



RCSI SURGICAL
AFFAIRS

ST2 – ST3 Progression Information

A key feature of the surgical training pathway is the principle that career progression is linked to trainee performance. Performance in turn, is measured by a robust and comprehensive assessment process.

A critical point for career progression is the transition from ST2 (i.e. end of Core Surgical Training) to ST3 (start of Specialty Training).

This transition is a competitive process, which is based on;

- a) Performance during Core Surgical Training;
- b) Specialty Interview.

This document outlines the principles and practice of the ST2 to ST3 progression process as agreed by the Irish Surgical Postgraduate Surgical Training Committee (ISPTC) RCSI.

ST2

ST3

SURGICAL AFFAIRS

| Document Title | ST2 – ST3 Progression Information | | | | |
|-----------------------|--|------------------------|---|------------------------------|--------------------|
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1.0 INTRODUCTION

This document guides candidates through the process of ST2 to ST3 progression, the principles, practice and scoring metrics for both parts of the process Pre interview and Interview. Career progression for Surgical Trainees begins in ST2 and it is up to each trainee to familiarise themselves with the process and expected metrics to be completed in order to be eligible and competitive for Specialty Interview.

A prerequisite for transition to ST3 is the passing of both parts of the MRCS examination. This is an intercollegiate examination. The exam is based on the Intercollegiate Surgical Curriculum Programme and tests the knowledge and clinical skills required of trainees at the end of Core Surgical Training. Trainees must have passed all parts of the MRCS or the *MRCS (ENT) before the date of interview for ST3 selection in their pathway year. (i.e. 2021 Trainees due to interview for ST3 posts in March 2023).

* MRCS ENT is only applicable to Trainees who wish to pursue Otolaryngology as their Specialty in ST3. MRCS (ENT) is awarded after successful completion of Part A MRCS combined with DO-HNS Part 2 OSCE.

A trainee must apply for ST3 in their current ST2 specialty.

The ST3 selection process has a clearly defined marking scheme.
Up to 1000 marks can be awarded in the selection process;

- **COMPONENT A: Pre Interview score (600)**
- **COMPONENT B: Specialty Interview (400)**

1.1 COMPONENT A: PRE INTERVIEW SCORE (600)

Formal assessment takes place both in the workplace and as part of the off-site education programme at RCSI. The following assessments provide an overall CAPA score for each trainee

- Trainee Assessment Reports (TAR)
- RCSI Logbook
- MRCS Exam score (Part B/MRCS ENT)
- Human Factors in Patient Safety and Operative Surgical Skills Assessments

This will contribute to the overall assessment of suitability for progression from CST2 to ST3. Throughout surgical training, all trainees must attend their CAPA meeting (every six months during CST1 & CST2).

1.2 CAPA SCORECARD

| | | |
|--|--------------|-------------------|
| CAPA 1 | | |
| Trainee Assessment Report | 50 Marks | |
| RCSI e-Logbook | 25 Marks | |
| Formative | | |
| SSAOP 1,2 & 3 | | |
| SCA 1,2 & 3 | | |
| Case Based Assignments (SFS)(Min 8/10) | | |
| CAPA 1 Total | | 75 Marks |
| CAPA 2 | | |
| Trainee Assessment Report | 50 Marks | |
| RCSI e-Logbook | 25 Marks | |
| Operative Surgical Skills Assessment | 50 Marks | |
| Human Factors in Patient Safety Assessment | 50 Marks | |
| Formative | | |
| SSAOP 1,2 & 3 | | |
| SCA 1,2 & 3 | | |
| Case Based Assignments (SFS) (Min 8/10) | | |
| CAPA 2 Total | | 175 Marks |
| CAPA 3 | | |
| Trainee Assessment Report | 100 Marks | |
| RCSI e-Logbook | 50 Marks | |
| Formative | | |
| SSAOP 1,2 & 3 | | |
| SCA 1,2 & 3 | | |
| Case Based Assignments (SFS) (Min 8/10) | | |
| CAPA 3 Total | | 150 Marks |
| *CAPA 4 *No score towards progression all components of CAPA 4 are mandatory for ST3 progression & CST Cert | | |
| Trainee Assessment Report | | |
| RCSI e-Logbook | | |
| Formative | | |
| SSAOP 1,2 & 3 | | |
| SCA 1,2 & 3 | | |
| Case Based Assignments (SFS) (Min 8/10) | | |
| CAPA 4 Total | | 0 Marks |
| MRCS /MRCS ENT Exam Score (Part B) | | |
| Operative Surgical Skills Assessment | 100 Marks | |
| Human Factors in Patient Safety Assessment | 50 Marks | |
| | 50 Marks | |
| Component A: Pre Interview SCORE | Total | 600 Marks |
| Component B: Specialty Interview | | |
| <ul style="list-style-type: none"> • Quality and Safety in Surgical Healthcare • Commitment to Academic Advancement and Lifelong Learning (40/40) • Knowledge of Current Issues Relevant to Surgical Practice • Decision Making in Surgery • Professionalism and Probity in Surgical Practice | | |
| | Total | 400 Marks |
| Grand Total: | | 1000 Marks |

