

## Dermatology

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

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

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

The structure of the programme is an indicative two years in Core Medical Training or Acute Care Common Stem (ACCS), or Level 1 Paediatrics (ST1-3), followed by an indicative four years of training in Dermatology. Therefore applicants need to demonstrate that they have achieved the competencies in both of these areas.

For entrants to specialist training from a paediatric training route, successful completion of Level 1 Paediatrics training including the Member of the Royal College of Paediatrics and Child Health (MRCPCH) examination is a requirement. The competencies described in the curriculum will build on previous training. Where this has not provided adequate experience in the diagnosis and ongoing inpatient management of patients with a broad range of general medical problems, this will need to be completed to a level equivalent to the experience gained in Core Medical Training before the specialist curriculum may be followed. For complete details refer to the [Dermatology Curriculum documentation](#).

### Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma per institution 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](#).

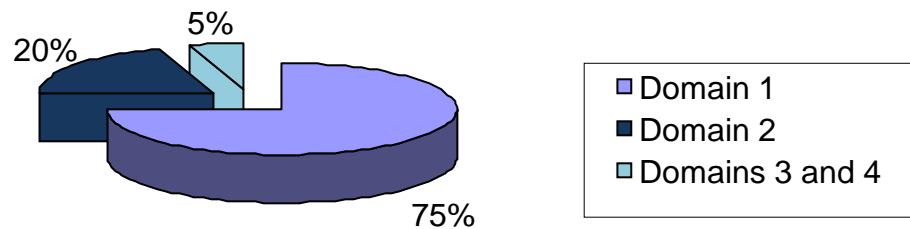
## How much evidence to submit

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 [Dermatology 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, please cross reference".)

### 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 Dermatology

Before making your application for CESR in Dermatology medicine you are encouraged to review this document in conjunction with the CCT curriculum in Dermatology. You will need to ensure, through the documentary evidence you provide, that you have demonstrated equivalence to the standards set out in the curriculum.

Some of the common reasons why applications are unsuccessful include:

**Core medical training competencies:** CESR applications in Dermatology need to demonstrate core medical knowledge and an application of this knowledge in practice.

MRCP (UK) is the most expeditious way to demonstrate core medical knowledge; however this alone is not sufficient to demonstrate the breadth of core competencies. In order

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to demonstrate core competencies applicants need to provide:

- MRCP (UK) **and** evidence showing the application of core skills. This evidence could include supervised learning events (SLEs)/workplace based assessments (WPBAs), multisource feedback (MSF), quality improvement projects and direct observation of procedures (DOPS).

Or

- Evidence of rigorous evaluation of core knowledge and clinical skills either by examination or suitable alternative assessment (to the same level as MRCP (UK) or above) **and** evidence showing the application of core skills. This evidence could include supervised learning events (SLEs)/workplace based assessments (WPBAs), multisource feedback (MSF) and quality improvement projects. A variety of evidence is better to demonstrate equivalence.

Where trying to demonstrate equivalence to CMT, applicants need to cover:

- All of the 20 Top Presentations (some CMT presentations can be evidenced through Dermatology patient care)
- A minimum of 10 of the other 40 common presentations
- All emergency presentations (an ALS certificate covers 4 of the emergency presentations)
- A minimum of 5 core procedures (which could be undertaken in a skills lab)

For further guidance, we recommend referring to the following: <https://www.jrcptb.org.uk/specialties/core-medical-training-and-acute-care-common-stem-medicine>

**Failure to pass the Specialty Certificate Exam (SCE) in Dermatology.**

**Please refer to the British Association of Dermatologists CESR framework for more guidance:** [http://www.bad.org.uk/library-media/documents/CESR%20Guidance%20Framework\(2\).pdf](http://www.bad.org.uk/library-media/documents/CESR%20Guidance%20Framework(2).pdf)

### **Anonymising your evidence**

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

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

This includes:

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

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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

