

Otolaryngology (ENT surgery)

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Otolaryngology (ENT) against the 2013 (updated 2016) CCT curriculum. You will also need to read the [Otolaryngology curriculum documentation](#). If you wish to be assessed against the 2021 curriculum there is separate guidance for this.

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Specialist Applications team for advice before you apply. You are strongly advised to contact the Joint Committee on Surgical Training (JCST) for guidance **before** you submit an application or a reapplication.

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

The indicative period of training for a CCT in Otolaryngology is eight 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 training in ST1/2 posts followed by an indicative six years of speciality training (ST3-ST8).

This list is given for example purposes only and is not exhaustive – for a complete list refer to the [Otolaryngology 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 is the specialty specific guidance for the 2013 (updated 2016) CCT curriculum in Otolaryngology

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

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 [Otolaryngology 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 sequence, do not include multiple copies in your application. Instead, include one copy and list it in the comments section under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

A message from the Specialist Advisory Committee (SAC) in Otolaryngology

Before making your application for CESR in Otolaryngology you are encouraged to review this document in conjunction with the current Otolaryngology CCT curriculum and its companion document, the JCST's [Certification Guidelines for Otolaryngology](#). You will need to ensure, through the documentary evidence you provide, that you have demonstrated equivalence to the standards set out in the curriculum. If you don't have the evidence of current competency, or you don't present it to us in a way that is conducive to our being able to draw conclusions from your evidence, you will not be successful.

This is a summary of common reasons applications fail:

Knowledge: The standard test of knowledge in the Otolaryngology CCT curriculum is the Joint Committee on Intercollegiate Examinations (JCIE) Fellowship Examination. A CESR applicant is expected to demonstrate either successful completion of this exam, or alternative evidence that demonstrates equivalent knowledge to someone who has passed the exam.

Skills and experience: You need to show that you are maintaining your competence across the depth and breadth of the curriculum at the time of application. The guidance below under the Sequence 6 and 7 clearly sets out how you should present your logbooks and consolidation sheets. It is imperative that you follow this guidance as this will allow the evaluators to assess the information. Failure to follow this guidance may mean we cannot draw definitive conclusions and your application may be unsuccessful.

A CESR in Otolaryngology requires:

- management of 1,000 emergencies in HST or having done 300 nights on call;
- experience in special interest clinics across the range of: paediatric ORL, audiological, audiovestibular, otology, head and neck and thyroid (including oncology), voice, rhinologic/allergy, oncology, snoring/sleep apnoea;
- rotation through all of the main subjects within the ENT curriculum: otology, neurotology, paediatrics, benign head and neck, head and neck oncology, rhinology and sinus surgery, facial plastics, voice and balance; and
- development of clinical experience in one or more specialist areas.

You must be competent in the management of, and procedures allied to, emergency care. Your logbook should demonstrate an absolute minimum as the principal surgeon of:

- 10 mastoid operations as principal surgeon (P, T, S-TU, S-TS)
- 10 major neck operations as principal surgeon (including all neck dissections, all open malignant head and neck surgery, parotid and thyroid surgery, P, T, S-TU, S-TS)
- 10 tracheostomies (P, T, S-TU, S-TS)
- 10 paediatric endoscopies (including flexible) as principal surgeon (P, T, S-TU, S-TS)
- 10 septorhinoplasties as principal surgeon (P, T, S-TU, S-TS)
- 10 FESS as only scrubbed surgeon (P, T, S-TU)
- 10 removal of foreign bodies from airway (including nasal foreign bodies and fish bones) as principal surgeon (P, T, S-TU, S-TS)

You should have undertaken 2,000 operations during the six years prior to your application (as principal or main assisting surgeon) in a unit with minimum throughput of 500 operations per annum per higher surgical trainee.

You should be able to demonstrate areas of specialist interest by advanced surgical or medical experience in logbook and/or CV, eg. fellowships (UK or overseas, including interface fellowships), attendance at specialist combined clinics, documented logbook experience of large caseload in chosen area of special interest.

You should have been exposed to the technical skills and procedures (TS&Ps) in the curriculum.

Evidence of operative competence in indicative operative procedures to level 3 or 4 should be evidenced by WBAs. These should be completed contemporaneously; retrospective PBAs (or any WBAs) hold no value.

