

OPHTHALMOLOGY VOCATIONAL TRAINING PROGRAM (VTP) FEEDBACK FOR APPLICANTS to the VICTORIAN PROGRAM 2018 for 2019

This is generic feedback based on the recent recruitment for the Victorian RANZCO program. Some of the material that follows is duplicated from the **GUIDE FOR APPLICANTS to the VICTORIAN TRAINING PROGRAM** which appears under Victoria on the ranzco.edu website.

Acceptance into the Victorian program is based on competitive application. The CV is graded to allow short-listing for interview. For short-listed candidates, the scores from CV grading and interview are combined in equal proportion to decide the ranking of preferred candidates.

Victoria's is a merit-based application process, refreshed annually. It is **not** a queue, where if one waits long enough one will eventually advance to the front. First time applicants of exceptional ability may well be recruited ahead of very good candidates who have applied on multiple occasions.

The Victorian Selection Committee takes very seriously its obligations to potential trainees, to the College and to the Victorian public to ensure that its processes are robust and fair in seeking always to appoint the most suitable candidates for specialist training in ophthalmology.

Its members are acutely aware both of the enormous talent of applicants and of the disappointment that the majority of very able applicants will inevitably face given that accredited training places are few.

Victoria received a total of 84 applications for 7 Basic Trainee positions. Seventeen (17) applicants were short-listed for interview.

Specific mention is made of the following:

CVs

1. The Victorian Program prides itself on being able to provide a comprehensive specialist training in ophthalmology in the 4 + 1 years of the Vocational Training Program. As a consequence, prior ophthalmic knowledge and skills do not count highly in selection.

Therefore solid clinical jobs in other specialties at teaching hospitals, especially to the level of unaccredited registrar, scored well. On the other hand, some prior interest in ophthalmology might be expected to be evident in the CV, e.g. collaborative publications or research in the area; presentations at meetings; electives and/or prizes in ophthalmology as an undergraduate. Experience limited to Ophthalmology HMO however, particularly if prolonged, eventually attracts fewer points in Victoria.

2. Higher degrees are not a pre-requisite for entry into the Victoria program. Masters of Ophthalmic Science gains no special recognition: it is a common attribute and therefore a poor discriminator for graders. Points accrue, however, if peer-reviewed publications result from the period of study. Similarly, a PhD is not a prerequisite for entry into the program in Victoria, but does accrue credit under the Scholar category.

3. The sources of information assessed in order of importance – due to their effects on the weighted marking scheme – were:

- Referee reports, especially under CanMed category of Medical Expert
- Employment/JMS history
- Scholarship, both undergraduate and postgraduate
- Publications/research
- Involvement in audit processes – especially where a change in practice resulted – accrued points in the *Professional* category.

4. Negative comments were present from several referees. Careful selection and discussion with potential referees are recommended. At present, preferred referees remain consultants rather than HMOs, registrars or fellows.

5. Some applications were presented poorly, with upside down or illegible scans. In particular, instructions were not always followed in relation to providing the first page of publications. Attention to detail is critical. A thoughtful cover letter is an unstructured opportunity to garner attention as an individual, and is much more impressive than a generic letter.

6. Several candidates failed to be precise in their publication lists even though previous advice on this matter has been repeatedly given on the ranzco.edu website under Victoria.

Citations may include **published work only**. If a work is "accepted", it must carry the name of the journal and the date of acceptance to be included in this list.

Work that is 'submitted', 'in preparation', 'presented', a 'published abstract' or a 'research interest' may be listed **separately**.

Attempts to conflate or inflate publication lists were regarded as misleading and this reflected poorly in the grades allocated.

Interviews

1. The interview structure this year was a 3-room Multiple Mini Interview style. The overall performance at interview was this year higher than average.

The Victorian interviews again contained questions which may have been similar to those used in the Situational Judgement Tests (SJTs) trial that was included this year (results of that trial did not count in assessment). The questions are unique and crafted afresh each year, with answers preferred in conversational rather than programmed format. All questions were classifiable under the 7 CanMed capabilities, which are detailed on the RANZCO website.

2. This year the categories of Health Advocate and Collaborator were combined, providing 6 questions (2 per room).

Particular note was made this year of the following:

Medical Expert: responses to this question were improved on the previous year, but it was again evident that those candidates lacking broad medical experience provided answers which were limited in substance. Victoria emphasises pre-vocational general medical and surgical experience.

Some applicants answering the **Health Advocate/ Collaborator** and **Scholar** questions failed to ensure that the patient was the prime focus of their interest, and were instead distracted by the abilities and/or entertainment of interesting new technologies.

For the **Communication** question, despite specific advice regarding the general nature of the issues, several candidates made assumptions about either the gender of the patient involved or the operation that was being considered and thus failed to take a broad view of the moral or ethical principles being sought.

The CanMed category weightings as they applied this year in the final scores of short-listed candidates are given below as a rounded percentage, with last year's weighting in parentheses:

- Medical Expert 28 (28)
- Communicator 12 (12)
- Collaborator 7 (7.5)
- Manager 11 (7.5)
- Health advocate 6 (10)
- Scholar 23 (19)
- Professional 12 (12)

Individual feedback

Detailed individual feedback from the application process will not be provided.

Selection Committee members are not to be approached with a view to garnering any extra confidential details or insights into individual performances. A very dim view is taken of clandestine attempts to subvert this policy.

A quartile ranking from the CV grading is available from RVEEH administration on request: this information is not publicly displayed. The quartile ranking has no relevance as a cut-off, but is simply a rough guide as to where you may sit after CV grading of the cohort. Again this year – due to limited interview positions – there was a handful of candidates in the first quartile who did not receive an interview offer.

Very junior candidates in the lower quartiles may have been disadvantaged in having too few years of clinical experience to score highly in the weighted matrix points system. They may reasonably expect to ascend the list in later years. Some aspects of the application – such as undergraduate transcripts – can only score the same year-on-year.

Applicants who repeatedly find themselves in the lowest quartile should perhaps consider seeking an alternative vocation. The high standard of applicants each year and the annual influx of highly able fresh applicants leaves doubt as to whether these candidates may expect to ascend the rankings. This comment is made respectfully in full knowledge of the dedication and enthusiasm that many applicants bring in their attempt to enter this speciality.

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3 September 2018