CORE SURGICAL TRAINING TRAINEE
GUIDEBOOK

This guide is published in electronic format and will be available via mSurgery. This will facilitate easy periodic updates to ensure that it reflects developments in postgraduate Core Surgical Training in Ireland. This document will be reviewed and updated yearly by the Department of Surgical Affairs, Royal College of Surgeons in Ireland.

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<th>Section</th>
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<tr>
<td>December 2016</td>
<td>All</td>
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<tr>
<td>January 2017</td>
<td>All</td>
<td>Final sign off 4th revision</td>
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## Glossary of Terms

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<th>S/N</th>
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<td>5</td>
<td>CSTC</td>
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<td>6</td>
<td>DO-HNS</td>
<td>Diploma of Otolaryngology – Head and Neck Surgery</td>
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<td>7</td>
<td>HbDCST</td>
<td>Hospital based Director of Core Surgical Training</td>
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<td>8</td>
<td>HFPS</td>
<td>Human Factors and Patient Safety</td>
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<td>HSE</td>
<td>Health Service Executive</td>
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<td>10</td>
<td>ISPTC</td>
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<td>11</td>
<td>JCIE</td>
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<td>12</td>
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<td>NDTP</td>
<td>National Doctor’s Training Programme</td>
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1.1 OVERVIEW OF CORE SURGICAL TRAINING (ST1 - ST2)

The initial stage of surgical training (ST1 - ST2) is a two-year introduction to the ‘generality’ of Surgery, called Core Surgical Training (CST). This stage reflects the need for trainee surgeons to achieve competence in a range of surgical knowledge, skills and behaviours, most of which are not specialty-specific. Core Surgical Training is undertaken by all surgical trainees, irrespective of their future specialty aspirations.

Year 1 (ST1) is a generic year which is undertaken by all surgical trainees. It includes rotations through General Surgery and another Surgical Specialty. At the start of the training programme all trainees must attend an induction day at the National Surgical Training Centre (NSTC) to prepare them for commencing the training programme.

At the beginning of the programme all ST1 trainees spend an intensive week at the NSTC participating in a “Surgical Bootcamp” where they receive intensive tuition in basic surgical skills and basic management principles for surgical patients. Attendance at Surgical Bootcamp is mandatory.

In ST2, trainees begin ‘basic’ training in their chosen specialty. This may consist of a 12-month post in the specialty or it may consist of two 6-month rotations. This specialty selection process is competitive and outlined in more detail later in this document.

Progression from ST2 to ST3 is also a competitive process. Progression is based on clearly defined performance metrics during CST as well as a ST3 specialty selection interview.

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 transitioning from ST2 (i.e. end of Core Surgical Training) to ST3 (start of Specialty Training). This transition from ST2 to ST3 is a competitive process which is based on two components:

- **Component A:** Performance during Core Surgical Training (60%)
- **Component B:** ST3 Specialty Selection Interview (40%)

A prerequisite for transition to ST3 is passing all parts of the MRCS or MRCS (ENT) examination. This is an intercollegiate examination which 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.

* 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.

All successful applicants must have a CST-Cert before commencing their ST3 post.

Trainees must have passed all parts of the MRCS or MRCS (ENT) before the date of interview for ST3 selection.
1.1. SPECIALTY YEARS (ST3 – ST8)

Trainees who successfully progress into specialty training will complete two distinct training segments:

- **Specialty Training: ST3 – 6**

  This is the stage when the trainees obtain many of the surgical clinical competencies. They also acquire outpatient diagnostic and management skills and supervise day to day ward work. Each post offers trainees a combination of emergency and elective experience and must include time for personal study, attendance at regional training programme teaching, time for audit as well as clinical and scientific research opportunities.

  At the beginning of each rotation, trainees and trainers complete a learning agreement. The learning agreement is a written statement of the mutually agreed learning objectives and outcomes, negotiated between a trainee and the trainer.

- **Sub Specialty Training: ST7 – 8 Overview**

  The final phase occurs in the last two indicative years (ST7 – ST8) of the programme, assuming that by then all the necessary competencies outlined in the curriculum have been acquired.

  During the last two years trainees consolidate their skills in the generality of their chosen specialty and practice and extend their expertise in one or more of their areas of special interest. This period enables trainees to further develop their decision-making skills under guidance based on the solid grounding of knowledge, skills, judgement and professionalism obtained in the earlier phases. It prepares trainees for entry onto the Specialist Register and for the role of team leader required as a consultant surgeon. The trainee is required to successfully complete the Intercollegiate Specialty Examination during this last phase of training. This is a requirement for completion of training and awarding of Certificate of Completion of Specialty Training (CCST).
The following diagram summarises the Surgical Training Pathway in Ireland.

Figure 1.1: Surgical Training Pathway in Ireland
2.1 CORE SURGICAL TRAINING POSTS

2.2 ST1 TRAINING POSTS

During Core Surgical Training, trainees will be required to rotate across different locations (clinical placements) to meet their training requirements. For each rotation, trainees will receive a contract of employment from the relevant employer setting out the terms and conditions of employment for that period. Employment in a training site is subject to the local recruitment and other employment policies. The RCSI issues a Training Agreement to each trainee.

All trainees are required to complete and return the training agreement before commencing the training programme.

The following hospitals are the identified training hospitals for ST1 Trainees:

Please note these are subject to annual review.

ST1 Hospitals:

- AMNCH, Tallaght (Inc. University Children’s Hospital Temple Street)
- Beaumont Hospital (Inc. Our Lady of Lourdes, Drogheda)
- Connolly Memorial Hospital
- Cork University Hospital (Inc. Mercy)
- University Hospital Limerick (Inc. Croom)
- Mater Misericordiae University Hospital
- University Hospital Galway (Inc. Merlin Park)
- St. Vincent’s University Hospital (Inc. St Michael’s)
- St. James’s Hospital (Inc. Midland Regional Hospital, Tullamore)
- University Hospital Waterford (Inc. Kilcreen)

All Core Surgical Training programme sites have a designated Hospital based Director of Core Surgical Training (HbDCST) who may be based at the training site or other training sites in the network. The HbDCST is responsible for ensuring the supervision, coordination and provision of a suitable training environment for surgical trainees in line with the guidelines as issued by the Irish Surgical Postgraduate Training Committee (ISPTC). The HbDCST is also responsible for reviewing training post rotation assessments and scores. Trainees should remain in regular contact with their HbDCST through their rotation.

