NATIONAL SURGICAL TRAINING PROGRAMME

CORE SURGICAL TRAINING TRAINEE GUIDEBOOK

2024 / 2025

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ROYAL COLLEGE OF SURGEONS IN IRELAND

RCSI

CORE SURGICAL TRAINING TRAINEE GUIDEBOOK

This guide is published in electronic format and will be available in the policies and guidelines section of the mSurgery trainee portal (**www.msurgery.ie**). 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.

Revision History	Section	Summary of Changes
December 2016	All	4th revision draft
January 2017	All	Final sign off 4th revision
March 2017	E-Logbook	5th revision
October 2017	CoM /Mandatory Curriculum/2nd Chance Option	6th revision (intake 2017 -2019)
June 2018	ESR Route CAPA Outcomes Less than Full time training (LTFT). MRCS Scoring methodology Dealing with inappropriate behaviour	7th Revision
June 2019	Funding Streamings CST Certs RCSI Logbook Case Base Discussions	7.1 Revision
July 2020	SSPS Software (removed) CST Key personnel org chart (added) OSS & HFPS classes / online modules (updated)	8th Revision
June 2021	Updates to ST1 to ST2 process including clearer timeline. Removal of reference to information evening. Change of mind process, timeline updated OSS & HFPS classes / online modules (updated) Completion of forms by Locums under specific circumstances Childcare information included Privacy Policy information included	9th Revision
June 2022	Tallaght University Hospital – name updated Director of the National Training Programmes updated ST2 Programme Directors updated DO-HNS Examination information updated CSCST Certificate name updated Medical Indemnity added RCSI Affiliate Membership added OSS & HFPS classes / online modules (updated)	10th Revision

Revision History	Section	Summary of Changes
June 2023	Update to Hospital Based Director for Connolly Hospital / The Hermitage Clinic. Update to OMFS ST2 Programme Director. Text added to Section 2.2 to reflect Induction Meetings with ST2 Programme Directors. Text added to RCSI Logbook section to advise reviewing the logbook guide on mSurgery. References to Case Based Discussions/Homework removed. OSS & HFPS classes/online modules updated. Matrix of modules updated. Text added re Certificates of Attendance at classes. Text added re Regional Classes. Text added re Take Home Laprascopic Kits. Text added re Anatomy Lab Access. Text added re RCSI Marketing and Communications emails.	11th Revision
June 2024	Update to Hospital Based Director for Tallaght University Hospital. Updates to Neurosurgery, ENT, Urology and Paediatric Surgery ST2 Programme Directors. MRCS scores update. OSS & HFPS class information updated. Text added re Robotics online course. Text added re Wellbeing. Typographical errors corrected.	12th Revision

Glossary of Terms	
Acronym	**Meaning**
CAPA / ARCP	Competence Assessment & Performance Appraisal / Annual Review of Competence and Progression
CBD	Case Based Discussions
CoM	Change of Mind
CST	Core Surgical Training
CSTC	Core Surgical Training Committee
DO-HNS	Diploma of Otolaryngology – Head and Neck Surgery
ESR	Equivalent Standards Route
HbDCST	Hospital based Director of Core Surgical Training
HFPS	Human Factors in Patient Safety
HSE	Health Service Executive
ISPTC	Irish Surgical Postgraduate Training Committee
JCIE	Joint Committee on Intercollegiate Exams
JCST	Joint Committee on Surgical Training
LTFT	Less Than Full Time Training
NDTP	National Doctor's Training Programme
NSCSC	National Surgical & Clinical Skills Centre
OSS	Operative Surgical Skills
RCSI	Royal College of Surgeons in Ireland
SAC	Specialty Advisory Committee
SCA	Structured Clinical Assessment
ST	Specialty Training
SA	Surgical Affairs (also DOSA, Department of Surgical Affairs)
TAR	Training Assessment Reports
TPD	Training Programme Director
WBA	Workplace Based Assessments

1.0. 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 & Clinical Skills Centre (NSCSC) at #26 York Street to prepare them for commencing the training programme.

At the beginning of the programme all ST1 trainees spend an intensive period at the NSCSC 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 MRCS (ENT) OSCE.

NOTE: The final sitting of the DO-HNS Part 1 examination was in September 2021. There will be no further sittings of the **DO-HNS Part 1** after this time. As such, the DO-HNS qualification will no longer be available to new candidates from 2022.

The DO-HNS Part 2 (OSCE) examination has been renamed the MRCS (ENT) OSCE from February 2022. To gain the MRCS ENT candidates must complete the MRCS Part A and MRCS (ENT) OSCE.

A candidate who has previously passed the DO-HNS Part 1 (MCQ) examination may still obtain the DO-HNS diploma, provided they meet the eligibility criteria and are with the 7 year time frame by applying for the MRCS (ENT) OSCE and alerting the College that they wish to be awarded the DO-HNS

Trainees must have passed all parts of the MRCS or MRCS (ENT) before the date of interview for ST3 selection in their pathway progression year. E.g. 2022 ST1 Trainees progression year into ST3 will be March 2024.

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

1.1 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 RCSI Surgical Affairs which reports into the RCSI Council. RCSI Surgical Affairs 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.

The role of the Director of the National Surgical Training Programmes is a pivotal role in maintaining the highest standards of excellence within our surgical training programmes and leading further developments in supports and guidance for RCSI's trainee surgeons, in collaboration with training programme directors, trainers, HSE, management and key senior stakeholders.

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. Your CST trainee representative is a member of the CST committee and can address issue on behalf of you and your fellow trainees at this committee.

