
Applying for a CESR or CEGPR

Specialist Applications Team

Scotland 4 – 5 September 2014

Guidance on your curriculum vitae for applicants for entry onto the Specialist Register or GP Register

This section gives guidance on what to include in your curriculum vitae (CV)

What to include

As part of your application, you must include a CV that is less than three months old. We strongly recommend that you write your CV specifically for this application.

The information in your CV must match the information in your application.

The table below shows what you should include in your CV and the order the sections should be in.

Section	Detail
Personal details and contact information	Your name on your CV must match your name on your proof of identity. Your contact information should match the details we hold which can be updated using GMC Online.
Registrations	Give your GMC reference number and details of any other medical regulators you are registered with.
Memberships	List your memberships of professional bodies.
Qualifications	List your qualifications.
Employment history 1 - posts held	<p>Start with the most recent and work backwards. Please show:</p> <ul style="list-style-type: none"> • post title (please give the title you were employed under) • dates post held • If the post is part time, what percentage of whole time equivalent • institution name and location • the name of your supervisor (especially required for training posts) <p>Also give a brief job description that covers the duties required for that post and indicate the level of supervision.</p>
Employment history 2	Start with the most recent and work backwards.

Section	Detail
- gaps in employment	Any gaps that span over 28 days should be accounted for with a brief explanation.
Awards	List any awards you have received.
Research experience	Give a brief explanation of any research you have undertaken, or have participated in.
Publications	List your publications.
Presentations	Give details of any presentations you have given. You may find it helpful to divide them up into international, national, regional and departmental to show their importance.
Continuing Professional Development (CPD)	List your CPD activity in the last five years.
Conferences attended	Give details of any conferences you have attended. You may find it helpful to divide them up into international, national, regional and departmental to show their importance.
Courses attended	Give details of any courses you have attended. You may find it helpful to divide them up into international, national, regional and departmental to show their importance.
Audit	List and give a brief description of your audit activities.
Teaching and training experience	List and give a brief description of your teaching and training activities.
Management experience	List and give a brief description of your management activities.
Procedures	List the procedures you have performed
Any extra activities	If there is anything else relevant to this application you can list it here.

Formatting your CV

- Number each page
- Show your surname and initials at the top of each page
- Use bullet points
- Include a short description for each item.

Common mistakes

Your CV will be returned to you if it does not meet the above standards. The most common errors are that the CV:

- is out of date
- was written to apply for a job and is worded inappropriately
- does not provide sufficient information
- is not in a suitable structure
- has information that does not match the employment letters that you submit (for example, post dates, job titles, hospital names, or supervising consultants do not match)
- does not include a brief job description under each post held
- has information that does not match the application form.

Guidance on selecting referees

This page helps applicants to choose referees who will give structured reports in support of their application for entry onto the Specialist or GP Register with a CESR or CEGPR.

You must give the names and details of **six referees** who we can contact to ask for structured reports.

Applications where we do not receive at least five structured reports that meet the requirements below are not likely to be successful.

Please make sure when nominating your referees that:

- you have their approval before submitting your application
- they are willing to complete a structured report for you
- you have made them aware of the information they will be asked for
- you give them a copy of your CV

We will need reports from at least five of your referees, **one of whom must be your first referee (see 'Who to choose' below)**.

Before you choose your referees, you should read our [guidance to referees](#) to see what we ask them to do.

Who to choose

Your **first referee** should be your current medical director, divisional director/clinical director, or someone of equivalent seniority – for example, a superintendent if you are overseas.

Your other referees

- **At least two** of your referees should be doctors in the speciality you are applying for, or a closely-related speciality.
- If you have undertaken **Specialty or GP training**, one of the structured reports should be from your most recent programme director, regional speciality adviser or educational supervisor.
- All of your referees should either be on the Specialist or GP Register or be of equivalent standing
- And they should be able to comment from their own direct observations on your current level of expertise.

Please bear in mind – referees who have retired from practice more than three years ago may not be able to comment on your current skills.

If you are unable to arrange for the necessary referees, you are strongly recommended to delay your application until you are able to do so.

Period of reference

Where possible, you should nominate referees who can comment authoritatively from their own direct observation on the last five years of your practice.

However, we accept that there may be reasons (such as a career break) for you to name some referees from an earlier period.

How we will contact your referees

GMC registered referees

You should give us the GMC number of each referee who is registered with the GMC. We will only contact them using the contact details we have on record for them.

Before you submit your application, you should ask your referee to make sure their contact details are up to date. They can change their details through their GMC Online account, or by phoning us.

We will usually contact referees by email. If your referee does not have an email address registered with us, we will contact them by post instead.

Non-GMC registered referees

If your referee has never been registered with us, please give their email address. When we receive their report we will carry out checks to verify it.

Structured Report Form

Application for entry onto the Specialist Register through speciality equivalence

Why you have been sent this form

Your name and contact details have been given by the doctor named on page two of this form, to act as a referee to provide a structured report as part of their application to the GMC for entry onto the Specialist Register through speciality equivalence.

The applicant has applied in the speciality shown on the form. This application route requires applicants to demonstrate to us through the documentary evidence that they provide, that their training, qualifications and experience, wherever obtained, are equivalent to the curriculum requirements for the award of a Certificate of Completion of Training (CCT) in the speciality in which they are applying. If the applicant is applying in a speciality which is not approved for the award of a CCT they will need to demonstrate that their training or qualifications from outside the UK together with their experience wherever obtained in a non-CCT speciality are equivalent to the knowledge and skill consistent with practice as a consultant in any of the UK health services. If you are not sure if the speciality is one in which the GMC issue a CCT, then please refer to the web link to the approved curricula.

Please complete all sections of the report form.

If, under any of the headings, you do not have direct knowledge of the applicant please enter '**No direct knowledge**' in that section, unless you are a medical director when you would need to consult with your colleagues before completing the form and use the knowledge you have of the applicant's involvement in departmental activity. Other referees may be able to comment on these aspects.

To assist you in completing this structured report you should refer to the following:

1. The current nearest CCT curriculum to the speciality the applicant is applying in.

www.gmc-uk.org/education/postgraduate/approved_curricula_systems.asp

2. The speciality specific guidance on evidence to be supplied for the nearest speciality to the one the applicant is applying in.

www.gmc-uk.org/doctors/registration_applications/ssg.asp

3. Guidance for referees

www.gmc-uk.org/doctors/registration_applications/referee_guidance.asp

Thank you for your cooperation.

Structured Report for specialty equivalence

1. The applicant	
Name of applicant	Dr XYZ
GMC reference number	1234567
Specialty of applicant	General psychiatry
Referee details	Dr ABC

DRUMATS

2. Your credentials	
<p>If you are returning this form by post, the official hospital/university/institute stamp must be stamped over this section and every page of this report.</p> <p>If you do not have an official stamp please submit this report under cover of a letter on headed paper from your hospital/university/institute.</p> <p>You do not need to stamp this form if it is being returned by email</p> <p>Please state</p> <ul style="list-style-type: none"> • Your specialty, qualifications, current position and place of work; • Your position and place of work when the applicant was working with you; • Your relationship to the applicant for example supervisor to trainee, colleague to colleague, Medical Director to specialist. 	Stamp
3. Knowledge, skills and performance (Domain 1)	
<p>3a) Level and maintenance of professional performance. Please list below the applicant's post(s) to which this report applies giving for each post listed:</p> <ul style="list-style-type: none"> • The title of each post • Name of the hospital/institute • Start and end dates • A description of the applicant's role and level of responsibility (both clinical and managerial if applicable). 	
<p>3b) If you think the applicant has the full range, depth, breadth of experience and skills to those required by the CCT curriculum (if applying in a CCT specialty) or a substantive consultant in any of the UK Health Services (if applying in a non CCT specialty), please list from your direct observation how the applicant demonstrated these and what evidence was available.</p> <p>If you do not think the applicant has the full range, depth, breadth of experience and skills required, please list:</p> <ul style="list-style-type: none"> • The skills and competencies not covered in the above posts • The specialty areas where you have not observed or have no direct knowledge of the applicant; or • Where the applicant did not demonstrate the appropriate depth and breadth of skills and competencies. 	