2.3 ST2 TRAINING POSTS

Currently, ST2 trainees are allocated in most instances to a centre that has been designated by the Specialty Training Programme Directors. Once trainees commence a post it is important that they should make contact with ST Programme Director as soon as possible and remain in regular contact throughout their rotation.
3.0 EDUCATIONAL CONTENT & CURRICULUM

The educational content of Core Surgical Training is very comprehensive and is delivered to trainees in two distinct locations:

3.1 WORKPLACE BASED EDUCATION AND TRAINING

The clinical setting in the workplace is the key site of learning, and the majority of trainee learning will take place in the workplace. Here, the trainees learn principally by experiential learning under the traditional apprenticeship model, i.e. the trainee will learn by attachment to ideally two or more consultant surgeons and their team and by full and active participation in the clinical work of that team. Each trainee will have distinct and clearly defined clinical responsibilities within the team and will have a duty of service provision as well as education.

Trainees are expected to learn about the management and care of the surgical patient in both elective and emergency settings. Therefore they will work on-call (for emergency surgical admissions) on a regular basis throughout Core Surgical Training.

During each rotation trainees will engage in all of the clinical settings to which surgical patients are exposed, i.e. hospital wards, the Emergency Department, the operating theatre, Intensive Care Unit, Endoscopy suite, Out-Patients Department and minor operations theatre.

A record of operative experience must be maintained in the electronic logbook (e-Logbook) which is subject to audit.

3.2 OFF-SITE EDUCATION

The CST programme has developed a comprehensive programme of educational support which is delivered at the National Surgical Training Centre (NSTC) within the RCSI. A key principle underlying the educational programmes is to deliver educational programmes as close as possible to the clinical workplace through the use of simulation. The off-site educational programme has 3 key components:

- Core knowledge and clinical judgement
- Operative Surgical Skills (OSS)
- Human Factors in Patient Safety (HFPS)

The Core Surgical Training curriculum is module based and is a mandatory component of training for all surgical trainees in ST1 and ST2. OSS and HFPS are run throughout the two years of Core Training culminating with an end of year assessment in ST1 and ST2. Attendance at all the OSS & HFPS classes is mandatory. If a trainee misses a class in either OSS or HFPS, they may still do their end of year assessment but their total mark will be reduced proportionately. If a trainee misses more than 2 OSS classes or more than 1 HFPS class, they will not be given any score for the relevant assessment for that year.
4.0 ASSESSMENT OF LEARNING

4.1 COMPETENCE ASSESSMENT & PERFORMANCE APPRAISAL (CAPA)

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

- Trainee Assessment Reports (completed by the Trainer & validated by the HbDCST),
- e-Logbook & e-Logbook sign off sheet
- MRCS Exam score (Part B/MRCS ENT)
- HFPS & OSS Assessments

This will contribute to the overall assessment of suitability for progression from ST2 to ST3. Throughout surgical training, all trainees must attend their CAPA meeting (every six months during ST1/ST2). This will consist of a face to face counselling session with one or more consultant trainers who are independent of the training hospital in which the trainee works. In advance of the meeting a total score for each trainee is tabulated for each training post rotation. During the CAPA sessions the trainee’s CST scores are reviewed. Areas of concern are highlighted and may warrant appropriate intervention and performance management actions if required. The consultant training supervisors to whom surgical trainees are attached will perform informal assessments of their trainees on an ongoing basis. These include assessment of performance in all of the domains in which the trainee works, e.g. on the wards, in the operating theatre, in the outpatient clinic, the intensive care unit and the emergency department, the teaching and education of undergraduates and peers. However, more formal and structured objective assessments will also take place as follows:

a) Structured Clinical Assessment (SCA) x 3 per rotation

The SCA is an assessment of the clinical and professional skills of a trainee on the ward, in the Emergency Department or in the Outpatient Department. Trainees are assessed on different clinical problems which they encounter in a range of clinical settings. The assessment involves observing the trainee interaction with a patient in a clinical encounter. The areas of competence covered include history taking, physical examination, diagnostic skills, professionalism, clinical judgement, communication skills, organisation and efficiency, and overall clinical care.

b) Supervised Structured Assessment of Operative Performance (SSAOP): x 3 per rotation

This assessment is used to assess the technical, operative and professional skills of the trainee in a range of basic surgical procedures. Specific procedures will be identified by the consultant trainer to provide an opportunity to assess the trainee with respect to technical ability.

c) Trainee Assessment Reports (TAR): x 1 per rotation

These are structured reports on the performance of trainees in the workplace and are completed by the Consultant Trainer and must be validated the by HbDCST in year 1. The reports cover clinical skills, professional development, personal skills and workplace relationships.
Important Note:
It is a mandatory requirement of the programme to complete 6 forms (3 SCAs and 3 SSAOPs). Failure to submit these will result in your TAR being marked as zero until these criteria are met within the CAPA period. The Trainee Assessment Report has a maximum score of 50 for each rotation in Year 1 & 100 for the first rotation in Year 2 which count towards progression to ST3.

d) Surgical e-Logbook (Continuous) x 1 Sign off sheet per CAPA per rotation

Each trainee is required to keep an online electronic logbook (e-Logbook). Ensuring that records are accurate and complete is part of a trainee’s professional responsibility. Live e-Logbook data is available on mSurgery (http://msurgery.ie/). E-Logbooks are subject to audit so accuracy is of critical importance.

Each procedure should be entered in the logbook as soon as it has been completed (when the operation note is being written up is the best time). If there are problems with accessing an internet enabled PC, trainees should update their logbook at the end of the day. To ensure that the logbook represents a contemporary record of all training experience, all procedures performed (or observed) must be entered into the logbook no later than 7 days after they are performed. Entries are time stamped when the records are created and no credit will be given for procedures entered after the 7 day cut-off. For example,

A procedure which is completed on a Monday then the trainee has until 23:59 of the following Monday to enter this into their eLogbook. If it is not entered within this time frame, it will not be awarded a score towards progression.

