Specialty specific guidance on documents to be supplied in evidence for an application for entry onto the Specialist Register with a Certificate of Eligibility for Specialist Registration (CESR)

Emergency Medicine

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Emergency Medicine. You will also need to read the Emergency Medicine Curriculum documentation.

### Can I get advice before I submit my application?

You can contact us and ask to speak to the Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of Emergency Medicine (RCEM) for guidance before you submit an application or a reapplication.

Applicants may also be able to access advice/support from the Forum for Associate Specialists and Staff Grades (FASSGEM).

### What is the indicative period of training for a Certificate of Completion of Training (CCT) in Emergency Medicine?

The indicative period of training for a CCT in Emergency Medicine is six years and it is very unlikely that an applicant would achieve the competences required for a CCT in a shorter period of time.

The structure of the programme is an indicative two years in the Acute Care Common Stem (covering the areas of EM, Anaesthetics, Intensive Care Medicine and Acute Medicine usually with an indicative one year in Anaesthetics /Intensive Care Medicine and 6 months in each of EM and Acute Medicine) followed by an indicative four years of training in EM (covering the areas of Paediatric EM (approximately 25%), EM and EM ultrasound). Therefore applicants need to demonstrate that they have achieved the competences in each of these areas. The EM ultrasound competences (EMUS) can be shown by completing the triggered assessments outlines in appendix 6 of the EM curriculum (level 1 or equivalent). The first three years of training make up Core Specialty Training, the final years of training are known as Higher Specialty Training.

For complete details please refer to the Emergency Medicine Curriculum documentation.

### 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.

### What types of experience do applicants need to demonstrate?

Applicants are unlikely to be successful in their application unless they are able to demonstrate competence in all aspects of the ACCS and EM curriculum as approved by the GMC. Applicants will need to be able to demonstrate that they have held posts with senior responsibility i.e. resuscitation team leader, senior shift doctor accepting undifferentiated adult and paediatric patients in the Emergency Department.
Do I need to demonstrate experience or training in specialties related to EM?

Acquisition of competences in specialties related to EM may be gained by formal training and/or experience under supervision, in these fields or within EM. In the past a 3 month full time attachment was considered an appropriate way to gain competences where there is overlap with other acute specialties. There is no longer a requirement to complete any set period of time in any given field outside the practice of EM. Such relevant experience outside the specialty will continue to be of value provided there is adequate documentary evidence of satisfactory completion and competences gained.

If I have not obtained the Fellowship Examination of the RCEM (FCEM) what alternative evidence should I supply?

Examples of evidence are listed under Domain 1 – Specialist medical qualifications and should also include:

- evidence of success in a relevant UK, Ireland or overseas specialty examination (for areas covered by the specialty examined only)
- evidence of teaching above F2 level with confirmation of quality and content of teaching delivered by the applicant. Topics covered by teaching confirmed to be of high quality will be expected to cover the broad framework of the CCT curriculum. If only part of the curriculum is covered by teaching delivered by the applicant, then alternative proof of their knowledge will be required for the rest of the curriculum
- evidence of CPD activity, including a contemporary personal record to confirm learning opportunities for each session (reflective log or notes). Records of CPD activity must cover at least a period equivalent to the minimum duration of specialist training in EM and the applicant must demonstrate that they have broadly covered the CCT curriculum in their CPD activity. Applicants are likely to need more than the minimum amount of CPD required by the RCEM to demonstrate an acceptable level of knowledge in this way
- evidence of research relevant to EM may also be used to confirm knowledge of part of the curriculum. This evidence may take the form of publication(s) in a peer-reviewed journal (validated copy of first page only required), thesis for higher degree (evidence as before), clinical topic review or best practice review (whole document to be submitted). Overseas applicants may submit alternative forms of evidence within the research field, which will be assessed individually.

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 competences in all areas of the Emergency Medicine Curriculum documentation. If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example you might state: “document included in teaching and training section”.)
It 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.