	<p>3c) Please explain whether the applicant has demonstrated application of knowledge and experience to practise (for example recognising and working within the limits of their competence). In particular, how they:</p> <ul style="list-style-type: none"> • Keep up to date with Continuous Professional Development (CPD) • Apply the skills and attitudes of a competent teacher/trainer • Make appropriate referrals to colleagues and keep clear and legible records? <p>If so give examples from your direct observation of working with the applicant.</p>
	<p>4. Safety and quality (Domain 2)</p> <p>4a) Has the applicant put into effect systems to protect patients and improve care (for example by taking part and responding to the outcome of audit, appraisals, performance reviews, risk management and clinical governance procedures, and reporting adverse drug reactions or concerns about risks to patients)?</p> <p>If so, please explain how the applicant has demonstrated this and give examples from your direct observation of working with the applicant.</p>
	<p>4b) Does the applicant monitor and respond to risks to safety and safeguard and protect the health and wellbeing of vulnerable people (for example responding to risks posed by patients and following infection control procedures)?</p> <p>If so give examples from your direct observation of working with the applicant.</p>

	<p>4c) Has the applicant protected patients and colleagues from any risk posed by their health?</p> <p>If you are aware of any relevant circumstances, please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>	
<p>5. Communications, partnership and team working (Domain 3)</p>	<p>5a) Does the applicant communicate effectively with patients (for example keeping them informed about progress of their care) and colleagues in clinical and management situations within and outside the team (for example passing on information when patients transfer, encouraging colleagues to contribute to discussions)?</p> <p>Please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>	
<p>5b) Does the applicant work constructively with colleagues by supporting them, delegating effectively, acting as a positive role model and providing effective leadership?</p> <p>Please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>		

	<p>5c) Does the applicant establish and maintain partnerships with patients, encourage them to take an interest in their health and obtain appropriate consent for treatment?</p> <p>Please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>
	<p>6. Maintaining trust (Domain 4)</p> <p>6a) Does the applicant show respect for patients (for example is polite, considerate and honest with patients and implements systems to protect patient confidentiality)?</p> <p>Please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>
	<p>6b) Has the applicant treated patients and colleagues fairly and without discrimination (for example being honest and objective when appraising or assessing colleagues, writing references, giving constructive feedback, raising issues of colleagues' performance and responding promptly to complaints)?</p> <p>Please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>

	<p>6c) Has the applicant acted with honesty and integrity (for example being honest and accurate in any financial dealings, practice reports, and obtaining appropriate ethical approval for research projects)?</p> <p>Please explain whether the applicant has demonstrated this. If so give examples from your direct observation of working with the applicant.</p>
	<p>7. Any further comments</p> <p>7a) If you are familiar with the UK medical registration system, would you support this applicant for approval for entry onto the Specialist Register?</p> <p>If you would support approval for entry onto the Specialist Register, would you employ this doctor as a consultant in any of the UK health services?</p> <p>If you would not support this applicant for approval of entry onto the Specialist Register or would not employ this applicant as a consultant, please state why.</p> <p>If you are aware of any disciplinary issues please give details below.</p> <p>Please also add any further comments you wish to make about this individual's application to the GMC.</p>

8. Your declaration

I declare that the information I have given on this structured report is true and accurate to the best of my knowledge. I understand that it will be used by the GMC, and any relevant third party the GMC involves in an evaluation of this doctor's application, as part of the evidence for making a decision on whether the applicant is eligible for entry onto the GMC's Specialist Register.

I understand that this structured report may be released to the applicant if they request a copy or it forms part of the documentary evidence in relation to an appeal by the applicant against a decision of the GMC.

Please return the form to us as soon as possible, but no later than 21 days from «GMC_DATE_X», to:

equivalence@gmc-uk.org

If you return the form from an email address that you have not registered with the GMC we may make enquiries to confirm the report has come from the referee.

Alternatively, **if you do not have access to email** please sign and date and complete section 2 of the form and return it to us at:

General Medical Council
Specialist Applications Team
3 Hardman Street,
Manchester
M3 3AW

Please note if you are returning the structured report by post please sign and date in the space provided. If you are returning the structured report by email then please date and either insert an electronic signature or simply type your name into the signature field below.

Name:	
Signature: (only if sending a paper copy)	
Date:	

Important notice about evidence in support of specialty equivalence applications

Your application will be supported by a large amount of evidence. The GMC and the Royal College or Faculty must be certain that the evidence you provide is a true and accurate reflection of your training and experience.

We do not accept original documents, only copies. Through authentication and validation we can be satisfied that these copies are genuine.

We also need to be assured of patient confidentiality and therefore do not accept documents featuring details of patients or colleagues that have not been anonymised.

Please make sure you read and comply with the guidance below when compiling your evidence.

Please note that all evidence should be submitted single sided on A4 paper. This is so it can be scanned and sent electronically to the Royal College or Faculty. Your application may be delayed if it is not on A4 paper, or if it is double sided.

Authentication

Evidence of registration with another medical regulator or qualifications obtained outside the UK must be authenticated by the awarding body, or by a solicitor.

This means that the awarding body, or solicitor, must stamp, sign and date a **copy** of the qualification or registration to confirm that it is genuine, when they view it alongside the original.

Such copies are sometimes known as certified copies.

We will not submit evidence to the Royal College for assessment unless it has been correctly authenticated. Any evidence not correctly authenticated will be returned to you.

Validation

Each page of every piece of evidence that shows your training and experience history must be validated. Please ensure that all documentary evidence you submit is specific to you and contains your name. Where possible, it should contain the name of the hospital it relates to and be dated to say when the training/experience took place.

Who can validate evidence for you?

Training and experience evidence must be validated by someone in a medical supervisory position at the hospital where the training or experience took place. They must be able to confirm that it is a true and accurate record.

Validation of training and experience evidence can not be done by a solicitor. This is because they do not have the medical expertise to verify the information is a true and accurate record of your clinical activities.

What does validation mean?

Each page must show:

- The hospital stamp where the training or experience took place.
- The name of the person signing the document – printed and in full
- The position of the person signing the document – printed and in full
- The original signature of the person validating the document.

It is important that the copy of the evidence must contain the **original** signature of the person validating the evidence. Please do not send a photocopy of the validator's signature. We may want to contact this person, so you must ensure their name and position is clear. An example may look like this:



Doctor Example
Consultant Radiologist

Where a document has multiple pages, the first page and any consolidation sheets must show the stamp, signature, name and job title as described above. They must also show the number of pages the document contains. Any pages thereafter may simply show the stamp and signature. So as an example, if a log book has 98 pages, the person validating the log book would stamp, confirm their name and position, and sign the front page. They would also

make a statement such as “I confirm I have validated this and the following 97 pages of this log book”. They should then stamp and sign the following pages. Their name and position would not be necessary.

Online e-portfolios also need to be validated in line with this guidance.

Letters

All letters you submit as evidence must be provided on letter headed paper and be signed by the sender. An electronic signature is not acceptable. An original ink signature is required. If you send the original, it does not have to be validated. However, photocopies of original letters must be validated in line with the guidance above.

We will not accept paperwork that:

- is not validated
- does not make any specific reference to you.

We will not submit evidence to the Royal College for assessment unless it has been correctly validated. Any evidence not correctly validated will be returned to you.

Patient or colleague confidentiality

When submitting your evidence, you should also remember your responsibilities and commitments under [Good medical practice](#) (GMP). [Domain 4](#) of GMP and your CESR application is about maintaining trust. With regards to communicating information, GMP states:

“When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.”

What this means for your application is that all identifiable patient information MUST be anonymised before you send it to us. You should also exclude the personal data of colleagues or trainees which is not already in the public domain, such as their appraisals.

Identifiable personal data makes it possible for someone to identify the subject of the information. In certain instances, some information will be helpful to the evaluators. For example the gender and/or year and month someone was born may help identify that you have undertaken a procedure on a range of people. Addresses and full names should always be removed.

When you remove this data you should be aware that certain ink may bleed through a marker pen when we scan your evidence. This usually happens when a laser printer has been used. We would suggest you use a crayon or redaction software instead of a marker pen as this ensures information remains anonymised through our scan process.

If we receive evidence which has identifiable personal information, we will return it to you and request that you remove the data. The relevant Royal College or Faculty will be made aware that your original evidence included some personal data. If you submit further evidence which has not been anonymised correctly at the point we are ready to send your application to the Royal College or Faculty for evaluation, we will exclude these documents and return them to you.

We will not anonymise any data on your behalf. It is your responsibility to ensure you are working in line with the [Good medical practice](#) framework. You therefore should be able to demonstrate your commitment to implementing systems to protect patient confidentiality.

Failure to comply with these requirements may constitute a breach of the Data Protection Act 1998 and the patient confidentiality standards in [Good medical practice](#). You may be referred to our Fitness to Practise Directorate.

A large percentage of the applications we receive for the first time are not right and we have to return them to the applicant. The most common problem with the evidence submitted is that the documents are not authenticated, not validated or not anonymised. By following the guidance above, we will be able to process your application much quicker.