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| <p>Primary medical qualification (PMQ)</p>   | <p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p><b>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.</b></p> <p>You can find out more about <a href="#">primary source verification</a> 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 <a href="#">our guidance</a>.</p>  |
| <p>Specialist medical qualification(s)</p> <p>Please provide an <b>authenticated copy</b> 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>Applicants <b>must</b> demonstrate an appropriate test of knowledge to that required for the CCT which is the Specialty Certificate Examination in Dermatology.</p> <p>The College has curricula and syllabi for the following:</p> <ul style="list-style-type: none"><li>• A Competency Based Curriculum for Specialty Training in Dermatology.</li></ul> <p>If your Specialist qualification is covered by this document then curricula/syllabi do not need to be submitted with your application.</p> <p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p> |

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| <p>Curriculum or syllabus (if undertaken outside the UK)</p>  | <p>This should include the requirements of the qualification and <b>must</b> relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) <b>must</b> 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"> <li>• where the curriculum covers areas of the CCT curriculum</li> <li>• the complexity of the work undertaken</li> <li>• how examinations are evaluated or quality assured (external assessment).</li> </ul> <p>The JRCPTB does not currently have any of documents relating to overseas training programmes and therefore applicants <b>must</b> supply these.</p> |
| <p>Specialist registration outside the UK</p> <p>Please provide <b>an authenticated copy</b> of details of the registration requirements of that authority.</p> | <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p> <p>The JRCPTB does not currently have any of documents relating to specialist registration outside the UK and therefore applicants <b>must</b> supply these.</p>  |
| <p>Honours and prizes</p>   | <p>Please provide <b>copies</b> 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>  |
| <p>Other relevant qualifications and certificates</p>   | <p>Please provide <b>copies</b> of certificates.</p> <p>For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.</p>  |

## Assessments and appraisals

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| Appraisals and assessments | <p><b>Appraisal</b></p> <p>All applicants must submit evidence of engagement with the appraisal process. 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). For those applicants working in independent practice it is recommended that an annual appraisal for the last five years is provided and summary documentation of this submitted with the application. Those working in a NHS or managed environment should submit evidence of annual appraisals. Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. 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 <b>must</b> 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 e.g. UK revalidation portfolio.</p> <p><b>Assessments</b></p> <p>Supervised learning events (SLEs) should be performed by a number of different appropriate assessors and include structured feedback. A minimum of 4 mini-CEX and 8 CbDs should be undertaken per year, as well as 4 surgical DOPS and 2 non-surgical DOPS. Please refer to the Dermatology ARCP Decision Aid for further information: <a href="https://www.jrcptb.org.uk">https://www.jrcptb.org.uk</a>. You should provide evidence of work-place based assessments sampling the whole curriculum. Do not forget to include evidence of experience of the more specialised areas e.g. such as indications for Moh's micrographic surgery; psycho-dermatology; prick testing; Oncology; GU medicine; Oral medicine; Lasers and cosmetic dermatology</p> |
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| RITAs, ARCPs and training assessments   | <p>Formal records of assessment have been in place in the UK since 1996 (for posts of Registrar, Specialist Registrar, and Specialty Registrar). If you have undertaken training in the UK in these grades you should provide a <b>copy</b> 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 <b>must</b> provide evidence of formal periodic assessment during your training, for each year of training undertaken. This evidence <b>must</b> 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 <b>must</b> 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          | <p>You may wish to supply evidence of feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time. Ideally these would be in the form of multi-source feedback (MSF) assessment and patient surveys, which are available on the UK e-portfolio, and may be in the format of letters, references for posts applied for etc.</p> <p>You should provide annual evidence of MSF/360 for the last five years, or as much of your recent practise as possible. This feedback should include a minimum of 12 respondents and a range of people in different settings.</p> <p>Template forms for MSF are available on the JRCPTB website document library - <a href="https://www.jrcptb.org.uk/document-library">https://www.jrcptb.org.uk/document-library</a>. Evidence from alternative systems used within the UK or overseas based on a similar methodology will be considered and evaluated individually.</p>  |
| Awards and discretionary points letters | You <b>must</b> provide copies of certificates and letters.   |
| Personal development plans (PDP)        | <p>For details of what to include please see <a href="#">NHS appraisal information</a></p> <p>You <b>must</b> also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation.</p>  |

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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](#).