Applicants will be expected to include evidence that skills have been maintained in recent years. 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 around 900 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 in the specialty of Emergency Medicine are often submitted with inadequate or poor evidence in the following areas:

1. Failure to demonstrate knowledge of the full breadth and depth of the EM curriculum
2. Failure to demonstrate knowledge and experience in a specific part of the EM curriculum, in particular the core specialties, as listed below:
   - Emergency Medicine
   - Acute Medicine
   - Intensive Care Medicine
   - Anaesthetics
   - Musculoskeletal Medicine
   - Paediatric Emergency Medicine
If a post has not been completed, or has not been otherwise assessed, it will be acceptable to produce validated evidence from a series of WPBAs (Work Place Based Assessments) in this area, supported by a letter of satisfactory performance from a supervising consultant in that specialty.

3. The areas of the EM curriculum that are most often poorly supported by evidence are:-
   - Acute Medicine competences,
   - Critical Care competences
   - Paediatric EM competences.
   - EM ultrasound to level 1 or equivalent

4. Failure to submit evidence of ongoing CPD across the whole EM curriculum, including a personal diary of learning achievements as well as just a list of courses and lectures, etc.

5. Failure to provide evidence of participation in department/management activities such as appraisal and assessment of the competences and professional attributes of others, leadership and awareness of patient safety issues.

6. Failure to demonstrate skill in the interpretation of published evidence, either by a record of involvement in published research or by evidence of training and/or practice in critical appraisal of literature.

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.

### Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients’ relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

This is the specialty specific guidance for Emergency Medicine

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
The following details don’t need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](http://www.gmc-uk.org).
## Domain 1 - Knowledge, skills and performance

### Qualifications

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<tr>
<th>Qualification</th>
<th>Requirements</th>
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<tbody>
<tr>
<td><strong>Primary medical qualification (PMQ)</strong></td>
<td>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. If you do not hold registration, please provide an <strong>authenticated copy</strong> of your PMQ.</td>
</tr>
</tbody>
</table>
| **Specialist medical qualification(s)**           | Please provide an **authenticated copy** of any specialist medical qualifications you hold. For College examinations the College may confirm details of any examinations you have undertaken. Examinations at early stages of specialist training:  
  - holders of the Membership Examination of the RCEM (MCEM), which was previously known as the Membership Examination of the Faculty of Accident & Emergency Medicine (MFAEM) need not submit the curriculum or syllabus for this exam, but should submit an authenticated copy of their certificate. MCEM (formerly MFAEM) is a test of knowledge for successful entry into Higher Specialty Training and covers the knowledge required during Core Specialty Training. Success at the MCEM will confirm that the applicant has met the standard of knowledge of a trainee who has successfully completed Core Specialty Training.  
  - applicants who have passed the discontinued MRCS Edinburgh (Accident & Emergency) examination should submit curriculum and syllabus for this examination. It confirms a level of knowledge approximately equivalent to MCEM and was set up to confirm suitability to enter Higher Specialist Training in EM. It does not confirm completion of training  
  - other alternative postgraduate exams which have in the past been accepted for entry to Higher Specialty Training in EM, such as MRCS, MRCP, FRCA or MRCPCH will confirm that the trainee has reached the required standard for entry to training in the area tested (for example success in the MRCS demonstrates achievement of the required standard in the surgical elements of the core curriculum). Applicants should provide additional evidence for other areas of the core curriculum not covered by the alternative examination. Curricula and syllabi, current at the time the examination was taken, should be submitted for these examinations. Examinations towards the end of specialist training:  
  - holders of the Fellowship Examination of the RCEM (FCEM), formerly known as the Fellowship Examination of the Faculty of Accident & Emergency Medicine (FFAEM) need not submit the curriculum or syllabus for this exam, but should submit an authenticated copy of their certificate. |
Applicants **must** demonstrate an appropriate test of knowledge to that required for the CCT which is the Fellowship Examination of the RCEM (FCEM) or provide evidence that demonstrates equivalent knowledge (this does not have to be in the form of an examination).

