EQUIVALENT STANDARDS ROUTE (ESR) GUIDELINES

Standardised Selection Process for Specialty Training in TRAUMA AND ORTHOPAEDIC SURGERY

July 2019 Intake

**Please note that the Guide to the Marking System for Specialty Training Intake July 2019 is subject to change. Notification of changes will be published as early as possible**
### A Core/Basic Surgical Training Record 25%

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Workplace Performance</td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>a) Trainer Assessment Reports x four</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>b) SSAOP x twelve</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>c) SCA x twelve</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>d) eLogbook</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>2. RCSI Education Programme</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>a) School for Surgeons</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>b) OSS Course/Assessments</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>c) Human Factors Course/Assessments</td>
<td></td>
<td>4%</td>
</tr>
</tbody>
</table>

### B POST Core/Basic Surgical Training Record 15%

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Workplace Performance</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>a) Trainee Assessment Reports x two</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>b) Procedure Based Assessments x four</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>c) SCA/Mini CEX x four</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>d) e-Logbook</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>2. RCSI/Other Approved Education Programme</td>
<td></td>
<td>5%</td>
</tr>
</tbody>
</table>

### C Academic Development and Performance 20%

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Higher Degree by Thesis</td>
<td></td>
<td>15% (max)</td>
</tr>
<tr>
<td>• PhD</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>• MD</td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>• MCh</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>• Submitted with verification</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>2. Other Higher Degrees/Awards</td>
<td></td>
<td>10% (max)</td>
</tr>
<tr>
<td>• Taught modular MCh (90 ECTS credits)</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>• Other relevant Masters degrees (90 ECTS credits) (e.g. M.Sc., M.Ed., MBA)</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>• Relevant Higher Diplomas (60 ECTS credits)</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>• Relevant Diplomas (45 ECTS credits)</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>• Relevant Certificates (30 ECTS credits)</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>3. Publications</td>
<td></td>
<td>15% (max)</td>
</tr>
<tr>
<td>• Peer reviewed scientific papers</td>
<td></td>
<td>3-10%</td>
</tr>
<tr>
<td>• Invited review articles</td>
<td></td>
<td>4% (Max 4%, depending on Journal)</td>
</tr>
<tr>
<td>• Book Chapters (2% each, Max two)</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>• Case reports (1% each, Max two)</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>4. Presentations at Scientific/Clinical Meetings</td>
<td></td>
<td>10% (max)</td>
</tr>
<tr>
<td>• International/National</td>
<td></td>
<td>(2% each, Max 5%)</td>
</tr>
<tr>
<td>5. Prizes for Research</td>
<td></td>
<td>5% (max)</td>
</tr>
<tr>
<td>• International</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>• National</td>
<td></td>
<td>3%</td>
</tr>
</tbody>
</table>

### D Interview 40%

Station 1: Quality and safety in surgical healthcare  
Station 2: Commitment to academic advancement and lifelong learning  
Station 3: Knowledge of current issues relevant to surgical practice  
Station 4: Decision making in surgery  
Station 5: Professionalism and probity in 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 applicants 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 Core/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 Core/Basic Surgical Training), or demonstrated equivalent.
- Acquisition of competencies (both clinical and academic).
- General suitability for a career in surgery.

The selection process for Specialty Training in Trauma and Orthopaedic Surgery is an objective process which has been agreed by the Irish Surgical Postgraduate Training Committee and the process is based on an objective marking scheme, which is designed to be fair and equitable to all applicants. The process is also intended to be completely transparent and the selection criteria will be made available to applicants.

The selection process for Specialty Training has four components:

1. Core Basic Surgical Training record 25%
2. Post Core/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 applicants. Submission of 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 applicant 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.

Core/Basic Surgical Training Record 25%

Please note: applicants who completed an RCSI Core Surgical Training Programme (from 2013 onwards) or RCSI Basic Surgical Training Programme (2011 onwards) are only required to submit their CST/BST certificate. All details pertaining to your CST/BST programme are held by the Surgical Training Office. If we require further documentation we will contact you directly.