It is recommended that Trainees do not use the E-logbook app. This is owned by a private company and any loss of information cannot be investigated by elogbook.org or RCSI. RCSI and elogbook.org cannot be held responsible for any information not transferred from third party apps, and thereby this could incur loss of marks for your e-logbook score.

All trainees are required to have an Irish e-logbook commencing with an IE prefix.

4.1.1 WORKPLACE BASED ASSESSMENTS SUBMISSION RULES

Workplace Based Assessments (WBA) are a key element of trainee progression. A number of rules apply to the submission of these assessments. These are strictly applied as follows:

All WBA’s must be submitted via mSurgery.ie the trainee online portal.

Assessments can only be performed by a consultant on a permanent contract. Assessments signed by locum consultants or SPR’s are not acceptable and will not be scored.

Trainees must submit at least 3 SSAOP and 3 SCA’s during each six-month rotation.

Trainees must not submit more than 2 SSAOP’s or 2 SCA’s from any one consultant trainer in any one rotation. Therefore, trainees must have at least 1 SSAOP and at least 1 SCA completed by a different consultant trainer.
Each assessment is made up of a number of components. A maximum of 3 of these components can be marked as N/A (Not Applicable) in any one assessment. Any more than this will mean the assessment cannot be accepted.

All sections of the assessment must be completed before submission.

In cases where the assessor prefers to complete the assessment on a hard copy form, the trainee can print off the assessment form from mSurgery (http://msurgery.ie/) and the assessment can be completed on the hard copy. The trainee should then upload the details to mSurgery & submit the assessment. This needs to then be validated by the consultant trainer. Each assessment can be validated in one of two ways:

The consultant trainer validating via the link in the automated validation email they receive

OR

The trainee submits a completed assessment on mSurgery and a printed copy must be signed and dated by the consultant trainer and forwarded to the Surgical Training Office before the prescribed CAPA freeze date.

The eLogbook signoff sheet must be submitted by the identified deadline. This must be printed directly from mSurgery (http://msurgery.ie/) and the declaration page must be signed by the trainee and the trainer. This information will be audited/assessed during each 6 monthly CAPA session.

It is the Trainee’s responsibility to ensure that all assessments are submitted and validated on mSurgery before the CAPA freeze date. Assessment submission alone is not acceptable, it must also be validated. The validation status of documentation submitted can be viewed on mSurgery (http://msurgery.ie/) at all times.

4.1.2. RCSi-BASED ASSESSMENTS

a) Case Based Discussions (CBD): \( \times 10 \) per rotation

SCHOOL for Surgeons – Trainees are given regular assignments based on the clinical cases presented on SCHOOL for Surgeons. Trainees are expected to research their assignments and submit evidence-based reports within a given timeframe. Responses are graded by RCSi faculty.

It is a mandatory requirement to complete 8 out 10 case based discussions. Failure to complete this will result in your TAR marked as zero until these criteria are met within the CAPA period.

b) Operative Surgical Skills (OSS) assessment

ST1 – Attendance at each of the 5 compulsory training days + 1 Assessment

ST2 – Attendance at each of the 2 compulsory OSS training days, 2 compulsory OSS & HFPS blended training days, 1 Specialty Specific Training Day + 1 Assessment combined with HFPS Assessment.

During each year, trainees attend the NSTC for formal assessment of technical skills learnt during that year. These are assessed by consultant trainers, using objective scoring and validated assessment methodology.
c) Human Factors and Patient Safety (HFPS) assessment

ST1- Attendance at each of the 3 compulsory training days + 1 Assessment

ST2- Attendance at each of the 1 compulsory training day (Assessment is combined with the OSS Assessment)

All trainees have annual HFPS assessments, using professional actors in OSCE type assessments which are supervised and assessed by RCSI faculty and trainers.

**Important Note:** If a trainee misses a class in either OSS or HFPS, they may still do their end of year assessment but their total mark will be reduced proportionately. If a trainee misses more than 2 OSS classes or more than 1 HFPS class, they will not be given any score for the relevant assessment for that year.

**Note:** Each OSS & HFPS training day is run up to four times in any one year. This allows trainees to book a training day well in advance so as to minimise any disruptions locally.
### 4.1.3. CAPA SCORING

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**Formative**

- SSAOP 1, 2 & 3
- SCA 1, 2 & 3
- Case Based Assignments (SFS) (Min 8/10)

**CAPA 1 Total** 75 Marks

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<td>Operative Surgical Skills Assessment</td>
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<td>Human Factors &amp; Patient Safety Assessment</td>
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**Formative**

- SSAOP 1, 2 & 3
- SCA 1, 2 & 3
- Case Based Assignments (SFS) (Min 8/10)

**CAPA 2 Total** 175 Marks

<table>
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<th>CAPA 3</th>
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<td>E-Logbook</td>
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**Formative**

- SSAOP 1, 2 & 3
- SCA 1, 2 & 3
- Case Based Assignments (SFS) (Min 8/10)

**CAPA 3 Total** 150 Marks

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<td>E-Logbook</td>
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**Formative**

- SSAOP 1, 2 & 3
- SCA 1, 2 & 3
- Case Based Assignments (SFS) (Min 8/10)

**CAPA 4 Total** 0 Marks

<table>
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<tr>
<th>Component A: CAPA SCORE PRE ST3 INTERVIEW</th>
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<td>MRCS/MRCS ENT Exam Score (Part B)</td>
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<td>50 Marks</td>
</tr>
<tr>
<td>Human Factors &amp; Patient Safety Assessment</td>
<td>50 Marks</td>
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*CAPA 4*  

*No score towards progression*

See Section 5.4 for full progression scorecard
4.1.4. **FORMAL EXAMINATIONS**

During Core Surgical Training, trainees are required to take Part A and Part B of the MRCS examination, or Part A MRCS & Do-NHS Part B if completing MRCS ENT. This examination is a combination of MCQ tests and OSCE style assessments. There are 3 sittings of each exam in a calendar year.

### 4.1.4.1. MRCS Part A

Part A is a 4-hour examination consisting of two papers, each of 2 hours duration. The first paper involves MCQ questions regarding Applied Basic Sciences. The second paper involves MCQ questions regarding Surgery-in-General. To achieve a pass mark, the trainee is required to demonstrate a minimum level of competence in each paper in addition to exceeding the pass mark set for the combined total mark for Part A.

