

Ophthalmology

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Ophthalmology. You will also need to read the [Ophthalmology 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 Royal College of Ophthalmologists ([RCOPHTH](#)) for guidance **before** you submit an application or a reapplication.

The College may be able to respond to written queries where specific information is not available in the published guidance.

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

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

For more information about the indicative period refer to the [Ophthalmology Curriculum documentation](#).

If I have not obtained the FRCOphth examination what alternative evidence should I supply?

The only examination considered equivalent to the FRCOphth is the Fellowship Examination (Ophthalmology) of the Royal College of Surgeons of Edinburgh FRCSEd (Ophth), if obtained within the following time periods;

Either:

Obtained the Fellowship in ophthalmology by examination from the Royal College of Surgeons of Edinburgh (FRCSEd) prior to June 2000

Or:

Obtained the Specialty Fellowship in ophthalmology by examination from the Royal College of Surgeons of Edinburgh (FRCSEd) from January 2001 to August 2012.

The restructured FRCSEd that was introduced from April 2008 is not accepted towards CCT.

If you do not have one of the above exams then alternative evidence of equivalence of skills and knowledge is required. This is usually in the form of an alternative qualification with associated syllabus.

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](#).

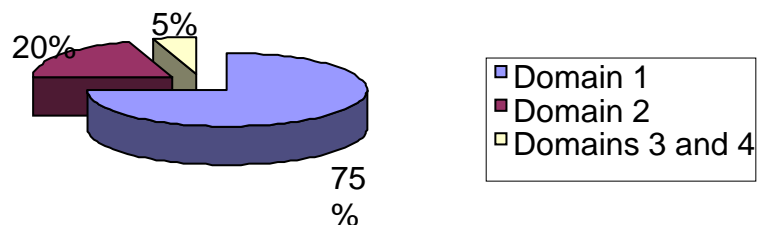
How much evidence to submit

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 [Ophthalmology Curriculum documentation](#). If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that it relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

Evidence breakdown



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

1. Provision of poor sub-speciality evidence, applicants provide little or no evidence of each of the four sub-speciality areas:-
 - neuro-ophthalmology
 - paediatrics including retinopathy of prematurity screening
 - cornea including experience of corneal transplant surgery
 - involvement in the management of uveitic patients.
2. Provision of log book evidence
 - not providing proper log book, just theatre lists
 - including details of other doctors patients
 - including names of patients

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- not providing consolidation sheets
 - not providing evidence of laser procedures (for example capsulotomy, retinal laser, glaucoma laser).
3. Area of evidence is from many years ago and is not demonstrated to be current and maintained

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas. We also strongly recommend that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas.

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](#).

Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please visit the following document on the Royal College of Ophthalmologists website for important information regarding qualifications: Evidence of Knowledge RCOphth</p> <p>The College has examinations syllabi for the following qualifications covering the following periods of time:-</p> <ol style="list-style-type: none">1. Diploma of The Royal College of Ophthalmologists (DRCOphth) for the following dates:<ul style="list-style-type: none">• 1997 to June 2001• June 2001 to June 2006• June 2006 onwards2. Membership of The Royal College of Ophthalmologists (MRCOphth) for the following dates:<ul style="list-style-type: none">• Original MRCOphth May 1989 to November 1996.• New style MRCOphth (combined the Part 1, 2 and Part 3 lead to the award of the MRCOphth) – Part 1 MRCOphth February 1997 to October 2006 Part 2 MRCOphth November 1997 to November 2008 Part 3 MRCOphth September 1998 to September 2008.3. Fellowship of The Royal College of Ophthalmologists (FRCOphth) for the following dates –

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- Original FRCOphth structure 1988 to 2000 (combined Part 1, optics and refraction and Final Fellowship lead to the awards of FRCOphth)
Part 1 Fellowship November 1989 to October 1997
Optics & Refraction May 1989 to November 1998
Final Fellowship Exam Structure October 1989 to Sept 1999.
- Fellowship Assessment Examination February 2001 to December 2009 (examination ongoing for some doctors)
- New style Fellowship structure (combined Part 1, refraction examination and Part 2 lead to the awards of FRCOphth)
Part 1 FRCOphth October 2006 onward
Refraction Certificate Application July 2007 – onward
Part 2 FRCOphth September 2008 onward.

If your Specialist qualification is covered by these documents then curricula/syllabi do not need to be submitted with your application.

Please note that if some parts of these examinations have not been passed alternative evidence needs to be provided for the areas of knowledge associated with these parts.

Applicants **must** demonstrate an appropriate test of knowledge to that required for the CCT which is the FRCOphth or provide evidence that demonstrates equivalent knowledge (this does not necessarily need to be in the form of an examination). The applicant may be able to demonstrate equivalent learning outcomes through alternative documentary evidence.