Example checklist

Name	GMC Number		Application ID	
CESR in CCT Specialty:		Curriculum version:		
Link to curriculum that application will be assessed against:				
Link to Specialty Specific Guidance:				
Check for minimum requirements:	CESR (CCT specialty) - Applicant must have completed either a specialist postgraduate qualification or minimum of six months training in the CCT specialty they apply for. Training and/or qualifications can be from anywhere in the world			
	CESR (non-CCT specialty) - Applicant must have completed either a specialist postgraduate qualification or minimum of six months specialist training in any non-CCT specialty. The training and/or qualification must be from outside the UK			
State training post and/or qualification that fulfils minimum requirements or comment to applicant on what is needed to confirm eligibility:				
Evidence Item	Submitted Evidence	Status	Notes	Re-submitted Evidence
Application Form				
All posts since PMQ are listed Posts held match CV and employment letters	Application Form	Pending Further Information	Some of the dates in your application form do not match your employment letters.	
CV				
Posts held are in reverse chronological order starting with the most recent posts, matching application form and employment letters CV meets guidance on website: Brief job description, supervisor names present, details of CPD/Presentations/Audit	CV	Pending Further Information	CV not accepted. Please see GMC guidance on how to format your CV Please ensure that for each post you include the dates, written in full, and a description of each role. Please ensure the dates in your CV exactly match those in your online application form and employment letters.	

Domain 1 - Knowledge, skills and performance

Evidence Item	Submitted Evidence	Status	Notes	Re-submitted Evidence
Qualifications				
Primary medical qualification (PMQ)		Not Required		
Specialist medical qualification(s)	1. Doctorate certificate	Pending Further Information	1. MD - not accepted as not authenticated. The authenticated copy should be signed, stamped and dated by either a solicitor/public notary or member of staff at the awarding body.	
Curriculum or syllabus (if undertaken outside the UK)	1. Curriculum	Accepted	1. Curriculum - accepted	
Specialist registration outside the UK	1. Validated copy of my Specialist registration	Accepted	1. Specialist registration - accepted.	
Honours and prizes		Pending Further Information	Do you have any honours or prizes which you could submit in support of your application?	
Other relevant qualifications and certificates	1. FRCS 2. Masters degree	Accepted	1-2. Qualifications - accepted	

Assessments and Appraisals

Appraisals and assessments	<ol style="list-style-type: none"> 1. Appraisals 2009 - 2013 2. Learning agreement 3. Work Based assessments (DOPS, DOPS, OSAT) 	Pending Further Information	<ol style="list-style-type: none"> 1. Appraisals - not accepted as not fully validated. We require the hospital stamp and full name, job title and signature of the medical supervisor validating the document on each page 2. Learning agreement - accepted 3a. 20 x assessments - accepted. 3b. 10 x assessments - not accepted as not fully validated. Where documents are double sided each side must be validated. 	
Records of In Training Assessment (RITAs), Annual Review of Competency Progress (ARCPs) and other training assessments	Document supplied in appraisal and assessment section	Accepted	Cross reference to comments/documents in Appraisals and assessments section.	
360° and multi-source feedback	1. 360 degree colleague feedback	Accepted	1. 360 feedback - accepted.	
Awards and discretionary points letters		Pending Further Information	Do you have any awards and discretionary points letters which you are able to submit in support of your application?	
Personal development plans (PDP)	Document supplied in appraisal and assessment section	Accepted	Cross reference to evidence and comments in appraisal section.	
Participation in assessment, appraisal and appointments process	<ol style="list-style-type: none"> 1. Approved assessor 2. Reviewer for journal 	Pending Further Information	1-2. Please can you confirm in which section this evidence has been submitted? Please see SSG for guidance on evidence that can be submitted in this section.	

Logbooks				
Logbooks	1. Logbooks x 3	Accepted	1. Logbooks - accepted	
Consolidation, cumulative data sheets, summary lists and annual caseload statistics	1. Consolidation sheets x 3	Accepted	1. Consolidation sheets - accepted	
Medical reports	1. Letters to GP discussing patient management 2. Case based discussions supplied in the appraisal and assessment section	Pending Further Information	Cross reference to referral letters. Are you satisfied that you have provided a suitable range of evidence to demonstrate your experience across the breadth and depth of the curriculum?	
Case histories	1. Validated clinic letters 2. Case based discussions supplied in appraisal and assessment form	Pending Further Information	Cross reference to referral letters. Cross reference to referral letters. Are you satisfied that you have provided a suitable range of evidence to demonstrate your experience across the breadth and depth of the curriculum.	
Referral letters discussing patient handling	1. Referral letters	Pending Further Information	Although some effort has been made to redact patient data on 3 letters patient names have not been redacted from the body of the text and on all letters patient names and addresses are still visible through the marker pen used. Please ensure all documents are anonymised for patient data.	

Patient lists	1. Ultrasound list for patients 2. Cases seen	Pending Further Information	Cross reference to relevant sections. Please see SSG for guidance on evidence that can be submitted in this section.	
Departmental (or trust) workload and annual caseload statistics		Pending Further Information	Please see SSG for guidance on evidence that can be submitted in this section.	
Rotas, timetables and job plans	1. Rotas and timetables 2. List of clinical dates	Pending Further Information	1. Rotas and timetables - accepted 2. List of clinic dates - not accepted as not validated and there is no reference you by name - please provide a validated copy which clearly states your involvement	
Courses relevant to curriculum	1. Microsurgical skill course 2. VR in a day Macular course 3. International uveitis symposium 4. Ultrasound course OCT course	Accepted	1. Microsurgical skill courses - accepted. 2-4. 3 x certificates - accepted.	
Portfolios (electronic or revalidation)	1. Electronic portfolio on College website	Pending Further Information	Cross reference to relevant sections. Please note that the evaluators will not have access to your online portfolio and will only be able to evaluate your evidence based on the hard copy evidence which is accepted by the GMC as part of your application.	

Generic - for applications in all specialties

This guidance is to help doctors who are applying for a CESR or a CEGPR. You will also need to read:

- [the specialty specific guidance for your specialty \(or the nearest specialty if you are not applying in a CCT specialty\)](#)
- [the CCT curriculum for your specialty \(or the nearest specialty if you are not applying in a CCT specialty\)](#).

Please also make sure you have read our online guidance for making your application, including checking which application type you are eligible for in our [Certification route finder](#).

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Certification team for advice before you apply. You are strongly advised to contact the Royal College or Faculty for guidance **before** you submit an application or a reapplication.

Submitting your evidence

Do not submit original documents.

All your copies **must** be authenticated or **validated**, and **anonymised**. You can read an explanation of this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

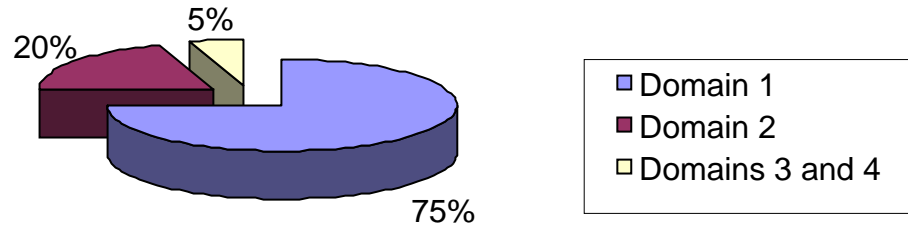
How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence must cover the knowledge, skills and qualifications to demonstrate the required competencies in all of the generic and specialty specific areas of [the CCT curriculum for your specialty \(or the nearest specialty if you are not applying in a CCT specialty\)](#). If evidence is missing from one area of the curriculum for example, then the application may fail.

Please refer to [the specialty specific guidance for your specialty \(or the nearest specialty if you are not applying in a CCT specialty\)](#), as some evidence suggested here may not be relevant to the specialty in which you are applying. The specialty specific guidance will cover evidence key to your specialty.

Evidence breakdown



will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it. As a general guide, we would usually expect to see between 800 and 1000 pages of evidence.

Types of evidence are divided into four different domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

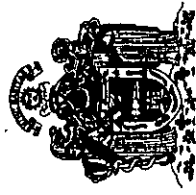
Unsuccessful applications or poor evidence

It is our experience that applications from doctors are often submitted with inadequate or poor evidence. We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas. We also strongly recommended that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas.