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| <p>Logbooks</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> <p><b>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.</b></p> | <p>Photocopies of operating lists and theatre record books are not satisfactory evidence of procedures. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have. It should contain the following information:</p> <ul style="list-style-type: none"><li>• A representative data set of: Patients seen in clinic with patient demographics, diagnosis and very brief management</li><li>• only procedures that you were personally involved in</li><li>• age and gender</li><li>• date of the procedure</li><li>• full name of the procedure</li><li>• your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)</li><li>• any critical incidents</li><li>• name of the hospital or clinic where procedure was performed</li><li>• outcomes data.</li></ul> <p>For guidance on the most appropriate format for your logbook please refer to <a href="http://www.jrcptb.org.uk">www.jrcptb.org.uk</a> where you can obtain a copy of the electronic logbook. A surgical logbook example is also available at <a href="http://www.bsds.org.uk/resources/surgery-log-books">http://www.bsds.org.uk/resources/surgery-log-books</a>).</p> <p>A Logbook of patients seen as an emergency or by referral as an in-patient can demonstrate experience in acute dermatology. Information could include the reason for referral, the diagnosis/ differential diagnosis, management and outcome.</p> <p>Keeping a logbook as part of everyday practise is recommended.</p> <p>For those who have not completed a log book as they have gone along (although this is not advisable), should provide educational supervisor reports, evidence of completed WPBAs and courses attended.</p> |
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|   | <p>Those that have been working less than full time should demonstrate (normally through their log book) that they have undertaken pro rata duties including on-call and other out of hours commitments) required of their full-time colleagues.</p> <p>It is important that these cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than 5 years, although evidence from the last 5 years will hold most weight.</p> |
| <p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> | <p>You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.</p> <p>It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.</p>  |

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| <p>Medical reports</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> | <p>You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:</p> <p><a href="#">Standards for the clinical structure and content of patient records</a></p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> <li>• your involvement or role in cases</li> <li>• the types and complexity of cases you are involved in</li> <li>• your handling of patient paperwork</li> <li>• your respect and protection of confidential information</li> <li>• triangulation with logbook information.</li> <li>• Examples could include reports for insurance companies, letters to solicitors, War Pensions Agency, DLA. Evidence of attendance of Medico-legal workshops is also useful</li> </ul> |
| <p>Case histories</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>  | <p>You should provide evidence of 25 cases, ranging from common to rare diseases and align them with the curriculum competences.</p> <p>These should include:</p> <ul style="list-style-type: none"> <li>• dates</li> <li>• diagnosis</li> <li>• nature of your involvement in the management of the case</li> <li>• which curriculum competencies were involved.</li> </ul> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> <li>• your involvement or role in cases</li> <li>• the types and complexity of cases you are involved in</li> <li>• your handling of patient paperwork</li> <li>• your respect and protection of confidential information</li> <li>• triangulation with logbook information.</li> </ul>   |

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

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| Rotas, timetables and job plans         | <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"> <li>• details of clinical and non-clinical duties you undertake</li> <li>• your on-call commitment</li> <li>• your participation in meetings and teaching</li> <li>• triangulation with logbook information.</li> </ul> |
| Courses relevant to curriculum          | Any overseas courses will be evaluated in line with UK courses.  |
| Portfolios (electronic or revalidation) | 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.  |

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

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| Employment letters and contracts of employment | <p>The information in these letters and contracts <b>must</b> match your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• dates you were in post</li><li>• post title, grade, training</li><li>• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li></ul> <p>The content should include evidence of the different work environments/settings defined in the curriculum</p>  |
| Job descriptions                               | <p>These <b>must</b> match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• your position within the structure of your department</li><li>• your post title</li><li>• your clinical and non-clinical commitment</li><li>• your involvement in teaching or training.</li></ul> <p>The content should include evidence of the different work environments/settings defined in the curriculum.</p>  |
| Job plans                                      | <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"><li>• the main duties and responsibilities of the post</li><li>• your out of hours responsibilities, including rota commitments</li><li>• that you have covered for colleagues' periods of leave</li><li>• any professional supervision and management of junior medical staff that you have undertaken</li><li>• your responsibilities for carrying out teaching, examination and accreditation duties</li><li>• your contribution to postgraduate and continuing medical education activity, locally and nationally</li><li>• any responsibilities you had that relate to a special interest</li><li>• requirements to participate in medical audit and in continuing medical education</li><li>• your involvement in research</li><li>• your managerial, including budgetary, responsibilities where appropriate</li><li>• your participation in administration and management duties.</li></ul> |

## Research, publications and presentations

Research papers, grants, patent designs

Please include any research relevant to your current practice.