To be eligible to apply for Part B (OSCE-based examination) a trainee must first be successful in Part A. Trainees are encouraged to complete Part A as early as possible to allow them the requisite time to sit Part B at the earliest opportunity.

### 4.1.4.2. MRCS Part B

Part B consists of 18 examined stations each of nine minutes’ duration. These stations will examine the following broad content areas:

- **Applied knowledge**: consisting of anatomy, surgical pathology, applied surgical science and critical care.
- **Applied Skills**: consisting of communication skills in giving and receiving information, history taking and clinical & procedural skills.

To be eligible for the ST3 specialty selection interviews, which typically occur after 21 months of commencing the programme, a trainee must have completed Part B during that time.

To support trainees, RCSI run MRCS Part B prep courses. Trainees are strongly encouraged to attend this course to better prepare for this exam.

### 4.1.4.3 DO-HNS Part 2 (OSCE)

The DO-HNS OSCE consists of up to 28 active stations. These stations will examine the following broad content areas:

- **Clinical skills**: clinical examination, clinical history-taking and communication skills.

There are a further 23 stations where candidates are presented with questions to be answered on a written question/answer sheet. These stations allow assessment of:

- **Anatomy and physiology**, pathology/histology, audiometry, otology, rhinology, laryngology, neck conditions, written communication skills, radiology, ENT surgical/medical instruments and paediatric ENT surgery.

Trainees may wish to undertake the MRCS Part A examination and then take the DO-HNS Part 2 OSCE. If successful, they will receive the award of MRCS (ENT). Please Note this is only applicable to trainees who wish to pursue specialty training in ENT.
Note:

Trainees should be aware of the scheduled dates for the MRCS Part A, Part B and DO-HNS Part 2 OSCE exams and ensure that they have registered and completed the Part A, Part B and DO-HNS Part 2 OSCE in time for the results to be available prior to the ST3 Specialty Selection interviews. Full details on the application process and calendar of exams can be found at http://www.rcsi.ie/gensurgerymemberexams.

The ST3 Specialty Interviews for are normally held in March each year but this is subject to change.
5.1 PROGRESSION PROCESS

5.2 PROGRESSION FROM ST1 TO ST2

During their first year of training, all trainees rank their preferred Specialty for ST2. This is a critical decision point in the training pathway. Please note the RCSI hold an information evening where each of the Specialties presents an overview of their training programme and the generality of their specialty.

In January of ST1, trainees rank their preferred Specialty for ST2 on the “Specialty Preferencing Sheet”. This is returned to the Surgical Training Office within a defined time line. The allocation to the Specialty of choice in ST2 is competitive and is based on the trainees score at the initial interview (300 marks) combined with trainees first CAPA (CAPA 1) score (75marks).

Trainees have an opportunity to change their specialty preference following completion of their original specialty preference. If a trainee decides to pursue this change, they must re-submit a new preferencing sheet to the Core Surgical Training Administrator within the defined time period (normally 1 week following original submission). Dates are advised year on year via mSurgery (http://msurgery.ie/) and communicated to all trainees.

5.3 PROGRESSION FROM ST2 TO ST3

As outlined in earlier sections, an integral part of such a system is rigorous and robust Competence Assessment and Performance Appraisal (CAPA) so that verification of reaching appropriate standards and competencies can be documented.

The Progression guideline ST2 –ST3 (http://www.rcsi.ie/coresurgicaltraining) details fully the process by which a trainee progresses from ST2-ST3.

Progression to ST3 is a competitive process. The number of posts available is informed by the HSE/National Doctors Training and Planning (NDTP) as part of their annual workforce planning and also by the number of educational approved posts in the hospital system. This is subject to annual review.
1. Trainees will be required to rank their preferred specialty for ST2 training.
2. Trainees will be allocated to specialties based on the criteria described in this document.
3. Trainees will apply for ST3 specialty training.
4. ST3 Specialty Selections Interviews and allocation to posts.

Figure 5.1: Progression Time Lines

5.3. MINIMUM APPOINTABLE STANDARD

The Minimum Appointable Standard is 600/1000 marks. This is the minimum standard acceptable to progress to ST3 noting that \textit{progression is subject to competition}.

\textbf{Note:} Achieving the 600 marks minimum appointable standard may not be competitive enough for progression to ST3 but will enable the trainee to have a “Second Chance Option” to re-apply to ST3 the following year.
## 5.4. PROGRESSION MULTIDIMENSIONAL ASSESSMENT SCORECARD

**COMPONENT A: PERFORMANCE DURING CORE SURGICAL TRAINING (60%)**

### i. Work Based Assessments

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Marks</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Assessment Report</td>
<td>50/50/100</td>
<td>200 marks</td>
</tr>
<tr>
<td>E-Logbook</td>
<td>25/25/50</td>
<td>100 marks</td>
</tr>
</tbody>
</table>

**300 marks**

### ii. Competence Progression

*Technical Skills*

- May ST1: 50 marks
- Feb ST2: 50 marks

*Non-Technical Skills*

- May ST1: 50 marks
- Feb ST2: 50 marks

**200 marks**

Knowledge/ Clinical Skills

- MRCS Exam Score (Part B/ MRCS ENT): 100 marks

**Requirement for Interview:** Both parts of MRCS/prescribed WBA’s/SFS assignments

**COMPONENT B: ST3 SPECIALTY SELECTION INTERVIEWS (40%)**

### i. ST3 SPECIALTY SELECTION INTERVIEW

<table>
<thead>
<tr>
<th>Station</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station 1: Academic Development (40 pre interview /40 interview)</td>
<td>80 marks</td>
</tr>
<tr>
<td>Station 2: Quality and safety in surgical healthcare</td>
<td>80 marks</td>
</tr>
<tr>
<td>Station 3: Knowledge of current issues relevant to surgical practice</td>
<td>80 marks</td>
</tr>
<tr>
<td>Station 4: Decision making in surgery</td>
<td>80 marks</td>
</tr>
<tr>
<td>Station 5: Professionalism and probity in surgical practice</td>
<td>80 marks</td>
</tr>
</tbody>
</table>

**400 marks**

**Total 1000 marks**
5.5. **MRCS EXAMINATION (PREREQUISITE TO PROGRESSION)**

As outlined in section 4.1 above, successfully completing Part A and Part B of the MRCS exam or MRCS (ENT) prior to the ST3 Specialty Selection Interviews is a mandatory requirement for progression to ST3.