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 applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.

| Curriculum or syllabus (if undertaken outside the UK) | Specialist qualifications from countries with a formal EM training programme, which are comparable in breadth and depth, length and content to the UK training programme, are viewed as strong supportive evidence. However applicants **must** provide a copy of the curriculum and examination regulations current at the time of training. Please provide a **validated copy** of your curriculum or syllabus. 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. 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. For qualifications, we will look to evaluate:  

• where the curriculum covers areas of the CCT curriculum  
• the complexity of the work undertaken  
• how examinations are evaluated or quality assured (external assessment). |

| Specialist registration outside the UK | The College does not hold documentation relating to specialist registration requirements of any overseas country and these should be submitted with the application. Applicants who have trained in the European Economic Area should check with the GMC as to whether they are eligible to apply for direct entry to the specialist register under European Community rights. Please provide **an authenticated copy** of details of the registration requirements of that authority. This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated. |
| Honours and prizes | 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. 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. |

| Assessments and appraisals | Please provide validated copies of the evidence required in this area. For non training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor). 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). 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. |
RITAs, ARCPs and training assessments

The following is the current requirement for specialty trainees and although they are not compulsory as part of an application for CESR, their provision will strengthen an application. If they are not provided, alternative forms of assessments should be provided:

- **Mini Clinical Evaluation Exercises (Mini-CEX)** of index cases focus on core clinical skills and are designed as a 15-20 minute snapshot of a trainee’s interaction with a patient. A minimum of 6 Mini CEX in the last three years are required to give adequate evaluation of clinical skills.

- **Direct Observation of Procedural Skills (DOPS)**, are designed to assess procedural skills. A minimum of 6 per year are required to give adequate evaluation of practical skills.

- **Case Based Discussion (CBD)**, gives feedback from a supervisor on a recently seen case. A minimum of 6 in the last three years are desirable.

- **Acute Care Assessment Tool (ACAT)** is based on performance of an entire shift in the ED.

- **Multisource Feedback (MSF)** is a short structured feedback form requested from at least 15 raters (multi-professional) which gives feedback covering the domains of Good Medical Practice. Ideally this should have been completed in the last three years.

- Applicants must show EM ultrasound competences to level 1 as outlined in the EM curriculum appendix 6 or equivalent (which is a standalone document and can be gained out of programme).

Records of detailed assessments for the year immediately prior to the application will be acceptable but applicants **must** also supply documentary confirmation that they have satisfactorily completed all posts offered as experience equivalent to training.

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.

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.

If that training was recognised by relevant authorities outside the UK, please provide evidence and recognition standards.

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.
| **360° and multi-source feedback** | The RCEM has adopted MSF, instructions for which are available in the Training & Examinations/Work Place Based Assessment section [www.collemergencymed.ac.uk](http://www.collemergencymed.ac.uk) of the College website. Details may also be found in the RCEM trainees’ e-portfolio [www.nhseportfolios.org](http://www.nhseportfolios.org).

Alternative systems, used within the UK or overseas, based on similar methodology will be considered and will be evaluated individually.

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.

MSF must be recent and ideally completed in the last three years. |
| **Awards and discretionary points letters** | You **must** provide copies of certificates and letters. |
| **Personal development plans (PDP)** | 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. |
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.*
<table>
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<th>Logbooks</th>
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| 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:

- only procedures that you were personally involved in
- 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.

*Validated* and *anonymised* copies of log books, which **must** cover the breadth and depth of the EM curriculum. It is acceptable to provide this by means of computer print out from a recognised emergency department IT system or e-portfolio, provided this has been *validated*.

It is possible that a period of more than 5 years may need to be covered in order for the entire EM curriculum to be sampled.

It is not acceptable to show extensive exposure to one area of EM practice, e.g. minor injuries to the detriment of other areas of EM practice, without evidence of steps taken to attain experience in deficient areas.

Logs of clinical experience are enhanced by reflective entries and learning points.

It would also be acceptable to show a ‘grouped’ exposure to clinical cases such as would be demonstrated in an ACAT (see assessment section above) as part of this evidence.

