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 Medical Council

Child and Adolescent Psychiatry

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

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| **Can I get advice before I submit my application?** |
| You can contact us and ask to speak to the Specialist applications team for advice before you apply. You are strongly advised to contact the Royal College of Psychiatrists (RCPsych) 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 Child and Adolescent Psychiatry?** |
| The indicative period of training for a CCT in Child and Adolescent Psychiatry is six years and it is very unlikely than an applicant would achieve the competencies required for a CCT in a shorter period of time. |
| The structure of the programme (in indicative timescales) is three years in Core Psychiatric training, followed by three years in Child and Adolescent Psychiatry. Therefore applicants need to demonstrate that they have achieved the competencies required for both of these stages. |
| This list is given for example purposes only and is not exhaustive – for a complete list refer to the Child and Adolescent Psychiatry Curriculum documentation. |
| Applicants may alternatively provide evidence of learning/knowledge covering a broad range of the topics covered in the MRCPsych examination (see Appendix A). |
| This could include evidence of attendance at suitable training courses, examination syllabi and results, self-directed learning with evaluation reports eg BMJ, RCPsych e-Learning, published articles, reviews and original research. |
| **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 Child and Adolescent Psychiatry |

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. 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

20%

5%

75%

- Domain 1
- Domain 2
- Domains 3 and 4
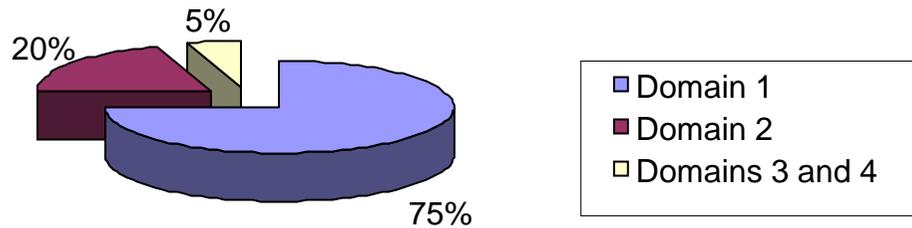
It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

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 900 pages of evidence.

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

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

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

Unsuccessful applications or poor evidence

It is our experience that applications from doctors in the specialty of Child and Adolescent Psychiatry are often submitted with inadequate or poor evidence in the following areas:

- demonstrating a full range of clinical experience
- participating in CPD
- participation in their own annual service Appraisal or ARCP /RITA for training grades.
- case histories provided do not cover all the areas required to demonstrate competence across full breadth and depth of curriculum
- case reports that are incomplete or have insufficient detail / content
- unprofessional writing style

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- Data Protection issues (most commonly patient data)
- lack of evidence of Audits and clinical governance
- lack of teaching evidence to demonstrate teaching of graduates or postgraduates
- lack of evidence to demonstrate ability to work independently such as reports, 360 feedback, **anonymised** case material or clinic and ward round summaries.

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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Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. **If you do not hold registration 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.** You can find out more about primary source verification on our website. 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.
Specialist medical qualification(s)	Please provide an **authenticated copy** of any specialist medical qualifications you hold. For College examinations the College may confirm details of any examinations you have undertaken. The College has curricula and syllabi for the following: Specialist Module in Child and Adolescent Psychiatry If your Specialist qualification is covered by the Specialist Module in Child and Adolescent Psychiatry document then curricula/syllabi do not need to be submitted with your application. Applicants **must** demonstrate an appropriate test of knowledge to that required for the CCT which is the MRCPsych or provide evidence that demonstrates equivalent knowledge (this evidence does not have to be in the form of an examination). Applicants may alternatively provide evidence of learning/knowledge covering a broad range of the topics covered in the MRCPsych examination (see Appendix A). This could include evidence of attendance at suitable training courses, examination syllabi and results, self-directed learning with evaluation reports eg BMJ, RCPsych e-Learning, published articles, reviews and original research. Applicants who hold the following qualifications are not automatically considered to be MRCPsych equivalent as this process can only be determined on an individual basis. The following qualifications have clinical content and structure, similar to the College's MRCPsych, and have all been achieved on the basis of a final examination and will therefore be accepted by the College as an adequate test of knowledge. However, you will need to

