022
Otolaryngology Head & Neck Surgery	4 - 5
Paediatric Surgery	No intake 2022
Plastic Reconstructive & Aesthetic Surgery	4 - 5
Trauma & Orthopaedic Surgery	10 - 12
Urology	3 - 4
Vascular Surgery	3 - 4

### 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
<b>1. Higher Degree by Thesis</b>			15 (max)
• PhD		15%	
• MD		13%	
• MCh		10%	
• Submitted with verification		8%	
<b>2. Other Higher Degree /Awards</b>			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%	
<b>3. Publications</b>			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%	
<b>4. Presentations at Scientific/ Clinical Meetings</b>			10 (max)
• International / National ( 2 each, max 10)			
<b>5. Prizes for Research</b>			5 (max)
• International		5%	
• National		3%	
<b>6. RSCI/Other approved education</b>			5 (max)

The academic scores are populated into this section of the scorecard.

Academic & Research T&O								
15 max	10 max	15 max	10 max	5 max	20 max	5 max	25 max	For Progression Max 40
Higher Degree by Thesis	Other Higher Degrees / Diplomas	Publications	Presentations	Research Prizes / Grants	Research & Academic TOTAL	RCSI / Other approved education programme	RCSI Course and Research & Academic TOTAL	Pre - Interview Academic Score

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.

**Note: MRCS scores may not be available if a candidate is awaiting results from the final sitting and may change ranking positions. Final sitting results released 11.03.2022**

### 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

Scores are calculated on a separate sheet, keyed in manually and QA checked.

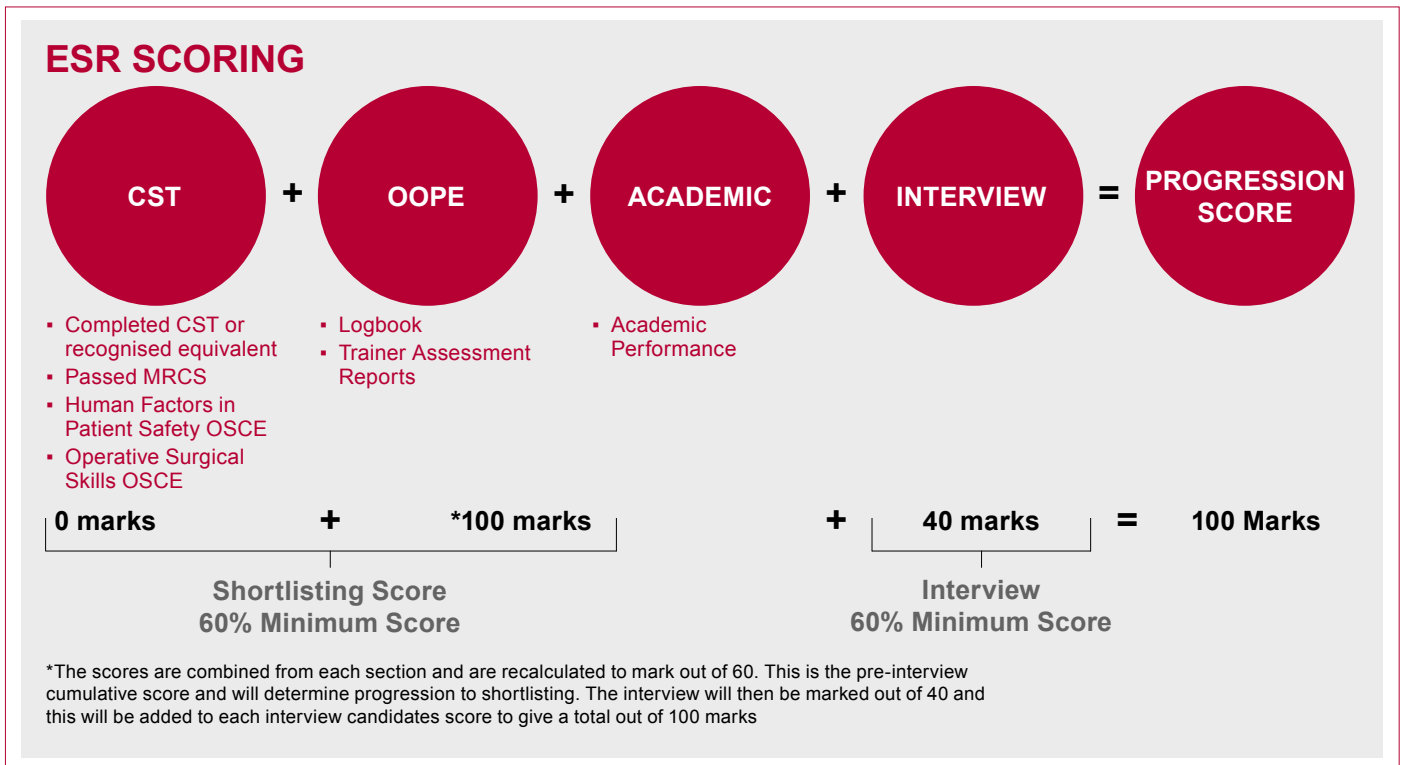
All applicants must provide exam transcripts.