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

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

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

You should provide evidence of:

- How you engage and promote research (GPC training, attendance at research meetings, involvement in research projects, etc.)
- How you advise and support trainees in research training (publications of original work, presentations of original work at meetings, involvement in research projects, as above.)
- How you read and critically appraise dermatology or research papers (active participation in journal club, review article publications, etc.)
- Working with colleagues to apply knowledge gained from research (writing of patient information leaflets, local guidelines, national guidelines)
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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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| <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"> <li>• the applicant is first author</li> <li>• the publication has a high impact factor.</li> </ul> <p>You should provide evidence of having contributed to the production of clinical guidelines (local or national).</p> <p>You <b>must</b> not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> <li>• How you write in a manner acceptable to a peer-reviewed journal (publications of original work)</li> <li>• the types and complexity of cases you are involved in</li> <li>• triangulation with logbook information</li> <li>• working with colleagues (where publications are joint or multi-disciplinary)</li> <li>• CPD.</li> </ul> <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"> <li>• the types and complexity of cases you are involved in</li> <li>• triangulation with logbook information</li> <li>• CPD</li> <li>• teaching and training.</li> </ul> <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. The provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills. CPD records should include evidence of training in communication skills and participation in management and teaching courses.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> <p>See JRCPTB guidelines at <a href="http://www.jrcptb.org.uk">www.jrcptb.org.uk</a>.</p>   |
| <p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>   | <p>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.</p> <p>CPD should include activities both within and outside the institution where you are employed.</p> <p>The Royal College of Physicians guidance on CPD credits confirms that a minimum of 50 CPD credits should be obtained per year, where one credit is based on one hour of educational activity. 25 credits must be from external CPD i.e. outside of the institution where you are working.</p> <p>See JRCPTB guidelines at <a href="http://www.jrcptb.org.uk">www.jrcptb.org.uk</a>.</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"><li>• organisation name</li><li>• date of joining</li><li>• status of membership (member, associate etc)</li><li>• how membership is achieved (evaluation, examination, is membership restricted or open to all?)</li></ul> <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>See JRCPTB guidelines at <a href="http://www.jrcptb.org.uk">www.jrcptb.org.uk</a>.</p> |

## Teaching and training

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| Teaching timetables | <p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching (e.g. undergraduate, post-graduate, peer). Where teaching is not formal (timetabled) indicate how you participate in teaching.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>Timetables to include evidence of</p> <ul style="list-style-type: none"><li>• participation in patient education collaboratively with other members of a multi-professional team;</li><li>• participation in the teaching of allied health professional,</li></ul>  |
| Lectures            | <p>Please include evidence showing the date, 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. This includes evidence of attendance or speaking at meetings of 'lay' patient support organisations.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"><li>• the types and complexity of cases you are involved in</li><li>• triangulation with logbook information</li><li>• CPD</li><li>• teaching and training</li><li>• communication skills.</li></ul> <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>Feedback or evaluation forms from those taught</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> | <p>Please provide copies of feedback from teaching events you have participated in. You should submit a minimum of 1 TO (Teaching Observation) from each year.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> <li>• the types and complexity of cases you are involved in</li> <li>• triangulation with logbook information</li> <li>• CPD</li> <li>• teaching and training</li> <li>• leadership</li> <li>• relationships with colleagues</li> <li>• communication skills.</li> </ul> |
| <p>Letters from colleagues</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>                        | <p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p>  |
| <p>Attendance at teaching or appraisal courses</p>   | <p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p>  |