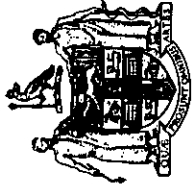
Domain 1 - Knowledge, skills and performance

Qualifications

<p>Primary medical qualification (PMQ)</p>	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, please provide an authenticated copy of your PMQ.</p>
<p>Specialist medical qualification(s)</p>	<p>Please provide an authenticated copy of any specialist medical qualifications you hold.</p> <p>For College examinations the College may confirm details of any examinations you have undertaken.</p> <p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicants whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p>
<p>Curriculum or syllabus (if undertaken outside the UK)</p>	<p>Please provide a validated copy of your curriculum or syllabus.</p> <p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the CCT curriculum • the complexity of the work undertaken • how examinations are evaluated or quality assured (external assessment).
<p>Specialist registration outside the UK</p>	<p>Please provide a validated copy of details of the registration requirements of that authority.</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>



The Royal College of Surgeons of Edinburgh



The Royal College of Surgeons of England



The Royal College of Physicians and Surgeons of Glasgow



Royal College of Surgeons in Ireland

Intercollegiate Specialty Examination in General Surgery

We have pleasure in advising you that the Panel of Examiners in General Surgery has reported to the Intercollegiate Specialty Board and the Joint Committee on Intercollegiate Examinations that you have successfully met the required standards to Pass the Intercollegiate Specialty Examination held on

11th September 2009

CHAIRMAN

INTERCOLLEGIATE SPECIALTY BOARD IN GENERAL SURGERY

CHAIRMAN

JOINT COMMITTEE ON INTERCOLLEGIATE EXAMINATIONS

Studio 402
The Workstation
15 Paternoster Row
Sheffield, S1 2BX
Tel: +44 (0) 114 272 3772
Fax: +44 (0) 114 221 0401

CERTIFICATE OF TRANSLATION

PN3052

This document is to certify that ADELPHI TRANSLATIONS LTD. provided the following services for Dr.

The translation from French into English of a medical certificate from the University of Strasbourg.

This task was performed by a professional translator, Deanne Bentley. To the best of the translator's knowledge and ability they have provided accurate translations of the original documents.

The resulting translations into English are as accurate in meaning as it is possible to make them given the nature of the source material.

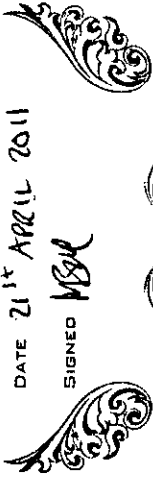
Date: 21st April 2011

ADELPHI TRANSLATIONS
CERTIFICATE OF TRANSLATION

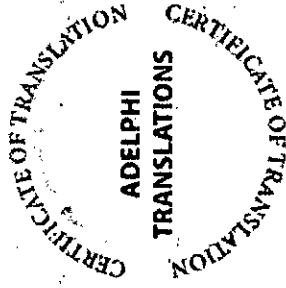
DATE 21st APRIL 2011

SIGNED

MSB



Kier Booth
PROJECT MANAGER
ADELPHI TRANSLATIONS LTD.



FRENCH REPUBLIC

Adelphi Translations Ltd
Full Service
Translation Agency

STRASBOURG UNIVERSITY 1 UNIVERSITY DIPLOMA

In view of the education code

In view of the decision of the board of directors at the University of Louis Pasteur on the 8th July 2003

In view of the supporting documents produced by Mr. _____ born on the 11th April 1974 in

COIMBATORE (INDIA) for the registration of his university diploma in laparoscopic surgery.

In view of the jury's statement attesting that the interested party has fulfilled the knowledge and aptitude requirements as set out in the regulations

the **UNIVERSITY DIPLOMA IN LAPAROSCOPIC SURGERY**

is awarded to **MR.** _____

as from the 23rd May 2008, to enjoy the rights and obligations attaching thereto

The holder

STRASBOURG, 23 May 2008

Certificate of Translation

Adelphi Translations

Date 21st APRIL 2011

signed *MSA*

President

[signature]

Alain BERETZ

Stamp: LOUIS PASTEUR
UNIVERSITY
University Department of
MEDICAL SCIENCE
STRASBOURG

/0EEAO20070334

R É P U B L I Q U E F R A N Ç A I S E

UNIVERSITÉ STRASBOURG I

DIPLÔME D'UNIVERSITÉ

Vu le code de l'éducation

Vu la délibération du conseil d'administration de l'Université Louis Pasteur du 8 juillet 2003

Vu les pièces justificatives produites par M. _____, né le 11 avril 1974 à COIMBATORE (INDE), en vue de son inscription au diplôme d'université de chirurgie laparoscopique

Vu les procès-verbaux du jury attestant que l'intéressé a satisfait au contrôle des connaissances et des aptitudes prévu par les textes réglementaires

le **DIPLÔME D'UNIVERSITÉ DE CHIRURGIE LAPAROSCOPIQUE**

est décerné à _____

à compter du 23 mai 2008, pour en jouir avec les droits et les devoirs qui y sont attachés.

Le titulaire

Fait à STRASBOURG, le 23 mai 2008

Le Président

Certificate of Translation

Adelphi Translations

Date 21st APRIL 2011

signed *MSA*



Alain BERETZ

R É P U B L I Q U E F R A N Ç A I S E

UNIVERSITÉ STRASBOURG 1

DIPLÔME D'UNIVERSITÉ

CERTIFIED TRUE COPY
PETER JAMES DEXTER
Notary Public
14 Rosewin Row
Truro TR1 1HG
Cornwall UK
Tel: 44 (0) 1872 261614

P. J. Dexter
27.6.08

Vu le code de l'éducation

Vu la délibération du conseil d'administration de l'Université Louis Pasteur du 8 juillet 2003

Vu les pièces justificatives produites par _____, né le 11 avril 1974 à COIMBATORE (INDE), en vue de son inscription au diplôme d'université de chirurgie laparoscopique

Vu les procès-verbaux du jury attestant que l'intéressé a satisfait au contrôle des connaissances et des aptitudes prévu par les textes réglementaires le **DIPLÔME D'UNIVERSITÉ DE CHIRURGIE LAPAROSCOPIQUE**

est décerné à

à compter du 23 mai 2008, pour en jouir avec les droits et les devoirs qui y sont attachés.



Le titulaire

Fait à STRASBOURG, le 23 mai 2008

Le Président

Alain Beretz



Alain BERETZ

Honours and prizes	<p>Please provide copies of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
Other relevant qualifications and certificates	<p>Please provide copies of certificates.</p> <p>For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.</p>

Assessments and appraisals

Appraisals and assessments	<p>Please provide validated copies of the evidence required in this area.</p> <p>For non training posts you should provide evidence of ongoing evaluation of your performance.</p> <p>This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>In the UK, a revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>Alternative evidence may include letters (written at the time) commenting on your performance. In addition where no formal appraisal or assessment forms are available you must provide validated information on the method of career review or progression There are many different forms of assessment which form part of the various CCT curricula. Many of these tools are available for those not in training to use.</p>
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NHS Medical Appraisal

Annual Appraisal Form for Consultants, Associate Specialists, Specialty, Staff Grade & Trust Doctors

First Name	Last Name			
Employee Number (Located at the bottom of your payslip)	GMC Number			
Appraiser	Responsible Officer			
Date of Appraisal	23/1/2012	Date of Last Appraisal	Dec 2010	Next Appraisal Date (11 Months Time)
				Dec 2012

The fields above are mandatory

Introduction

The RCHT 2011/12 Appraisal Document was agreed in May 2011 and includes 6 sections for completion prior to the appraisal discussion and supported by detail in your professional portfolio. This document replaces the revalidation pilot toolkit and the 'old form 4' style appraisal documents, which have both been withdrawn.


- 1 Professional Profile and current Job Plan
- 2 Probity and Health Statement
- 3 Evaluation of previous PDP
- 4 Supporting Information (GMC Guidance):- To be held in your portfolio for review at appraisal discussion and detailed in this document.

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1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients (where applicable)
6. Review of complaints and compliments

5 Good Medical Practice Review

- Domain one – Knowledge Skills and Performance
- Domain two – Safety and Quality
- Domain three – Communication, partnership and Teamwork
- Domain four – Maintaining Trust


Sheikh Ahmad
Consultant Oncoplastic
Breast and General Surgeon

6 Current PDP

These must be completed by you before the appraisal discussion. The first 2 areas are brief and factual. Supporting Information requires some care, but the statements should preferably be brief and factual. It is in the Good Medical Practice Review that you are invited to demonstrate how the supporting information you have provided demonstrates that you are up to date and fit to practice.

Your appraiser will sign off your appraisal by completing the Summary of Discussion based on Good Medical Practice and also the four statements. The Appraiser will also agree the final shape of your PDP. The summary of the appraisal and should be completed during and immediately after the discussion. This is the responsibility of your Appraiser.

This document must be marked Private and Confidential and addressed as below:
FAO: Matt McKee, Learning & Development, Knowledge Spa, Royal Cornwall Hospital.

