

GUIDE FOR APPLICANTS to the VICTORIAN RANZCO VOCATIONAL TRAINING PROGRAM for 2018

Introduction

Applicants are directed in the first instance to the current edition of the Vocational Training Program (VTP) Handbook for a general guide to the functions of the College, the mechanism of application, and the pre-requisites for application.

(The following notes apply specifically to the Victorian Program, and may be in contrast to advice in/from other states or jurisdictions. They are based in part on feedback advice to unsuccessful candidates in the preceding years' application cycles. They are a supplement to and not a replacement for the guidelines in the VTP handbook).

Victoria

The Victorian program is based at the Royal Victorian Eye and Ear Hospital (RVEEH), with rotations to peripheral general hospitals co-ordinated by Administration at RVEEH. Victoria is able to provide a comprehensive exposure to all areas of clinical ophthalmology over the 4 years of the VTP, and is also able to offer sub-specialty fellowships or senior registrar positions to suitable candidates in 5th year.

Selection process

Acceptance into the Victorian program is based on competitive application and is a purely merit-based process. 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. Both the CV grading and interview are based around a weighted interpretation of the 7 CanMed criteria, as outlined in the VTP Handbook.

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 best candidates for specialist training in ophthalmology.

Advice to prospective applicants

Victoria generally receives many more applications than there are Basic Trainee positions available: competition is inevitable. It is therefore also worth applying interstate if social and family constraints will allow it.

Specific mention is made of the following issues for applicants to Victoria:

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 even skills do not count as highly in selection as they may do in other state programs.
 - a. Solid clinical jobs in other specialties, even to the level of unaccredited registrar, are no disadvantage, and Victoria adheres to the College policy that of the minimum two years pre-vocational clinical experience "only up to three months may relate specifically to ophthalmology".
 - b. 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.
 - c. Surgical assisting/'private practice research assistant' may be a means to put food on the table, but does not particularly enhance a CV, and a more substantive way of spending a professional year is recommended.
2. The primary focus of the Victorian VTP is to train ophthalmic clinicians to the highest standard. Higher academic degrees are not a pre-requisite for entry into the Victorian program, but do accrue points in the weighted marking scheme.
 - a. In Victoria, a PhD is not a prerequisite.
 - b. Masters of Ophthalmic Science is not required for entry in Victoria (notwithstanding that some candidates feel it assists in preparation for the Basic Science Examinations once in the VTP) and gains no recognition unless it results in peer-reviewed publication(s).
3. The factors assessed in order of importance – due to their effects on the weighted marking scheme – are:
 - Referees reports, especially under category of Medical Expert
 - Employment/JMS history
 - Scholarship, both undergraduate and postgraduate
 - Publications/research

4. It is clearly therefore imperative that your referees know you well and think favourably of you: negative comments from referees detract seriously from applications. Referees should preferably be consultants – not colleagues or HMOs/registrars – except in unusual circumstances.

The Selection Panel may avail itself of information from sources other than those listed by the trainee, particularly any content available in the public domain, and may contact people other than listed referees as needed.

5. Applications themselves can impress: upside-down scans in illegible or incomplete applications do not impress. The university transcript that is required is the summary of marks, not a copy of your degree; again, it is not possible to impress if this is illegible.

Actual publications should be clearly separated from 'submitted', 'work in progress' or 'research interest' listings in the CV. Graders will do this in any case, and attempts to conflate or 'pad' publication lists will obviously serve only to aggravate.

Interviews

1. The Victorian interviews contain questions which may not be typical of those employed in other selection programs. These questions are all classifiable under the 7 CanMed capabilities, which are detailed on the RANZCO website and in the VTP handbook.

They are task-based questions, for which it is likely difficult to practise. This is intentional. They are specifically designed to elicit a 'real' conversation rather than provide an opportunity for rote or rehearsed answers. Applicants should take the opportunity to engage.

2. The interview structure is a semi-OSCE style format in order to be less intimidating for candidates and to be less exhausting for interviewers.
3. The CanMed category weightings as they applied in 2016-2017 in the final scores of short-listed candidates are given below (rounded %):

• Medical Expert	30
• Communicator	10
• Collaborator	7.5
• Manager	7.5
• Health advocate	10
• Scholar	25
• Professional	10

Those planning ahead are advised at this time that it is the intention of Victorian selection to progressively divert some emphasis over the next 2-3 years from Scholarship to Medical Expert. This is so that:

- those dedicated to a clinical career should not feel compelled to pursue higher academic qualifications purely to garner selection points
- less-than-perfect undergraduate marks should not overly weigh down doctors who have blossomed once undertaking real clinical care
- the career option of clinician-scientist remain open to those wishing to pursue this existing RANZCO pathway in conjunction with Advanced Training.

Individual feedback

1. Detailed individual feedback from the application process is not provided, but a summary of common errors or deficiencies is provided each year after completion of the NOMP. A quartile ranking from the CV grading is available from RVEEH administration on request, but is not made public.
2. Victoria's application list is discarded and 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 legitimately be recruited ahead of very good candidates who have applied on multiple occasions.
3. The timing of the College selection process means that – if a candidate is not successful in gaining a place in the VTP – applications for other hospital postings may have closed. Candidates should formulate a 'Plan B' with this in mind.
4. Applicants who repeatedly find themselves in the lowest quartile may perhaps consider seeking an alternative vocation, as the uniformly high standard of applicants year-to-year, the fixed nature of the scores on some aspects of the application (such as undergraduate transcripts) and the routine annual influx of highly able new applicants must leave doubt as to whether such repeat applicants 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, but also being mindful of lives often 'on hold' due to unsuccessful applications.

Dr Mark Walland
Chairman
QEC – Victoria
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