

Cardiothoracic Surgery

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Cardiothoracic Surgery. You will also need to read the [Cardiothoracic Surgery 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 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 Cardiothoracic Surgery?

The indicative period of training for a CCT in Cardiothoracic 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.

Please see [the Cardiothoracic Surgery Curriculum](#) for a detailed breakdown of the programme structure.

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do 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](#).

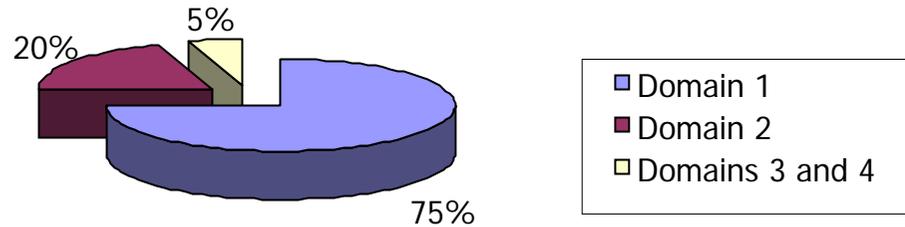
How much evidence to submit

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 [Cardiothoracic 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 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".)

Evidence breakdown



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.

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 800 - 1000 pages of evidence.

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

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

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

A message from the Specialist Advisory Committee (SAC) in Cardiothoracic Surgery

Before making your application for CESR in Cardiothoracic Surgery you are encouraged to review this document in conjunction with the current Cardiothoracic Surgery CCT curriculum, you will need to ensure, through the documentary evidence you provide, that you have demonstrated equivalence to the standards set out in the curriculum. If you don't have the evidence of current competency or you don't present it to us in a way that is conducive to us being able to draw conclusions from your evidence, you will not be successful.

This is a summary of common reasons applications fail;

Knowledge: The standard test of knowledge in the Cardiothoracic Surgery CCT curriculum is the Intercollegiate Fellowship exam, a CESR applicant is expected to demonstrate either successful completion of this exam, or alternative evidence that demonstrates equivalent knowledge to someone that has passed the exam.

Skills and Experience: You need to show that you are maintaining your competence across the depth and breadth of the curriculum at the time of application.

The guidance below under the section 'Logbooks' clearly sets out how you should present your logbooks and consolidation sheets. It is imperative that you follow this guidance as this will allow the evaluators to assess the information. Failure to follow this guidance may mean we cannot draw definitive conclusions and your application may be

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unsuccessful.

You should demonstrate broad exposure to operative cardiothoracic surgery. Competency should be demonstrated across a broad range of cardiothoracic procedures as evidenced by completed PBAs.

The WBAs should be completed contemporaneously- retrospective WBAs hold no value.

The SAC recognise that for some doctors, especially those in service posts, it may be difficult to gather this type of evidence. But without this your application won't be successful.

Research and Presentations: The curriculum details the requirement to have a higher degree or have published a paper in a peer-reviewed journal, applicants often fail in this area because they present case reports or abstracts in place of peer reviewed research papers.

Mandatory Courses: You are expected to have completed courses covering the following topics;

- Management in the NHS
- Medical education

It is important to show that you have not only attended the relevant course, but how you are using the knowledge and skill in practice.

Audit and Governance: You are required to submit evidence of an audit completed within two years prior to your application.

Currency of evidence: Your evaluator will be looking for evidence of current competency. Where you have completed training at some point in the past, it is crucial that you demonstrate that you have maintained competency across the whole area of the curriculum irrespective of whether your career has focussed on a particular area of the curriculum or whether you will only be practising in a certain area and will not need other areas of the curriculum.

The points discussed above should not be seen as a definitive list, this is based on the SAC's experience of evaluating CESR applications. It is important that you carefully study the curriculum and associated application guidance before you apply.

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

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- Other individual patient numbers
- GMC numbers

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](#).

Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	<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, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<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>As well as showing that you have either a specialist medical qualification or training in order to be able to apply you must demonstrate knowledge to the standard of CCT curriculum.</p> <p>To demonstrate evidence of depth of knowledge you should provide a portfolio to demonstrate appropriate levels of knowledge in Cardiothoracic Surgery. You should bear in mind that you will be measured against the standards of the CCT curriculum. (The formal test of knowledge required for a CCT is the Intercollegiate Fellowship Exam (ICB Examination). If you cannot demonstrate success in this exam then other supporting evidence of your knowledge must be very strong indeed). Other elements of the portfolio could include evidence of research, peer reviewed publications and presentations at national and international meetings, evidence of specialist qualifications or examination(s) passed for example College/Faculty exams.</p> <p>The following are examples of part of a portfolio to demonstrate knowledge - although it is unlikely that any one thing on their own would do this</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.• Other examinations including overseas qualifications - You will need to provide certification of success together with details of what the examination covers and to what level. The official curriculum/syllabus could demonstrate this. A certificate of success alone will not show that you currently have the appropriate level of knowledge. Decisions are made on a case by case basis. It is unlikely however,

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that any qualification other than the ICB exam will show direct equivalence as no other qualification is templated directly to the curriculum. The European examinations (e.g. FEBU and FEBVS) are not fully equivalent.