1: Professional Profile and Record of Appraisal

Home Address:	Employment Address:	
Tel & email	Tel & email	vall.nhs.uk


Professional Qualifications		College/University	Date Completed
M.B., B.S.,		The Taminadu Dr MGR Medical University, India	Jan 1997
M S (Master of Surgery) General Surgery		The Taminadu Dr MGR Medical University, India	Sep 2003
DNB ((Diplomate in National Board) General Surgery		National Board Examinations, Ministry of Health & Family Welfare, Govt. of India, New Delhi, India	May 2004
MRCs (Intercollegiate)		Royal College of Surgeons, Edinburgh. UK	Dec 2005
DMAS (Diploma in minimal access)		University Louis Pasteur, France	May 2008
FRCS (General Surgery)		Royal College of Surgeons, Edinburgh. UK	Sep 2009

GMC Registration Details

Type of Registration Held	Full Registration
Date of First Full Registration	May 2006

Current Post	Locum Consultant Surgeon
Date of Appointment	01/05/2011

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Sheikh Ahmad
 Consultant Oncoplastic
 Breast and General Surgeon

Part 2

Initials:

Key Responsibilities

Responsibilities New and follow up clinics, ward rounds, theatres, 1 in 10 on Call, MDT, mortality and morbidity and x-ray meetings, Teaching and training, audits, admin works, management meetings.

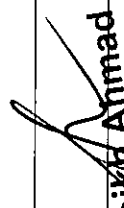
Other current posts/roles – (including locum posts and Private Practice)

Post/Role	Start date
Honorary Teaching Fellow, Peninsula Medical School, UK.	01/10/2010

Summary of Current Job Plan – (Your job plan must be part of your supporting information):

Area	PA	Hours
Direct Clinical Care (DCC)	8-10	flexible
Core Supporting Professional activity (SPA)	2	
Additional Supporting Professional activity (SPA)		
Additional Responsibilities		
External Duties, on calls	1.5	
Travelling	1	

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Sheikh Ahmad
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 Breast and General Surgeon

RITAs, ARCPs and training assessments	<p>Formal records of assessment have been in place in the UK since 1996 (for posts of Registrar, Specialist Registrar, and Specialty Registrar). If you have undertaken training in the UK in these grades you should provide a validated copy of your formal records. In addition if you held any of these approved training posts (except locum posts), please provide evidence of your training number.</p> <p>If you have undertaken training outside the UK you must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you must provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use.</p>
360° and multi-source feedback	You may wish to supply evidence of feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time and may be in the format of letters, references for posts applied for etc.
Awards and discretionary points letters	You must provide copies of certificates and letters.
Personal development plans (PDP)	<p>For details of what to include please see NHS clinical governance support information.</p> <p>You must also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation.</p>

Please use black ink and CAPITAL LETTERS. Please complete the questions using a tick

Trainee		Assessor	
Name:			
GMC num	Position: CONSULTANT		
Specialty:	GMC number:		
<input checked="" type="checkbox"/> Cardio Gen	<input type="checkbox"/> Neuro	<input type="checkbox"/> OMFS	<input type="checkbox"/> Otol Paed
<input type="checkbox"/> Plast	<input type="checkbox"/> T&O	<input type="checkbox"/> Urol	
Hospital: ROYAL CORNWALL	Institutional e-mail: MS-114		
Training post (e.g. CT1/ST1): TRUST SPA	Training: No <input type="checkbox"/>	Written <input type="checkbox"/>	Web/CD <input checked="" type="checkbox"/> Workshop <input type="checkbox"/>
Clinical setting (e.g. Outpatients): In Patient			

Summary of the clinical problem:

Gastric outlet obstruction

Focus of encounter:	History	Exam	Diagnosis	Management	Explanation	Consent
Complexity of the case:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1. Appropriate for early years training						
2. Appropriate for the completion of early years training or early speciality training						
3. Appropriate for the central period of speciality training						
4. Appropriate for Certificate of Completion of Training (CCT)						

ASSESSMENT RATINGS

Your assessment ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training

How do you rate this trainee in their:	Outstanding	Satisfactory	Development required	Not assessed
1. History taking skills		<input checked="" type="checkbox"/>		
2. Physical examination skills		<input checked="" type="checkbox"/>		
3. Diagnostic skills and underlying knowledge base		<input checked="" type="checkbox"/>		
4. Management and follow-up planning		<input checked="" type="checkbox"/>		
5. Clinical judgement and decision making		<input checked="" type="checkbox"/>		
6. Communication and listening skills		<input checked="" type="checkbox"/>		
7. Organisation and time management		<input checked="" type="checkbox"/>		

FEEDBACK: Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions of development which were highlighted during discussion with the trainee:

Good sound knowledge - no issues

GLOBAL SUMMARY

After summarising the discussion with the trainee in the box above, please complete the overall level at which the Clinical Evaluation Exercise was performed on this occasion, if there was sufficient evidence to make a judgement:

Level 0	Below that expected for early years training
Level 1	Appropriate for early years training
Level 2	Appropriate for completion of early years training or early speciality training
Level 3	Appropriate for central period of speciality training
Level 4	Appropriate for the Certificate of Completion of Training (CCT)

Time taken for observation (mins):

27

Time taken for feedback (mins):

10

Date: **10-6-2011** Trainee's signature:

Assessor's signature:

General Surgery PBA: Appendicectomy

APPROVED SURGICAL TEMPLATE Jun 06

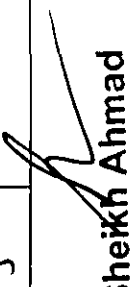
Trainee:	Assessor: /	Date: 12-10-2007
Start time: 13.00	End time: 13.50	Duration: 50
Operation more difficult than usual? Yes / No (If yes, state reason)		

The Trainee should explain what he/she intends to do throughout the procedure
 The Assessor should provide verbal prompts, if required, and intervene if patient safety is at risk.

Rating: N = Not observed or not appropriate D = Development required
 S = Satisfactory standard for CCT (no prompting or intervention required)

Competencies and Definitions	Rating N/D/S	Comments
I. Consent		
C1 Demonstrates sound knowledge of indications and contraindications including alternatives to surgery	S	
C2 Demonstrates awareness of sequelae of operative or non operative management	S	
C3 Demonstrates sound knowledge of complications of surgery	S	
C4 Explains the perioperative process to the patient and/or relatives or carers and checks understanding	S	
C5 Explains likely outcome and time to recovery and checks understanding	S	
II. Pre operative planning		
PL1 Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies/techniques to deal with these e.g. nutritional status	S	
PL2 Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays	S	
PL3 Checks materials, equipment and device requirements with operating room staff	S	
PL4 Ensures the operation site is marked where applicable	S	
PL5 Checks patient records, personally reviews investigations	S	
III. Pre operative preparation		
PR1 Checks in theatre that consent has been obtained	S	
PR2 Gives effective briefing to theatre team	S	
PR3 Ensures proper and safe positioning of the patient on the operating table	S	
PR4 Demonstrates careful skin preparation	S	
PR5 Demonstrates careful draping of the patient's operative field	S	
PR6 Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)	S	
PR7 Ensures appropriate drugs administered	S	
PR8 Arranges for and deploys specialist supporting equipment (e.g. image intensifiers) effectively	S	
IV. Exposure and closure		
E1 Demonstrates knowledge of optimum skin incision / portal / access	S	
E2 Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly	S	
E3 Completes a sound wound repair where appropriate	S	
E4 Protects the wound with dressings, splints and drains where appropriate	S	

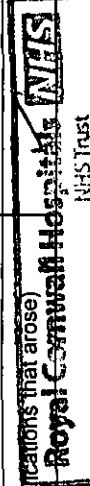
PBA Assessment: Produced by OCAP ~~ROYAL CORNWALL HOSPITALS TRUST~~ ^{TRUST} 1/2
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Sheikh Ahmad
 Consultant Oncoplastic
 Breast and General Surgeon

Competencies and Definitions		Rating N/D/S	Comments
V. Intra operative Technique			
IT1(G)	Follows an agreed, logical sequence or protocol for the procedure	S	
IT2(G)	Consistently handles tissue well with minimal damage	S	
IT3(G)	Controls bleeding promptly by an appropriate method	S	
IT4(G)	Demonstrates a sound technique of knots and sutures/staples	S	
IT5(G)	Uses instruments appropriately and safely	S	
IT6(G)	Proceeds at appropriate pace with economy of movement	S	
IT7(G)	Anticipates and responds appropriately to variation e.g. anatomy	S	
IT8(G)	Deals calmly and effectively with unexpected events/complications	S	
IT9(G)	Uses assistant(s) to the best advantage at all times	S	
IT10(G)	Communicates clearly and consistently with the scrub team	S	
IT11(G)	Communicates clearly and consistently with the anaesthetist	S	
IT12 (T)	Performs exploration of the right iliac fossa in a logical fashion	S	
IT13 (T)	Mobilises and delivers appendix into wound safely	S	
IT14 (T)	Divides and ligates the mesoappendix safely and securely	S	
IT15 (T)	Divides the appendix safely and secures appendix stump	S	
IT16 (T)	Examination of the terminal ileum and pelvic organs when the appendix is found to be macroscopically normal	S	
IT17 (T)	Manages intraperitoneal contamination at end of procedure appropriately	S	
VI. Post operative management			
PM1	Ensures the patient is transferred safely from the operating table to bed	S	
PM2	Constructs a clear operation note	S	
PM3	Records clear and appropriate post operative instructions	S	
PM4	Deals with specimens. Labels and orientates specimens appropriately	S	

Global summary

Level at which completed elements of the PBA were performed on this occasion		Tick as appropriate
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arise)	



Comments by Assessor (including strengths and areas for development):

Very Skilful Surgeon.