1.2 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 Satisfactory Completion of Specialty Training (CSCST).

  Please note some surgical specialties training pathway may vary in duration such as OMFS and Ophthalmic Surgery.

  The following diagram summarises the Surgical Training Pathway in Ireland.
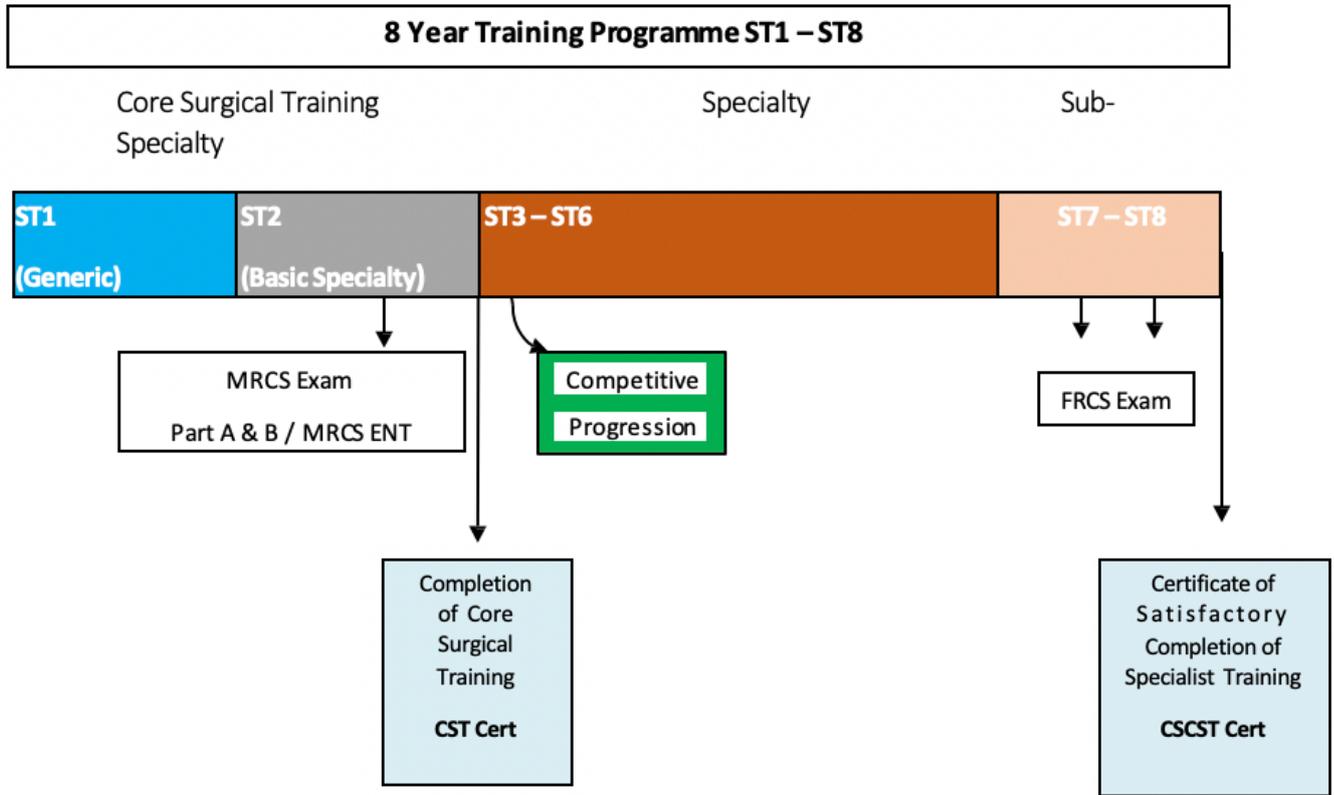
Figure 1.1: **Generic Surgical Training Pathway in Ireland**

2.0   CORE SURGICAL TRAINING POSTS

2.1 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 as the main training hospitals for ST 1 Trainees:

Please note these are subject to annual and ongoing review.

ST1 Hospitals:

- Tallaght university Hospital (Inc. University Children's Hospital Temple Street)

- Beaumont Hospital (Inc. Our Lady of Lourdes, Drogheda & St Joseph's Raheny)

- Connolly Memorial Hospital (Inc. Hermitage Medical Clinic)

- Cork University Hospital (Inc. Mercy University Hospital)

- University Hospital Limerick (Inc. Croom Orthopaedic Hospital)

- Mater Misericordiae University Hospital

- University Hospital Galway (Inc. Merlin Park)

- St. Vincent's University Hospital (Inc. St Michael's, Dun Laoghaire)

- St. James's Hospital (Inc. Midland Regional Hospital, Tullamore)

- University Hospital Waterford (Inc. Kilcreen hospital Kilkenny)

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 issued by the Irish Surgical Postgraduate Training Committee (ISPTC). The HbDCST is also responsible for reviewing training post rotation assessments and scores. Trainees are required to remain in regular contact with their HbDCST through their rotation.

It is important to note that there are no swaps to rotations allowed. Please do not request a swap as a refusal may offend.

2.2 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 they are required to make contact with ST Programme Director as soon as possible and remain in regular contact throughout their rotation. The onus is on the Trainee to make and maintain regular contact with their Specialty Programme Director.

The CST team will organise a brief induction meeting with each ST2 Specialty Programme Director, either via MS Teams or in person, this will take place towards the end of ST1/start of ST2.

