



RCSI SURGICAL
AFFAIRS

Guideline ST2 – ST3 Progression October 2019 v8

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

Introduction

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 from ST2 to ST3 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 transition process.

A prerequisite for transition to ST3 is passing all parts of the MRCS 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. Trainees must have passed all parts of the MRCS before the date of interview for ST3 selection in their pathway year. (i.e. 2018 Trainees due to interview for ST3 posts in March 2020)

Trainees must have passed all parts of the MRCS or the *MRCS (ENT) before the date of interview for ST3 selection.

* 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.

General Surgery ST2 Trainees can apply to either General Surgery or the new General and Emergency Surgery programme (Information available on ST3 Pathway application page on mSurgery)

The ST3 selection process is based on a clearly defined marking scheme. A total of 1000 marks are awarded in the selection process;

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

COMPONENT A: Pre Interview score (600)

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 (TAR)
- RCSI Logbook
- MRCS Exam score (Part B/MRCS ENT)
- Human Factors and Patient Safety and Operative Surgical Skills 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).

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 & 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 <u>CAPA 4</u> are mandatory for ST3 for 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)	100 Marks	
Operative Surgical Skills Assessment	50 Marks	
Human Factors & Patient Safety Assessment	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

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.

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 will take place in the third or fourth week of March of each year (i.e. after the results of the MRCS examination are announced). The MMI interviews for all Surgical Specialties will be conducted over a 2/3 day period.

At the start of the interview process, a briefing session will be given by the Chair of ISPTC along with the Director of Human Resources at RCSI or nominee. 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). Prior to the commencement of the interviews, the selection panel for each station should spend some time defining which questions to ask and also defining the standards required for answers. There should be a standard setting exercise prior to the commencement of the interviews.

Each station will be manned by a minimum of two interviewers, at least one of whom is from the specialty concerned. Each hospital which is recognised for Specialty Training will be asked to nominate one interviewer for the selection panel. 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 the Department of Human Resources of RCSI. The Chair should rotate around the 5 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 selected 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) and the interview panel should then sign off on the candidates selected. All interview scores, totals and final ranking are quality checked as per standardised guidelines before presentation to the Interview Panel and Chair.

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 \geq 60%
- Component B - Interview scores \geq 60%

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

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 getting 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 2020 for the July 2021 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 works in collaboration with the HSE/NDTP, to determine appointment numbers. These will vary from year to year.

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