SpeCopyty 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)

**Occupational Medicine**

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

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

You can contact us and ask to speak to the Specialist Applications Team for advice before you apply. You are strongly advised to contact the Faculty of Occupational Medicine (FOM) for guidance before you submit an application or a reapplication. Please also study all the relevant documents on the GMC website in the section on CESRs, including those regarding CVs and referees.

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

The indicative period of training for a CCT in Occupational Medicine is six years if undertaken full time - two years in Core training and four years in Specialty training - and it is very unlikely that you would achieve the competencies required for a CCT in a shorter period of time. There are a variety of routes into the specialty and it is the allocation into Occupational Medicine training at the beginning of the third year of six and subsequent successful completion of training which will lead to the award of a CCT in Occupational Medicine. The first two of the six years can be spent in a variety of different areas, which relate to the specialty. These can include (but are not limited to) core training in acute medicine, general practice, psychiatry, public health and surgery. The Faculty of Occupational Medicine is also prepared to consider other equivalent experience.

For a complete list of all of the competencies required for a CCT in Occupational Medicine, you should refer to the Occupational Medicine 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 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 Occupational Medicine Curriculum documentation. If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that 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”.)

Your application should include around 800-1,000 pages of evidence. If it is in excess of this, it is possible that you have included documentation not relevant to your application. 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.

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.

Unsuccessful applications or poor evidence

It is our experience that applications from doctors in the specialty of Occupational Medicine are often submitted with inadequate or poor evidence in the following areas:

1. Failure to demonstrate knowledge of the full breadth and depth of the Occupational Medicine curriculum.
2. Failure to demonstrate knowledge and experience in a specific part of the Occupational Medicine curriculum, specific elements of the specialist training curriculum include: management of chronic disease, education and disease prevention, specialist assessments and management of occupational health hazards to health, assessment of disability and fitness for work, environmental issues relating to work practice, application of specialist competencies in occupational medicine to a particular workplace, determining the broader socio-political and cultural impact on occupational health practice, application of knowledge and skills to cope with ethical and legal issues, effectively communicate with patients, employers, employees’ representatives and colleagues and have sufficient knowledge of the principles, practices of management and industrial relations.

This is the specialty specific guidance for Occupational Medicine

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
3. Failure to submit evidence of ongoing CPD across the whole occupational medicine curriculum.

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

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

6. Failure to submit evidence of teaching and audit

7. Failure to demonstrate research competencies by demonstrating involvement in research activities gained by submitting a dissertation or published research relevant to Occupational Medicine

### 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

The following details don’t need to be anonymised:

- Gender
- Date of birth

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

#### Qualifications

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary medical qualification (PMQ)</strong></td>
<td>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</td>
</tr>
<tr>
<td></td>
<td><strong>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.</strong></td>
</tr>
<tr>
<td></td>
<td>You can find out more about <a href="https://www.gmc-uk.org">primary source verification</a> on our website.</td>
</tr>
<tr>
<td></td>
<td>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="https://www.gmc-uk.org">our guidance</a>.</td>
</tr>
<tr>
<td><strong>Specialist medical qualification(s)</strong></td>
<td>Please provide an authenticated copy of any specialist medical qualifications you hold.</td>
</tr>
<tr>
<td></td>
<td>For College examinations the College may confirm details of any examinations you have undertaken.</td>
</tr>
<tr>
<td></td>
<td>Relevant Faculty of Occupational Medicine qualifications would include:</td>
</tr>
<tr>
<td></td>
<td>• Associate of the Faculty of Occupational Medicine (AFOM).</td>
</tr>
<tr>
<td></td>
<td>• MFOM Part 1. This examination was first introduced in 2007.</td>
</tr>
<tr>
<td></td>
<td>• MFOM Part 2. This examination was first introduced in 2010.</td>
</tr>
<tr>
<td></td>
<td>For Faculty of Occupational Medicine examinations, there is no requirement to submit a copy of the curriculum.</td>
</tr>
<tr>
<td></td>
<td>Please note that a copy of the curriculum you followed is required for any non FOM qualification.</td>
</tr>
<tr>
<td></td>
<td>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</td>
</tr>
</tbody>
</table>
| Curriculum or syllabus (if undertaken outside the UK) | Please provide a **copy** of your curriculum or syllabus.  
Specialist qualifications from countries with a formal OM training programme, which are comparable in breadth and depth, length and content to the UK training programme, are viewed as strong supportive evidence. However applicants **must** provide a copy of the curriculum and examination regulations current at the time of their training.  
This should include the requirements of the qualification and **must** relate to Occupational Medicine. The curriculum or syllabus (including assessment methods) **must** be the one that was in place when you undertook your training.  
If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.  
For qualifications, we will look to evaluate:  
- where the curriculum covers areas of the CCT curriculum  
- the complexity of the work undertaken  
- how examinations are evaluated or quality assured (external assessment). |
| --- | --- |
| Specialist registration outside the UK | Please provide an **authenticated copy** of details of the registration requirements of that authority.  
This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated. |
| Honours and prizes | Please provide **copies** of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.  
Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. |
| Other relevant qualifications and certificates | Although it is not a specialist qualification, a certified copy of the Diploma in Occupational Medicine (DOccMed) may be submitted as part of the evidence of knowledge. It is not necessary to provide a copy of the curriculum.  
Please provide **copies** of certificates.  
Examples of other relevant qualifications include degrees or diplomas in relevant areas such as management, business, IT, communication, education or law. |
### Assessments and appraisals