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

*All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.*
| Consolidation, cumulative data sheets, summary lists and annual caseload statistics | **A validated** annual summary of patients seen covering the breadth and depth of the EM curriculum will provide evidence of clinical practice but holds less weight than a detailed log-book. It is stressed that any information relating to individual patients must be **anonymised**.  
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.  
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.  
All evidence in this area must be **validated** and **anonymised** for individual patient data. |
| Medical reports | You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format.  
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. |
<table>
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<tr>
<th>Case histories</th>
<th>Case histories that you provide should include:</th>
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<tr>
<td></td>
<td>• dates</td>
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<tr>
<td></td>
<td>• diagnosis</td>
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<tr>
<td></td>
<td>• nature of your involvement in the management of the case</td>
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<td></td>
<td>• which curriculum competences were involved.</td>
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<tr>
<td>You can use these to demonstrate:</td>
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<tr>
<td></td>
<td>• your involvement or role in cases</td>
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<td>• triangulation with logbook information.</td>
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<tr>
<td>All evidence in this area <strong>must</strong> be <strong>validated</strong> and <strong>anonymised</strong> for individual patient data.</td>
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<tr>
<th>Referral letters discussing patient handling</th>
<th>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:</th>
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<tr>
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<td>• requesting a second opinion</td>
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<td>• advising clinical colleagues or answering particular questions regarding patient management</td>
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<td></td>
<td>• from clinical colleagues regarding applicants involvement in patient management.</td>
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<tr>
<td>You can use these to demonstrate:</td>
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<td></td>
<td>• your involvement or role in cases</td>
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<td></td>
<td>• the types and complexity of cases you are involved in</td>
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<td>• your relationship with your colleagues in other disciplines</td>
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<td></td>
<td>• your handling of patient paperwork</td>
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<td></td>
<td>• your recognition of the limits of your professional competence</td>
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<td></td>
<td>• your respect and protection of confidential information.</td>
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<tr>
<td>All evidence in this area <strong>must</strong> be <strong>validated</strong> and <strong>anonymised</strong> for individual patient data.</td>
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| Patient lists | You may wish to include copies of patient lists. You can use these to demonstrate:  
- 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.  
All evidence in this area **must be validated** and **anonymised** for individual patient data. |
| Departmental (or trust) workload statistics and annual caseload statistics | You can use these to demonstrate:  
- 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  
All evidence in this area **must be validated.** |
| Rotas, timetables and job plans | Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:  
- details of clinical and non-clinical duties you undertake  
- your on-call commitment  
- your participation in meetings and teaching  
- triangulation with logbook information.  
All evidence in this area **must be validated.** |
<table>
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<th>Courses relevant to curriculum</th>
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<tr>
<td>• Current certification as a provider in one of the following: Advanced Trauma Life Support (ATLS), European Trauma Course (ETC), Early Management of Severe Trauma (EMST)</td>
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<tr>
<td>• Current certification as a provider in Advanced Paediatric Life Support (APLS) or European Paediatric Life Support (EPLS)</td>
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<tr>
<td>• Current certification as a provider in Advanced Life Support (ALS) or Advanced Cardiac Life Support (ACLS)</td>
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<tr>
<td>• Formal major incident training is desirable (Hospital MIIMMS)</td>
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<tr>
<td>• Skills in ultrasound as listed under Level 1 in the CCT Curriculum for EM.</td>
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</table>

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<tr>
<th>Portfolios (electronic or revalidation)</th>
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<tbody>
<tr>
<td>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.</td>
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</table>
### Details of posts and duties (including both training and experience posts)

| Employment letters and contracts of employment | The information in these letters and contracts **must** match your CV. They will confirm the following:  
- dates you were in post  
- post title, grade, training  
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)  
All evidence in this area **must** be **validated**. |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Job descriptions                                 | These **must** match the information in your CV. They will confirm the following:  
- your position within the structure of your department  
- your post title  
- your clinical and non clinical commitment  
- your involvement in teaching or training.  
All evidence in this area **must** be **validated**. |
| 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 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 (CPD).  
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**. |
| Publications within specialty field | Include a copy of the front page of each publication. More weight is given where:  
- the applicant is first author  
- the publication has a high impact factor.  
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. 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 publications are joint or multi disciplinary)  
- CPD.  
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: |
| Presentations, poster presentations | 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.

You can use these documents to demonstrate:
- the types and complexity of cases you are involved in
- triangulation with logbook information
- CPD
- teaching and training.

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 by the hospital or relevant body who can attest to the event. |

| CPD and CME | The generic requirements will be enhanced by evidence of completion of the RCEM e-learning modules which are available via the RCEM E-learning website - [http://www.rcemlearning.co.uk/landing/](http://www.rcemlearning.co.uk/landing/). Validated copies of certificates generated in this programme must be submitted.

Evidence of CPD activity including a contemporary personal diary to confirm learning opportunities for each session. CPD activity must cover at least a period equivalent to the minimum duration of specialist training and the applicant must demonstrate that they have broadly covered the CCT Curriculum in their CPD activity.