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

Research and presentations: You should provide evidence of:

- your having been author ¹ of two peer-reviewed publications from research or literature review (but not including single case reports) published or accepted for publication in an indexed journal;
- completion of a Good Clinical Practice (GCP) course in research governance;
- understanding of research methodologies (eg. through a dedicated course or relevant modules of a higher degree); and
- critical appraisal of research literature (eg. Journal Club activity)..

Applicants often fail in this area because they present case reports or abstracts in place of peer-reviewed research papers.

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

¹ Authorship as defined in 'Guidelines on Authorship' in *BMJ* (1985), v291, p722.

- APLS/PILS
- Training the Trainers (or equivalent)
- critical appraisal and research skills, eg. Good Clinical Practice (GCP) course in research governance, and understanding of research methodologies;
- LASER
- temporal bone dissection
- sinus anatomy and surgical dissection
- head and neck surgery (including phonosurgery)
- septorhinoplasty
- facial plastics surgery

It is important to show that not only have you attended the relevant courses, but also how you are using the knowledge and skills gained in your practice.

Audit and governance: You should provide evidence of the completion of one audit per year, in the 6 years prior to your application, where you are the principal person responsible for the audit. Each audit must have been presented locally as part of the clinical governance mechanisms of the NHS. Audit must include a review of personal outcomes.

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

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

It is important to bear in mind that CESR is a portfolio-based process and therefore the quality of, and the way you present, your evidence is very important. If you do not present the evidence clearly and as set out in this guidance, your application is likely to fail.

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 whom you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first, middle and last);

- Addresses;
- Contact details, such as phone numbers or e-mail 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 deleted from your application and you'll be asked to reupload. More information can be found on our [website](#).

Domain 1 - Knowledge, skills and performance

Sequence One

This section is to confirm which curriculum you wish to be assessed against.	Confirm which curriculum year you wish to be assessed against by typing this in the comments box and set this sequence to 'Not Providing evidence'.
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Sequence Two

Curriculum Vitae	Your CV should include the following set out as specified: <ul style="list-style-type: none">• Your posts – in reverse chronological order;• Publications – list in reverse chronological order, set out in a way which will easily indicate the authorship, nature of the journal, publication date, abstract or not. You should include the PubMed index reference;• Presentations – list in reverse chronological order to include title, author/s, date of presentation, where presented, poster or podium presentation;• Audits – list in reverse chronological order to include the date of audit;• Courses – list in reverse chronological order to include the date of course. More information on how to present your CV can be found on our website .
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Sequence Three

Employment letters and contracts of employment	<p>The information in these letters and contracts must match your CV. They will confirm the following:</p> <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	<p>These must match the information in your CV. They may provide evidence of:</p> <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	<p>Where you have undertaken a number of roles, provide details for each post or role. They may provide evidence of:</p> <ul style="list-style-type: none">• the main duties and responsibilities of the post;• your out-of-hours responsibilities, including rota commitments;• time in clinic;• 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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On-call rotas	This is important to allow assessment of the amount of nights on call, eg 1:3 or 1:8.
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Sequence Four

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any specialist medical qualifications you hold. You must list any failed attempts at examinations relevant to your specialty.</p>
Curriculum or syllabus (if undertaken outside the UK)	<p>This should include the requirements of the qualification and must relate to the specialty in which you are applying.</p> <p>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>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, your evidence in this area may contribute to your demonstration of equivalent knowledge. See Section 4 below. In this case you should show how:</p> <ul style="list-style-type: none">• the curriculum covers areas of the CCT curriculum; and• how examinations are evaluated or quality-assured (external assessment).

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	The JCST does not hold evidence relating to overseas training programmes and the onus is on you to provide these.
Specialist registration outside the UK	Please provide an authenticated copy of the details of the registration requirements of that authority and your current certificate.
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.
Other relevant qualifications and certificates	Please provide copies of certificates, for example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.