2.3 CST KEY PERSONNEL

Director of the National Surgical Training Programmes	Professor Kevin Barry

Chair of CST Committee	Mr Dara Kavanagh

ST1 - Hospital Based Directors for Core Surgical Training

Tallaght University Hospital	Prof Rustom Manecksha
Beaumont Hospital & St Josephs Hospital	Mr Paul Sullivan
Connolly Hospital Blanchardstown & the Hermitage	Ms Paula Loughlin
Cork University Hospital	Mr Morgan McCourt
Mater Misericordiae Hospital	Mr Gerry McEntee
University Hospital Limerick & Croom Hospital	Mr Colin Pierce
St. James Hospital Dublin & Midlands Hospital Tullamore	Mr Paul McCormick
St. Vincents Hospital & St Michaels Hospital	Mr Rory Kennelly
University Hospital Galway	Mr Frank D'Arcy
University Hospital Waterford	Professor Ruairi MacNiocaill

ST 2 - Specialty Programme Directors

Cardiothoracic Surgery	Ms Aisling Kinsella
Neurosurgery	Mr Wail Mohammed
Urology	Mr Frank O'Brien
Otolaryngology, Head & Neck Surgery	Ms Eimear Phelan
Trauma & Orthopaedics	Ms Grainne Colgan
Paediatric Surgery	Ms Nicola Brindley
Plastic, Reconstructive and Aesthetic Surgery	Ms Marlese Dempsey
General Surgery	Mr Jamie O'Riordan
Vascular Surgery	Ms Emily Boyle
OMFS	Mr John Edward O'Connell

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 & Clinical Training Centre (NSCTC) 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.

As attendance is mandatory, marks are deducted for non-attendance at classes which will be reduced proportionately from the final assessment score. As such non-attendance will negatively affect progression scores. The exam board will review the marks and identify underperforming trainees for HFPS. Trainees identified will be asked to remediation. There is no repeat of the exam.   This is outlined and illustrated under RCSI-BASED ASSESSMENTS.

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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. This assessment is known as CAPA but from 2020 will be called Annual Review of Competence and Progression (ARCP) in line with the terminology used in Specialty training. The following assessments provide an overall CAPA / ARCP score for each trainee

• Trainee Assessment Reports (completed by the Trainer & validated by the HbDCST),

• RCSI Logbook (online validation)

• 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 / ARCP 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.

These scores are available via mSurgery at any point during a trainee's time on the programme by accessing the login section of mSurgery and reviewing the progression scorecard.

During the CAPA \ ARCP 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.

In CST year 2 it is suffice for your Consultant Trainer only to validate the form, therefore 1 signature is required. The reports cover clinical skills, professional development, personal skills and workplace relationships.

Important Note:

It is a mandatory requirement of the programme to complete 7 forms (3 SCAs, 3 SSAOPs and 1 TAR).

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 RCSI Logbook (Continuous) x 1 Sign off sheet per CAPA/ARCP per rotation

Each trainee is required to keep an online electronic logbook (RCSI Logbook) accessed via mSurgery. 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/** RCSI 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.

Please review the guide to the RCSI Logbook on mSurgery for more details on how to best utilise the logbook to record operations throughout your training.

All trainees are required to have and use the RCSI Logbook. Some trainees may wish to record   their operations in www.elogbook.org and are free to do so but only operations that are entered into RCSI Logbook will count towards your score.

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 logbook score.

Important Note:

Logbooks are and will be subject to regular and ongoing audit. If you are selected for audit, you will be asked to demonstrate objective evidence that you participated in particular procedures as shown in the theatre register or patient chart. Inaccurate logbook entries will be viewed as a serious breach of discipline and are, potentially, grounds for reporting to the Medical Council.

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. Forms must be validated in advance of the CAPA/ARCP Freeze date.

Assessments should only be performed by a consultant on a permanent contract. Assessments signed by SPR's are not acceptable and will not be scored. Assessments signed by a Locum Consultant may be permissible in appropriate circumstances to be agreed by the CST Chair, you must contact **corest@rcsi.ie** with regard to this prior to completion of any assessments*.

Trainees must submit at least 3 SSAOP and 3 SCA's during each six-month rotation before the CAPA freeze date. Trainees are notified of the CAPA/ARCP freeze at the beginning of their rotation by Surgical Training.

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 and assessments must be validated online by your assessor (consultant Trainer)

Once the WBA has successfully submitted a validation email will be sent to the consultant trainer(s) who will be prompted to validate the form via the link in the automated validation email.

It is the Trainees responsibility to ensure that all assessments are submitted and validated on mSurgery before the CAPA/ARCP 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.

Each Trainee should ensure that their trainers are registered with mSurgery and have the ability to validate forms. This can be done by searching mSurgery and checking that the Consultant Trainer is listed, if not contact **corest@rsci.ie** with details.

* Note: *The role of the locum consultant in training has being recognised by the ISPTC of the RCSI due to the ongoing dependency of these trainers in the Irish Healthcare system and the lack of robust or timely appointments to consultant posts in some cases. The support of Locum Consultants to train and support our trainees and their contribution to the training remit cannot be overlooked and is permissible under the following criteria:*

Suitability Criteria:

- On the Specialist Register of the Medical Council

- Registered and compliant with PCS

- Want to train

- Appropriate attitude and skills

Role of the Locum Consultant in Training:

- Can hold the role of Clinical Supervisor thereby completing SCAs and SSAOP forms

- Can examine in mock clinics, vivas and participate in the teaching & training of trainees at Core Surgical Training days.