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| <p>Participation in assessment or appraisal and appointments processes</p> | <p>You may provide the following types of evidence to support this area:</p> <ul style="list-style-type: none"><li>• copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses</li><li>• evidence of participation in the Deanery ARCP or RITA processes</li><li>• evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses).</li></ul> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"><li>• contribution to postgraduate and continuing medical education activity, locally and nationally</li><li>• any responsibilities which relate to a special interest</li><li>• participation in administration, management duties</li><li>• participation in teaching and training</li><li>• communication, partnership and teamwork</li><li>• relationships with colleagues (including giving feedback)</li><li>• leadership.</li></ul> |
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## Domain 2 – Safety and quality

### Participation in audit, service improvement

Audits undertaken by applicant

You need to demonstrate that you have completed a minimum of **two audits** over the last five years, including at least one full audit loop against the national standards for both medical dermatology and skin cancer. One audit or quality improvement project per year is required in a full-time training post and applicants may wish to demonstrate equivalence.

You must 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
- Evidence of re-audit

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

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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](http://www.gmc-uk.org).

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

## Safety

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| Health and safety | <p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none"><li>• declaration of health on your application form</li><li>• attendance at appropriate course</li><li>• involvement in infection control (membership of committees etc)</li><li>• logbook information on infections</li><li>• audit on infections and subsequent changes in activity.</li></ul> |
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## Domain 3 – Communication, partnership and teamwork

### Communication

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| Colleagues | <p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non-clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none"><li>• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)</li><li>• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams</li><li>• management – including organising staff rotas</li><li>• presentations</li><li>• copies of appraisals or references written for colleagues (these <b>must</b> be <b>anonymised</b> with relation to colleague data)</li><li>• 360° feedback</li><li>• Reflections on working with colleagues</li></ul> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"><li>• communication, partnership and teamwork</li><li>• relationships with colleagues</li><li>• leadership</li><li>• multi-disciplinary working</li><li>• participation in directorate and management meetings</li><li>• honesty and objectivity.</li></ul> <p>You should provide evidence of working with:</p> <ul style="list-style-type: none"><li>• wider healthcare team including Primary Care, intermediate and secondary care teams</li><li>• multidisciplinary teams</li><li>• community groups.</li></ul> <p>These could be demonstrated using the following types of evidence:-</p> |
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|  | <ul style="list-style-type: none"> <li>• newspaper articles</li> <li>• local authority / government meeting minutes,</li> <li>• extracts from websites,</li> <li>• job descriptions</li> <li>• articles, publications.</li> </ul>  |
| <p>Patients</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> | <p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"> <li>• thank you letters and cards from patients</li> <li>• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)</li> <li>• complaints and responses to complaints.</li> </ul> <p>This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. <b>You must anonymise colleague information from this evidence.</b></p> <ul style="list-style-type: none"> <li>• patient surveys</li> <li>• attendance at advanced communication skills courses can be helpful in demonstrating meeting the competence 'Delivering bad news'</li> </ul> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> <li>• communication</li> <li>• relationships with patients</li> <li>• honesty and integrity</li> <li>• protecting patient confidentiality.</li> </ul> <p>You should provide evidence of working with:</p> <ul style="list-style-type: none"> <li>• wider healthcare team including Primary Care, intermediate and secondary care teams</li> <li>• multidisciplinary teams</li> <li>• community groups.</li> </ul> <p>These could be demonstrated using the following types of evidence:-</p> |

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|  | <ul style="list-style-type: none"><li>• newspaper articles</li><li>• local authority / government meeting minutes,</li><li>• extracts from websites,</li><li>• job descriptions</li><li>• articles, publications.</li></ul> |
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## Partnership and teamwork

Working in multidisciplinary teams

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

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.

Management and leadership experience

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

You should demonstrate leadership and management in the following areas:

- Education and training of junior colleagues and other members of the healthcare team
- Deteriorating performance of colleagues (e.g. stress, fatigue)
- High quality care
- Effective handover of care between shifts and 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
- management skills.

Chairing meetings and leading projects

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

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.

## Domain 4 – Maintaining trust

### Acting with honesty and integrity

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

## Relationships with patients

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