Sequence Five

Knowledge		
Knowledge	<p>You must demonstrate knowledge to the standard of CCT curriculum. The (The formal test of knowledge required for a CCT is the Joint Committee on Intercollegiate Examinations (JCIE) fellowship Examination). In this case the FRCS (Otolaryngology)</p> <p>If you cannot demonstrate success in this exam, other supporting evidence of your knowledge must be very strong indeed.</p> <p>To demonstrate evidence of depth of knowledge you could provide a portfolio to demonstrate appropriate levels of knowledge in Otolaryngology. You will be measured against the standards of the CCT curriculum.</p> <p>The following are examples of part of a portfolio to demonstrate knowledge – although it is unlikely that any one thing on its own would do this:</p> <ul style="list-style-type: none"> • Pre-JCIE versions of the Fellowship of the Royal College of Surgeons (FRCS). These will show a basic level of knowledge, but not specialty-specific or current. • The Joint Surgical Colleges Fellowship Examination (JSCFE). This examination is not the test of knowledge set out in the curriculum and on its own does not show knowledge equivalent to the curriculum. • Other examinations including overseas qualifications. You will need to provide certification of success together with details of what the examination covers and to what 	<p>FRCS (Otolaryngology) certificate – the test required by the curriculum.</p> <p>Or</p> <p>A portfolio of knowledge which shows equivalent knowledge to the curriculum – left-hand column gives details.</p> <p>If you choose to provide a portfolio of knowledge then you should submit a mapping exercise in this sequence to show how your evidence meets the curriculum requirements for your specialty. You will need to show how the individual elements of your portfolio combine to demonstrate equivalent knowledge across the whole curriculum. If your portfolio includes other qualifications or tests of knowledge, you should supply the relevant syllabi/curricula and show what the qualifications test and how they test.</p> <p>You will also need to provide information on standard setting, examiner selection, examiner training and number of examiners, quality control, and validation of questions. You should provide this in a clear format.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the comments for this sequence.</p>

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	<p>level. The official curriculum/syllabus could demonstrate this. A certificate of success alone will not show that you currently have the appropriate level of knowledge. Decisions are made on a case by case basis. It is unlikely, however, that any qualification other than the JCIE exam will show direct equivalence as no other qualification is templated directly to the curriculum. The European Board of Surgery Specialty Exams on their own are not equivalent. There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty.</p> <ul style="list-style-type: none"> • Research – Recent work published in peer-reviewed journals or presented at national or international meetings will carry more weight. • Postgraduate degree gained through research – as evidence you should include an authenticated or notarised copy of the certificate. This is unlikely on its own to show sufficient depth and breadth of knowledge as research will be focussed on one area. • Peer-reviewed publications – You should include the whole article. The best evidence will be first name publications in high-impact factor peer-review journals of work relating to knowledge/skills normally achieved in the last year(s) of the CCT curriculum. • Presentations at national and international meetings and conferences – You should include a programme detailing the date and title of presentation, when and where presented, any feedback, and your role in the work. Include the slides used (with dates) for each presentation. 	
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	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.	
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Sequence Six

Consolidation reports		
<p>Evidence of the depth and breadth of experience defined in the curriculum and its companion document the Certification Guidelines for Otolaryngology - Consolidation reports.</p> <p>A successful application requires evidence of the following:</p> <ul style="list-style-type: none"> • management of 1,000 emergencies in HST or having done 300 nights on call; • experience in special interest clinics across the range of: paediatric ORL, audiological, audiovestibular, otology, head and neck and thyroid (including oncology), voice, rhinologic/allergy, oncology, snoring/sleep apnoea; • rotation through all of the main subjects within the ENT curriculum: otology, neurotology, paediatrics, benign head and neck, head and neck oncology, rhinology and sinus surgery, facial plastics, voice and balance; and • development of clinical experience in one or more specialist areas. <p>You must be competent in the management of, and procedures allied to, emergency care. Your logbook should demonstrate an absolute minimum as the principal surgeon of:</p>	<p>You should provide consolidation reports for the last 6 years. You should provide:</p> <ul style="list-style-type: none"> • an operative group over the last 6 years; • SAC indicative procedures over the last 6 years. <p>All consolidation sheets need to be categorized by your involvement, eg. assisting, you as the surgeon, assisted by a trainer, etc.</p> <p>All evidence in this area must be anonymised for individual patient data.</p> <p>If you do not provide consolidation sheets in this format, it may not be possible to perform a proper evaluation of your skills and experience.</p> <p>The evaluators will be looking for evidence of your current competence and experience, which is why reports need to cover the last 6 years only. If you provide logbooks for longer, these should be in addition to and separate from the above.</p>	<p>Please upload each consolidation report as a separate upload, ensuring the type and dates of the report are clear.</p> <p>Eg: <i>SAC indicative group report – Jan 2014-Jan 2020</i></p>