**Appraisals and assessments**

Please provide copies of the evidence required in this area.

For non training posts you should provide evidence of ongoing evaluation of your performance.

This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).

In the UK, a revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).

Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression. There are many different forms of assessment which form part of the various CCT curricula. Many of these tools are available for those not in training to use.

**RITAs, ARCPs and training assessments**

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 (this should include copies of workplace-based assessments, if undertaken). 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 appraisal information](http://www.gmc-uk.org).

You **must** also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation.
Logbooks, records of daily clinical practice and portfolios

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

Logbooks

Photocopies of clinic lists and record books are not satisfactory evidence of your involvement in activities. If you did not complete a logbook at the time you undertook the activities, you should create a logbook from the information you have. It should contain the following information:

- only activities that you were personally involved in
- age and gender
- date of the activity
- brief details of the activity
- your role in the activity (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)
- any critical incidents
- name of the hospital, clinic or other workplace where the activity was undertaken
- outcomes data.

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.

The documentation should be relevant to Occupational Medicine. It should contain the following types of information:

- Evidence of assessing the patient’s health, based on the clinical and occupational history and clinical signs and if necessary an appropriate examination of the patient and any relevant medical reports and
investigations

• Evidence of knowledge of chronic physical disease and mental illness, including psychosocial and ‘lifestyle’ factors, and the effects of therapeutic and misused drugs

• Evidence of an assessment of the interaction between workers and their jobs, including occupational factors that may adversely affect their health and safety, or that of others.

• Evidence of having organised investigations important to the assessment of occupational risks of fitness for work.

• Evidence of the provision of advice to management on short and long term sickness absence and on suitability for ill health retirement

• Evidence of taking suitable and prompt action where necessary.

• Evidence of providing patients with the information they need to protect themselves against occupational risks.

• Evidence of referring the patient to their General Practitioner, where appropriate.

• Evidence of having collected information to make a competent assessment of the risks from work, such as from chemical factors, including information from groups of workers.

• Evidence of relevant workplace visits, to gain an understanding of the work environment, the nature of the demands of the work environment, the nature and demands of the work and the risks to health.

• Evidence of advice given on the measures required to control the health and safety risks, arising from work activities, especially any obligations which are statutory.

• Evidence of advising on health surveillance and interpretation of findings, including the results of biological monitoring

• Evidence of competently assessing the patient’s capability for work and the options for rehabilitation or redeployment.

• Evidence of encouraging employers to accommodate workers with illness or disability and advice to employers and employees on any statutory requirements, relating to disability.

• Evidence of involvement in health education and health promotion activities
| **Consolidation, cumulative data sheets, summary lists and annual caseload statistics** | You should provide a summary of the total numbers for the various activities listed in the logbook. This should be completed annually and include your role in the activity.

It is important that the logbooks cover the full range of the curriculum demonstrating knowledge and experience of the breadth and depth of Occupational Medicine. 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. |
|---|---|
| **Medical reports** | You should provide examples across the breadth of your practice.

