Standardised Selection Process for Specialty Training

Guide to the Marking System (A)

July 2015 Intake

Applicable to all Specialty Training Applicants who commenced BST on or after 1st July 2009

**Please note that the Guide to the Marking System for Specialty Training Intake July 2015 is subject to change. Notification of changes will be published as early as possible**
### A Basic Surgical Training Record 25%

1. **Workplace Performance** 13%
   a) Trainer Reports x 8 4%
   b) SSAOP x 8 3%
   c) Mini CEX x 8 3%
   d) E. Logbook 3%

2. **RCSI Education Programme** 12%
   a) School for Surgeons 4%
   b) OSS Course / Assessments 4%
   c) Human Factors Course / Assessments 4%

### B Basic Specialty Training Record 15%

1. **Workplace Performance** 10%
   a) Trainer Reports x 2 2%
   b) Procedure Based Assessments x 4 3%
   c) Mini CEX x 4 2%
   d) E. Logbook 3%

2. **RCSI / Other Approved Education Programme** 5%

### C 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 Degrees / Awards** 10% (max)
   - Taught modular MCh (90 ECTS credits) 10%
   - Other relevant Masters degrees (90 ECTS credits) 10% (e.g. M.Sc., M.Ed., MBA)
   - Relevant Higher Diplomas (60 ECTS credits) 7%
   - Relevant Diplomas (45 ECTS credits) 5%
   - Relevant Certificates (30 ECTS credits) 3%

3. **Publications** 15% (max)
   - Peer reviewed scientific papers 3-10%
   - Invited review articles 4% (Max 4%, depending on Journal)
   - Book Chapters (2% each, Max 2) 4%
   - Case reports (1% each, Max 2) 2%

4. **Presentations at Scientific / Clinical Meetings** 10% (max)
   - International / National (2% each, Max 5)

5. **Prizes for Research** 5% (max)
   - International 5%
   - National 3%

### D Interview 40%

1. Commitment to Lifelong Learning and Academic Advancement
2. Professionalism / Probity / Ethical Behaviour
3. Interpersonal and Communication Skills
4. Team working and Leadership Skills
5. Knowledge of Current Issues relevant to Surgical Practice
Introduction

The training of a surgeon is a lengthy and expensive process and it is very important that those who are most suited to a surgical career become our future surgeons. The purpose of the selection process for surgical training is to identify and select those trainees who are most likely to become the best consultant surgeons of the future. The process should also identify and select out those who are likely to be unsuccessful or problematic as future surgeons and discourage them from pursuing a career pathway in surgery.

The initial phase of selection for surgical training in Ireland occurs at the point of entry to Basic Surgical Training. A second and much more rigorous selection process occurs at the point of entry to Specialty Training. This selection process is based on:

- Performance (during BST)
- Acquisition of competencies (both clinical and academic)
- General suitability for a career in Surgery

The selection process for Higher Surgical Training is an objective process which has been agreed by the Irish Surgical Postgraduate Training Committee and will be used by all surgical specialties and Emergency Medicine. The process is based on an objective marking scheme and is designed to be fair and equitable to all surgical trainees. The process is also intended to be completely transparent and the selection criteria will be made available to surgical trainees.

The selection process for Higher Surgical Training has 4 components:

1. Basic Surgical Training record 25%
2. Basic Specialty Training record 15%
3. Academic Development and Performance 20%
4. Interview 40%

Applications for Specialty Training will be made on a standard application form which contains all of the information required to objectively assess trainees. Submission of a separate curriculum vitae is not required. Documentary evidence of the various components of the educational and academic record should be submitted with the application form. Any trainee who provides misleading or false information in an attempt to improve their score will be automatically disqualified and will not be allowed to make any future applications for Specialty Training in any of the surgical specialties.
The marks allocated for this section will be based on documented performance during Basic Surgical Training. A total of 25% may be awarded in this section – 13% for performance in the workplace and 12% for performance in the various components of the RCSI Education Programme.