2.0 COMPONENT B SPECIALTY ST3 INTERVIEW

The specialty interview is an integral part of the selection process for ST3. The interview will follow a Multiple Mini Interview (MMI) format. The overall purpose of the interview is to assess the general suitability of each candidate for progression to Specialty Training. The interview process is designed to capture elements of suitability which have not previously been assessed in Performance during Core Surgical Training or in the MRCS examination. The MMI format will be used to give a comprehensive assessment of a wider range of general suitability characteristics.

A total of 400 marks are available for the interview. There are five stations in the interview centre, each focusing on a different theme. *Each station will be awarded 80 marks with the exception of Commitment to academic advancement and lifelong learning.

All candidates will have the ability to earn up to 40 marks for their pre-academic score in the Commitment to academic advancement and lifelong learning station. This will be scored in advance of the interview via the candidate's application and the remaining 40 marks will be scored on the day of the interview.

*Please note those candidates applying to Cardiothoracic Surgery do not have a pre-academic score and up to 80 marks can be awarded at the interview for this station.

The academic scorecard is enclosed at the end of the document.

Multiple Mini Interview Topics

1. Quality and safety in surgical healthcare

Purpose: The purpose of this station is to assess the candidate's awareness and commitment to quality and safety issues in the provision of surgical care. **Indicative Content:** Audit. Incident reporting systems. Risk registers / risk management systems. Medical and surgical error. Clinical governance. Continuous Quality Improvement. MDT meetings. Surgical "handovers".

2. Commitment to academic advancement and lifelong learning (40/40)

Purpose: The purpose of this station is to assess the candidate's commitment to maintaining up to date knowledge and professional competence. **Indicative Content:** Review of surgical portfolio. Attendance at relevant meetings and courses. Presentations and publications. Teaching activities. Involvement in clinical research. *40 marks are pre-scored with 40 marks available at interview.

3. Knowledge of current issues relevant to surgical practice

Purpose: The purpose of this station is to assess the candidate's knowledge and awareness of issues (other than surgical knowledge and technical skill) which may impact on delivery of good surgical care. **Indicative Content:** The Clinical Programmes (Acute Surgery Programme / Elective Surgery Programme). Hospital networks. Universal Health Insurance. European Working Time Directive / shift working.

4. Decision making in surgery

Purpose: The purpose of this station is to assess the candidate's ability to utilise knowledge and skills in making sound clinical judgements for patient management relevant to the specialty in question. **Indicative Content:** Two Clinical Scenarios, 3-4 minutes each.

5. Professionalism and probity in surgical practice

Purpose: The purpose of this station is to assess the candidate's awareness and commitment to professional and ethical behaviour in surgical practice. **Indicative Content:** Regulation of the medical profession (Medical Council / Fitness to Practice process). Ethical behaviour for doctors. Patient advocacy. Disclosure of error. Clinical research ethics. Introduction of new technology to surgical practice. Data protection.

The specialty interview takes place in the third or fourth week of March of each year (i.e. after the results of the MRCS examination are available). The MMI interviews for all Surgical Specialties are held over a 3/4 day period. At the start of the interview process, a briefing session will be given by the Chair of ISPTC along with a representative from Human Resources at RCSI. The purpose of this session is to give interviewers guidelines on the legal and good-practice aspects of the interview process.

A total of *80 marks are awarded for each of the five stations (i.e. 400 marks total for specialty interview).

Each station will have a minimum of two interviewers, at least one of whom is from the specialty concerned. Each interview lasts for twelve minutes and there is then two minutes for marking. Each interviewer will mark independently without discussion. There will be topics and questions decided in advance by the interviewers and each candidate should cover 2-3 topics during the twelve-minute interview.

The Chair of each interview panel is nominated by the President of RCSI. The role of the Chair is to protect the interests of the College and to ensure that all interviews are conducted in accordance with the regulations defined by ISPTC and Human Resources department of RCSI. The Chair should rotate around the five different interview stations and ideally should follow one candidate through all five stations. The Chair should not mark individual candidates but will have a “casting vote” in the event of a tie between two candidates.

The extern assessor is appointed by the specialty. The role of the extern assessor is to ensure impartiality and objectivity in the selection process. The extern assessor should participate in one of the five interview stations but may rotate around the stations during the day.

*The Commitment to academic advancement and lifelong learning will have a pre-scored component (40 marks) with 40 marks available on the day of interview.

