

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)

General Surgery

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in General Surgery. You will also need to read the [General Surgery Curriculum and Associated Assessment System documentation](#)

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 Joint Committee on Surgical Training ([JCST](#)) for guidance **before** you submit an application or a reapplication.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in General Surgery?

The indicative period of training for a CCT in General Surgery is eight years and it is very unlikely that you would achieve the competencies required for a CCT in a shorter period of time.

The structure of the programme is an indicative two years in Core Training, (CT1-2/3), followed by an indicative followed by a period of six indicative years of specialty training (ST3- ST8). Therefore you need to demonstrate that you have achieved the competencies in each of these areas.

Please see pages 22 – 27 of the [General Surgery Curriculum and Associated Assessment System documentation](#) for a detailed breakdown of the programme structure.

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](#).

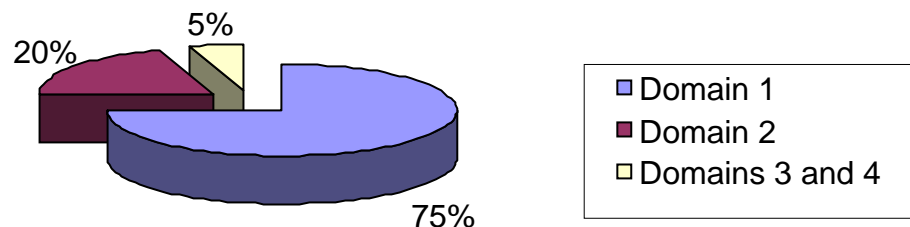
How much evidence to submit

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 areas of the [General Surgery 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 it 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".)

Evidence breakdown



Your application should fit inside a foolscap box file (24cmx34cmx7cm). If it does not, it is likely that you have included documentation not relevant to your application. Please do not send your application inside a box, this is just to give an indication of the size.

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 General Surgery are often submitted with inadequate or poor evidence in the following areas:

- Where an applicant fails to provide evidence that shows that their current breadth and depth of knowledge, skills and experience is equivalent to the requirements set out in the CCT curriculum. It is not enough to show that you have been trained/gained competencies in the past, but you also need to show that you have maintained them
- Not strong enough evidence of current depth and breath of knowledge where an applicant has not passed the intercollegiate examination. For example where there is evidence of knowledge in one particular area only and not across the totality of the specialty, or the evidence is not current and up to date.
- Log books are insufficient. For example there is not enough detail in the logbooks or the logbooks are poorly presented and badly organised. Your logbooks **must** include the age and sex of the patient, the procedure name and date, whether the procedure was elective or emergency, your involvement, and the outcome/any complication. You should also provide consolidation sheets/summary totals for the logbooks that you submit.

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.

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Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

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Domain 1 - Knowledge, skills and performance

Qualifications

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| <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 applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <ul style="list-style-type: none"> • pre ICB examination versions of the Fellowship of the Royal College of Surgeons FRCS -These will show a basic level of knowledge but not specialty specific or current (this means it is likely that this will have been taken some time ago) • other examinations including overseas qualifications- You will need to provide certification of success together with validated details of what the examination covers and to what level. The official curriculum/syllabus could demonstrate this • research-As evidence of publication of the research you should include the first page setting out the scope and detailing your involvement • postgraduate degree gained through research-as evidence you should include original certificate or notarised copy • peer reviewed publications-You should include the front page of each publication. The best evidence will be first name publications in high impact factor peer review journals of work relating to knowledge / skills normally achieved in the last year(s) of the CCT curriculum • presentations at national and international meetings -You should include as evidence a programme detailing title of presentation, where presented and any feedback • presentations at national or International conferences on knowledge/ skills normally achieved in the last |

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| | <p>year(s) of the CCT (or equivalent overseas) curriculum. This should be current</p> <ul style="list-style-type: none"> • teaching -As evidence you should include rotas, teaching materials, programmes of lectures, trainee feedback. Evidence of teaching may form part of the portfolio but only if it can be obviously validated and if it is obvious what level of knowledge it displays and that it covers all areas of the curriculum. The evidence will need to be comprehensive. For example participation (lead role) in training those undertaking CCT (or equivalent overseas) training at the final years of the CCT (or equivalent overseas) programme • acting as Examiner/Assessor/designing and developing examinations- <i>This may form part of the portfolio but only if it can be obviously validated and if it is clear what level of knowledge it displays and that it covers all areas of the curriculum. The evidence will need to be comprehensive for example examiner for the ICB.</i> <p>Note the GMC expect you to list any failed attempts at examinations relevant to your specialty. Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p> |
| Curriculum or syllabus (if undertaken outside the UK) | <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). |
| Specialist registration outside the UK | <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> |

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| 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

Please provide **validated copies** of the evidence required in this area.

Specialty specific documentation with links can be found on page 268 of the [General Surgery Curriculum documentation](#).

The workplace-based assessment methods used in the curriculum are:

- Mini-PAT (Peer Assessment Tool)
- Mini-CEX (mini Clinical Evaluation Exercise)
- CBD (Case Based Discussion)
- Surgical DOPS (Direct Observation of Procedural Skills in Surgery)
- PBA (Procedure-based Assessment).

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.

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| 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> |

Participation in assessment, appraisal and appointments process

You could demonstrate this in a number of ways including:

- invitations to appraisals or assessments
- minutes or other records of attendance.