5.6. **ST3 SPECIALTY INTERVIEW**

The ST3 Specialty Selection Interview is an integral part of the selection process for ST3 and counts for 400 marks in total. The interview will follow a Multiple Mini Interview (MMI) format. The overall purpose of the interview is to assess the general suitability of each trainee for progression to Specialty Training. Typically the interviews take place in the third or fourth week in March of ST2 (i.e. after the results of the February MRCS examination are announced). A total of 400 marks are available for the interview. There are five stations in the interview centre. Each station is worth 80 marks and focuses on a different theme.

5.7. **COMPLETION OF CORE SURGICAL TRAINING – CERTIFICATE (CST-CERT)**

The CST Cert will only be awarded to trainees who have completed the Core Surgical Training Programme. The application rules to assess an applicant’s eligibility for a Certificate of Completion of Core Surgical Training are outlined below:

1) Applications will be accepted from trainees who have completed the 2 year Core Surgical Training Programme (CST) including successfully completing MRCS Part A&B or MRCS ENT.

2) Trainees must have achieved a minimum of 60% in at least 3 of their 4 CAPA assessments.

**Trainees who are not progressing to ST3**

1) Trainees who are not progressing to ST3 must have completed the 2 year CST Programme and achieved a minimum of 60% in at least 3 of their 4 CAPA assessments. They must have passed all parts of the MRCS Examinations within 1 year of completing the Core Surgical Training Programme, to be eligible to attain a CST Cert.

**Note: A trainee must have attained a CST Cert to be allowed to progress to ST3.**
Warning 1: Interviewer will record details of trainee CAPA performance at 11/1 and 1 months of CST. Any trainees are warned of the consequences of underperformance.

Warning 2: Trainees are warned in written letter:
1. Their appointment is subject to being awarded a CST Cert. This is a requisite for the Joint Committee on Surgical Training and the CST.
2. Their performance in and attendance at CST are strictly monitored and any underachievement or non-attendance during this CAPA will result in the initiation of a remediation plan. The fulfillment of this plan will be reviewed at the winter ST3 ARC in December. If the remediation plan has not been satisfactorily fulfilled at this stage, a further meeting will be held the following February. If at any stage they have not completed the requirements for the CST certificate then they will not progress to ST3.

See Figure 6.1 Core Surgical Training Cert - Process Map
6.0. CHANGE OF MIND OPTION (CoM)

After spending some time on the training programme, trainees may wish to change their mind in relation to their chosen specialty selection. The **Change of Mind (CoM)** process allows the trainee to change their specialty preference during their ST2 Specialty year. Trainees who wish to pursue this option must inform the Surgical Training Office in writing. The Surgical Training office will advise of application dates for CoM to ST2 Trainees.

A trainee must have passed Part A of their MRCS exam to be eligible to apply. If a CoM request is to progress, the applicant must have passed Part B prior to commencement of the new post in the following July, when the ST2 year will have to be completed in their new Specialty.

- A Trainee will only be considered for change of mind if they had sufficient marks to attain their newly desired specialty at the time of original allocation of specialty during their ST1 year.
- A change of mind request should be formally requested within the advised application dates. A written request must be submitted to the Dean of Postgraduate Surgical Education outlining details of the CoM. A trainee may be requested to meet with the Dean of Postgraduate Surgical Education to review the request.
- The trainee’s CAPA marks and ranking, along with successful completion of Part A MRCS will form part of the review process to determine eligibility for CoM.
- Once reviewed by the Dean of Postgraduate Surgical Education a recommendation is referred to the relevant Programme Director for ST2 Specialist Training for review and decision.
- Final sign off is made by the Core Surgical Training Committee.
- Only one change of mind opportunity is allowed, subject to meeting the criteria above.

Please consult the Postgraduate Surgical Training Office for further clarification.

*Email: [corest@rcsi.ie](mailto:corest@rcsi.ie)  Tel:  01 402 2262*
7.1 ST3 Second Chance Option

An opportunity to reapply for ST3 may be extended for candidates who were unsuccessful in progressing from ST2 to ST3 at the first attempt. This is commonly known as the “Second Chance Option.”

Candidates who have reached the Minimum Appointable Standard following specialty interview will have the opportunity to re-apply for ST3 the following year. This is subject to the approval of the Specialty Training Committee and Specialty Programme Director.

All candidates who are eligible for the ST3 “Second Chance Option” will be identified by the Specialty Programme Director in consultation with the Specialty Training Committee.

The ST3 Second Chance Option process is as follows:

- The Specialty Training Committee identifies trainees who have satisfied the eligibility criteria. A recommendation is made to Irish Surgical Postgraduate Training Committee.

- Candidates will be formally invited to reapply for ST3 via the Surgical Affairs Department of the RCSI and will be updated in all the selection criteria at that point. All candidates will be informed as soon as possible if they are being offered a second chance to apply for ST3.

- A trainee who is eligible to re-apply to ST3 the following year will carry forward the same Component A: Performance during Core Surgical Training score they achieved during Core Surgical Training.

- Candidates post CST experience will be assessed as part of the “Second Chance Option” criteria E.g E-logbook, academic achievement, research, and Trainee Assessment Reports etc.

**Note: A Trainee will only be given one opportunity to re-apply for ST3.**

- The invitation to re-apply is only extended to the following year and cannot be extended beyond that point.

- See Figure 7.1 for an illustrated example.
Figure 7.1 for an illustrated example “Second Chance Option”
8.0 THE CURRICULUM – MONITORING & EVALUATION

8.1. ONGOING MONITORING

The Irish Surgical Postgraduate Training Committee (ISPTC) plays the central role in this evaluation and review process, both through the main committee and its specialty sub-committees.

At CST level, the Core Surgical Training Committee is responsible for all aspects of Core Surgical Training, including curriculum content, quality of teaching and supervision, assessment and trainee progress. The CST committee meets five times per year to review the selection process for CST, the content of the training programmes, hospital rotations for trainees, hospital and hospital post inspections, quality assurance, examination (MRCS) issues, the CAPA process, appraisals and workplace assessments.