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).

See the RCEM guidelines. |
<table>
<thead>
<tr>
<th>CPD registration points from UK Medical Royal College (or equivalent body overseas)</th>
<th>The majority of applicants for CESR, based in the UK, should be registered for CPD activity with the RCEM, or if from overseas, with an equivalent body. Applicants <strong>must</strong> have achieved the required standard of annual return agreed with the relevant college. (which may be over one year or averaged out over several years) Applicants working mainly in the field of Paediatric EM may be registered for CPD with RCPCH. Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements. See the <a href="https://www.gmc-uk.org">RCEM guidelines</a>.</th>
</tr>
</thead>
</table>
| Membership of professional bodies and organisations | List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:  
- 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. See the [RCEM guidelines](https://www.collemergencymed.ac.uk) at [www.collemergencymed.ac.uk](http://www.collemergencymed.ac.uk).  
All evidence in this area **must** be **validated**. |
### Teaching and training

<table>
<thead>
<tr>
<th>Teaching timetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lectures</th>
</tr>
</thead>
</table>
| 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. You can use these documents to demonstrate:  
  - the types and complexity of cases you are involved in  
  - triangulation with logbook information  
  - CPD  
  - teaching and training  
  - communication skills.  
Advanced Life Support Instructor, Training the Trainers Course and peer review assessments of teaching would be useful additional specialty specific evidence. 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. |
| Feedback or evaluation forms from those taught | Please provide copies of feedback from teaching events you have participated in. You can use these documents to demonstrate:  
• the types and complexity of cases you are involved in  
• triangulation with logbook information  
• CPD  
• teaching and training  
• leadership  
• relationships with colleagues  
• communication skills.  
All evidence in this area must be validated and anonymised for individual patient data. |
| Letters from colleagues | You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above). All evidence in this area must be validated and anonymised for individual patient data. |
| Attendance at teaching or appraisal courses | 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. Applicants must be able to demonstrate knowledge and skills in giving feedback to colleagues and trainees, ensuring positive and constructive outcomes. Applicants must be able to demonstrate the potential to teach and train effectively at all levels of undergraduate and postgraduate education and in both formal and informal teaching situations. |
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

<table>
<thead>
<tr>
<th>Audits undertaken by applicant</th>
<th>You should provide evidence of the five stages of the audit process:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Definition of criteria and standards</td>
</tr>
<tr>
<td></td>
<td>2. Data collection</td>
</tr>
<tr>
<td></td>
<td>3. Assessment of performance against criteria and standards</td>
</tr>
<tr>
<td></td>
<td>4. Identification of changes (alterations to practice)</td>
</tr>
<tr>
<td></td>
<td>5. Re-evaluation</td>
</tr>
</tbody>
</table>

**Evidence you could supply includes:**

- 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.

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information CPD
- communication, partnership and teamwork
- relationships with colleagues, patients
- leadership
- multi disciplinary working.

All evidence in this area **must** be **validated**.
| Reflective diaries | You can use this document to demonstrate  
|                   | • 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).  
|                   | As this evidence is self produced for its content to be given weight it **must** be supported or triangulated by other evidence. |
| Service Improvement and clinical governance meetings | This area could be demonstrated in a number of ways including:  
|                                                      | • evidence of involvement in Service Improvement Project  
|                                                      | • records of attendance at meetings and minutes demonstrating participation in meetings  
|                                                      | You can use these documents to demonstrate:  
|                                                      | • communication, partnership and teamwork  
|                                                      | • relationships with colleagues  
|                                                      | • leadership  
|                                                      | • multi disciplinary working  
|                                                      | • participation in audit or clinical governance.  
|                                                      | All evidence in this area **must** be **validated** and **anonymised** for individual patient data. |
### Safety

<table>
<thead>
<tr>
<th>Health and safety</th>
<th>Please provide evidence to support awareness and following Health and Safety requirements. This can be demonstrated by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• declaration of health on your application form</td>
</tr>
<tr>
<td></td>
<td>• attendance at appropriate course</td>
</tr>
<tr>
<td></td>
<td>• involvement in infection control (membership of committees etc)</td>
</tr>
<tr>
<td></td>
<td>• logbook information on infections</td>
</tr>
<tr>
<td></td>
<td>• audit on infections and subsequent changes in activity.</td>
</tr>
</tbody>
</table>
### Domain 3 - Communication, partnership and teamwork

**Communication**

| Colleagues | Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).
This can be demonstrated by:
- 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).