4.1.2. RCSI-BASED ASSESSMENTS
(Mandatory training days)

a) Operative Surgical Skills (OSS)

ST1 – Attendance at each of the 3 OSS training days, 1 blended OSS/HFPS training day and 1 blended assessment.

ST2 – Attendance at each of the 2 compulsory OSS training days. 1 OSS & HFPS blended training day, 1 specialty specific training day & I blended assessment day.

b) Human Factors and Patient Safety (HFPS)

ST1- Attendance at 1 HFPS training day. 1 OSS & HFPS blended training day, completion of 1 online module, participation in 1 live webinar & attendance at 1 blended assessment day.

ST2- Attendance at 2 HFPS training days, 1 OSS & HFPS blended training day & 1 blended assessment day.

c) OSS & HFPS Blended Assessments (OSCE)

At the end of training schedule trainees attend for a formal blended OSS & HFPS assessment (OSCE). The OSS component assesses technical skills learnt during that year, assessed by consultant trainers, using objective scoring and validated assessment methodology. The Human Factors component assesses trainees using professional actors in OSCE type scenarios which are supervised and assessed by RCSI faculty and trainers.

(Refer to the matrix outlining all of the above, note all training days are in person in RCSI)

Certificates of Attendance

Following your attendance at each OSS & HFPS class a "Certificate of Attendance" will be issued via your RCSI email. It is a trainee's responsibility to manage these Certificates of Attendance. Certificates of Attendance could be required in the future to verify a trainee's attendance at any of their mandatory training dates. Certificates of Attendance will not be issued retrospectively.

Non-attendance at / non-completion of Mandatory Modules:

If a trainee misses a class in either OSS or HFPS or fails to complete their online modules, they may still do their end of year assessment but their mark will be reduced proportionately by 20% per day/module from their final scaled scored in their assessment for that module. 2 classes missed will be deducted by 40%.

Modules	ST1	Modules	ST2
Operative Surgical Skills (OSS)	3 days	Operative Surgical Skills (OSS)	2 days
Human Factors & Patient Safety (HFPS)	1 day	Human Factors & Patient Safety (HFPS)	2 days
Human Factors - Online Modules (HFPS) 1	1 online module		
Blended (OSS/HFPS)	1 day	Blended (OSS/HFPS)	1 day
Live webinar: Bystander Intervention (HFPS)	1 live webinar	Specialty Skills Day (OSS) 1 day	1 day
Blended OSS & HFPS Assessment (OSCE)	1 day	Blended OSS & HFPS Assessment (OSCE)	1 day
Total RCSI in-person Days	**6 days**		**7 days**

ST2 Trainees who miss a blended module day (OSS/HFPS) 10% will be deducted from each of the blended modules in the assessment i.e. **-10%** in HFPS & **-10%** in OSS.

Trainees will be advised in advance of their assessment if deductions are to be applied to their assessment score.

The exam board will review the marks and identify underperforming trainees. Trainees identified will be supported through a remediation process. There is no repeat of the exam.

There is no opportunity for a trainee to retrospectively take a missed module leading to a score change, once the assessments are completed and the score is published there is no mechanism to change a score.

Please see illustrated examples below

ST1									Deduction of marks in Assessment	
	OSS 1	OSS 2	OSS 3	OSS 4	OSS 5	HF 1	HF 2	HF 3	OSS	HF
Trainee 1	Y	Y	Y	X	Y	X	X	Y	20%	40%
Trainee 2	Y	Y	Y	Y	Y	X	X	X	-	60%
Trainee 3	X	X	X	X	X	Y	Y	Y	100%	-

ST2							Deduction of marks in assessment	
	OSS 1	OSS 2	OSS Spec	HF / OSS	HF / OSS	HF	OSS	HF
Trainee 1	Y	X	Y	Y	X	Y	30%	10%
Trainee 2	X	X	Y	X	X	Y	60%	20%
Trainee 3	X	X	Y	X	Y	X	50%	30%
Trainee 4	X	X	Y	Y	Y	X	40%	20%
Trainee 5	Y	Y	Y	X	X	Y	20%	20%

X – Non-attendance/ non completion
Y – Attendance /completion

Important Note:

Each OSS & HFPS training day is run up to four times in any one year (the exception to this is your year two specialty day). This allows trainees to book a training day well in advance so as to minimise any disruptions locally.

Correspondence re Classes

You will receive a detailed email at the beginning of each training year outlining your mandatory classes and how to book into your preferred dates. You are advised to pay close attention to emails from the Core mailbox and from the OSS & Human Factors mailboxes as classes are subject to change throughout the year.

Regional Classes in ST1

Regional OSS Classes in Cork and Galway will be scheduled throughout the year in ST1. Numbers will be limited, regional classes will be available to book via your trainee portal.

Take home lap kits

Should you wish to borrow a take home laprascopic kit, please ensure you do this well ahead of the OCSE's to ensure availability, contact OSS@rcsi.com to arrange.

Anatomy Lab Access

Please note we cannot arrange access to the anatomy lab, please contact the Anatomy Department if access is required although this may not be feasible.