Membership of the ISPTC, the specialty sub-committees, and the CST committee is specifically formulated to ensure representation of the key stakeholders in surgical training. Through membership of these committees, the feedback of trainees and trainers is systematically sought and this feedback is used to implement changes and quality improvements in the training programmes. Trainees also contribute to the monitoring and programme development of the RCSI surgical training programmes.

Trainee feedback is encouraged and facilitated in several ways:

- Trainee representation on RCSI committees such as:
  - Core Surgical Training Committee
  - Committee for Surgical Affairs
  - Specialty Training Committees.

- Course feedback / evaluation forms on Core Curriculum days, OSS courses and HFPS courses. These online forms are completed at the end of each course. The output from these forms is used as part of the continual renewal process to improve course content and delivery against learning outcomes.

- Annual trainee focus groups

- De-identified training post evaluation surveys at the end of each six month rotation.

- Interviews with trainees during CST and SAC site inspection visits.

RCSI encourages regular trainee feedback which we use to help continually improve our training programmes.
9.0 APPEALS, FORCE MAJEURE, MINIMUM STANDARDS

9.1. APPEALS

The training programme has mechanisms in place to allow trainees to appeal results or decisions affecting the individual’s progression.

The specifics are detailed in the “Appeals Policy” which is available in the “Pathway Information” section of mSurgery (http://msurgery.ie/wp-content/uploads/2016/08/Appeals-Policy-V2.pdf).

This appeal procedure does not encompass or cover complaints to the extent that they relate to matters of Clinical or Academic Judgment; in short, the procedure cannot interfere with the ordinary and conventional operation of clinical or academic judgment.

An appeal should be submitted in writing to appealadmin@rcsi.ie within 14 days of the communication of the formal notification of the decision which forms the subject matter of the appeal application. There is a standard fee of €150.00 for an appeal, refundable if an appeal is successful.

9.2. EXCEPTIONAL CIRCUMSTANCES (FORCE MAJEURE)

The exceptional circumstances process is open to trainees who, due to unforeseen events, were unable to complete a required element of the curriculum or syllabus.

The process for applying for an exemption is outlined in the Exceptional Circumstances procedure which is available in the “Pathway Information” section of mSurgery (http://msurgery.ie/wp-content/uploads/2016/08/Exceptional-Circumstances-V1.pdf).
10.0 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

RCSI has mechanisms to formally and confidentially address problems with training supervision and requirements within the CST programme. The mechanisms and processes to deal with training-related disputes & appeals processes are clearly defined in the National Surgical Training Programme Appeals Procedure. The specifics are detailed in the “Appeals Policy” which is available in the “Pathway Information” section of mSurgery.

The CST programme has introduced a network of Hospital Based Directors (HbDCST) who are there to support the welfare and training progress of all Core Surgical Trainees in their region. Trainees should note that the HbDCST are the first line in resolution of any training problems. In the event that HbDCST are not able to solve the problem, trainees are then encouraged to discuss the issue with the Dean of Postgraduate Surgical Education.

Trainee problems and training supervision problems may also be identified and addressed through the annual CAPA process.

Trainees also have a number of other options to ensure grievances are addressed.

- The trainees representative can raise issues of general concern to the Dean of Postgraduate Surgical Education or the Core Surgical Training Committee.
- Issues in relation to training posts can be raised confidentially to the Quality Enhancement Office through their e-mail address quality@rcsi.ie.
- General issues can be raised directly to the National Surgical Training Programme Quality Team by e-mailing qualitrain@rcsi.ie.
- A Trainee can write, email or call the Surgical Training office if they wish to discuss any aspects of their training with the Dean of Postgraduate Training and an appointment can be organised on their behalf. Email corecst@rcsi.ie, tel: 01 402 2369

The CST programme has review processes to allow trainees to seek impartial review of training related decisions. That pathway is as follows:

Hospital Based Director of Core Surgical Training
    ↓
Dean of Postgraduate Surgical Education
    ↓
CST Committee
    ↓
ISPTC

RCSI constantly reviews de-identified complaints and comments both in relation to workplace training and also the RCSI education programme. Issues related to workplace training are highlighted through the training post evaluation forms which are completed by trainees at the end of each training rotation. These evaluation forms are submitted anonymously. The Quality Enhancement Office anonymises the information which is then reviewed. The training post evaluation forms involve a very detailed review of all aspects of the workplace training environment. Trainees also have the option to anonymously raise concerns in relation to their training programme or training post by e-mailing the independent Quality Enhancement Office who will de-identify the information before it is actioned by the Quality and Transformation office within Department of Surgical Affairs.
11.0 LEAVE ENTITLEMENTS

11.1. ANNUAL LEAVE

Annual Leave is determined by the NCHD contract and will be honoured by each of the clinical sites according to local hospital agreements with NCHDs & the NCHD contract.

11.2. EDUCATIONAL LEAVE – (AS PER NCHD 2010 CONTRACT)

The Employer may, taking account of the NCHD’s medical education and training status, grant the NCHD up to a maximum of 18 working days (based on a 7.8 hour working day) per 6-month period to facilitate: (this is discretionary on part of the employer)

- Attendance at courses, conferences and educational events determined to be appropriate by the HSE, the recognised postgraduate training bodies and the universities;
- Study leave prior to an examination or repeat examination for higher degrees or diplomas determined to be appropriate by the HSE, the recognised postgraduate training bodies and the universities;
- Attendance at examinations determined to be appropriate by the HSE, the recognised postgraduate training bodies and the universities;
- Attendance at interviews within the Irish public health service appropriate to the NCHD’s training / career pathway;

Educational leave must be used in the first instance to attend mandatory training days as per the RCSI educational curriculum and Core Surgical Training Programme. Trainees are strongly encouraged to use their leave for participation in Part A, Part B or the DO-HNS Part 2 OSCE of the MRCS Exam as well as study leave pertaining to the achievement of same.