- **Research** - Recent work published in peer-reviewed journals or presented at national or international meetings will carry more weight. A broad portfolio of research in all areas of the curriculum may demonstrate the required level of knowledge.
- **Postgraduate degree gained through research** - as evidence you should include an authenticated or notarised copy of the certificate. This is unlikely on its own to show sufficient depth and breadth of knowledge as research will be focussed on one area.
- **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 and conferences** - You should include a programme detailing the date and title of presentation, when and where presented, any feedback and your role in the work. Include the slides used (with dates) for each presentation.
- **Acting as Examiner/Assessor/designing and developing examinations** - This may form part of the portfolio but only 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.

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.

You must 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.

Curriculum or syllabus (if undertaken outside the UK)	<p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the CCT curriculum • the complexity of the work undertaken • how examinations are evaluated or quality assured (external assessment). <p>The JCST does not hold evidence relating to overseas training programmes and therefore you must supply these.</p>
Specialist registration outside the UK	<p>Please provide an authenticated copy of the details of the registration requirements of that authority and your current certificate.</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>
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>

Appraisals and assessments

You should submit evidence of recent appraisals – you need to show that your practice is examined and that you use this as a tool for continuous development. The appraisals should also include a personal development plan (PDP). PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation. Appraisals completed retrospectively hold no value.

The workplace-based assessment (WBA) 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)

WBAs should be sufficiently frequent to be able to demonstrate progress and should be undertaken with different assessors in different settings on a variety of patients. It is important for those who are not in training to provide details of assessment of the same competency from three assessors in order to triangulate the information. WBAs completed retrospectively will hold no weight.

You should provide WBAs, especially PBAs and CBDs, in the specified format below, for the main topics and procedures across the full breadth of the curriculum (both cardiac and thoracic surgery). The curriculum contains key topics, index procedures and other operations to guide you in what to cover. The [CCT Guidelines for cardiothoracic surgery](#) provide information.

It is very important that your PBAs are as meaningful as possible and therefore they should show evidence of feedback and guidance. They should include comments from your assessors and, where appropriate, demonstrate reflection by you. Block entries of 'satisfactory' are not acceptable. When you submit your application you should set the PBAs out as a single batch with a complete summary list. CBDs should be presented as a single batch, also with a complete summary list.

You should order your WBAs as follows: grouped together by type of WBA (eg. PBA, CBD) and within that by procedure (eg. all the PBAs for the same procedure should be together). You should also provide an index of the WBAs.

The above tools are available for those not in training to use.

Alternatively, if the evidence of your recent competence has been gained within a system where the assessments above do not exist, you will still need to 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).

	Where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression. 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 information on the method of assessment used.
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). These assessments used to be known as Records of in training assessment (RITAs) and are now known as Annual Review of Competence Progression (ARCP). You can read more about ARCPs here: http://www.iscp.ac.uk/surgical/assessment_arcp.aspx</p> <p>If you have undertaken training in the UK in these grades you should provide a 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)	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.

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Logbooks, records of daily clinical practice and portfolios

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

The documentation needs to:

- Provide evidence of your surgical experience.
- Show the progression in your surgical experience from assisting, to undertaking surgery assisted by a trainer, to performing surgery independently.
- Show how many procedures you have performed, as well as the variety of your surgical experience.

If you have worked in a specialised area for some time, 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 you have maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good medical practice](#).

Logbooks

You should present your logbook in the [elogbook](#) format.

Your logbook should provide:

- a complete picture of your surgical experience over a minimum of the last 6 years in the elogbook format.
- the age and gender of the patient, the procedure name and date, whether the procedure was elective or emergency, your involvement (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior), and the outcome/any complication.

If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have. 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/any complication.

Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures.

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.