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	demonstrate that you have maintained the competencies measured by that exam.
	- Fellowship of the Australia and New Zealand College of Psychiatrists (FRANZCP)
	- American Board of Psychiatry and Neurology (ABPN)
	- Fellowship of the Hong Kong College of Psychiatrists (FHKCP)
	- Fellowship of the College of Psychiatrists of South Africa (FC Psych (SA)
	- The Royal College of Physicians and Surgeons of Canada (RCPSC)
	For applicants who hold the following qualifications, additional evidence as outlined above will need to be supplied.
	- DCP – Diploma in Clinical Psychiatry
	- DPM – Diploma in Psychological Medicine
	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 applican'ts whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.
	Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.
Curriculum or syllabus (if undertaken outside the UK)	This should include the requirements of the qualification and **must** relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) **must** be the one that was in place when you undertook your training.
	If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.
	For qualifications, we will look to evaluate:
	- where the curriculum covers areas of the CCT curriculum
	- the complexity of the work undertaken
	- how examinations are evaluated or quality assured (external assessment).
	It would be helpful to map your overseas qualification curriculum to the MRCPsych curriculum to demonstrate equivalence. Any mapping would need to show knowledge was tested in equivalent breadth and depth; for example that this covered the same topics and they were assessed in a similar way.
Specialist registration outside the UK	Please provide details of the registration requirements of that authority.
	This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.

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Honours and prizes	Please provide **copies** of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.
	Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.
Other relevant qualifications	Formal confirmation of mental health act approval (or relevant act/ legislation in country where practicing). In the UK this is usually a formal letter.
	In the UK this would be Section 12 (England & Wales), Section 22 (Scotland) of the mental health act approval. For details of the equivalent legislation outside the UK please contact your local Strategic Health Authority section 12 office.

Assessments and appraisals

Appraisals and assessments	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).
	Applicants should include reports of direct observation of patient and family consultations e.g assessed clinical encounters (these could be included in the case histories). Alternatively provide an understanding of the importance of job planning and appraisal and how to take an informed part in this.
	Evidence of direct assessment by others: including ACE or equivalent (minimum 2 per year last 2 years), and a number of mini-ACE, DOPs, and Observation of teaching. For details of the various assessment tools please refer to the College website.
	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 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	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 copy of your formal records. In addition if you held any of these approved training posts (except locum posts), please provide evidence of your training number.
	If you have undertaken training outside the UK you **must** provide evidence of formal periodic assessment during your training. This evidence **must** have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you **must** provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.
	If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.
	If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use.
360° and multi-source feedback	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)	For details of what to include please see NHS clinical governance support information.
	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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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).

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Logbooks, records of daily clinical practice and portfolios

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

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

Logbooks	Log of clinical activity:
	These are useful to indicate the type and volume of work done. However, these will not be considered essential. A log of case based discussions covering:
	10 patients from a diagnostic point of view 10 patients from a pharmacotherapy point of view and similarly from a psychological/ psychotherapeutic view **anonymised** case reports - court reports/children's panel reports - reflective thinking - log of emergency assessments and outcomes - Inpatient summaries with **anonymised** patient diagnosis, clinical issues, decisions made - several outpatient clinic summaries with **anonymised** patient diagnosis, clinical issues, decisions made.
	All evidence in this area **must** be **anonymised** for individual patient data.
Consolidation, cumulative data sheets, summary lists and annual caseload statistics	You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.
	It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.
	All evidence in this area **must** be **anonymised** for individual patient data.