Comments by Trainee: *Confident with the Procedure*

Trainee Signature: *[Signature]* Assessor Signature: *[Signature]*

Participation in assessment, appraisal and appointments process	<p>You could demonstrate this in a number of ways including:</p> <ul style="list-style-type: none">• invitations to appraisals or assessments• minutes or other records of attendance. <p>These could provide evidence of:</p> <ul style="list-style-type: none">• attendance at appraisal or assessment courses• participation in Deanery ARCP and RITA processes• participation in the appointments process for medical colleagues• involvement in interview panels and interview appointment related courses• involvement in workplace based assessments (as assessor) <p>All of the above must be anonymised (with respect to individual appraisee information).</p>
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Logbooks, records of daily clinical practice and portfolios

The evidence you supply here **must** demonstrate that you have achieved **all** the requirements and competencies as set down in the CCT curriculum for your specialty.

Where you have, for a substantial period of time, worked in a specialised area, you should submit evidence that at one stage in your career you achieved the requirements and competencies of the curriculum for your specialty and that have maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

Logbooks	<p>Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have and then have it validated. It should contain the following information:</p> <ul style="list-style-type: none">• only procedures that you were personally involved in• patient ID number but not the name• age and gender• date of the procedure• full name of the procedure• your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)• any critical incidents• name of the hospital or clinic where procedure was performed• outcomes data. <p>It is important that these cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than 5 years.</p> <p>All evidence in this area must be validated and anonymised for individual patient data.</p>
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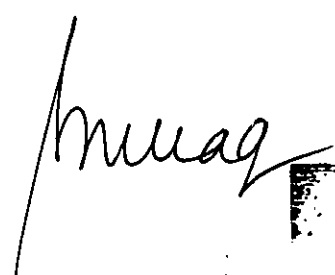
Mr

MBBS, MS, DNB, MRCS, DLS, FRCS (Gen Surg).

LOG BOOK CONSOLIDATION SHEET

From 01/08/2007 to 31/07/2008.

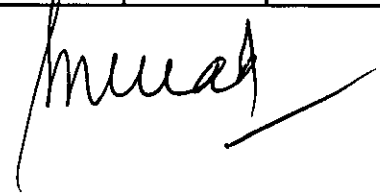
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TRELISKE
TRURO TR1 3LJ



Sheikh Ahmad
Consultant Oncoplastic
Breast and General Surgeon

A- Assisting, PTS- Performed Trainer Scrubbed, P- Performed Independently, T- Training Junior Trainee, E- Emergency									
L-Laparoscopic, LA- Lap Assisted, LO- Lap converted to Open									
OPERATION	TOTAL	P	PTS	A	T	E	L	LA	LO
Appendectomy	52	43	3	1	5	50	39		1
Groin Hernia Repair	11	6	3	2		3	3		
-Recurrent	2	2				1			
Umbilical/Paraumbilical hernia repair	4	4							
Parastomal Hernia Repair	4		1	3		1			
Circumcision	3		3						
Orchidopexy	1		1						
Herniotomy	7		4	3		1			
Orchidectomy	2	1		1		1	1		
ACE/PEG tube change	3	1		2					
Incisional Hernia Repair	5	2	1	2		1			
Small Bowel Resection and Anastomosis	6	3	2	1		6			1
Hemicolectomy-Right	17	2	7	8		3	10	1	
Hemicolectomy- Left	4	1	2	1		1			
Transverse colectomy	2			2		1			
Subtotal Colectomy	4	1	2	1		1			
Total Colectomy with TME	1		1						
Hartmann's Procedure	10	2	7	1		5		1	
Reversal of Hartmanns	6		1	5				1	1
Anterior Resection	35		10	25			11	2	3
APR	6		2	4			1		
Proctectomy &/ Pouch Formation	4			4					
Abdominal Rectopexy	4		1	3			4		
Delorme's Procedure	3		2	1					
Colonoscopy &/ polypectomy	35	12	20	3		1			
Haemorrhoidectomy-open/stappled	9	4	3	1					
HALO &/RAR	10	2	4	4					
Perianal Fistula Repair	12	5	5	2					
Closure of Loop stoma	9	3	5	1					

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Sheikh Ahmad
 Consultant Oncoplastic
 Breast and General Surgeon

<p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p>	<p>You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.</p> <p>It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.</p> <p>All evidence in this area must be validated and anonymised for individual patient data.</p>
<p>Medical reports</p>	<p>You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:</p> <ul style="list-style-type: none"> • A Clinician's Guide to Record Standards - Part 1 • A Clinician's Guide to Record Standards - Part 2 <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>

Case histories

Case histories that you provide should include:

- patient ID number
- dates
- diagnosis
- nature of your involvement in the management of the case
- which curriculum competencies were involved.

You can use these to demonstrate:

- your involvement or role in cases
- the types and complexity of cases you are involved in
- your handling of patient paperwork
- your respect and protection of confidential information
- triangulation with logbook information.

All evidence in this area **must** be **validated** and **anonymised** for individual patient data.

<p>Referral letters discussing patient handling</p>	<p>Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>
<p>Patient lists</p>	<p>You may wish to include copies of patient lists. You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>

Patient Letter

Consultant:

Ref:

Secretary:

NHS Number: [REDACTED]

Date of birth:

Tel:

Date Typed:

05.12.11

Dear Dr

Re: [REDACTED]

Many thanks for seeing this gentleman who is 64 years old and he was diagnosed with a 17mm tubulovillous low grade adenoma in the rectum. It was completely excised. He gave us a very strong family history of bowel cancer. His mum and brother were diagnosed with bowel cancer and also his aunts and grandfather. If you could kindly assess whether he needs any further genetic tests. I am enclosing a copy of my clinic letter for your reference. If you have any concerns please do not hesitate to contact us.

Kind Regards

Yours sincerely

Locum Consultant Surgeon to

Surgeon

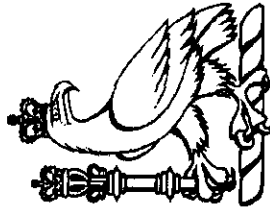
Cc:



Sheikh Ahmad
Consultant Oncoplastic
Breast and General Surgeon

<p>Departmental (or trust) workload statistics and annual caseload statistics</p>	<p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • the size of the hospital in which you work • the volume of work undertaken within your trust and the percentage that you undertake • the range of work that you undertake and that is undertaken within your trust • triangulation with logbook information <p>All evidence in this area must be validated.</p>
<p>Rotas, timetables and job plans</p>	<p>Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information. <p>All evidence in this area must be validated.</p>
<p>Courses relevant to curriculum</p>	
<p>Portfolios (electronic or revalidation)</p>	<p>Do not submit your whole portfolio. You need to separate the evidence in it and submit that under the correct headings as set out in this guidance.</p>

Plymouth ATLS Group



Course Director: Dr Anne Hicks, Consultant – Emergency Medicine
Emergency Department, Level 06, Derriford Hospital, Plymouth

Course Administrator: Alison McDonald
Resuscitation Department, Level 05, Derriford Hospital, Plymouth PL6 8DH.
Tel: 01752 431964 E.mail: alison.mcdonald1@nhs.net

11th July 2012

Mr :

Dear Siva

**Re: Advanced Trauma Life Support Course, 13th – 15th June 2012
Derriford Hospital, Plymouth**

Congratulations on successfully completing the above course.

Your marks in the written papers were:

Pre-Course MCQ Paper: 38

MCQ 1: 33

Post-Course MCQ Paper: 32

Your certificate will be sent to you within 3 – 6 months of the course.

Please do not hesitate to contact me should you require any further information.

Best wishes.

Yours sincerely

Alison McDonald
Administrator / Course Co-ordinator

Sheikh Ahmad
Consultant Oncoplastic
Breast and General Surgeon

ROYAL CORNWALL HOSPITALS TRUST
ROYAL CORNWALL HOSPITAL
TRELISKE
TRURO TR1 3LJ

Details of posts and duties (including both training and experience posts)

Employment letters and contracts of employment	<p>The information in these letters and contracts must match your CV. They will confirm the following:</p> <ul style="list-style-type: none">• dates you were in post• post title, grade, training• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) <p>All evidence in this area must be validated.</p>
Job descriptions	<p>These must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none">• your position within the structure of your department• your post title• your clinical and non clinical commitment• your involvement in teaching or training. <p>All evidence in this area must be validated.</p>

Job plans

Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate:

- the main duties and responsibilities of the post
- your out of hours responsibilities, including rota commitments
- that you have covered for colleagues' periods of leave
- any professional supervision and management of junior medical staff that you have undertaken
- your responsibilities for carrying out teaching, examination and accreditation duties
- your contribution to postgraduate and continuing medical education activity, locally and nationally
- any responsibilities you had that relate to a special interest
- requirements to participate in medical audit and in continuing medical education
- your involvement in research
- your managerial, including budgetary, responsibilities where appropriate
- your participation in administration and management duties.