<p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p>	<p>You also need to provide consolidation sheets. If you do not provide these in the format described then it will be very difficult to assess your skills and experience. This could lead to your application being unsuccessful. The logbook and consolidation sheets need to be set out in the e-logbook format and <u>must include a single consolidation report, listed by operation group of all of the procedures you have been involved with during the last six years.</u></p> <p>In addition,</p> <ul style="list-style-type: none"> • a consolidation report for the same period showing the total numbers for the SAC indicative procedures, • cumulative totals for the operation groups for your specialty for each six- or 12-month period. This will help us to see your progression over the six years into more complex cases and more independent operating; and • your experience over the rest of your career (split into UK/overseas if necessary). <p>All consolidation sheets need to be categorized by your involvement, e.g. assisting, you as the surgeon, assisted by a trainer, etc.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Medical reports</p>	<p>These are not required for cardiothoracic surgery applications.</p>
<p>Case histories</p>	<p>These are not required for cardiothoracic surgery applications.</p>
<p>Referral letters discussing patient handling</p>	<p>You need only to provide 2 or 3 examples of your referral letters. These 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"> • relationship with colleagues in other disciplines • handling of patient paperwork • recognition of the limits of your professional competence • respect and protection of confidential information. <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Patient lists</p>	<p>These are not required for cardiothoracic surgery applications.</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>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>Courses relevant to curriculum</p>	<p>It is recommended that you complete the following courses as outlined in the Guidance for CCT in Cardiothoracic Surgery:</p> <ul style="list-style-type: none"> • course/s in NHS management • course/s in training and education (e.g. Training the Trainer). <p>Although this guidance is not part of the curriculum, it gives an indication of what is required for a CCT and you will be assessed on your equivalence to a CCT.</p> <p>You should also provide evidence of having completed an Advanced Trauma and Life Support (ATLS) course with a current certificate.</p> <p>Evidence of attendance on the CCrISP course can be provided for this section, however it is not mandatory.</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)

Employment letters and contracts of employment	The information in these letters and contracts must match your CV. They will confirm the following: <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)
Job descriptions	These must match the information in your CV. They will confirm the following: <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.
Job plans	Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate: <ul style="list-style-type: none">• 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.

Research, publications and presentations

Research papers, grants, patent designs	<p>You need to demonstrate an understanding of, and participation in, research as defined in the Cardiothoracic Surgery Curriculum.</p> <p>The CCT Guidelines for Cardiothoracic Surgery outline the requirements for up to date competence in research methodology and data interpretation. You should have:</p> <ul style="list-style-type: none">• a higher degree in a Cardiothoracic-related field that involves a significant piece of research• one paper published in a peer-reviewed journal <p>It is important to submit evidence where your contribution has been significant; the evaluators will look for first author publications/presentations. The evidence you submit should be recent (within the last five years) and you should ensure that all evidence is dated.</p> <p>If the research is published - please submit the first page of the published paper.</p> <p>If the research is not published - please provide a summary or abstract of the research.</p> <p>We 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 research is joint or multi-disciplinary)• Continuing Professional Development (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>
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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>We 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>

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>The following are mandatory:</p> <ul style="list-style-type: none"> • course on health service management • attended major national or international meetings
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>Please provide these if available. (The surgical colleges do not register CPD points at present.)</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>

Teaching and training

You need to provide evidence of an understanding of, and participation in, medical education, training, assessing and appraising. You should refer to the curriculum and Guidance for CCT. The 2013 Cardiothoracic Surgery curriculum requires:

- Completion of a course in medical education

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>
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>

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 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 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

Strong examples of evidence can include:

- acting as an examiner or designing examinations
- undertaking appraisals
- involvement in appointment processes
- workplace-based assessments (WBAs) of others
- attendance at courses for assessing and appraising.

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 and management duties
- participation in teaching and training
- communication, partnership and teamwork
- relationships with colleagues (including giving feedback)
- leadership.

Domain 2 – Safety and quality

Participation in audit, service improvement

The Cardiothoracic Surgery curriculum requires participation in Quality Improvement – which it defines as evidence of an understanding of, and participation in, audit or service improvement. The Cardiothoracic Surgery curriculum requires the completion or supervision of one audit or service improvement project within the two years prior to the application.

Audits undertaken by applicant

NICE defines clinical audit as:

...a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.

You should provide evidence of the five stages of the audit process:

1. Definition of criteria and standards
2. Data collection
3. Assessment of performance against criteria and standards
4. Identification of changes (alterations to practice)
5. Re-evaluation

The requirement for audit is interwoven throughout the curriculum. An applicant should note the following.

The curriculum requires a trainee to

- understand the different methods of obtaining data for audit
- understand the role of audit in improving patient care and risk management
- understand the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc
- demonstrate knowledge of the importance of best practice, transparency and consistency
- contribute to local and national audit projects as appropriate
- recognise the need for audit in clinical practice to promote standard setting and quality assurance
- organise or lead a departmental audit meeting
- lead a complete clinical audit cycle including development of conclusions, the changes needed for improvement, implementation of findings and re-audit to assess the effectiveness of the changes

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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.

