



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

Standardised Selection Process for Specialty Training

Guide to the Marking System for Streamline Pathway

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.*

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 streamline marking scheme for Specialty Training is based on two separate sections; A. Basic Specialty Training B. Specialty and Academic Performance.

A. Basic Surgical Training 65%

(650 marks)

1. Clinical Performance

Workplace Based Assessments: (15%)

Each candidate is required to submit Workplace Based Assessment (WBA) forms over the first five semesters of Basic Surgical Training (ST1A, ST1B, ST2A, ST2B, ST3A). These WBA forms and their scoring allocation are outlined below. A minimum score of 50% must be achieved on each individual WBA.

Phaco (5%)

(1% per assessment)

ST1A Phaco 1

ST1B Phaco 2

ST2A Complete Phaco

ST2B Successive Phaco 2

ST3A Successive Phaco 3

DOPS Sx (3%)

(1% per assessment)

1 Strabismus

2 LTS (Lateral Tarsal Strip Surgery) or ECT (Ectropion)

3 PRP (Laser pan-retinal photocoagulation)

DOPS Clinical (2%)

(1% per WBA)

1 Gonio / GAT Glaucoma Skills

2 Fundal Skills

Mini-Cex (5%)

(1% per WBA)

1 PVD (Posterior Vitreous Detachment)

2 Cataract

3 ARMD (wet)

4 MK (Microbial Keratitis)

5 EOM (Ocular Motility)

It will be the responsibility of the candidate to ensure that all WBA forms are submitted to the Training Manager and Dean of the ICO by the deadline in each semester.

Audit (4%)

Audits must be described as open, closed or pilot, with clear details of the relevant intervention and the international / national standard or benchmark where appropriate. 0.5% is awarded for each individual part of an audit cycle, up to a maximum of 4%. If an audit has been published, candidates must ensure to include the audit in both the audit 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. There is a minimum requirement of 4 audits.

School for Surgeons (5%)

Cumulative scores for completed school for surgeons completed assignments / MCQs are assigned per semester up to a maximum of 5% e.g. 100% school for surgeons score awarded in semester ST1A gets 1%, 50% score is awarded 0.5% etc. A minimum score of 60% must be achieved in each semester. Any submitted assignment may be subsequently utilised for discussion during a candidate's interview at the Decision Making in Surgery station.

(1% per semester)

ST1A Assignments and MCQ

ST1B Assignments and MCQ

ST2A Assignments and MCQ

ST2B Assignments and MCQ

ST3A Assignments and MCQ

Human Factors (10%)

Cumulative scores for attendance at Human Factors modules and completion of yearly OSCE should be assigned per training year (ST1 and ST2) up to a maximum of 10%. A minimum pass score (usually 50% but set each year by RCSI) must be achieved at the ST1 and ST2 OSCE.

(5% per training year)

ST1 Attendance & OSCE

ST2 Attendance & OSCE

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, two nominated persons will assess and score all of the submitted consolidated logbooks and will compile a report for the shortlisting committee.

The 15% allocated for the consolidated logbook is made up of two parts:

10%	Phaco Surgery	5% for Min. 100 Phaco; 5% for 100-200 Phacos with marks stratified
5%	Other Surgery	Min. 5 Major lids, Strabismus, Lasers Min. of 30 Minor Procedures No minimum of other Intraocular/ Ant Segment

5. MRCSI (15%)

Marks for the MRCSI Exam are awarded based on performance of the Part A Written exam and the Part B Clinical exam as below:

2.5% Part A Written

12.5% Part B Clinical

A minimum score of 50% must be achieved in the written and the clinical.

**For Part A Written - The allocated marks for each part of the exam may alter slightly from year to year. Candidates will be informed in advance.*

Prizes and Grants for Research (1%)

The maximum score under this section is 1%. A mark of 0.5% to 1% may be awarded for international research prizes or grants *depending on nature of prize*. A mark of 0.25% to 0.5% may be awarded for national research prizes or grants *depending on nature of prize*. A mark of 0.125% may be awarded for School for Surgeons prizes.

SFS 0.125%

Nat: 0.25% – 0.5% (*depending on nature of prize*)

Intl: 0.5% – 1.0% (*depending on nature of prize*)

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 1%. Candidates must provide details about the prize/award to be eligible for marks.

B. Pre-scoring of Commitment to Academic Advancement & Life-long Learning (Academic Section) 5% (50 marks)

A maximum of 5% may be awarded in this section. It is theoretically possible for candidates to accumulate more than 5% based on thesis, publications and presentations but the maximum mark which may be awarded stands at 5%.

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.

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 or prior to commencement of Basic Surgical Training. Therefore higher degrees will only be accepted if they were carried out during Basic Surgical Training i.e. after the official date of entry into Basic Training in Surgical Ophthalmology.

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 (3.25%) and also a surgically relevant MSc degree (2%) their total score in this section will be 3.25%.

Higher Degree by Thesis

Awarded:

PhD 3.75%

MD 3.25%

Mch 2.25%

MMedSc / other Masters 2%

Online Masters (theory only): 1.5%

Submitted with verification: 1.25%

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.

Relevant Diplomas

A mark of up to 0.50% may be awarded for surgically relevant diplomas.

Marks are only awarded for 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 diploma which is obtained prior to commencement of undergraduate medical school. Likewise, marks are not awarded for any diploma obtained as a matter of course during medical school or prior to commencement of Basic Surgical Training.

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 (3.25%) and also a surgically relevant MSc degree (2%) their total score in this section will be 3.25%.

Publications

Publications and presentations will only be accepted if they were carried out during Basic Surgical Training i.e. after the official date of entry into Basic Training in Surgical Ophthalmology.

A candidate may submit any number of publications for consideration for scoring. However, the maximum mark of 5% 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 = 0.25
- Impact factor ≥ 1 = 0.5
- Impact factor > 2 = 1.0
- Impact factor > 3 = 1.5
- Impact factor > 5 = 2.0

The full mark described above will be awarded for first author or senior author; one half of that mark will be awarded for second 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.

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| Book Chapters: | 0.5%-1% depending on the publication - First Author (Must include ISBN number of book) |
| Invited Review Articles: | 0.5%-1% depending on the journal |
| Case Reports: | 0.25% (Irrespective of the impact factor of the 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 candidate may submit any number of presentations for consideration for scoring. However, the maximum mark of 5% for this entire section stands. Presentation at a national meeting will receive a mark of 0.25% and presentation at an international meeting will receive a mark of 0.50% - irrespective of whether it is a Poster or Case Report. 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.

Interview 30%

(300 Marks)

The interview is the final stage of the selection process for Specialty Training. 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 Basic 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 minimum score of 60% must be achieved.

Interviews will be conducted by a properly constituted interview panel, according to the Irish Surgical Postgraduate Training Committee (ISPTC). 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 30% 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 five principal headings:

1. Quality and Safety in Surgical Healthcare (70 Marks)

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
(20 Marks + 50 Marks from Pre-Scoring)**

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.

3. Knowledge of Current Issues Relevant to Surgical Practice 70 Marks

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 70 Marks

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: 2/3 Clinical Scenarios, 3-4 minutes each.

5. Professionalism and Probity in Surgical Practice 70 Marks

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.

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.