All evidence in this area **must** be **validated**.

Research, publications and presentations

Research papers, grants, patent designs

Please include any research relevant to your current practice.

If the research is published - please submit the first page of the published paper.

If the research is not published - please provide a summary or abstract of the research.

Colleges may undertake web searches to check the information you provide.

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information
- working with colleagues (where research is joint or multi disciplinary)
- continuing professional development.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

All evidence in this area **must** be **validated**.

<p>Publications within specialty field</p>	<p>Include a copy of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none"> • the applicant is first author • the publication has a high impact factor. <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • working with colleagues (where publications are joint or multi disciplinary) • continuing professional development. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge:</p>
<p>Presentations, poster presentations</p>	<p>You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • continuing professional development • teaching and training. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>All evidence in this area must be validated by the hospital or relevant body who can attest to the event.</p>

Vertical Extended Pedicle Therapeutic Mammoplasty – An advanced breast conservation technique

Department of Breast Surgery, Royal Cornwall Hospitals NHS Trust, Truro TR1 3LJ

Objectives

The national re-excision rate following standard breast conservation surgery is around 25%.

We offer Vertical Extended Pedicle Therapeutic Mammoplasty (VEPTM) as an alternative to suitable patients in order to try and reduce this re-excision rate whilst providing a satisfactory cosmetic result.

The aim of this study is to investigate whether this procedure provides an oncologically safe and cosmetically acceptable alternative to traditional breast conservation techniques.

Methods

Data was collected prospectively over a period of eighteen months. Suitable patients were offered standard breast conservation surgery in the form of Wide Local Excision (WLE) or VEPTM.

Patient demographics, Tumour size (mm) and weight of tissue removed (g), histology, closest margins (mm) and the need for further surgery was noted.



Figure 1: Pre-operative marking in VEPTM



Figure 2: Skin marking of tumour and lateral skin marking

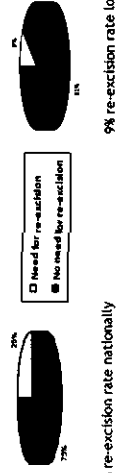
Results

Forty-four patients elected to have VEPTM over this period of time. Twenty-nine of these patients opted to have a contralateral reduction procedure for symmetrisation.

The mean tumour size (mm) was 25 (range 10 -117).

The mean tumour weight (g) was 100 whilst the maximum amount of tissue removed was 377.

National re-excision rates following standard BCS vs local re-excision rates following VEPTM



25% re-excision rate nationally

9% re-excision rate locally

Results

In the United Kingdom, around 25% of patients will require re-excision following a wide local excision due to incomplete resection margins.

Our data showed that 9% of the patients having VEPTM (n=4) required further surgery in contrast to the 25% re-excision rate in WLE.

All these patients underwent a completion mastectomy.

All patients were satisfied with the cosmetic outcome and there were no significant complications.

In addition our mastectomy rate was reduced to 14% as a result of the increased number of VEPTM performed.



Figure 3: Post-operative result

Conclusion

Our re-excision rate of 9% compares well with the literature available, reporting a re-excision rate of 7-11% following VEPTM.

In addition to achieving more complete resection margins, VEPTM has decreased the number of completion mastectomies performed within our department.

Reducing the size of the affected breast also facilitates post-operative radiation therapy as lower radiation doses are necessary and there is a greater uniformity in the delivery of radiation.

Advanced breast conservation surgery using VEPTM reduces re-excision rates without compromising cosmesis.

Other issues such as the cost of having bilateral surgery and producing an objective post-operative aesthetic evaluation of the cosmetic result should be considered.

Multi-centre randomised controlled trials are required to confirm the efficacy and cost-effectiveness of VEPTM in reducing re-excision and mastectomy rates.

References

1. Koberman A, et al., Impact of routine cavity shave margins on breast cancer re-excision rates. *Ann. Surg. Oncol.*, 2011 May; 18(5):1349-55. Epub 2010 Nov 3
2. Churgin S, et al., Reconstruction options following breast conservation therapy. *Cleve Clin J Med.* 2008 Mar; 75 Suppl 1:524-9. Review.
3. Iwchukwu OC, et al., The role of oncoplastic therapeutic mammoplasty in breast cancer surgery - A review. *Surgical Oncology* (2011), doi:10.1016/j.suronc.2011.01.002

Contact: Victoria Bonello-victoria.bonello@gmail.com

CPD and CME

CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences	You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills. Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).
CPD registration points from UK Medical Royal College (or equivalent body overseas)	Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.
Membership of professional bodies and organisations	List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information: <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?) Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. All evidence in this area must be validated .



BAPRAS British Association of Plastic
Reconstructive and Aesthetic Surgeons

University Hospitals **NHS**
Coventry and Warwickshire
NHS Trust

Certificate of Attendance

This is to certify that

attended the

Master Class on Breast Aesthetic and Reconstructive Surgery

on 8th July 2010

at the National Motorcycle Museum, Solihull, UK

5 CME credits accredited by BAPRAS

Organised by

Department of Plastic Surgery
University Hospital
Coventry, UK

Sheikh Ahmed
Consultant, Onco-plastic
Breast and General Surgeon
Mr Omer Osmani
Organiser

Alan Park

Mr Alan Park
Chairman

Teaching and training

Teaching timetables	<p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>All evidence in this area must be validated.</p>
Lectures	<p>Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• continuing professional development• teaching and training• communication skills. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>All evidence in this area must be validated.</p>

<p>Feedback or evaluation forms from those taught</p>	<p>Please provide copies of feedback from teaching events you have participated in.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • continuing professional development • teaching and training • leadership • relationships with colleagues • communication skills. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>
<p>Letters from colleagues</p>	<p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p> <p>All evidence in this area must be validated and anonymised for individual patient data.</p>
<p>Attendance at teaching or appraisal courses</p>	<p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p>

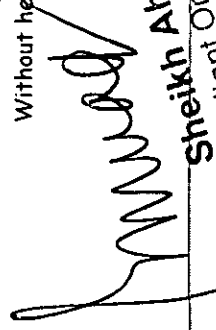
Teaching Evaluation Form

DATE 21/6/10.
I AM A 4th YEAR STUDENT
(Post/Designation)

I ATTENDED A (Please circle): Breast CLINIC
Title
By

Type of Presentation Feedback Small Group Lecture CLINIC
Subject

Mode of Presentation	1	2	3	4	5	
	Boring				engaging	
Structure of presentation	1	2	3	4	5	
	Poor			Excellent		
Clarity of presentation	1	2	3	4	5	
	Opaque			Clear		
Content of presentation	1	2	3	4	5	
	Adequate				Excessive	
Detail of presentation	1	2	3	4	5	
	Too little				Excessive	
Were explanations adequate?	1	2	3	4	5	
	No				Very clear	
Did the session invite participation?	1	2	3	4	5	
	Threatening				Engaging	
How would you rate your knowledge of the subject <u>before</u> the presentation?	1	2	3	4	5	
	Zero				Lots	
How would you rate your knowledge of the subject <u>after</u> the presentation?	1	2	3	4	5	
	No change				Lots more	
How much of the subject do think you will retain over the long term?	1	2	3	4	5	
	Very little				Lots	
I would have been better off spending time in the library	1	2	3	4	5	
	Of course!				Certainly not	
I would recommend this session to my colleagues	1	2	3	4	5	
	Certainly not			Without hesitation		


Sheikh Ahmad
Consultant Oncoplastic
Breast and General Surgeon

Participation in assessment or appraisal and appointments processes

You may provide the following types of evidence to support this area:

- copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses
- evidence of participation in the Deanery ARCP or RITA processes
- evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses).

You can use these documents to demonstrate:

- contribution to postgraduate and continuing medical education activity, locally and nationally
- any responsibilities which relate to a special interest
- participation in administration, management duties
- participation in teaching and training
- communication, partnership and teamwork
- relationships with colleagues (including giving feedback)
- leadership.

All evidence in this area **must** be **validated**.