You can use these to demonstrate:

- Clarity and appropriateness of advice to managers;
- 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

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

- Evidence of the application of knowledge of toxicology, occupational hygiene and ergonomics
- Evidence of knowledge of environmental issues

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

All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.
<table>
<thead>
<tr>
<th>Case histories</th>
<th>Case histories that you provide should include:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>dates</td>
</tr>
<tr>
<td></td>
<td>diagnosis</td>
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<tr>
<td></td>
<td>nature of your involvement in the management of the case</td>
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<tr>
<td></td>
<td>which curriculum competencies were involved.</td>
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<tr>
<td></td>
<td>You can use these to demonstrate:</td>
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<tr>
<td></td>
<td>your involvement or role in cases</td>
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<td></td>
<td>the types and complexity of cases you are involved in</td>
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<tr>
<td></td>
<td>your handling of patient paperwork</td>
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<td></td>
<td>your respect and protection of confidential information</td>
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<tr>
<td></td>
<td>triangulation with logbook information.</td>
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<tr>
<td></td>
<td>Clarity and appropriateness of advice to managers.</td>
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<tr>
<td></td>
<td>You can also use case histories to demonstrate evidence of:</td>
</tr>
<tr>
<td></td>
<td>Written reports;</td>
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<tr>
<td></td>
<td>Your involvement in assessments of workplaces and health surveillance;</td>
</tr>
<tr>
<td></td>
<td>Investigation of occupational illness.</td>
</tr>
<tr>
<td></td>
<td>All evidence in this area <strong>must</strong> be <strong>anonymised</strong> for individual patient data.</td>
</tr>
</tbody>
</table>
| Referral letters discussing patient handling | 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:  
- requesting a second opinion  
- advising clinical colleagues or answering particular questions regarding patient management  
- from clinical colleagues regarding your 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. |
| Departmental (or trust) workload statistics and annual caseload statistics | You can use these to demonstrate:  
- the size of the hospital or organisation in which you work  
- the volume of work undertaken within your Trust or other workplace and the percentage that you undertake  
- the range of work that you undertake and that is undertaken within your Trust or other workplace  
- triangulation with logbook information |
| 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. |
| Courses relevant to curriculum | All courses you have attended in the broad fields of health, medicine, epidemiology and statistics, management, law and education that clearly relate to the organisation and delivery of occupational health services or the conduct of research and teaching. Relevant evidence could include certificates, course content and copies of any assessment of the course. |
| 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)

| 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.  

| 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  
| | • 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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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).
| Research papers, grants, patent designs | Please include any research relevant to the practice of Occupational Medicine. If the research is published - please submit the first page of the published paper. If the research is not published - please provide a summary or abstract of the research. Colleges may undertake web searches to check the information you provide. You can use these documents to demonstrate: • the types and complexity of cases you are involved in • triangulation with logbook information • working with colleagues (where research is joint or multi disciplinary) • Continuing Professional Development (CPD). Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. In addition the Faculty of Occupational Medicine may accept the following as evidence of demonstrating curricular competencies: • A relevant MSc or PhD • Examined dissertation written for purpose • Substantial audit completed for purpose For further advice see the Faculty of Occupational Medicine’s Regulations for the Award of Membership. |
Publications within specialty field

Please include a copy of the front page of each publication.

More weight is given where:

- the applicant is first author
- the publication has a high impact factor.

You **must** not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.

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

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information
- working with colleagues (where publications are joint or multi disciplinary)
- CPD.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge:

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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 the field of Occupational Medicine. 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.
## CPD and CME

<table>
<thead>
<tr>
<th>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</th>
<th>You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised, the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills. Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc). See the FOM guidelines at <a href="http://www.fom.ac.uk/professional-development/fom-cpd-scheme">http://www.fom.ac.uk/professional-development/fom-cpd-scheme</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD registration points from UK Medical Royal College (or equivalent body overseas)</td>
<td>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements. See the FOM guidelines <a href="http://www.fom.ac.uk/professional-development/fom-cpd-scheme">http://www.fom.ac.uk/professional-development/fom-cpd-scheme</a>.</td>
</tr>
</tbody>
</table>
| Membership of professional bodies and organisations | List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:  
  - organisation name  
  - date of joining  
  - status of membership (member, associate etc)  
  - how membership is achieved (evaluation, examination, is membership restricted or open to all?) Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. See the FOM guidelines at [http://www.fom.ac.uk/professional-development/fom-cpd-scheme](http://www.fom.ac.uk/professional-development/fom-cpd-scheme). |
<table>
<thead>
<tr>
<th><strong>Teaching and training</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teaching timetables</strong></td>
<td>Where you have undertaken a number of roles provide details for each post or role, indicating the level of the teaching. Where teaching is not formal (timetabled), indicate how you participate in teaching. Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</td>
</tr>
</tbody>
</table>
| **Lectures**             | Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from Trust education centre or other workplace educational facility, or letters from the same indicating your involvement in a specialty trainee formal education programme. You can use these documents to demonstrate:  
  - the types and complexity of cases you are involved in  
  - triangulation with logbook information  
  - CPD  
  - teaching and training  
  - communication skills. 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. You can use these documents to demonstrate:  
- the types and complexity of cases you are involved in  
- triangulation with logbook information  
- CPD  
- teaching and training  
- leadership  
- relationships with colleagues  
- communication skills.  
All evidence in this area **must be anonymised** for individual patient data. |
| Letters from colleagues | You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above). All evidence in this area **must be 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).  
|  | 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