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Medical reports	You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:
	Standards for the clinical structure and content of patient records
	To include (this may be included in your case histories):-
	• post incident reviews pertaining to serious untoward incident reporting
	• suicides
	• child protection issues.
	Numbers of deliberate self-harm are not required.
	You can use these to demonstrate:
	• your involvement or role in cases
	• the types and complexity of cases you are involved in
	• your handling of patient paperwork
	• your respect and protection of confidential information
	• triangulation with logbook information.
	All evidence in this area **must** be **anonymised** for individual patient data.

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Case histories	Case histories should cover the following disease states:-
	- emotional disorders in childhood - conduct disorders of childhood - anxiety - depression - eating disorders - substance misuse (including alcohol) - obsessive compulsive disorder - psychosis - psychological problems associated with physical illness - neurodevelopmental disorders including ADHD, ASD and Tourette's syndrome They **must** also include cases which have the following elements:- - medico-legal (including tribunals) or reports for social services - psychiatric reports - children's Panel Reports (Scotland) - working in multi-disciplinary teams in the community - working in out-patient and in-patient settings - catering for acute and non-acute (urgent and non-urgent) referrals - liaison with other specialties - safeguarding The following information **must** be included in the histories - appropriate elements of the history (examples to include early intervention and rehabilitation) - family assessment - developmental assessment - examination - investigation - differential diagnosis - risk assessment (for high, medium and low risk) - summary of the case

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| | management care plan - including o contingency planning o crisis management and o de-escalation techniques where incidents may occur or have occurred use of medication and/or psychological interventions with justification The relevant intended learning outcomes are: history and examination diagnosis formulation of clinical management plan risk management appropriate knowledge and skills in regards to pharmacology knowledge of appropriate legislation pertaining to children and young people e.g. Children's Act, Mental Health Act, Children's Hearing Legislation etc. You should provide approximately 30 case histories :- from 2 – 20 pages depending on the complexity of the case, endeavouring to submit case histories that cover more than one area to reduce the volume of paperwork All evidence in this area **must** be **anonymised** for individual patient data. |

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Referral letters discussing patient handling	Applicants **must** submit approximately 25 letters covering the full range of the curriculum (see areas in case histories above). Applicants are advised not to send in letters that cover similar cases. This may include examples of letters: • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. You can use these to demonstrate: • 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. All evidence in this area **must** be **anonymised** for individual patient data.
Patient lists	You may wish to include copies of patient lists. You can use these to demonstrate: • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information. All evidence in this area **must** be **anonymised** for individual patient data.
Departmental (or trust) workload statistics and annual caseload statistics	You can use these to demonstrate: • the size of the hospital in which you work • the volume of work undertaken within your trust and the percentage that you undertake • the range of work that you undertake and that is undertaken within your trust • triangulation with logbook information

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Rotas, timetables and job plans	Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate: • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information.
Portfolios (electronic or revalidation)	Guidance on the content of a portfolio can be found on the College website

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

Employment letters and contracts of employment	The information in these letters and contracts **must** match your CV. They will confirm the following: • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	These **must** match the information in your CV. They will confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training. These should include responsibilities and a short description of the type of work undertaken (no more than a paragraph)
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.

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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.
	The documentation should demonstrate the ability to :
	• use and frame research questions appropriately;
	• write a research protocol and draw up a realistic time line for the proposed study;
	• modify protocol to overcome difficulties;
	• adhere to time lines;
	• compare own findings with others.
	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.
Publications within specialty field	Include a copy of the front page of each publication.
	More weight is given where:
	• the applicant is first author
	• the publication has a high impact factor.
	You **must** not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.
	Colleges may undertake web searches to check the information you provide.
	You can use these documents to demonstrate:
	• the types and complexity of cases you are involved in
	• triangulation with logbook information
	• working with colleagues (where publications are joint or multi-disciplinary)
	• 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:

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Presentations, poster presentations	You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.
	You can use these documents to demonstrate:
	- the types and complexity of cases you are involved in - triangulation with logbook information - CPD - teaching and training.
	Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

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CPD and CME

CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences	You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.
	Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).
	See RCPsych guidelines at http://www.rcpsych.ac.uk.
CPD registration points from UK Medical Royal College (or equivalent body overseas)	Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.
	Participation in RCPsych CPD is not essential, but is one way of meeting this criterion.
	See RCPsych guidelines at http://www.rcpsych.ac.uk.
Membership of professional bodies and organisations	List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:
	- organisation name - date of joining - status of membership (member, associate etc) - how membership is achieved (evaluation, examination, is membership restricted or open to all?)
	Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.
	See RCPsych guidelines at http://www.rcpsych.ac.uk.