Domain 2 – Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant	<p>You should provide evidence of the five stages of the audit process:</p> <ol style="list-style-type: none">1. Definition of criteria and standards2. Data collection3. Assessment of performance against criteria and standards4. Identification of changes (alterations to practice)5. Re-evaluation <p>Evidence you could supply includes:</p> <ul style="list-style-type: none">• audit reports (collections of data alone are not considered as a full clinical audit)• publications• submissions to ethics committee (not satisfactory alone)• presentations of audit work (see above for details required for presentations)• letter from audit or clinical governance lead confirming participation in audit or governance activities• guidelines produced to reflect lessons learned within audit• notes from self-reflective diaries. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information continuing professional development• communication, partnership and teamwork• relationships with colleagues, patients• leadership
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Abstract

Aims – The purpose of this audit was to analyse current patterns of GP referrals for thyroid ultrasound in our institution and thus to determine whether these referrals conform to the recent recommendations published by the British Thyroid Association.

Methods – For this audit, data was collected retrospectively for all patients who underwent thyroid ultrasound examination in our radiology department from November 2010 to November 2011 (12 months period). Spectrum of clinical indications used by GPs to initiate thyroid ultrasound was analysed, and the appropriateness of such referrals was measured against the set of recommendations adopted from the UK Thyroid Association consensus of opinion. 100% compliance was proposed as the target.

Results – Total of 499 patients who underwent thyroid ultrasound scan in the set time period were identified. 105 (21%) patients were referred by GPs. Of these, 102 (97.2%) of GP referrals were considered as reasonably acceptable, whereas compliance fell short of the target by 2.8% owing to 4 patients referred by their GP inappropriately.

Conclusions – Although the observed compliance rate with audit criteria was reasonably high at 97.2 %, the target of 100% was not achieved. Thus, this audit highlighted the potential need to improve the quality of GP referrals for thyroid US. A number of changes and a re-audit in 12 months time to evaluate their effect were proposed accordingly.

Introduction

Currently, local arrangements at our institution permit open access referral for thyroid Ultrasound (US) from general practitioners (GP). While we recognise that the traditional referral pathways may still be of value, this practice finds increasingly limited support in the literature and current UK consensus of opinion¹⁻⁴. Furthermore, there is a growing belief that initiation of thyroid US by GPs may cause a delay in the diagnosis of cancer when US is requested inappropriately.

Because primary care thyroid US requests comprise a significant proportion of the workload in our radiology department, we felt that there was a need to assess the trends and appropriateness of GP referrals for thyroid US in our institution, which was the focus of this audit.

Aims

This audit aims to analyse current patterns of GP referrals for Thyroid US in our institution, and thus to determine whether such referrals conform to the recommendations of the UK consensus of opinion published by the British Thyroid Association in 2007.

RADIOLOGY DEPARTMENT
NEWHAM UNIVERSITY HOSPITAL
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GLEN ROAD, PLAISTOW
LONDON E13 8SL

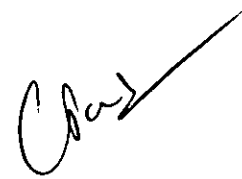
I confirm this is true and accurate record

Dr. [REDACTED] MD, FRCR Consultant Radiologist

Barts Health NHS Trust, Newham University Hospital

Glen Road, Plaistow London E138SL

[REDACTED]@bartshealth.nhs.uk



Abstract

Aims – To complete an audit cycle by re-audit of the diagnostic yield of locally performed ultrasound (US) guided thyroid fine-needle aspiration (FNA) one year after the initial audit, and thus to evaluate the trends since the first round, and ensure consistency of the procedure performance in our institution.

Methods – For this re-audit, we retrospectively analysed success rates of US-guided thyroid FNA biopsies performed in 146 patients in our department over 12-months period (November 2010 to November 2011). The findings were measured against standards based on the literature and results of the initial audit which had previously assessed institutional performance in 221 patients over 16-months period (September 2008 to January 2010).

Results – Total of 146 US guided FNA biopsies performed in the set time period were identified. FNA retrieved diagnostic material in 91.5% and 85.1% of solid and cystic thyroid nodules respectively, which is a reasonable level of performance when measured against predetermined targets (80% and 70% for solid and cystic thyroid nodules). In addition, improvement trends in the success rates were observed since the first round.

Conclusions – The re-audit demonstrated satisfactorily high level of performance well above predetermined targets. Although no changes need to be made based on the result of the audit, further audit is proposed to encourage the current trends.

Re-audit of Ultrasound guided Thyroid Fine Needle Aspiration success rates: maintaining trends.

Introduction

Ultrasound guided fine-needle aspiration (FNA) remains the mainstay in the initial workup of thyroid nodules and is routinely performed in our radiology department. Clearly, maintaining high success rate of thyroid FNA is important and will inspire confidence amongst both the referring clinicians and patients. By contrast, insufficient specimen is undesirable because it triggers a repeat FNA causing delay in the diagnosis and treatment in addition to amplified patient's anxiety and increased workload. Yet, adequate samples are not always attainable. It is widely acknowledged that FNA adequacy rates vary depending on several factors including the operator's skill, techniques used, and intrinsic nature of the thyroid nodule. Thus, we believe that all efforts should be made to maintain and improve the success rates of thyroid FNA, which was the focus of this audit.

The initial audit analysed success rates of thyroid FNA performed in 221 patients over 16-months period (September 2008 to January 2010), revealing satisfactory level of performance, with an overall technical success rate of 83%, including 88% and 78 % diagnostic yield for solid and cystic nodules respectively. However, although the standards were met, it was felt that there was a room for further improvement through optimisation of techniques for sample retrieval combined with amplified collaboration with pathologists and clinical colleagues.

I confirm this is true and accurate record
 Dr [REDACTED] MD, FRCR Consultant Radiologist
 Barts Health NHS Trust, Newham University Hospital
 Glen Road, Plaistow London E138SL
 [REDACTED]@bartshealth.nhs.uk

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Chau
 RADIOLOGY DEPARTMENT
 NEWHAM UNIVERSITY HOSPITAL
 NHS TRUST
 GLEN ROAD, PLAISTOW
 LONDON E13 8SL

	<ul style="list-style-type: none"> • multi disciplinary working. <p>All evidence in this area must be validated.</p>
Reflective diaries	<p>For details of what to include please see NHS clinical governance support information.</p> <p>You can use this document to demonstrate</p> <ul style="list-style-type: none"> • triangulation with logbooks • relationships with colleagues • your recognition of the limits of your professional competence • handling of critical incidents or complaints • how you have changed your practice in the light of experiences (part of audit). <p>As this evidence is self produced for its content to be given weight it must be supported or triangulated by other evidence.</p>
Service Improvement and clinical governance meetings	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"> • invitations to attend meetings • minutes of meetings demonstrating your attendance and participation in the meeting. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • communication, partnership and teamwork • relationships with colleagues • leadership • multi disciplinary working • participation in audit or clinical governance. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>

Safety

Health and safety

Please provide evidence to support awareness and following Health and Safety requirements.

This can be demonstrated by:

- declaration of health on your application form
- attendance at appropriate course
- involvement in infection control (membership of committees etc)
- logbook information on infections
- audit on infections and subsequent changes in activity.

Domain 3 – Communication, partnership and teamwork

Communication

Colleagues	<p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• presentations• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working• participation in directorate and management meetings• honesty and objectivity. <p>All evidence in this area must be validated.</p>
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Patients

This area could be demonstrated in a number of ways including:

- thank you letters and cards from patients
- letters from colleagues (examples of cases shared or “To whom it may concern letters” / testimonials)
- complaints and responses to complaints.

This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. **You must anonymise colleague information from this evidence.**

- 360° feedback.

You can use these documents to demonstrate:

- communication
- relationships with patients
- honesty and integrity
- protecting patient confidentiality.

All evidence in this area must be **anonymised** for individual patient data.

Partnership and teamwork

<p>Working in multidisciplinary teams</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>
<p>Management and leadership experience</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• management skills. <p>All evidence in this area must be validated and anonymised for individual patient data.</p>

Chairing meetings and leading projects

This area could be demonstrated in a number of ways including:

- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information
- project reports
- letters from colleagues
- publications or presentations.

You can use these documents to demonstrate:

- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi disciplinary working
- participation in directorate and management meetings
- continuing professional development.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

All evidence in this area **must** be **validated** and **anonymised** for individual patient data.

Domain 4 – Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors).
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You can demonstrate this with: <ul style="list-style-type: none">• evidence of attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• statements from your referees• testimonials.
Data protection	You can demonstrate this with: <ul style="list-style-type: none">• attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• your application and evidence being appropriately anonymised.

Relationships with patients

Testimonials and letters from colleagues	You may include "To whom it may concern letters". All evidence in this area must be anonymised for individual patient data.
Thank you letters, cards from colleagues and patients	Please ensure that these are anonymised (for individual patient data).
Complaints and responses to complaints	This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution. You may provide a reflective diary of how you would handle a hypothetical complaint. All evidence in this area must be anonymised for individual patient data.