4.1.3. CAPA/ARCP SCORING

CAPA /ARCP 1	
Trainee Assessment Report	50 Marks
RCSI-Logbook	25 Marks
Formative	
SSAOP 1,2 & 3	
SCA 1,2&3	
CAPA 1 Total	**75 Marks**

CAPA/ARCP 2	
Trainee Assessment Report	50 Marks
RCSI-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	
CAPA 2 Total	**175 Marks**

CAPA /ARCP 3	
Trainee Assessment Report	100 Marks
RCSI-Logbook	50 Marks
Formative	
SSAOP 1,2 & 3	
SCA 1,2&3	
CAPA 3 Total	**150 Marks**

COMPONENT A: CAPA SCORE PRE ST3 INTERVIEW	**600 Marks**

CAPA /ARCP 4 *No score towards progression*, all forms must be submitted as per CAPA/ARCP requirements	
Trainee Assessment Report	
RCSI-Logbook	
Formative	
SSAOP 1,2 & 3	
SCA 1,2&3	
CAPA 4 Total	**0 Marks**

**See Section 5.4 for full progression scorecard**

4.1.4 FORMAL EXAMINATIONS

During Core Surgical Training, trainees are required take Part A and Part B of the MRCS examination, or Part A MRCS & MRCS (ENT) OSCE if completing MRCS ENT. This examination is 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 MRCS (ENT) OSCE

The MRCS (ENT) 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 MRCS (ENT) 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.

4.1.4.4 MRCS Scoring Methodology

The MRCS Part B is now scored as part of the progression metrics to ST3 .The methodology for this is as follows:

MRCS Scoring

100 Marks are available for MRCS Performance as part of progression to ST3. The 100 marks are awarded as follows:

- The Max score for the MRCS is 340 Marks

- Trainees scores are converted into a percentage of the overall score ((total score/340)*100)

- The applicants will be awarded four marks for every point they score above 60% (appointable level) in their overall MRCS exam to a maximum of 100 marks

For Example:

A trainee who scores 270 points

– This equates to 75% (270/340)

– 75 – 60 (appointable line) = 15 marks

– Multiplied by 4 give a total MRCS score for progression of 60 Marks.

Note:

Trainees should be aware of the scheduled dates for the MRCS Part A, Part B and MRCS (ENT) OSCE exams and ensure that they have registered and completed the Part A, Part B and MRCS (ENT) 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/ gensurgerymembersexams**

The ST3 Specialty Interviews for are normally held in March each year subject to annual review.

5.0   PROGRESSION PROCESS

5.1 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. The expected timeline for the ST2 allocation process will be communicated to trainees around December of ST1 along with indicative numbers for ST3 intake in the relevant year. (Indicative numbers are subject to revision)

In January of ST1, trainees rank their preferred Specialty for ST2 on a 'Specialty Preferencing Sheet'. This is submitted via the trainee portal within a defined time line. Allocation to the Specialty of choice in ST2 is very competitive and is based on the trainees score at the initial interview (300 marks) combined with trainees first CAPA/ARCP (CAPA/ARCP 1) score (75marks).

The CST Team work closely with the ST2 Programme Directors for each specialty to ensure as many trainees as possible are allocated to their first choice, however this is a competitive process and is not always possible. Once allocated to a specialty trainees are asked to submit a 'Post Preferencing Sheet', again via the trainee portal within a defined time line. Following the deadline a match is carried out and allocation for ST2 is confirmed to trainees.

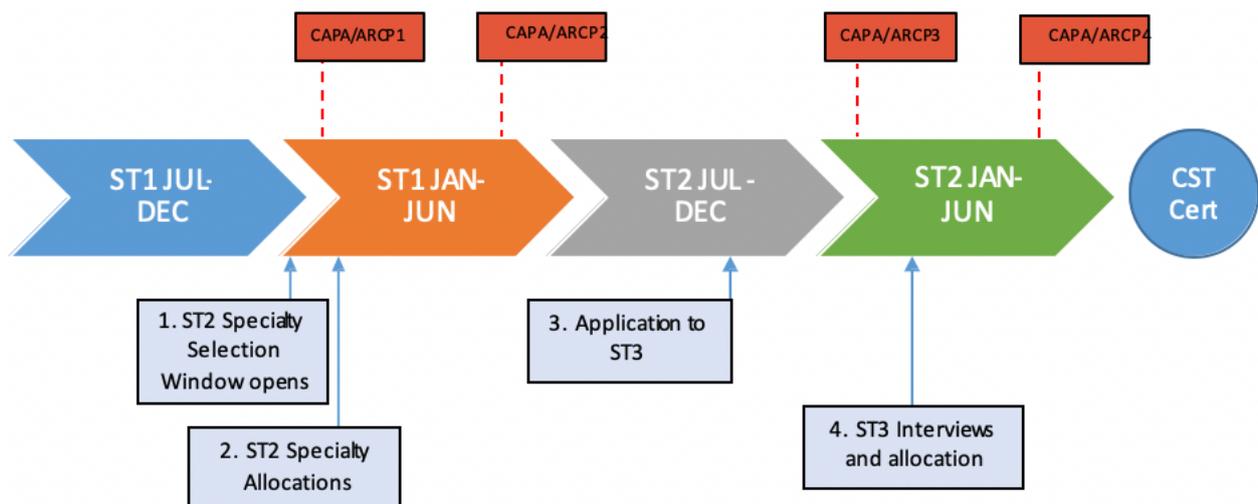Trainees can expect to be notified of their ST2 allocation in mid-March of ST1.

5.2 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/ARCP) so that verification of reaching appropriate standards and competencies can be documented.

The Progression guideline ST2 – ST3 (available on mSurgery) fully outlines 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.

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

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

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

• Component A - in pre Interview 60% > out of 600

• Component B - interview scores 60% > out of 400

Note: Achieving the minimum appointable standard may not be competitive enough for progression to ST3 but trainees who are unsuccessful at progressing directly to ST3 can re-apply for Specialty Training via the Equivalent Route Standard, open for July 2019 intake.