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Teaching and training

Teaching timetables	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. You should provide evidence of supervision of junior colleagues working in Child and Adolescent Psychiatry (where an applicant is not a consultant this should also include evidence of appropriate supervision to ensure teaching is peer reviewed to improve teaching and learning performance). Evidence should include: • Timetables indicating lectures and seminars held • Supervision records for individual supervision (dates, topic covered) 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.
Lectures	Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme. You should demonstrate ability to adapt teaching or training to the needs of particular learners e.g. medical students, colleagues from other specialities particularly primary care, paramedical professionals. You may use Observation of Teaching forms signed by a Consultant as evidence of feedback. 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.
Feedback or evaluation forms from those taught	Please provide copies of feedback from teaching events you have participated in. The forms should provide evidence of: • evaluation of learning and teaching events • a variety of teaching methods and organisation of educational events • development of knowledge of different teaching techniques and demonstrate how these can be used effectively in different teaching settings relevant to Child Psychiatry, in a hospital or community based clinical setting • a learning process and assessment of performance. All evidence in this area **must** be **anonymised** for individual patient data.

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Letters from colleagues	You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).
	All evidence in this area **must** be **anonymised** for individual patient data.
Attendance at teaching or appraisal courses	Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.
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). • **anonymised** copies of work place based assessments you have undertaken. • A record of supervision sessions with junior doctor(s) indicating date and topic covered.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.

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Domain 2 – Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant	These should include evidence of what contribution has been made for each audit whether an original idea, design of method, data collection, analysis, writing up or dissemination. Refer to curriculum intended learning outcomes 12
	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
	Evidence you could supply includes:
	• audit reports (collections of data alone are not considered as a full clinical audit)
	• publications
	• submissions to ethics committee (not satisfactory alone)
	• presentations of audit work (see above for details required for presentations)
	• letter from audit or clinical governance lead confirming participation in audit or governance activities
	• guidelines produced to reflect lessons learned within audit
	• notes from self-reflective diaries.
	You can use these documents to demonstrate:
	• the types and complexity of cases you are involved in
	• triangulation with logbook information CPD
	• communication, partnership and teamwork
	• relationships with colleagues, patients
	• leadership
	• multi-disciplinary working.

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Reflective diaries	You can use this document to demonstrate • triangulation with logbooks • relationships with colleagues • your recognition of the limits of your professional competence • handling of critical incidents or complaints • how you have changed your practice in the light of experiences (part of audit). As this evidence is self-produced for its content to be given weight it **must** be supported or triangulated by other evidence.
Service Improvement and clinical governance meetings	This area could be demonstrated in a number of ways including: • invitations to attend meetings • minutes of meetings demonstrating your attendance and participation in the meeting. You can use these documents to demonstrate: • communication, partnership and teamwork • relationships with colleagues • leadership • multi-disciplinary working • participation in audit or clinical governance. Refer to curriculum intended learning outcomes 13 All evidence in this area **must** be **anonymised** for individual patient data.

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Safety

Health and safety	Please provide evidence to support awareness and following Health and Safety requirements.
	This can be demonstrated by:
	- declaration of health on your application form
	- attendance at appropriate course
	- involvement in infection control (membership of committees, etc.)
	- logbook information on infections
	- audit on infections and subsequent changes in activity.