You can use these documents to demonstrate:
- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi disciplinary working
- participation in directorate and management meetings
- honesty and objectivity.

All evidence in this area **must** be **validated**.
### 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.
<table>
<thead>
<tr>
<th>Partnership and teamwork</th>
<th>This area could be demonstrated in a number of ways including:</th>
</tr>
</thead>
</table>
| Working in multidisciplinary teams | • 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.  
|  | You can use these documents to demonstrate:  
|  | • communication, partnership and teamwork  
|  | • relationships with colleagues  
|  | • leadership  
|  | • multi disciplinary working.  
|  | All evidence in this area **must** be **validated** and **anonymised** for individual patient data. |

<table>
<thead>
<tr>
<th>Management and leadership experience</th>
<th>This area could be demonstrated in a number of ways including:</th>
</tr>
</thead>
</table>
|                                      | • 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.  
|                                      | You can use these documents to demonstrate:  
|                                      | • communication, partnership and teamwork  
|                                      | • relationships with colleagues  
|                                      | • leadership  
|                                      | • management skills.  
<p>|                                      | All evidence in this area <strong>must</strong> be <strong>validated</strong> and <strong>anonymised</strong> for individual patient data. |</p>
<table>
<thead>
<tr>
<th>Chairing meetings and leading projects</th>
<th>This area could be demonstrated in a number of ways including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• invitations to attend meetings</td>
<td>• minutes of meetings demonstrating your attendance and participation in the meeting</td>
</tr>
<tr>
<td>• minutes of meetings demonstrating your attendance and participation in the meeting</td>
<td>• job plans which indicate this as a duty</td>
</tr>
<tr>
<td>• job plans which indicate this as a duty</td>
<td>• appraisals which include this information</td>
</tr>
<tr>
<td>• appraisals which include this information</td>
<td>• project reports</td>
</tr>
<tr>
<td>• project reports</td>
<td>• letters from colleagues</td>
</tr>
<tr>
<td>• letters from colleagues</td>
<td>• publications or presentations.</td>
</tr>
<tr>
<td>You can use these documents to demonstrate:</td>
<td>You can use these documents to demonstrate:</td>
</tr>
<tr>
<td>• communication, partnership and teamwork</td>
<td>• communication, partnership and teamwork</td>
</tr>
<tr>
<td>• relationships with colleagues</td>
<td>• relationships with colleagues</td>
</tr>
<tr>
<td>• leadership</td>
<td>• leadership</td>
</tr>
<tr>
<td>• multi disciplinary working</td>
<td>• multi disciplinary working</td>
</tr>
<tr>
<td>• participation in directorate and management meetings</td>
<td>• participation in directorate and management meetings</td>
</tr>
<tr>
<td>• CPD.</td>
<td>• CPD.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Honesty and integrity</th>
<th>You can demonstrate this with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• the declarations on your application form</td>
</tr>
<tr>
<td></td>
<td>• statements from your referees</td>
</tr>
<tr>
<td></td>
<td>• appraisal forms</td>
</tr>
<tr>
<td></td>
<td>• having no restrictions on your registration (UK based doctors)</td>
</tr>
<tr>
<td></td>
<td>• Certificate of Good Standing (overseas based doctors).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)</th>
<th>You can demonstrate this with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• evidence of attendance at relevant courses (please provide details of course content)</td>
</tr>
<tr>
<td></td>
<td>• feedback from patients and colleagues</td>
</tr>
<tr>
<td></td>
<td>• statements from your referees</td>
</tr>
<tr>
<td></td>
<td>• testimonials.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data protection</th>
<th>You can demonstrate this with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• attendance at relevant courses (please provide details of course content)</td>
</tr>
<tr>
<td></td>
<td>• feedback from patients and colleagues</td>
</tr>
<tr>
<td></td>
<td>• your application and evidence being appropriately anonymised.</td>
</tr>
</tbody>
</table>
### 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. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you letters, cards from colleagues and patients</td>
<td>Please ensure that these are <strong>anonymised</strong> (for individual patient data).</td>
</tr>
</tbody>
</table>
| 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. |