5.4 PROGRESSION MULTIDIMENSIONAL ASSESSMENT SCORECARD

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

i. Work Based Assessments

Trainee Assessment Report	50/50/100	200 marks
RCSI-Logbook	25/25/50	100 marks
		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/CBD assignments

COMPONENT B: ST3 SPECIALTY SELECTION INTERVIEWS (40%)

i. ST3 SPECIALTY SELECTION INTERVIEW

Station 1: Commitment to academic advancement and lifelong learning **80 marks**
(40 pre interview /40 interview)

Station 2: Quality and Safety in Surgical healthcare **80 marks**

Station 3: Knowledge of current issues relevant to surgical practice **80marks**

Station 4: Decision making in surgery **80 marks**

Station 5: Professionalism and probity in surgical practice **80 marks**

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.

Successful completion of the exam must be within the time frame for ST3 selection in a Trainee's

Pathway progression year. e.g. 2019 ST1 progression year into ST3 will be March 2021.

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.

The five stations are

• Commitment to academic advancement and lifelong learning (40/40)

• Quality and Safety in Surgical Healthcare

• Knowledge of current issues relevant to surgical practice

- Decision making in Surgery

- Professionalism and probity in surgical practice

Please note:

The Academic advancement station is divided into two components.

Pre-academic score - An applicant has the opportunity to achieve up to 40 marks for academic achievement during time on the CST Programme. The pre-academic scorecard is used to determine marks awarded under this category. (General Surgery, ENT, Vascular, Neurosurgery, Urology, OMFS and Paediatrics this will be captured on your ST3 application form).

Research and other academic achievements can be accumulated at any point in a candidate's career. Please note relevance to your chosen Surgical Specialty and timing will be a weighting factor.

The final 40 marks can be made up on the day of interview at the Commitment to Academic Advancement and lifelong learning station.

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) Those trainees who have successfully completed the 2 year Core Surgical Training Programme including successfully completing MRCS Part A&B or MRCS ENT, will be automatically awarded their CST Cert by the Surgical Training office.

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

3) Trainees must complete and submit all documentation for the CAPA/ARCP 4, attendance is also required.

Trainees who are progressing to ST3 and have not completed the CAPA/ARCP 4 requirements will be deemed incomplete for Progression to ST3. A CST Cert will be issued following a review with the ST3 Programme Director to ensure completion of all parts of CAPA/ARCP 4. Please note without a CST Cert a Trainee is unable to fully register with the JCST, and may impact the trainees ability to meet all their training competencies in their ST3 year which could lead to delayed sign off for Specialty Training.

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/ARCP assessments. They must have passed all parts of the MRCS Examinations within 2 years of completing the Core Surgical Training Programme, to be eligible to attain a CST Cert. A CST Cert will be issued on receipt of application and the candidate has successfully met all the eligibility criteria.

Note: *A trainee must have attained a CST Cert to progress to ST3.*

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6.0. CHANGE OF MIND OPTION (COM)

After spending some time on the training programme, trainees may change their mind in relation to their chosen specialty selection. The Change of Mind (CoM) process allows trainees to request a change to their specialty preference during the first half of their ST2 Specialty year. If approved the trainee will finish ST2 in their original specialty before commencing ST2 again in their new specialty.

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 in the March diet of the MRCS exam or MRCS ENT before final sign off on commencement of the new ST2 Post. Please find more details below and email corest@rcsi.ie if you have any queries not covered here.

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 application should be submitted within the advised timeline. The trainee should compose a paragraph outlining their reasons for requesting a change to another specialty. This request should be submitted to corest@rcsi.ie for the attention of the Dean of Postgraduate Surgical Education. A trainee may be requested to meet with the Dean of Postgraduate Surgical Education to review the application. Applications must be submitted by the last Friday of January in ST2 (exact dates will be circulated)

- The trainee's CAPA/ARCP 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 may be referred to the relevant Programme Director for ST2 Specialist Training for review and decision.

- If request approved, ST1 allocations will take precedent before the allocation CoM applications which will be based on availability of posts in specialty.

- The RCSI would recommend that an ST2 continue to apply for their ST3 progression specialty in that year as CoM cannot be guaranteed.

- We cannot guarantee that all applicants that meet the eligibility criteria will be allocated to a post via the CoM process.

- 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.

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7.0 EQUIVALENT STANDARDS ROUTE (ESR)

An opportunity to reapply for ST3 is available to candidates who were unsuccessful in progression from ST2 to ST3 directly. This is known as the Equivalent Standards Route (ESR).

Candidates will have unlimited opportunities to apply via this route.

- 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 each year for the following July intake. All information pertaining to these routes. Applications, guidelines and scoring matrix will be made available on the RCSI website in advance of opening date.

As there are a limited number of places in the programme, entry to each Specialty is competitive. RCSI/ ISPTC works in collaboration with the HSE/NDTP, to determine appointment numbers.

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/ARCP 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. This survey is compulsory and helps the training programme to identify improvements in the overall CST programme and individual training posts.

- 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.

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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 on mSurgery.ie under Policies and guides.

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 under Polices and Guides.

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/ARCP process.

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

- The trainee 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 **quality@rcsi.ie**.

A Trainee can also write, email or call the Surgical Training office if they wish to discuss any aspects of their training with the Chair of the CST Committee, an appointment can be arranged by emailing **corest@rcsi.ie**

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

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 Surgical Affairs.