1. **Workplace Performance**
   
   a. **Trainer Reports:**
   
   Trainees should submit reports from 2 different consultant trainers (attachment 1) for each 6 month rotation during BST (i.e. 8 reports in total). These reports should be submitted through the Colles Portal. The reports give detailed trainer assessment of trainee performance in the domains of clinical skills, professional development, personal skills and interpersonal relationships. Detailed descriptors are provided to trainers to assist grading of trainee performance in each of these areas (attachment 2). A total of 4% may be allocated for trainer reports.

   b. **Supervised Structured Assessment of Operative Performance (SSAOP).**
   
   Trainees are expected to submit 2 SSAOPs for each of their 4 BST rotations (i.e. 8 in total) using the standard form which should be submitted through the Colles Portal. (attachment 3) A total of 3% may be allocated for the SSAOP.

   c. **Mini Clinical Evaluation Exercise (Mini-CEX):**
   
   Trainees should submit 2 CEX assessments for each of their 4 BST rotations (i.e. 8 in total), using the standard form which should be submitted through the Colles Portal (attachment 4). A total of 3% may be allocated to the CEX assessments.

   d. **Electronic logbook:**
   
   All trainees are expected to record and regularly update their surgical procedures in the E-logbook. The E-logbook performance of applicants for HST will be assessed by the interview panel and a score of up to 3% may be allocated.

2. **RCSI Education Programme Performance**
   
   a. **SCHOOL for Surgeons**
   
   Participation in SCHOOL for Surgeons is a mandatory part of Basic Surgical Training. Regular assignments are given and a score is awarded, based on the submitted assignments. A total of up to 4% may be awarded for performance in SCHOOL for Surgeons during the 2 years of BST.

   b. **Operative Surgical Skills Course (OSS course)**
   
   There are 6 OSS modules in each year of BST. Trainees are expected to complete all 12 modules by completion of BST. There is a formal assessment of technical skills at the end of each year of BST. A total of up to 4% of marks may be awarded for the OSS Course based on
   1. Attendance record
   2. Score in the technical skills assessments.

   c. **Human Factors and Patient Safety:**
   
   There are 3 Human Factors and Patient Safety modules in each year of BST. Trainees are expected to complete all 6 modules by the end of BST. There is a formal assessment of personal skills and human factors skills at the end of each year of BST. A total of up to 4% may be awarded for
   1. Attendance record
   2. Score in the human factors assessment.
This part of the selection process is intended to assess performance during Basic Specialty Training – which is mandatory for all trainees before entry to Higher Surgical Training. Marks allocated for Basic Specialty Training will be based on 1. Workplace performance; 2. Performance in the RCSI or other external education programmes. A minimum of 10% must be achieved in this section in order to be shortlisted.

1. **Workplace performance**

   a. **Trainer reports:**
   
   Each trainee in Basic Specialty Training will be required to submit trainer reports from 2 consultant trainers for each year of Basic Specialty Training. These reports give a detailed trainer assessment of trainee performance in the domains of clinical skills, professional development, personal skills and interpersonal relationships. A total of 2% may be awarded for trainer reports.

   b. **Procedure Based Assessments (PBAs):**
   
   Trainees are expected to submit 4 PBAs during Basic Specialty Training from a panel of index procedures listed for each specialty. PBAs should be submitted on the standard form and through the Colles Portal. A total of 3% can be awarded for PBAs.

   c. **Mini Clinical Evaluation Exercise (Mini CEX):**
   
   Trainees are expected to submit 4 mini-CEX assessments for each year of Basic Specialty Training. These should be based on clinical cases which are relevant to the specialty. The mini-CEXs should be submitted on the standard form and through the Colles Portal. A total of 2% can be awarded for mini-CEX assessments.

   d. **Electronic Logbook:**
   
   Each Basic Specialty trainee is expected to maintain their E-logbook and this will be assessed by the interview panel. A total of 3% may be awarded for the E-logbook during Basic Specialty Training.

2. **RCSI or Other Education Programme**

   A total of 5% may be awarded for participation in external education programmes, either administered by RCSI or other bodies. Each specialty will specify the training programme which is expected for trainees in their specialty. Consideration will also be given to documented attendance at scientific meetings and conferences relevant to the specialty and participation in technical skills courses or didactic courses relevant to the specialty.
One of the key goals of the new surgical training pathway is to shorten surgical training through elimination of the "gap" years. This section of the selection process has therefore been designed to allow high performing trainees to gain maximum marks (20%) in this section in a variety of ways. Some trainees may choose to take time out for full-time laboratory research and may achieve maximum marks through a thesis and publications. However, trainees who do NOT take time out for full time research can also achieve maximum marks through publications and presentations or by participation in other academic development programmes on a part-time basis (e.g. a taught Masters programme, MBA, MEd. etc.)