At the end of the specialty interview, the total marks for each candidate should be collated. (i.e. Performance during (Core Surgical Training and Specialty Interview) . All interview scores, totals and final ranking are quality checked as per standardised guidelines before presentation to the Interview Panel and Chair. The panel are presented with the final progression and ranking of each candidate. The chair and panel should then sign off on the appointed candidates.

In order to be eligible for appointment to ST3, a candidate must reach the minimum appointable standard in both components of the selection process:

- **Component A - Pre Interview score > / = 60%**
- **Component B - Interview scores > / = 60%**

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 appointment to Specialist training are notified by the Surgical Training Office. The Surgical Training Office will also notify all unsuccessful candidates, no other offer is valid.

Candidates who have not been successful at ST3 interview can request feedback on their performance from the Specialty Programme Director or nominee via the Surgical Training office.

3.0 PRE ACADEMIC SCORING

In total 40 marks are awarded for relevant Academic Performance and Commitment to Academic advancement over the totality of your career (post undergraduate). A further 40 marks can be awarded during the Specialty interview where this component will be further assessed.

Up to a maximum of 40 marks may be awarded in this section. It is theoretically possible for applicants to accumulate more than 40 marks based on thesis; other higher degrees/awards, publications and presentations but the maximum mark which may be awarded stands at 40 marks.

Marks in section one are not cumulative, and applicants will only be credited for the highest scoring degree. For example, if an applicant has an MD degree (26) and also a surgically relevant MSc degree (26) their total score in this section will be 40 marks which is the Max score available.

3.1 PRE ACADEMIC SCORECARD

| | |
|-----------------------------------|---------------|
| 1. Higher Degree by Thesis | 30 Max |
| • PhD | 30 |
| • MD | 26 |
| • MCh | 20 |
| • Submitted with verification | 16 |

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 | 20 Max |
| •Taught Modular MCh (90 ECTS credits) | 20 |

A proportion of this 20 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 degrees (90 ECTS credits) (e.g. M.Sc., M.Ed., MBA) | 20 Max |
|---|---------------|

A mark of up to 20 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 (20) may be awarded for specialty relevant degrees which are obtained through part-time study of at least two years. A max mark of 20 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 credits.

| | |
|--|----|
| • Relevant Higher Diplomas (60 ECTS credits) | 14 |
| • Relevant Diplomas (45 ECTS credits) | 10 |
| • Relevant Certificates (30 ECTS credits) | 6 |

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. Marks are not awarded for any degree obtained as a matter of course during medical school. Degrees obtained during medical school are only be scored if the applicant has taken time out of medical school to obtain the degree on a full-time basis.

3. Publications**30 Max****• Original peer reviewed scientific papers**

An applicant may submit any number of publications for consideration for scoring. However, the maximum mark of 30 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: | 6 marks |
| Impact factor ≥ 2: | 10 marks |
| Impact factor ≥ 3: | 15 marks |
| Impact factor ≥ 4: | 18 marks |
| Impact factor ≥ 5: | 20 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: | 8 marks | 8 max, depending on Journal |
| • Book Chapters (4 each max 2) | 8 marks | First Author (must include ISBN number of book) Co-Author (must include ISBN number of book) |
| • Case Reports (2 each max 4) | 4 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.

4. Presentations at Scientific/Clinical Meetings**10 Max**

A maximum of 10 marks may be awarded for presentations at scientific meetings. A mark of 2 marks 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. Marks are only awarded if the applicant has actually made the presentation at the meeting.

- No marks awarded for being a co-author of a presentation.
- No marks 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.

5. Prizes for Research**10 Max**

The maximum score under this section is 10 marks. Marks in this section may be cumulative, up to a maximum of 10 marks. Each specialty will compile its own list of recognised prizes

| | |
|-----------------|----|
| • International | 10 |
| • National | 6 |

6. Other Approved Education Programme**5****10 Max**

(Specialty & relevant clinical course)
5 marks each max 10)

4.0 EQUIVALENT STANDARDS ROUTE (ESR)

Since 2018 those candidates who are unsuccessful at ST3 interviews are eligible to re-apply thereafter via the Equivalent Standards route (ESR). Candidates will have unlimited opportunities to apply via this route.

- The ratio of posts available for Pathway/ESR will be such that the possibility of ESR candidates been appointed is not greater than the Pathway candidates progressing from ST2.
- Each surgical specialty will be involved in the pre-scoring of these applications and may undertake a shortlisting of candidates prior to interview.
- Applications will open in October 2022 for the July 2023 intake all information pertaining to this route applications and guidelines and scoring matrix will be available on the RCSI website in advance of opening date.

As there are a limited number of places in specialty programmes, entry to each Specialty is competitive. RCSI/ISPTC works in collaboration with the HSE/NDTP, to determine appointment numbers. These are subject to review year on year.