<table>
<thead>
<tr>
<th></th>
<th>ST1</th>
<th>ST2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Bootcamp</td>
<td>5 days per annum</td>
<td>N/A</td>
</tr>
<tr>
<td>Operative Surgical Skills days</td>
<td>5 days “ “ 5 days per annum</td>
<td>“ “ “ “ “ “</td>
</tr>
<tr>
<td>Human Factors &amp; Patient Safety days</td>
<td>3 days “ “ 1 day “ “</td>
<td>“ “ “ “ “ “</td>
</tr>
<tr>
<td>Operative Surgical Skills Assessment Day</td>
<td>1 day “ “ 1 day “ “</td>
<td>“ “ “ “ “ “</td>
</tr>
<tr>
<td>HF&amp;PS Assessment Day</td>
<td>1 day “ “ 0 days “ “</td>
<td>“ “ “ “ “ “</td>
</tr>
<tr>
<td>CAPA Assessment</td>
<td>2 days “ “ 2 days “ “</td>
<td>“ “ “ “ “ “</td>
</tr>
</tbody>
</table>

The ST2 curriculum may also include “specialty training days” which will be communicated to trainees in advance to allow arrangements for attendance. These are additional training days to those listed above.
11.3. **MATERNITY (ML), PATERNITY, PARENTAL, SICK LEAVE**

Entitlement to each of these types of leave is determined by the Trainee’s contract of employment with the individual hospital (NCHD 2010 Contract). However, prolonged absence through sick or maternity leave which reduces time spent on the Core Surgical Training Programme may affect time spent on clinical rotation, assessment and examination eligibility.

A person wishing to take extended leave should inform HR and the HbDCST in their hospital site directly and contact Core Surgical Training Administration.

Due to the continuum of the programme and continuous progression assessment, those trainees who are on extended leave will have their progression pathway frozen, until such a time as they resume their place on the programme. This will be reviewed on a case by case basis by the Dean of Surgical Education and the Core Surgical Training Committee.

Trainees on extended leave which has been approved will be assessed on their return to the programme, to establish their eligibility for recommencing the pathway. This may result in repeating part of a year on the programme.

11.4. **OUT OF PROGRAMME LEAVE**

CST is a two year programme and training is delivered jointly through defined time periods spent working in clinical posts and mandatory RCSI training days. The requirement for both the clinical and mandatory training elements to be completed during defined stages of CST means that CST training must occur in its entirety on the National Surgical Training Programme (NSTP) in Ireland.

Completing a period of CST overseas is not permissible because such experience, even if in a training environment, will not allow the on-site NSTP appraisals or the off-site training content to be delivered.

In exceptional circumstances, trainees may request a period of leave of absence from CST, for example for family or health reasons. Such requests should be made in writing to the Dean of Postgraduate Surgical Education and will be considered on a case by case basis by the CST Training Committee. Where a period of leave of absence has been granted by CST Training Committee, the trainee may return to CST at the appropriate stage, although the nature of CST rotations is such that returning to the same posts as planned at the outset of their CST rotation may not be possible.

Trainees on extended leave which has been approved will be assessed on their return to the programme, to establish their eligibility for recommencing the pathway. This may result in repeating part of a year on the programme.
11.5. FLEXIBLE TRAINING

11.5.1. HSE FLEXIBLE TRAINING SCHEME

The HSE supports and runs the Flexible Training Scheme which is aimed primarily at Specialist Trainees (ST2-ST8) on the national scheme and funded by the Health Service Executive’s NDTP. This scheme is currently closed to Core Surgical Trainees in ST1 at this time. Full information in this can be found on (http://msurgery.ie/).

11.5.2. JOB SHARING POSTS

Postgraduate trainees can now avail of job sharing opportunities for a set period of time. Job sharing works on the basis that two trainees will share one full-time post with each trainee working 50% of the hours. The aim of the job share policy is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Job-sharing training posts will ordinarily be for the period July to July each year, in line with the training year.

Approved job-share training posts will be for up to 12 months. Any trainee appointed to a job-sharing training post and who wishes to continue in a job-sharing training post after this period will be required to re-apply. Postgraduate trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme.

A job share post can only be accommodated if applications are received from two trainees who are eligible to be matched to one post. The overall training capacity of a training programme, educational capacity of the post and service commitment will also have to be taken into consideration.

Applications for job-sharing are made directly to the Surgical Training Office in writing and are open to those training in ST3 onwards.

The specifics for eligibility and applications are outlined in the Job Sharing Policy which is available in Pathway Information section of mSurgery (http://msurgery.ie/).

*Please note this process is separate from the HSE Flexible Training policy.*

11.5.3. POST REASSIGNMENT REQUEST

The post reassignment process has been established to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme (ST1 – ST8) which requires a change to the agreed post/rotation. This process is managed by Postgraduate Training and governed by the Specialty and ISPTC.

In order to provide a consistent, transparent and robust process for all trainees, the postgraduate training body will make all decisions on eligibility and allocations in accordance with these guidelines and criteria.
Trainees can apply for a change to their agreed rotation if they have a significant and unforeseen change in their personal circumstances relating to:

- Own disability or ill health
- Responsibility for caring for ill/disabled partner, relative or other dependent
- Responsibility for caring for school age children

Other well-founded reasons may be considered but the decision would be dependent on the particular situation and the needs of the specialty in which the individual is training.

Please note that reassignments are not an entitlement. A request for a change will depend on compliance with eligibility criteria, vacancies in the region into which trainees are applying to move and training requirements.

Before Applying:

- Trainees must discuss alternate support arrangements with their Training Programme Director before applying for a reassignment.
- Trainees must demonstrate that a significant change to personal circumstances has occurred that could not have been foreseen when rotations were assigned. This change must involve:
  - A disability or
  - Caring responsibilities or
  - Parental responsibilities
  - Other

Changes to personal circumstances must have occurred before making an application and applications cannot be based on expected or anticipated future events.

The specifics for eligibility and applications are outlined in the Post Reassignment Request Policy which is available in the Pathway Information section of mSurgery (http://msurgery.ie/).

Other well-founded reasons may be considered dependent on the individual situation and the needs of the specialty.