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

Evidence you could supply includes:

- audit reports (collections of data alone are not considered as a full clinical audit)
- publications
- submissions to ethics committee (not satisfactory alone)
- presentations of audit work (see above for details required for presentations)
- letter from audit or clinical governance lead confirming participation in audit or governance activities
- guidelines produced to reflect lessons learned within audit
- notes from self-reflective diaries.

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information CPD
- communication, partnership and teamwork
- relationships with colleagues, patients
- leadership
- multi disciplinary working.
| 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.  
|                                                     | All evidence in this area **must** be **anonymised** for individual patient data. |
| 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 courses  
- involvement in infection control (membership of committees etc)  
- logbook information on control of infections  
- audit on infections and subsequent changes in activity. |
## 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
<p>| | • honesty and objectivity. |</p>
<table>
<thead>
<tr>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide information to support your communication with patients, employees and managers. This area could be demonstrated in a number of ways including:</td>
</tr>
<tr>
<td>• thank you letters and cards from patients</td>
</tr>
<tr>
<td>• letters from colleagues (examples of cases shared or “To whom it may concern letters” / testimonials)</td>
</tr>
<tr>
<td>• 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. <strong>You must anonymise colleague information from this evidence.</strong></td>
</tr>
<tr>
<td>• 360° feedback. You can use these documents to demonstrate:</td>
</tr>
<tr>
<td>• communication</td>
</tr>
<tr>
<td>• relationships with patients</td>
</tr>
<tr>
<td>• honesty and integrity</td>
</tr>
<tr>
<td>• protecting patient confidentiality.</td>
</tr>
<tr>
<td>You should provide copies of case reports or letters as evidence of having obtained informed consent from patients or employees prior to undertaking any clinical activity</td>
</tr>
<tr>
<td>All evidence in this area <strong>must be anonymised</strong> for individual patient data.</td>
</tr>
</tbody>
</table>
### 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.  
|                                 | All evidence in this area **must be anonymised** for individual patient data. |

| Management and leadership experience | Please provide evidence to support your involvement in management activities.  
|                                    | 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.  
<p>|                                    | All evidence in this area <strong>must be anonymised</strong> for individual patient data. |</p>
<table>
<thead>
<tr>
<th>Chairing meetings and leading projects</th>
<th>This area could be demonstrated in a number of ways including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• invitations to attend meetings</td>
</tr>
<tr>
<td></td>
<td>• minutes of meetings demonstrating your attendance and participation in the meeting</td>
</tr>
<tr>
<td></td>
<td>• job plans which indicate this as a duty</td>
</tr>
<tr>
<td></td>
<td>• appraisals which include this information</td>
</tr>
<tr>
<td></td>
<td>• project reports</td>
</tr>
<tr>
<td></td>
<td>• letters from colleagues</td>
</tr>
<tr>
<td></td>
<td>• publications or presentations</td>
</tr>
</tbody>
</table>

You can use these documents to demonstrate:

• communication, partnership and teamwork
• relationships with colleagues
• leadership
• multi-disciplinary working
• participation in directorate and management meetings
• CPD.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

All evidence in this area **must be anonymised** for individual patient data.
Domain 4 – Maintaining trust

**Acting with honesty and integrity**

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

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

<table>
<thead>
<tr>
<th>Data protection</th>
<th>You can demonstrate this with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>attendance at relevant courses (please provide details of course content)</td>
</tr>
<tr>
<td></td>
<td>feedback from patients and colleagues</td>
</tr>
<tr>
<td></td>
<td>your application and evidence being appropriately anonymised.</td>
</tr>
<tr>
<td>Relationships with patients</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>--</td>
</tr>
</tbody>
</table>
| 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. |