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<ul style="list-style-type: none"> • 10 mastoid operations as principal surgeon (P, T, S-TU, S-TS) • 10 major neck operations as principal surgeon (including all neck dissections, all open malignant head and neck surgery, parotid and thyroid surgery, P, T, S-TU, S-TS) • 10 tracheostomies (P, T, S-TU, S-TS) • 10 paediatric endoscopies (including flexible) as principal surgeon (P, T, S-TU, S-TS) • 10 septorhinoplasties as principal surgeon (P, T, S-TU, S-TS) • 10 FESS as only scrubbed surgeon(P, T, S-TU) • 10 removal of foreign bodies from airway (including nasal foreign bodies and fish bones) as principal surgeon (P, T, S-TU, S-TS) <p>You should have undertaken 2,000 operations during the six years prior to your application (as principal or main assisting surgeon) in a unit with minimum throughput of 500 operations per annum per higher surgical trainee.</p> <p>You should be able to demonstrate areas of specialist interest by advanced surgical or medical experience in logbook and/or CV, eg. fellowships (UK or overseas, including interface fellowships), attendance at specialist combined clinics, documented logbook experience of large caseload in chosen area of special interest.</p>		
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You should have been exposed to the technical skills and procedures (TS&Ps) in the curriculum.		
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Sequence Seven

Logbooks

<p>Evidence of the depth and breadth of experience defined in the curriculum and its companion document the guidelines for CCT - Logbooks.</p> <p>A successful application requires evidence of the following:</p> <ul style="list-style-type: none">• management of 1,000 emergencies in HST or having done 300 nights on call;• experience in special interest clinics across the range of: paediatric ORL, audiological, audiovestibular, otology, head and neck and thyroid (including oncology), voice, rhinologic/allergy, oncology, snoring/sleep apnoea;• rotation through all of the main subjects within the ENT curriculum: otology, neurotology, paediatrics, benign head and neck, head and neck oncology, rhinology and sinus surgery, facial plastics, voice and balance; and• development of clinical experience in one or more specialist areas. <p>You must be competent in the management of, and procedures allied to, emergency care. Your logbook should demonstrate an absolute minimum as the principal surgeon of:</p>	<p>You should provide logbooks from the <u>last 6 years</u>. <u>The dates of these logbooks should</u> correspond to the dates of the consolidation sheets above to show your operative experience is current and meets the curriculum requirements.</p> <p>Logbooks should be set out in eLogbook format. If you do not provide logbooks in this format, it may not be possible to perform a proper evaluation of your skills and experience.</p> <p>The evaluators will be looking for evidence of your current competence and experience, which is why logbooks need to cover the last 6 years only. If you provide logbooks for longer, these should be in addition to and separate from the above.</p>	<p>Logbooks should be uploaded per institution and named as follows:</p> <p>Institution – time period covered</p> <p>Eg: <i>Stepping Hill – Jan 2016-Jan 2018</i></p>
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<p>You should have been exposed to the technical skills and procedures (TS&Ps) in the curriculum.</p>		
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Sequence Eight

Work Based Assessments (WBAs)		
<p>Evidence of the depth and breadth of experience defined in the curriculum and its companion document the guidelines for CCT - Work based assessments (WBAs).</p> <p>You should provide a broad range of WBAs across the depth and breadth of the curriculum.</p>	<p>You should provide WBAs, especially CBDs and PBAs, in the format below, for the main topics and procedures across the full breadth of the curriculum (including elective and emergency surgery and any special interest you may have). The curriculum contains key topics, index procedures and other operations to guide you in what to cover. The CCT Guidelines for Otolaryngology detail the types of WBAs, the procedures these should cover and the numbers required.</p> <p>WBAs should be sufficiently frequent to be able to demonstrate progress and should be undertaken with different assessors in different settings on a variety of patients. WBAs completed retrospectively will hold no weight.</p> <p>It is very important that your WBAs are as meaningful as possible and therefore they should show evidence of feedback and guidance. They should include comments from your assessors and, where appropriate, demonstrate reflection by you. Block entries of 'satisfactory' are not acceptable.</p>	<p>Evidence of operative competence in indicative operative procedures to level 3 or 4 should be evidenced by WBAs. These should be completed contemporaneously; retrospective PBAs (or any WBAs) hold no value.</p> <p>You must provide an index of the WBAs so the dates and location of the assessment is clear to your evaluator.</p> <p>You should upload your evidence per institution and grouped as follows:</p> <p><u>PBAs</u></p> <p>Grouped and named by institution and procedure</p> <p>Eg. <i>Stepping Hill – PBA procedure x2</i></p> <p><u>Other WBAs</u></p> <p>Other types of WBA (CBDs, CEX, DOPS) should be grouped by institution and type, and within that by procedure in date order with the most recent first.</p>

