



Irish College of Ophthalmologists

STANDARDISED SELECTION PROCESS FOR SPECIALTY TRAINING

Guide to the Marking System July 2015 Intake

OPHTHALMIC SURGERY

****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.**

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 selection process for Specialty 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.

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 marking scheme for the selection process for Specialty Training is based on two separate sections;

- A. Basic Specialty Training
- B. Specialty and Academic Performance

A. Basic Specialty Training 40%

1. Clinical Performance

- **Structured References: (6%)**

Each candidate should submit three detailed structured references on an official trainer's assessment form. At least one reference should be from a current trainer or supervisor. A set of detailed descriptors will be given to the trainers to assist completion of these forms. Trainers who award an overall grade of '5' or '1' (5 = strongest possible support; 1 = very little support) on the structured reference form should clarify this decision in writing at the end of the form. It will be the responsibility of the candidate to ensure that the structured reference forms are submitted to the Surgical Training Office in time for consideration by the Shortlisting Committee.

- **Additional Clinical Experience in Specialty: (4%)**

Marks will be awarded for the number of years that the candidate has spent as a clinical registrar or equivalent in the relevant specialty. Normally, marks are only awarded for experience at registrar level. However, certain specialties may recognise some SHO posts as being equivalent to registrar level within their specialty. Also, marks will be awarded for recognised clinical lecturer posts within a university department – these posts will be considered equivalent to clinical registrar posts. Marks will only be awarded for experience as full time registrar or equivalent (i.e. no score is given for a post which is part time clinical and part time research). The marks awarded are:

- First Year: 2.5%
- Second Year: 1.5%

- **Approved Surgical Technical Skills Courses: (5%)**

Up to 5% may be awarded under this heading for participation in approved technical skills courses (excluding Basic Surgical Skills Course & RCSI Operative Surgical Skills Course during BST) Marks will only be awarded under this heading for practical technical skills courses and not for didactic courses. Each specialty will produce its own list of approved technical skills courses. It is suggested that 0.5% is awarded for each day on a technical skills course. Candidates must specify whether the technical skills course/wet lab was 1 Day or 2 Day and must specify the surgical content of the technical skills course/wet lab.

- **Audit (5%)**

1% per audit, up to a maximum of 5% may be awarded for completed clinical audits. Candidates must have completed the audit loop (closed) to attract 1%. If the audit has not been re-audited then 0.5% will be awarded. If the audit has been published, Candidates must ensure to include it in both this section and the publication section. Marks will not be awarded for an audit if it is only listed in the publications section of the application form.

- **School for Surgeons**

Cumulative scores for completed school for surgeons completed assignments should be assigned up to a maximum of 5% e.g. 100% school for surgeons score awarded full 5%, 60% school for surgeons score awarded 3% etc.

- **Consolidated Logbook (15%)**

Candidates will be required to submit a validated consolidated logbook. Candidates should note that submission of false or misleading information on their consolidated logbook sheet will lead to automatic disqualification from the ST selection process. Within each specialty, a nominated person will assess and score all of the submitted consolidated logbooks and will compile a report for the shortlisting committee.

2. Research and Academic Surgery 20%

A maximum of 20% may be awarded in this section. It is theoretically possible for candidates to accumulate more than 20% based on thesis, publications and presentations but the maximum mark which may be awarded stands at 20%.

- **Higher Degree by Thesis:**

Awarded:	PhD	15%
	MD	13%
	Mch	10%
	MMedSc / other Masters	8%

Submitted with verification: 5%

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.

- **Other Higher Degrees Relevant to Specialty**

A mark of up to 5% 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 (5%) may be awarded for specialty relevant degrees which are obtained through part-time study of at least two years. A mark of 3% may be awarded for surgically relevant degrees which are obtained through part-time study of at least one year.

- **Relevant Diplomas**

A mark of up to 2% may be awarded for surgically relevant diplomas.

Each specialty will devise its own list of degrees and diplomas which are relevant to that specialty 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. 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 (12%) and also a surgically relevant MSc degree (8%) their total score in this section will be 12%.

- **Publications:**

A candidate may submit any number of publications for consideration for scoring. However, the maximum mark of 20% for this entire section stands. Only publications in peer reviewed scientific journals will be considered. The marks allocated will be based on the impact factor of the journal as follows:

- Impact factor < 1: 0.5%
- Impact factor > 1: 1%
- Impact factor > 2: 2%
- Impact factor > 3: 5%
- 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. 5% for a first author publication)

- Book Chapters: 2% - First Author (Must include ISBN number of book)
1% - Co- Author (Must include ISBN number of book)
- Invited Review Articles: 1%
- Case Reports: 0.25% (irrespective of impact factor of journal)

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.

- **Presentations:**

A maximum of 5% may be awarded for presentations at scientific meetings. A mark of 2% may be awarded for presentation at an international meeting; a mark of 1% may be awarded for presentation at a national meeting. Marks in this section may be cumulative up to the total of 5%. 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. Each specialty will compile its own list of international and national meetings which are recognised for scoring under this heading.

- **Prizes and Grants for Research**

The maximum score under this section is 5%. A mark of 5% may be awarded for international research prizes or grants and a mark of 2% may be awarded for national research prizes or grants. Marks for research grants will only be given for grants awarded by a recognised research funding body to actually conduct research (eg Health Research Board grants) and will not be awarded for travelling fellowships (unless such fellowships specifically include funding to conduct research abroad) or for industry sponsored grants. Marks in this section may be cumulative, up to a maximum of 5%. Each specialty will compile its own list of recognised prizes and grants. Candidates must provide details about the prize/award to be eligible for marks.

The cut-off date for the award of marks in this section will be the date of shortlisting. Under no circumstances will marks be given after that date based on accepted thesis, publications or presentations.

It is recognised that those who register for higher degrees should not be penalised when carrying out bone fide research. Therefore one year will be permitted to achieve an MCh, two years to achieve an MD and three years to achieve a PhD.

An increasing scale of deduction of marks (15%) in the research section will therefore commence if more than one year is spent studying for an MCh, two years for an MD and three years for a PhD.

B. Interview 40%

- **Interview 40%**

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 qualifications and general suitability of a candidate for Specialty Training and for a lifelong career in surgery. Interviews will be conducted by a properly constituted interview panel, according to the Irish Surgical Postgraduate Training Committee (ISTPC). 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 can be grouped under four principal headings:

A. Personal attributes

- Emotional stability / Emotional intelligence*
- Self awareness / Insight
- Interpersonal skills / Communication skills
- Team work / Leadership
- Professional integrity
- Organisational abilities / Time and workload management
- Work ethic
- Adaptability
- Empathy
- Negotiating skills / Conflict resolution
- Knowledge of current issues related to surgical practice
- Commitment to life long learning

B. Surgical Aptitudes*

- Visiospatial ability
- Psychomotor Skill
- Depth perception

C. Management of critical events

- Situational awareness
- Error recognition / Error recovery / Patient safety awareness
- Critical decision making
- Problem solving / Verbal and numeric reasoning
- Strategy development
- Perseverance / Endurance in difficult situations

D. Interview performance

- Evidence of preparation for interview
- Drive, enthusiasm and general disposition

Items marked with an asterisk in the above list will be tested objectively before the interview process and a report will be presented to the interview panel. Individual interviewers may choose to put any weighting they feel appropriate on those reports.

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. A list of suggested questions for the various topics 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 like related to the headings to be marked.

At the end of the selection process, the marks obtained in each section will be added together 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 are deemed to be a record held by RCSI and is subject to the provisions of the Freedom of Information Acts 1997 and 2003.

July 2012