The marks allocated for this section will be based on documented performance during Core/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 13% (see attachments 1 – 4)

a. Trainee Assessment Reports (TAR):

Applicants should submit reports from two different consultant trainers for each six month rotation during CST/BST (i.e. four reports are required). The reports give detailed trainer assessment of applicant performance in the domains of clinical skills, professional development, personal skills and interpersonal relationships. A total of 4% may be allocated for trainer reports.

b. Supervised Structured Assessment of Operative Performance (SSAOP):

Applicants are expected to submit SSAOPs for each of their CST/BST rotations (i.e. twelve in total) using the standard form. A total of 3% may be allocated for the SSAOP.

c. Structured Clinical Assessment (SCA):

Applicants should submit SCAs for each of their CST/BST rotations (i.e. twelve in total), using the standard form A total of 3% may be allocated to the SCAs.
d. Electronic logbook:

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

2. RCSI EDUCATION PROGRAMME PERFORMANCE 12%

a. School for Surgeons

Participation in School for Surgeons is a mandatory part of Core 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 two years of CST.

b. Operative Surgical Skills Course (OSS course)

There are six OSS modules in each year of CST. Applicants are expected to complete all twelve modules by completion of CST. There is a formal assessment of technical skills at the end of each year of CST. Applicants must provide evidence of attendance and completion of the following mandatory course Operative Surgical Skills Course or equivalent e.g. Basic Surgical Skills. Failure to provide evidence of attendance at a recognised course will deem the applicant ineligible. If an applicant has completed an equivalent course, they will have to complete an RCSI assessment prior to interview. 4%

c. Human Factors and Patient Safety:

There are three Human Factors and Patient Safety modules in each year of CST. Applicants are expected to complete all six modules by the end of CST. There is a formal assessment of personal skills and human factors skills at the end of each year of CST. Applicants must provide evidence of attendance and completion of the following mandatory course Human Factors and Patient Safety Course or equivalent e.g. NOTSS. Failure to provide evidence of attendance at a recognised course will deem the applicant ineligible. If an applicant has completed an equivalent course, they will have to complete an RCSI assessment prior to interview. 4%

**POST-CORE/BASIC SURGICAL TRAINING RECORD 15%**

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 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 10%

   a. Trainee Assessment Reports (TARs):

   Each applicant in Post-Core/Basic Surgical Training will be required to submit trainer reports from two Consultant Trainers for each year of 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 total of 2% may be awarded for Trainee Assessment Reports (TAR).

   b. Supervised Structured Assessment of Operative Performance (SSAOPs):

   Applicants are expected to submit four SSAOPs during Post-Core/Basic Surgical Training from a panel of index procedures listed for each specialty. A total of 3% can be awarded for SSAOPs.

   c. Structured Clinical Assessments (SCAs):

   Applicants are expected to submit four SCAs for each year of Post-Core/Basic Surgical Training. These should be based on clinical cases which are relevant to the specialty. The SCAs should be submitted on the standard form. A total of 2% can be awarded for SCAs.

   d. 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% may be awarded for the E-logbook during Post-Core/Basic Surgical Training.
2. **RCSI or Other Education Programme** 5%

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 applicants 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.

### C. Academic Development and Performance 20%

A maximum of 20% may be awarded in this section. It is theoretically possible for applicants to accumulate more than 20% based on thesis; other higher degrees/awards; publications and presentations but the maximum mark which may be awarded stands at 20%.

1. **Higher Degree by Thesis** 15%

   **Awarded:**
   - PhD  15%
   - MD   13%
   - MCh  10%

   **Submitted with verification:** 8%

   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.

2. **Other Higher Degrees/Awards** 10%

   - **Taught Modular MCh** (90 ECTS credits) 10%

   A proportion of this 10% 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 degrees** (90 ECTS credits) 10%
     (e.g. M.Sc., M.Ed., MBA)

   A mark of up to 10% 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 (10%) may be awarded for specialty relevant degrees which are obtained through part-time study of at least two years. A mark of 5% 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) 7%
   - **Relevant Diplomas** (45 ECTS credits) 5%
   - **Relevant Certificates** (30 ECTS credits) 3%

   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.

   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 (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
  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. 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).

  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: 4% (4% max, depending on Journal)
  - Book Chapters (Max two): 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 (Max two): 1% (irrespective of impact factor of journal, max 2%

  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.

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 (i.e. Max 5 presentations). Marks in this section may be cumulative up to the total of 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. 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 Monday 21st January 2019 5pm. 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 an applicant 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 five principal domains:

- Station 1: Quality and safety in surgical healthcare
- Station 2: Commitment to academic advancement and lifelong learning
- Station 3: Knowledge of current issues relevant to surgical practice
- Station 4: Decision making in surgery
- Station 5: Professionalism and probity 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 applicant at the end of each interview by silent voting. The mark sheets for each applicant 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 Chair.

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. Applicants will then be ranked and will be appointed according to their rank and the number of positions available.

All information contained in this document is deemed to be a record held by RCSI for the purposes of processing your application to Specialty Training. RCSI is committed to protecting your privacy in line with applicable data protection legislation including the ‘EU General Data Protection Regulation’ and policies RCSI has in place under that legislation. RCSI will hold scanned copies of all applications for one year following the closing date. No originals are held or returned unless specifically requested by the applicant.