These could provide evidence of:

- 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)

All of the above **must** be **anonymised** (with respect to individual appraisee information).

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](#).

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| Logbooks | <p>Specialty specific documentation is available on page 271 of the General Surgery Curriculum documentation</p> <p>The surgical logbook is web-based and enables the trainee to record each surgical operative procedure undertaken. The logbook provides a record of the scope and volume of operative exposure and level of supervision required. It is seen as corroborative evidence of the experience of the trainee gained in carrying out surgical procedures when discussing progress with the assigned educational supervisor; at the ARCP and during the planned educational reviews.</p> <ul style="list-style-type: none">• ASGBI/ISCP Logbook• ISCP Logbook• FHI Logbook. <p>All logbooks conform to the Data Protection Act.</p> <p>To summarise you need to provide</p> <p>At least the last 5 years with cumulative totals. Cumulative totals last five years (to demonstrate that you have maintained these competencies).</p> <p>Your logbooks must include the age and sex of the patient, the procedure name and date, whether the procedure was elective or emergency, your involvement, and the outcome/any complication.</p> <p>It can be helpful if you provide cumulative totals for your whole career (to demonstrate how well trained you were).</p> <p>The logbooks themselves must be anonymised and ideally be in e-log format. The logbooks are to show weekly patterns of work and confirm what cumulative totals are claiming. It is important to show individual role in each observed/assisted etc.</p> <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</p> |
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| | <p>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>Every page of your logbook must be validated by someone in a supervisory position who can attest to this being a true and accurate record (not a solicitor) with the relevant hospital stamp and signature, the first page of each logbook must also show the validator's name and job title and the number of pages in that logbook. Consolidation sheets must also be validated in this way.</p> <p>All evidence in this area must be validated and anonymised for individual patient data.</p> |
| <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> |

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| <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> <p>A Clinician's Guide to Record Standards - Part 1</p> <p>A Clinician's Guide to Record Standards - Part 2</p> <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> |
| <p>Case histories</p> | <p>Case histories that you provide should include:</p> <ul style="list-style-type: none"> • patient ID number • dates • diagnosis • nature of your involvement in the management of the case • which curriculum competencies were involved. <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> |

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| <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> |

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| <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>Advanced Trauma Life Support (ATLS)</p> <p>Care of the Critically Ill Surgical Patient (CCrISP)</p> <p>All work based practice is supplemented by courses, local postgraduate teaching sessions arranged by the specialty training committees or schools of surgery and regional, national and international meetings and courses. Courses have a role at all levels, for example basic surgical skills courses run by the colleges and locally through deaneries using skills centres and specialty skills programmes, which focus on developing specific skills using models or deceased donors, delivered by the colleges and specialty associations.</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> |

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

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| 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 (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**.

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| <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) • CPD. <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 • CPD • 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> |

CPD and CME

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| <p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p> | <p>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.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> <p>See JCST guidelines at http://www.jcst.org.</p> |
| <p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p> | <p>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.</p> <p>See JCST guidelines at http://www.jcst.org.</p> |
| <p>Membership of professional bodies and organisations</p> | <p>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <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?) <p>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.</p> <p>See JCST guidelines at http://www.jcst.org.</p> <p>All evidence in this area must be validated.</p> |

Teaching and training

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| 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• CPD• 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> |

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| Feedback or evaluation forms from those taught | <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 • CPD • 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> |
| Letters from colleagues | <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> |
| Attendance at teaching or appraisal courses | <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> |

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

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| 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 CPD• communication, partnership and teamwork• relationships with colleagues, patients• leadership |
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| | <ul style="list-style-type: none"> • multi disciplinary working. <p>All evidence in this area must be validated.</p> |
| Reflective diaries | <p>The curriculum states</p> <p><i>Reflective practice is a very important part of self-directed learning and is a vital component of CPD. It is an educational exercise that enables trainees to explore with rigour, the complexities and underpinning elements of their actions in surgical practice in order to refine and improve them.</i></p> <p><i>Reflection in the oral form is very much an activity that surgeons engage in already and find it useful and developmental. Writing reflectively adds more to the oral process by deepening the understanding of surgeons about their practice. Written reflection offers different benefits to oral reflection which include: a record for later review, a reference point to demonstrate development and a starting point for shared discussion.</i></p> <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> |

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| 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> |
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Safety

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| Health and safety | <p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• 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. |
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Domain 3 – Communication, partnership and teamwork

Communication

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| 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 | <p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• 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. <p>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.</p> <ul style="list-style-type: none">• 360° feedback. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication• relationships with patients• honesty and integrity• protecting patient confidentiality. <p>All evidence in this area must be anonymised for individual patient data.</p> |
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Partnership and teamwork

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| Working in multidisciplinary teams | <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> |
| Management and leadership experience | <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> |

This is the specialty specific guidance for General Surgery

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

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
- 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** and **anonymised** for individual patient data.

Domain 4 – Maintaining trust

Acting with honesty and integrity

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| 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

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| Testimonials and letters from colleagues | <p>You may include “To whom it may concern letters”.</p> <p>All evidence in this area must be anonymised for individual patient data.</p> |
| Thank you letters, cards from colleagues and patients | <p>Please ensure that these are anonymised (for individual patient data).</p> |
| Complaints and responses to complaints | <p>This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</p> <p>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.</p> <p>You may provide a reflective diary of how you would handle a hypothetical complaint.</p> <p>All evidence in this area must be anonymised for individual patient data.</p> |