Sequence Nine

CPD		
<p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences, memberships of professional bodies and organisations.</p> <p>Additional courses/qualifications – evidence of having attended specific courses/gained specific qualifications as defined in the curriculum.</p>	<p>You should provide a variety of CPD to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialized, evidence 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 (such as CPD certificates).</p> <p>The certification guidelines require the following:</p> <ul style="list-style-type: none"> • APLS/PILS • Training the Trainers (or equivalent) • critical appraisal and research skills, eg. Good Clinical Practice (GCP) course in research governance, and understanding of research methodologies; • LASER • temporal bone dissection • sinus anatomy and surgical dissection • head and neck surgery (including phonosurgery) • septorhinoplasty • facial plastics surgery <p>It is important to show that you have not only attended the relevant course, but how you are using the knowledge and skill in practice.</p>	<p>Please upload all mandatory courses as follows:</p> <p>ATLS, Training the Trainer, Leadership, Management in the NHS², Good Clinical Practice in Research, and Research Methodologies in one document.</p> <p>Speciality-specific courses in one document</p> <p>All other CPD activities should be uploaded as one document per year.</p>

² Courses on health service management and leadership. By health service management we mean management in the UK Health services. One course could satisfy the requirements for management and research provided the course gives evidence of both leadership and specific management in the UK health services. You should provide evidence of the course content.

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<p>Specialist conferences – evidence of having attended conferences and meetings as defined in the Otolaryngology curriculum and certification guidelines.</p>	<p>You should provide evidence of having attended the craft courses and attending and contributing to national and international conferences.</p>	<p>You should provide evidence of having attended the craft courses and attending and contributing to national and international conferences in the 6 years prior to your application.</p>
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Sequence Ten

Research		
<p>Research – Applicants must provide evidence of having met the relevant requirements of the curriculum.</p>	<p>You should provide evidence of:</p> <ul style="list-style-type: none"> • your having been author ³ of two peer-reviewed publications from research or literature review (but not including single case reports) published or accepted for publication in an indexed journal; • completion of a Good Clinical Practice (GCP) course in research governance; • understanding of research methodologies (eg. through a dedicated course or relevant modules of a higher degree); and • critical appraisal of research literature (eg. Journal Club activity). 	<p>Publications</p> <p>You should provide evidence of the whole paper. More weight is given where:</p> <ul style="list-style-type: none"> • you are first-author; and • 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).</p> <p>Individual papers should be uploaded with the following description:</p> <p>Authorship – nature of the journal – publication date – paper description, ie. abstract ⁴ or not. You should also include the PubMed index reference.</p> <p>Eg. <i>1st author – International Journal of Surgery – Feb 2018 – abstract</i></p> <p>You should upload your publications in reverse chronological order (most recent first) and you should provide a list of your publications. Publications should also be listed in reverse chronological order in your CV.</p> <p>Presentations</p> <p>You should upload all documents relating to one presentation together (eg. Invitation to speak, event programme and copy of presentation) with a clear description:</p> <p>Eg. <i>Poster presentation – EBOS annual congress – 2019 – Main presenter</i></p>

³ Authorship as defined in ‘Guidelines on Authorship’ in *BMJ* (1985), v291, p722.

⁴ You should provide the whole publication - an abstract does not provide enough information.