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Domain 3 – Communication, partnership and teamwork

Communication

Colleagues	Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non-clinical).
	This can be demonstrated by:
	• letters from colleagues (examples of shared cases or "To whom it may concern letters" or testimonials)
	• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams
	• management – including organising staff rotas
	• presentations
	• copies of appraisals or references written for colleagues (these **must** be **anonymised** with relation to colleague data).
	You can use these documents to demonstrate:
	• communication, partnership and teamwork
	• relationships with colleagues
	• leadership
	• multi-disciplinary working
	• participation in directorate and management meetings
	• honesty and objectivity.

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Patients	This area could be demonstrated in a number of ways including:
	• thank you letters and cards from patients
	• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)
	• complaints and responses to complaints.
	This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. **You must anonymise colleague information from this evidence**.
	• 360° feedback.
	You can use these documents to demonstrate:
	• communication
	• relationships with patients
	• honesty and integrity
	• protecting patient confidentiality.
	All evidence in this area **must** be **anonymised** for individual patient data.

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Partnership and teamwork

Working in multidisciplinary teams	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. You can use these documents to demonstrate: • communication, partnership and teamwork • relationships with colleagues • leadership • multi-disciplinary working. Refer to curriculum intended learning outcomes 9 All evidence in this area **must** be **anonymised** for individual patient data.
Management and leadership experience	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. You can use these documents to demonstrate: • communication, partnership and teamwork • relationships with colleagues • leadership • management skills. Refer to curriculum intended learning outcomes 10 All evidence in this area **must** be **anonymised** for individual patient data.

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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.

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Domain 4 – Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: • 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: • 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: • attendance at relevant courses (please provide details of course content) • feedback from patients and colleagues • your application and evidence being appropriately **anonymised**.

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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.

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Topics covered in MRCPsych examination that applicants should supply evidence of learning

Paper I	Paper II	Paper III
General Adult	General Adult	General Adult
History and mental state examination	General principles of psychopharmacology (pharmacokinetics, pharmacodynamics)	Research methods
Cognitive assessment	Psychotropic drugs	Evidence based practice
Neurological examination	Adverse reactions	Statistics
Assessment	Evaluation of treatments	Critical Appraisal
Aetiology	Neuropsychiatry (physiology, endocrinology, chemistry, anatomy, pathology)	Clinical Topics
Diagnosis		Liaison
Classification		Forensic
Basic Psychopharmacology	Genetics	Addiction
	Epidemiology	Child and adolescent
Basic psychological processes	Advanced Psychological Processes and Treatments	Psychotherapy
Human psychological development		Learning disability
Social psychology		Rehabilitation
Description and measurement		Old age psychiatry
Basic psychological treatments		
Prevention of psychiatric disorder		
Descriptive psychopathology		
Dynamic psychopathology		
History of psychiatry		
Basic ethics and philosophy of psychiatry		
Stigma and culture		

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Log of clinical activity

Diagnosis	Assessment			Setting			
	New patient		Follow-up				
	Normal working hours	On call		In-patient	Out-patient clinic	General hospital / A+E	Home visit

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Psychotherapy Experience

TYPE OF THERAPY	COGNITIVE BEHAVIOURAL THERAPY/ PSYCHODYNAMIC/INTERPERSONAL THERAPY/COGNITIVE ANALYTICAL THERAPY/FAMILY ETC
Patient identifier Age Gender Diagnosis	
Frequency of sessions Start date End date Number of sessions	
Brief description of problem and aims of therapy	
Summary of sessions	
Name of supervisor Dates of supervision Summary of topics and strategies discussed	

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Pharmacotherapy Experience

BNF CATEGORY	DESCRIPTION OF AIMS AND OUTCOME OF THERAPY
Hypnotics and anxiolytics	Essential
Drugs used in psychoses and related disorders	Essential
Drugs to treat side effects of antipsychotics	Essential
Antidepressant drugs	Essential
Anti manic drugs	Essential
CNS stimulants and drugs used for ADHD	Desirable
Antiepileptics	Essential
Drugs used in Parkinsonism and related disorders	Essential
Drugs used in substance dependence	Essential
Drugs for dementia	Desirable

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