12.0 SUPPORT STRUCTURES
12.1. TRAINEES WITH PERFORMANCE ISSUES

The training programme recognises that during the CST programme trainees may underperform and not achieve the desired performance requirements of the curriculum. There may be many reasons for this underperformance. To help trainees, the training programme provides support to all trainees so that they can maximise their development and career progression throughout training. The support escalations are outlined below:

- Consultant Trainer or Training Post Supervisor.

- Hospital based Director of Core Surgical Training (ST1) or Programme Director for the relevant specialty (ST1 – ST2).

- The Dean of Postgraduate Surgical Education may, in appropriate situations, bring any problems to the attention of the Core Surgical Training Committee and/or the Irish Surgical Postgraduate Training Committee (ISPTC).

All trainees are encouraged to use those resources available to them during their time on the programme should they encounter any problems during their training or wish to seek career advice.

Within the Training Programme, the Competence Assessment and Performance Appraisal (CAPA) process is the principal mode of identification of trainees who are under-performing. This formal process involves face-to-face counselling session with consultant trainers (not the consultant trainers with whom the trainee is currently working) and takes place each six months.

During this meeting, all aspects of the trainee’s performance, both in the workplace and in the RCSI structured programme, are examined in detail. Any concerns which the trainee may have with regards to their training progress are also discussed.

12.2. TRAINEES IN DISTRESS

The College recognises that trainees may face stressful situations on a regular basis. Coping with the demands of a busy profession, maintaining skills and knowledge and balancing family and personal commitments can be difficult.

Surgical trainees, like the rest of society, can struggle with depression, anxiety and poor mental health. The work environments in which surgeons find themselves may also contribute to high levels of stress due to administrative processes and inappropriate behaviour such as bullying, discrimination and sexual harassment.

The College is committed to provide support to trainees to assist them appropriately through difficult situations. The various supports that are available to trainees are outlined in detail in mSurgery (http://msurgery.ie/).

Trainees can write, email or call the Surgical Training office if they wish to discuss any aspects of their training with the Dean of Postgraduate Training and an appointment can be organised on their behalf.
13.0 LEARNING SUPPORTS FOR TRAINEES

13.1. MSURGERY MOBILE APP
mSurgery is a Mobile App for surgical trainees (http://msurgery.ie/) and supports training in an environment where trainees need quick access to knowledge resources and revision. The application is the central information point for all elements of the training programme. This includes content on minor operations, videos, library, e-books, skills lessons, and training timetables. mSurgery (http://msurgery.ie/)

13.2. RCSI LIBRARY
All Surgical trainees have access to the RCSI Library. The RCSI library’s collections support the teaching, learning, research and clinical activities of the College. All resources, services and facilities are described on the library website at http://www.rcsi.ie/library

13.2.1. E-RESOURCES
All RCSI registered students, trainees and staff have 24/7 access to library online resources via the main library website. RCSI Dublin provides access to over 10,000 electronic journals. E-journals are accessible through the e-journals section on the library website. These are also available on mSurgery (http://msurgery.ie/ebooks).

13.2.2. ONLINE DATABASES
An extensive number of online databases available to RCSI students and staff include MEDLINE, PsycInfo, Embase, Web of Science, Cochrane Database, SCOPUS, and Journal Citation Reports. A full list of databases is available under the “Find Articles: Databases” section of the library website.

13.2.3. THESSES & OPEN ACCESS INSTITUTIONAL RESEARCH REPOSITORY
Theses and dissertations which have completed the degree awarding process are deposited in RCSI Library by the relevant School. These copies are the archival record for the National University of Ireland and the Royal College of Surgeons in Ireland and are preserved and made available for use by researchers and scholars. These are available online in the RCSI institutional open access repository http://epubs.rcsi.ie/theses_dissertations/ and are available as a resource for all.

13.2.4. PRINT RESOURCES
The print book collection contains approximately 15,000 titles and is a working collection. Pharmacy related texts are findable via the library online catalogue by searching by title, author or subject.

13.2.5. INFORMATION LITERACY TRAINING
Information Skills units are offered to academic programmes in all Schools in RCSI. Content and learning activities are customised to integrate with modules and coursework needs. Typical learning activities include in-class or small group practical’s and workshops. Information seeking skills currently taught by library staff: Searching MEDLINE; searching
the web; finding and using e-journals, e-books and clinical summary resources; database searching; referencing using Endnote; and literature reviews. All information literacy content is available on the RCSI VLE Moodle under the course Information Seeking and Library Skills. This material is freely available to all RCSI Moodle users and course directors are encouraged to link to these units from all relevant Moodle material.

13.2.6. IBM SPSS SOFTWARE

SPSS addresses the entire statistical analysis process - planning, data collection, analysis and reporting and should be a real benefit when carrying out research, clinical audit and Quality Improvement projects.

14.0 TRAINING PROGRAMME GOVERNANCE

The Royal College of Surgeons in Ireland (RCSI) is a broad-based, not for profit, health education institution based in St Stephens Green, Dublin. It was founded by Royal Charter to supervise and oversee the training and assessment of surgeons in Ireland. In this respect, it shares common origins with the three Royal Colleges of the United Kingdom (England, Edinburgh and Glasgow), and continues to conduct its Core Surgical Training activities in close association with these institutions. Today, the scope of RCSI covers Education (Medicine, Pharmacy, Physiotherapy, Nursing, and Healthcare Management), Research, and Postgraduate Training with faculties in Surgery, Radiology, Dentistry, Nursing and Sports & Exercise Medicine. The core mission of RCSI is encapsulated in the RCSI Noble Purpose:

“Building on our heritage in Surgery, we will enhance human health through endeavour, innovation and collaboration in education, research and service”

The overall governance structures of RCSI are overseen by the RCSI Council, a 21-person governance body elected on a biennial basis by the Fellows of RCSI. The executive management and delivery of postgraduate surgical training sits in the Department of Surgical Affairs which reports into the RCSI Council. The Department of Surgical Affairs (DoSA) is also represented on the RCSI Senior Management Team, which in turn also reports into RCSI Council.

The Irish Surgical Postgraduate Training Committee (ISPTC) reports to the RCSI Council and is the overarching committee responsible for surgical education, training and assessment in Ireland, at both core and higher surgical level.

At CST level, the Core Surgical Training Committee is responsible for all aspects of Core Surgical Training, including curriculum content, quality of teaching and supervision, assessment and trainee progress.