1. Higher Degree by Thesis 15%
   - Awarded: PhD 15%
     MD 13%
     MCh 10%
   - Submitted with verification: 8%

Candidates who have completed a thesis must submit a summary of the thesis with the application process. Candidates 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.

2. Other Higher Degrees/Awards 10%
   - Taught Modular MCh (90 ECTS credits) 10%
   - Other relevant Masters degrees (90 ECTS credits) 10%
     (e.g M.Sc., M.Ed., MBA)
   - Relevant Higher Diplomas (60 ECTS credits) 7%
   - Relevant Diplomas (45 ECTS credits) 5%
   - Relevant Certificates (30 ECTS credits) 3%

A mark of up to 10% may be awarded for satisfactorily 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).

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 candidate has taken time out of medical school to obtain the degree on a full-time basis.

Marks in this section are not cumulative, and candidates will only be credited for the highest scoring degree. For example, if a candidate has an MD degree (13%) and also a surgically relevant MSc degree (10%) their total score in this section will be 13%.
3. Publications 15%

- **Original peer reviewed scientific papers**
  A candidate 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. For most specialties, the marks allocated will be based on the impact factor of the journal as follows:
  - Impact factor < 1: 3%
  - Impact factor ≥ 1: 4%
  - Impact factor ≥ 2: 5%
  - Impact factor ≥ 3: 7%
  - Impact factor ≥ 5: 10%

  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 (i.e. 7% for a first author publication)

  For some surgical specialties, candidates will be asked to submit their 5 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:** 4% (4% max, depending on Journal)

- **Book Chapters:**
  - 2% - First Author (Must include ISBN number of book)
  - 1% - Co-Author (Must include ISBN number of book)
  A maximum of 4% may be awarded for book chapters

- **Case Reports:** 1% (irrespective of impact factor of journal, max 2%)

  Candidates 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.

4. Presentations at Scientific/Clinical Meetings 10%

  A maximum of 10% may be awarded for presentations at scientific meetings. A mark of 2% may be awarded for presentation at each meeting. Marks in this section may be cumulative up to the total of 10%. Marks are only awarded if the candidate 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 1 meeting. Each specialty will compile its own list of international and national meetings which are recognised for scoring under this heading.

5. Prizes for Research 5%

  The maximum score under this section is 5%. A mark of 5% may be awarded for international research prizes and a mark of 3% may be awarded for national research prizes. Marks in this section may be cumulative, up to a maximum of 5%. Each specialty will compile its own list of recognised prizes.

  The cut off date for the award of marks in Section C will be the date of shortlisting. Under no circumstances will marks be given after that date based on accepted thesis, publications or presentations.
The interview is the final stage of this multi-part selection process for Specialty Training. The purpose of the interview is to assess the personal attributes and general suitability of a candidate for Higher Surgical Training and for a lifelong career in Surgery.

Interviews will be conducted by a properly constituted interview panel, according to the regulations of the Irish Surgical Postgraduate Training Committee (ISPTC). Each interview panel will be Chaired by a member of the Council of RCSI, nominated by the President. The interview panel may only award marks for the interview and may not under any circumstances change marks already allocated to other sections at the shortlisting meeting. All documents relating to the selection process will remain in the possession of ISPTC / RCSI. A maximum global mark of 40% may be awarded at interview.

The interview will cover a broad range of areas related to suitability for Specialty Training. These will be grouped under 5 principal domains:

1. Commitment to lifelong learning and academic advancement
2. Professionalism, probity and ethical behaviour
3. Interpersonal and communication skills
4. Team working and leadership skills
5. Knowledge of current issues in surgical practice

A list of suggested questions for the various domains of the interview will be presented to the interview panel. However, these questions are simply for assistance to interviewers and are not mandatory questions. Interviewers are free to ask any questions they wish, related to the domains to be marked.

Each interviewer will mark each candidate at the end of each interview by silent voting. The mark sheets for each candidate will then be collected and the marks awarded by each interviewer will be displayed at the end of the interview process. Any significant discrepancies in marking will be discussed by the Chairman.

At the end of the entire selection process, the marks obtained in each section will be added to give the total mark in the selection process. Candidates will then be ranked and will be appointed according to their rank and the number of positions available.

All information contained in documents relating to the selection process is deemed to be a record held by RCSI and is subject to the provisions of the Freedom of Information Acts 1997 and 2003.