## 4.0 Equivalent Standards Route - ESR - Phases of Recruitment

There are two ESR routes:

- **RCSI ESR** - Training undertaken with RCSI ie 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.



## 4.0 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

- A. Workplace performance.
- B. Performance at RCSI or other external education programmes.
- C. 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

- |   |   |
|---|---|
| • 1st name Orthopaedic journal/paper                    | Impact factor x 2   |
| • 2nd name Orthopaedic journal/paper                    | Impact factor x 1   |
| • Case report : Orthopaedic report only – 1st name only | Impact factor (if available) x (0.5) or<br>a mark of 0.25 (whichever is higher) |
| • Non specialty journal publication – 1st name only     | Impact factor x 1   |

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.

**4. 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.

**5. 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 14th January 2022.

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 candidates will be panelled on this score.

**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 stations.

<b>Interview Stations</b>		
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
<b>Interview Total</b>		<b>400 marks (ESR)</b> <b>360 marks (Pathway)</b>
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.**

<b>Station 1</b> SCORED OUT OF 100 (To be pro-rata down to 80)	<b>Station 2</b> ACADEMIC STATION SCORED OUT OF 100 (To be pro rata back to 80)	<b>Station 3 SCORED</b> OUT OF 100 (To be pro-rata down to 80)	<b>Station 4</b> SCORED OUT OF 100 (To be pro-rata down to 80)	<b>Station 5</b> SCORED OUT OF 100 (To be pro-rata down to 80)
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**Scorecard below is a sample of the Pathway scoring for interview**

<b>Station 1</b> SCORED OUT OF 100 (To be pro-rata down to 80)	<b>Station 2</b> ACADEMIC STATION SCORED OUT OF 100 (To be pro rata back to 40)	<b>Station 3 SCORED</b> OUT OF 100 (To be pro-rata down to 80)	<b>Station 4</b> SCORED OUT OF 100 (To be pro-rata down to 80)	<b>Station 5</b> SCORED OUT OF 100 (To be pro-rata down to 80)
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Best practice guidance around scoring to be assigned to each candidate in each station will also be discussed.  
General guidance below

- » Really poor/not appointable: 20
- » Less than satisfactory answers: 40
- » Average candidate/average answers: 60
- » Better than average: 80
- » Outstanding candidate answers: 100

## 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 rank as per the example image below.

First Name	Surname	Specialty	FINAL PROGRESSION SCORE (Max 1000)	FINAL PROGRESSION RANK
Candidate 1	Candidate 1	Specialty Name - Pathway	882.45	3.00
Candidate 2	Candidate 2	Specialty Name - Pathway	851.61	4.00
Candidate 3	Candidate 3	Specialty Name - Pathway	925.98	1.00
Candidate 4	Candidate 4	Specialty Name - Pathway	825.09	5.00
Candidate 5	Candidate 5	Specialty Name - Pathway	901.41	2.00

First Name	Surname	Specialty	FINAL PROGRESSION SCORE (Out of 100)	FINAL PROGRESSION SCORE (Max 1000)	FINAL PROGRESSION RANK
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## 6.2 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 requested.



## 6.3 Trainee Interview feedback

All candidates are offered the opportunity to avail of post interview feedback with the TPD. The feedback form below (for scores obtained) will be made available to candidates. These scores are without context and should be used in conjunction with a verbal feedback if/were possible. The feedback form below is a sample for those progressing via the Pathway route.

First Name	Surname	Specialty	Intake Year	Out of 640	OUT OF 360		OUT OF 1000
				<b>Total Score for Pre - interview score</b>	<b>INTERVIEW SCORE</b>	<b>INTERVIEW %</b>	<b>FINAL PROGRESSION SCORE</b>
				<b>452.92</b>	<b>284</b>	<b>78.00%</b>	<b>736.917</b>
<b>Average score per interview station score</b>							
Station 1	80	0.8					
Station 2	70	0.4					
Station 3	80	0.8					
Station 4	80	0.8					
Station 5	80	0.8					
	<b>390</b>						
<b>For the purposes of scoring each station is score out of 100 and pro-rata back to 80</b>							
320/.8	256						
70/.4	28	(pre scored academic 40 max included in the pre interview score)					
	<b>284</b>						
<b>CST Scores</b>							
Cumulative CAPA Score + HFPS Score +MRCS =				346.5			
<b>Total CST Score</b>				<b>346.5</b>	(remains static)		
<b>OOPE Marks</b>							
			106.4/140	<b>106.4</b>	<b>Logbook / academic</b>		
<b>Interview mark</b>							
			284	<b>284</b>			
<b>Final Progression scores</b>							
				<b>736.9</b>			

## 6.4 CHECKLIST

	Quality Signature	TPD Signature	Date
Academic Scoring			
CST/ Equivalency Score			
Shortlisting			
Interview Ranking			
Offering of Posts	ST Manager/nominee sign off	ST Manager/nominee sign off	
Allocation of Training Posts	ST Manager/nominee sign off	ST Manager/nominee sign off	
Notification to MMP Portal	ST Manager/nominee sign off	ST Manager/nominee sign off	
Changeover July 11th 2022	ST Manager/nominee sign off	ST Manager/nominee sign off	