Curriculum or syllabus (if undertaken outside the UK)	<p>Please provide a copy of your curriculum or syllabus.</p> <p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the CCT curriculum • the complexity of the work undertaken • how examinations are evaluated or quality assured (external assessment).
Specialist registration outside the UK	<p>Please provide an authenticated copy of details of the registration requirements of that authority.</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>
Honours and prizes	<p>Please provide copies of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
Other relevant qualifications and certificates	<p>Please provide copies of certificates.</p> <p>For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.</p>

Assessments and appraisals

Appraisals and assessments	<p>You are advised to refer to the Royal College of Ophthalmologists curriculum for details of the assessments needed for the various learning outcomes http://curriculum.rcophth.ac.uk/assessments/</p> <p>Applicants in possession of the Certificate of Eligibility for Entry into Higher Specialist Training (CEEHST) show evidence of competencies associated with the Basis Specialist Training (BST) curriculum and therefore this document also provides evidence of equivalence of the competencies that are obtained in the first 2 years of the new Ophthalmic Specialist Training (OST) curriculum.</p>
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 copy of your formal records. In addition if you held any of these approved training posts (except locum posts), please provide evidence of your training number.</p> <p>If you have undertaken training outside the UK you must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you must provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use.</p>
360° and multi-source feedback	<p>Applicants are directed to use the Royal College of Ophthalmologists Multi source feedback documentation that is available, along with guidance, at http://curriculum.rcophth.ac.uk/assessments/multisource_feedback</p>
Awards and discretionary points letters	<p>You must provide copies of certificates and letters.</p>
Personal development plans (PDP)	<p>For details of what to include please see NHS appraisal information</p> <p>You must also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation.</p>

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Logbooks, records of daily clinical practice and portfolios

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

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

Logbooks	<p>Both surgical and laser log books are required to provide evidence of competencies demonstrating achievement of the Learning outcomes of the OST curriculum including evidence relating to each of the following seven subspecialty areas to the required competency level with skills being maintained:-</p> <ol style="list-style-type: none">1. oculoplastic, adnexal and lacrimal surgery2. cornea and external diseases3. cataract and refractive surgery4. glaucoma5. retina, vitreous and uvea (including ocular oncology)6. neuro-ophthalmology7. paediatric ophthalmology and strabismus. <p>The College provides suggestions as to the format of log books. They should include cumulative surgical and laser data – for further details follow: http://www.rcophth.ac.uk/logbook and http://www.rcophth.ac.uk/cesr</p> <p>Guidance on the type of surgical experience expected of a trainee completing the OST curriculum (including a guide to the number of procedures performed) is given in the Guide for the delivery of OST. It is preferable to submit logbooks in this format although we will still consider logbooks in other formats. http://www.rcophth.ac.uk/guidesandcurricula</p> <p>All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.</p>
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<p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p>	<p>You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.</p> <p>It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.</p> <p>The College provides suggestions as to the format of cumulative data sheets – for further details please follow: http://www.rcophth.ac.uk/cesr</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Medical reports</p>	<p>You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:</p> <p>Standards for the clinical structure and content of patient records</p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your handling of patient paperwork • your respect and protection of confidential information • triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>

Case histories

Case histories that you provide should include:

- dates
- diagnosis
- nature of your involvement in the management of the case
- which curriculum competencies were involved.

You can use these to demonstrate:

- your involvement or role in cases
- the types and complexity of cases you are involved in
- your handling of patient paperwork
- your respect and protection of confidential information
- triangulation with logbook information.

You could also demonstrate these through case-based discussions and WpBAs (CbD template assessments forms and further information is available via the following: <http://curriculum.rcophth.ac.uk/>). Many ARCP panels require at least 2 WPBAs from independent assessors to support evidence of competence in a particular learning outcome and this is recommended for CESR applications as well.

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

Referral letters discussing patient handling	<p>Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information. <p>All evidence in this area must be anonymised for individual patient data.</p>
Patient lists	<p>You may wish to include copies of patient lists. You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information. <p>Patient lists would demonstrate the types of patients seen and brief documentation of your involvement in the management of these patients e.g. in specialist clinics. This is especially useful as evidence for neuro-ophthalmology, ultrasound examination, uveitis treatments and ROP screening. The evidence must be anonymised for individual data (i.e. patient names removed).</p> <p>All evidence in this area must be anonymised for individual patient data.</p>

<p>Departmental (or trust) workload statistics and annual caseload statistics</p>	<p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • the size of the hospital in which you work • the volume of work undertaken within your trust and the percentage that you undertake • the range of work that you undertake and that is undertaken within your trust • triangulation with logbook information
<p>Rotas, timetables and job plans</p>	<p>Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information.
<p>Courses relevant to curriculum</p>	<p>Trainees in the UK OST system are required to attend a Microsurgical Skills Course. The course is expected to cover the Learning Outcome SS1 as outlined in the curriculum. The first 2 days of the course must be a mixture of lectures and practical skills sessions covering:</p> <ul style="list-style-type: none"> • the basic concepts of instrument design and handling • sutures • suturing and knots • wound construction and closure • the use of the operating microscope <p>The 3rd day of the course covers:</p> <ul style="list-style-type: none"> • basic phacoemulsification • microsurgical skills relevant to cataract surgery <p>Further details of the course can be found at http://www.rcophth.ac.uk/</p> <p>Evidence of similar training/experience is required if this course has not been attended.</p>