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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.

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

In response to the changing demographics of the medical profession and demands for greater flexibility and choice in work-life balance, RCSI recognises and supports part-time, interrupted and other forms of flexible training. The options available to trainees are outlined below.

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 can be found on mSurgery at https://msurgery.ie/home/policies-procedures-guidelines/ Flexible training posts are approved supernumerary posts allocated by the HSE/NDTP.

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 Policies and guides section of mSurgery **https://msurgery.ie/home/ policies-procedures-guidelines/**

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:

  o A disability or

  o Caring responsibilities or Parental responsibilities

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 Policies and Guide section of mSurgery.

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

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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/ARCP) 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.

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.

12.3 DEALING WITH INAPPROPRIATE BEHAVIOUR

Discrimination, bullying and sexual harassment either in the practice of surgery or in surgical training is completely unacceptable and inappropriate under any circumstance and should not be tolerated. Inappropriate behaviour in any modern workplace can have a serious and lasting adverse impact on those who are subjected to it. Discrimination, bullying and harassment demean individuals and prevent them from reaching their true potential.

Workplace bullying and harassment adversely affect the quality of patient care by undermining employee morale and can result in absenteeism, stress-related illnesses, and higher turnover of staff. Bullying and harassment may also have a damaging impact on trainees not directly subjected to inappropriate behaviour but who witness it or have knowledge of it.

Everyone involved in Surgical Training has a responsibility to treat colleagues with dignity and respect, irrespective of their sex, race, marital status, age, disability, sexual orientation, religion, political conviction, membership or non-membership of a trade union/professional organisation or real or suspected health status. RCSI is committed to taking a leadership role in supporting the standards of professionalism behaviour that are required of health professionals in positions of leadership and/or influence. We are committed to ensuring that appropriate procedures are in place to firstly support and empower, but also support any victims of discrimination, bullying and sexual harassment.

Should you be a victim of, or observe others being a victim then please refer to RCSI's "Guidelines on Dealing with Inappropriate Behaviour" or the HSE policies and procedures on Dignity at work.

If a trainee witnesses harassment or inappropriate conduct, you are strongly encouraged to report it to their employer and/or appropriate authorities. They can of course, if appropriate, make a Protected Disclosure under the Protected Disclosures Act 2014. Protected Disclosures

can be emailed confidentially to **rcsiombudsman@ protecteddisclosure.ie**

12.4 LEARNING SUPPORT

12.4.1 Msurgery Mobile App

mSurgery is a Mobile App for surgical trainees (**http://msurgery.ie/**) is our main portal for trainees 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. **https://msurgery.ie**

12.4.2 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

12.4.3 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**).

12.4.4 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.

12.4.5 Theses & 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.

12.4.6 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.

12.4.7 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.

12.4.8 Endnote & STATA

The following packages are available to trainees and should assist with research:

STATISTICAL PACKAGE (Stata Statistics Package)	• Please access here using your RCSI log noting you will need to contact RCSI IT for download, ensure you advise that you are a current CST Trainee • **https://vle.rcsi.com/course/view.php?id=693&section=4** • Normal purchase cost €275 per year.
ENDNOTE	• This can be downloaded using your RCSI log on through • **https://vle.rcsi.com/course/view.php?id=693&section=4** • Normal purchase cost €300 per Trainee.

12.4.9 Funding Supports Available To Trainees

There are a number of funds currently in place to support Core Trainees in educational and training activities. Please see table below for a brief overview of all available funds.

Full eligibility criteria, guidelines and refund forms along with more information can be accessed via

TRAINEE SUPPORT SCHEME	• EUR 1250 maximum per year per trainee. • Funding is not carried over year-on-year. • Processed via HSE • Available from July 2019 • Further Information • https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/
CLINICAL COURSES AND EXAMS FUND	• Run by HSE/NDTP for courses and exams only on the approved list. • EUR 450 per claim, no restrictions on how many claims can be submitted per year. • Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course. • Further Information • https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ • https://msurgery.ie/home2/specialist-training/financial-supports-for-sprs

12.4.10 Foundations of Robotic Surgery Online Course

RCSI in partnership with International Medical Robotics Academy (IMRA) have launched a unique online 'Foundations of Robotic Surgery' Course, developed by surgeons for surgeons, the course has a linear robotic surgical training curriculum using online education, virtual reality, 3D video, simulators and advanced synthetic organ models.

Enhance your theory, knowledge and skills in surgical robotics in preparation for safe robotic surgical practice. Doctors will be equipped with the theoretical knowledge and practical working understanding of how-to setup a robot and console, the fundamentals of operating the robot, how to achieve robotic surgical competence and much more.

This course is designed for any healthcare professional wanting to develop their knowledge and understanding of surgical robotics, including surgeons, trainees, medical students, nurses and technicians.

This online course will be delivered in 9 learning modules that can be completed over 2-4 weeks. Each module includes lectures, instructional videos and assessments.

Full information including features, learning outcomes and overview of the experts involved in the courses creation can be found at https://www.rcsi.com/dublin/professional-cpd/cpdss/foundation-of-robotic-surgery/course-details

12.5 CHILDCARE

RCSI provides a subsidy and has an agreement in place with Giraffe Childcare **www.giraffe.ie** (at its Dublin sites) for a limited number of childcare places for children of RCSI staff and registered full-time students in the Schools of Medicine (including Physician Associates programme), Physiotherapy, Pharmacy and School of Postgraduate Studies students studying full-time on a Research programme i.e. MCh by Research, MSc by Research, MD and PhD. Please note this offer does not extend to Postgraduate Surgical or Emergency Medicine Trainees who are not in full time education in RCSI. Giraffe develop and operate childcare and early learning centres for pre-school children from three months and upwards. Emergency care is also available when other care arrangements are temporarily unavailable.