- seek opportunities to visit other departments and learn from other professionals
- understand significant event reporting systems relevant to surgery
- understand the importance of evidence-based practice in relation to clinical effectiveness
- understand the risks associated with surgery including mechanisms to reduce risk
- outline the use of patient early warning systems to detect clinical deterioration
- keep abreast of national patient safety issues including feedback from patients, public and staff
- understand the role of audit, research and guidelines and standard setting in improving quality of care
- understand methodology of creating solutions for service improvement
- understand the implications for change
- evaluate outcomes and re-assess solutions through research, audit and quality assurance activities
- understand the wider impact of implementing change in healthcare provision and the potential for opportunity costs
- contribute to quality assurance processes e.g.
 - audit of personal and departmental performance
 - errors / discrepancy meetings
 - critical incident and near miss reporting
 - unit morbidity and mortality meetings
 - local and national databases.
- creatively question existing practice in order to improve service and improve provisions
- respond positively to outcomes of audit and quality improvement.

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

	<ul style="list-style-type: none"> • 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 • multi disciplinary working.
Reflective diaries	<p>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 surgeons to explore their actions in order to refine and improve their surgical practice.</p> <p>Oral reflection is an activity that surgeons find useful and developmental. Writing reflectively adds more to the oral process by allowing a deeper understanding. 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.</p> <p>The can use this evidence to show:</p> <ul style="list-style-type: none"> • your recognition of the limits of your professional competence • handling of critical incidents or complaints • how you have changed your practice in the light of experiences (part of audit). <p>As this evidence is self-produced, for its content to be given weight it must be supported or triangulated by other evidence.</p>

Service Improvement and clinical governance meetings	<p>You need to demonstrate your exposure to management issues, contract issues, rotas and budgeting for a department.</p> <p>Your evidence might include:</p> <ul style="list-style-type: none">• participation in service improvement meetings (meeting invitations, agendas, minutes).• participation in multi-disciplinary team meetings (MDTs) (meeting invitations, agendas, minutes).• participation in clinical governance meetings (meeting invitations, agendas, minutes).• attendance at Clinical Governance courses; you should demonstrate a knowledge of governance in the NHS• budgetary activities• organisation of rotas and work schedules• acting as a trainee representative• membership of working party. <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 anonymised for individual patient/trainee data.</p>
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Safety

Health and safety	<p>You need to provide evidence to show that you are aware of and follow Health and Safety requirements. This can be demonstrated by:</p> <ul style="list-style-type: none">• attendance at appropriate course (e.g. infection control, safeguarding vulnerable adults, safeguarding vulnerable children)• involvement in infection control (e.g. membership of committees)• logbook information on infections• audit on infections and subsequent changes in activity• creating guidance to protect patient safety and putting that guidance in place• participation in Morbidity and Mortality meetings (invitations to meetings, agendas, minutes, presentations) <p>Please provide evidence of your own health:</p> <ul style="list-style-type: none">• declaration of health on your application form• immunisation records• health records.
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Domain 3 – Communication, partnership and teamwork

Communication

You need to demonstrate that you can communicate effectively with colleagues. You should be able to provide evidence of your interpersonal skills which enable you to develop and maintain productive working relationships within the healthcare team and with wider multidisciplinary agencies. You also need to demonstrate that you can communicate effectively with patients and build effective relationships with patients and families.

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">• patient handovers/referrals to colleagues• 360° appraisals (Mini PATs) and Multisource Feedback• testimonials or recommendations from colleagues• training on “Effective Communication”• thank you cards/ letters from colleagues• attendance and participation in MDT meetings• 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.
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Patients	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• 360° Feedback/ Multisource Feedback (MSF)• comments in appraisals/performance reviews• patient satisfaction surveys• thank you letters/cards from patients and families• letters to patients• training on “Effective Communication”, “Informed Consent”, “Mental Capacity”, etc.• testimonials from colleagues. <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

As an applicant you will need to demonstrate that you can build partnerships and work well in a team with colleagues in both clinical and management situations

<p>Working in multidisciplinary teams</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• patient handovers/referrals to colleagues• 360° appraisals (Mini PATs) and Multisource Feedback• testimonials or recommendations from colleagues• participation in directorate and management meetings• job plans which indicate this as a duty. <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 anonymised for individual patient data.</p>
<p>Management and leadership experience</p>	<p>You will need to show that you work constructively with colleagues by supporting them, delegating effectively, acting as a positive role model and providing effective leadership.</p> <p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• job plans which indicate leadership and/or management duties• leadership and management training courses• 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 anonymised for individual patient data.</p>

Chairing meetings and leading projects

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

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

You can use these documents to demonstrate:

- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi-disciplinary working
- participation in directorate and management meetings
- 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 **anonymised** for individual patient data.

Domain 4 – Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors).• any details of gaining ethics committee approval.
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You should demonstrate your knowledge of legislation and understanding issues surrounding equality and diversity. You can demonstrate this with: <ul style="list-style-type: none">• appraisals• 360° appraisal and multisource feedback• equality and diversity training• undertaking appraisal and assessment of others.
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• examples of complaint management. You must not breach patient or colleague confidentiality in your evidence; please refer to the GMC Guidance on anonymising evidence before you submit your application

Relationships with patients

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