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: <ul style="list-style-type: none">• dates you were in post• post title, grade, training• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)
Job descriptions	These must match the information in your CV. They will confirm the following: <ul style="list-style-type: none">• your position within the structure of your department• your post title• your clinical and non clinical commitment• your involvement in teaching or training.
Job plans	Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate: <ul style="list-style-type: none">• the main duties and responsibilities of the post• your out of hours responsibilities, including rota commitments• that you have covered for colleagues' periods of leave• any professional supervision and management of junior medical staff that you have undertaken• your responsibilities for carrying out teaching, examination and accreditation duties• your contribution to postgraduate and continuing medical education activity, locally and nationally• any responsibilities you had that relate to a special interest• requirements to participate in medical audit and in continuing medical education• your involvement in research• your managerial, including budgetary, responsibilities where appropriate• your participation in administration and management duties.

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Research, publications and presentations

Research papers, grants, patent designs	<p>Please include any research relevant to your current practice.</p> <p>If the research is published - please submit the first page of the published paper.</p> <p>If the research is not published - please provide a summary or abstract of the research.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where research is joint or multi disciplinary)• Continuing Professional Development (CPD). <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
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Publications within specialty field	<p>Publications do not form part of the Ophthalmology curriculum but can be used as alternative evidence to help demonstrate knowledge.</p> <p>Include a copy of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none">• the applicant is first author• the publication has a high impact factor. <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where publications are joint or multi disciplinary)• CPD. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge:</p> <p>You should provide evidence of principal author or contributing author in high quality peer-reviewed publications relevant to Ophthalmology. Please provide evidence of all publications, not just those in the last 5 years. Please also provide the PID number if available</p>
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Presentations, poster presentations	<p>You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• CPD• teaching and training. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
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CPD and CME

<p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p>	<p>You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> <p>As a guide, the following is expected in relation to CPD:</p> <p>50 points per year (250 in five years) for consultants and Staff and Associate Specialist (SAS) grade doctors and should be accrued in all categories over a five-year period.</p> <p>Categories</p> <p>A Local/Regional Postgraduate Meetings or Teaching Activities (including Basic Life Support) Maximum of 27 points per annum or 135 in five years</p> <p>B External Academic Meetings (including contributions to Scientific Papers and Presentations) Maximum of 20 points per annum or 100 in five years</p> <p>C Self Directed Activities (including Examining and Reading Journals) Maximum of 15 points per annum or 75 in five years</p> <p>D Training in Management/Administration/Teaching/ Information Technology Maximum of 15 points per annum or 75 in five years</p> <p>As a rough guide 1 point usually equals 1 hour of educational activity.</p> <p>See RCOphth guidelines at http://www.rcophth.ac.uk.</p>
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.</p> <p>See RCOphth guidelines at http://www.rcophth.ac.uk.</p> <p>Applicants registered with the College CPD system should be aware that CPD points must be supported by primary evidence of the CPD activity (such as course attendance certificates).</p>

Membership of professional bodies and organisations	<p>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?). <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
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Teaching and training

Teaching timetables	<p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
Lectures	<p>Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• CPD• teaching and training• communication skills. <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

Feedback or evaluation forms from those taught	<p>Please provide copies of feedback from teaching events you have participated in.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training • leadership • relationships with colleagues • communication skills. <p>All evidence in this area must be anonymised for individual patient data.</p>
Letters from colleagues	<p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
Attendance at teaching or appraisal courses	<p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p>

Participation in assessment or appraisal and appointments processes

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.

Domain 2 – Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant

You are required to provide evidence of personal full audit of consecutive adult phacoemulsification (small incision) cataract cases measured against “The cataract national data set electronic multi-centre audit of 55,567 operations: updating benchmark standards of care in the United Kingdom and Internationally’ by P.Jaycock et al, Eye issue 1 for 2007.”

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

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

Evidence you could supply includes:

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

You can use these documents to demonstrate:

- the types and complexity of cases you are involved in
- triangulation with logbook information CPD
- communication, partnership and teamwork
- relationships with colleagues, patients
- leadership
- multi disciplinary working.

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

Safety

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

Communication

Colleagues	<p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• presentations• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working• participation in directorate and management meetings• honesty and objectivity.
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Patients	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• thank you letters and cards from patients• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)• complaints and responses to complaints. <p>This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You must anonymise colleague information from this evidence.</p> <ul style="list-style-type: none">• 360° feedback. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication• relationships with patients• honesty and integrity• protecting patient confidentiality. <p>All evidence in this area must be anonymised for individual patient data.</p>
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Partnership and teamwork

<p>Working in multidisciplinary teams</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working. <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Management and leadership experience</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• management skills. <p>All evidence in this area must be anonymised for individual patient data.</p>

Chairing meetings and leading projects

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

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

You can use these documents to demonstrate:

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

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

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

Domain 4 – Maintaining trust

Acting with honesty and integrity

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

Relationships with patients

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.