12.6 RCSI PRIVACY POLICY

As advised in your training agreement and set out in the Surgical Affairs Privacy Policy (available on mSurgery. ie under CST Policies, Procedures & Guidelines), the College routinely collects data which includes trainee feedback and examination results for internal quality assurances purposes. This data is used to inform the Surgical Affairs Department of current trends within the training environment and help us develop and review training practices in line with these. Cohort data may occasionally be published in the medical literature. All reporting on such data will always be anonymised.

12.7 Medical Indemnity

If you are employed by the state (a HSE hospital or a HSE funded hospital), and treat patients in a state facility, then the state provides indemnity against claims arising from your professional practice through the State Claims Agency.

State indemnity will only cover the financial consequences of a claim for clinical negligence. Its purpose is to ensure patients are compensated if they suffer harm, rather than protect you or your professional interests.

However, the State Claims Agency does not cover:

- internal complaints and disciplinaries related to your clinical practice

- regulatory body actions (such as medical council complaints)

- criminal allegations arising from the provision of clinical care.

Medical indemnity bodies (such as the Medical Protection Society) do provide cover for these situations. They can also advise on how best to protect yourself in your professional practice, assisting in preparing and checking reports for the State Attorney and providing assistance with media relations to help protect your reputation.

RCSI advises all doctors, regardless of their working arrangements, to seriously consider obtaining their own professional indemnity.

Additional benefits include, but are not limited to, free communication skills and risk management workshops, verifiable CPD and CEU, emergency medicolegal advice available 24/7, and support and assistance for Good Samaritan acts.

More information about Medical Protection membership for state-indemnified professionals can be at www.medicalprotection.org/ireland/membership/faq

12.8 RCSI Affiliate Membership

All incoming CST's get automatically enrolled as Affiliate Members of the College with your subscription subsidised. Trainees can opt out of this benefit at any stage.

Affiliate Membership offers access to a comprehensive range of resources supporting you as you pass through your surgical career with specific resources to support you as you prepare to complete your MRCS exams if you have not already done so. CST trainees who have already completed their MRCS Part A and B will also automatically get access to the resources and career support portal.

The Resources contained within the affiliate member's portal include:

- Dedicated Moodle portal
- Access to College Membership Publications including "The Surgeon" Journal and "Surgical Scope" newsletter
- Dedicated LinkedIn Group
- MRCS Exam support platform
- Surgical Skills Video Bank
- 360 Surgery Video Bank
- MRCS Journal Library
- Full access to the Annual of surgery
- RCSI Anatomy dissection guide
- RCSI Surface Anatomy guide
- 20% Discount with Cambridge press
- 20% Discount with MRCS Pastest

12.9 RCSI Marketing and Communications

Please do not unsubscribe from RCSI Marketing and Communications emails. As an RCSI trainee, you will receive a variety of regular communications in relation to events, key updates, training opportunities etc. Communications sent out are selected to enhance your training experience and help you stay connected to RCSI.

12.10 Wellbeing

A career in Surgery can be both challenging and rewarding. For all trainees it is crucial to prioritise your health and wellbeing throughout your training and professional journey.

The demanding nature of training requires a balanced approach to maintain physical and mental health.

There is substantial evidence that maintaining wellbeing in the medical profession contributes to a rich rewarding career. Neglecting self-care can make the profession less enjoyable and significantly increase the risk of burnout, particularly during training, which has multiple challenges across both the professional and personal domains.

Importance of Wellbeing in the Profession

1. Enhanced Job Satisfaction: Medical professionals who prioritise their wellbeing report higher job satisfaction. They find their work more meaningful and fulfilling, which contributes to long-term career satisfaction.

2. Improved Patient Care: Doctors who maintain their health and wellbeing are better equipped to provide high-quality care to their patients.

3. Reduced Burnout: Burnout is a significant issue in the medical profession, prioritising self-care helps mitigate these symptoms leading to a more sustainable career.

RCSI as your Post graduate Training body, is always striving to understand by means of feedback and engagement, how we can best support trainees. The provision of support and referral pathways for trainees, and/or, trainers who are supporting trainees that are struggling, due to reasons related to health and wellbeing and may be impacting their ability to lead a fulfilling and sustainable career is vitally important for us. Early identification and prevention of such issues through the promotion, support and education of Health and Wellbeing strategies is key during what is often considered a busy but rewarding time of your career pathway.

Key points to ensure health and wellbeing are at the forefront:

1. Work-Life Balance: Maintaining a balance between professional responsibilities and personal life is essential. Allocating time for rest, relations and hobbies can help mitigate burnout.

2. Mental Health Support: The RCSI has a range of mental health resources available to trainees this can provide the necessary support during stressful times.

3. Physical Health: Regular exercise, a balanced diet, and adequate sleep are foundational to maintaining, physical health.

4. Social Interaction - The evidence shows that positive social connections at work—supportive interactions, a sense of belonging, and effective teamwork—improve worker well-being and can protect against harmful effects of workplace stress.

The RCSI has established a CONFIDENTIAL e-mail address for Trainees & Trainers who may wish to access Health and Wellbeing resources available via RCSI. You can be assured that all communication will be treated with respect.

Please contact us at **wellbeing@RCSI.com**