		<p>You should upload your evidence of presentations in reverse chronological order (most recent first) and you should provide a list of your publications. Presentations should also be listed in reverse chronological order in your CV.</p> <p>Note: where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area, particularly publications may contribute to your demonstration of equivalent knowledge.</p>
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Sequence 11

Teaching, training, assessing and appraising

<p>Medical education and training – evidence of an understanding of, and participation in, medical education and training as defined in the curriculum.</p>	<p>You should be able to demonstrate experience of teaching and education, eg. by teaching on a course, organising a course or conference, or having a diploma certificate or degree in education. The minimum standard is a locally run 'Training the Trainers' course.</p> <p>An equivalent course to 'Training the Trainers' would be one covering educational theory underpinning adult learning, application to surgery, teaching methods, assessment principles.</p> <p>You must provide:</p> <ul style="list-style-type: none"> ● 'Training the Trainers' course or equivalent (Please submit this with your mandatory courses under CPD) ● A variety of written structured feedback from those taught (ie. from different sessions, mixture of individual/course feedback) ● 3 examples of teaching timetables showing the frequency of teaching ● 3 examples of lecture slides ● Evidence of carrying out assessment and appraisal of junior colleagues – this could include assessing WBAS, taking part in appointment. <p>You may also wish to provide the WBA Observation of Teaching – OoT.</p>	<p>Please group and upload evidence by teaching activity with a clear description:</p> <p>Eg. <i>Stepping Hill – Foundation doctor training – Presentation, feedback and timetable – 2018</i></p>
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Domain 2 – Safety and Quality

Sequence 12

Quality improvement		
<p>Quality improvement – evidence of an understanding of, and participation in, audit or service improvement as defined in the curriculum</p>	<p>You should provide evidence of the completion of one audit per year, in the 6 years prior to your application, where you are the principal person responsible for the audit. Each audit must have been presented locally as part of the clinical governance mechanisms of the NHS. Audit must include a review of personal outcomes.</p> <p>Evidence to submit in this section could include:</p> <ul style="list-style-type: none">• Presentation slides• Audit reports• Presentations of audit work• A publication coming out of audit may provide evidence – but only if it shows the applicant's role in the audit clearly. <p>You may wish to supplement your evidence with the following:</p> <ul style="list-style-type: none">• AoA	<p>Please group and upload evidence by audit activity with a clear description:</p> <p><i>Eg. Stepping Hill – Audit and re-audit of xxxx clinic – 2017-2018 – audit lead</i></p> <p>You should provide your audits in reverse chronological order. Audits should also be listed in reverse chronological order in your CV.</p>

Sequence 13

Management and leadership		
<p>Management and leadership – evidence of an understanding of management structures and challenges of the health service in the training jurisdiction.</p>	<p>You should be able to demonstrate management skills, eg. running rotas, sitting on management committees, writing and implementing protocols, improving services or 360 degree assessments and clinical supervisors' reports.</p> <p>You should be able to demonstrate leadership, eg. setting up and running a course, being a representative regionally or nationally, or obtaining a leadership qualification.</p>	<ul style="list-style-type: none"> • Courses on health service management and leadership. By health service management we mean management in the UK health services. One course could satisfy the requirements for management and leadership provided the course gives evidence of both leadership and specific management in the UK health services. You should provide evidence of the course content. – This evidence should be submitted in mandatory courses under CPD. • Provide evidence of being a positive role-model and leader, eg. initiating or leading on projects, chairing meetings. • Reflection on management and leadership activities – see GMC Guidance. <p>The Academy and COPMeD Reflective Practice Toolkit gives advice about reflection – https://www.jcst.org/-/media/files/jcst/key-documents/reflective-practice--toolkit-aomrc-copmed.pdf</p>

Sequence 14

Service improvement and governance		
Service improvement and governance	Exposure to management issues, contract issues, rotas and budgeting for a department.	<p>You should provide evidence of:</p> <ul style="list-style-type: none">• Participation in service improvement meetings, multi-disciplinary team meetings (MDTs), clinical governance meetings. The evidence should show the role you played in these meetings, examples of evidence could be meeting invitations, agendas, and minutes.• Attendance at clinical governance courses (this could be covered by the management in the NHS course described in sequence 8 – CPD).• Knowledge of governance in the UK health services.• Budgetary activities.• Organisation of rotas and work schedules.• Acting as a trainee representative.• Membership of working party. <p>It is very important that you provide evidence which shows your involvement in governance and service improvement and makes your role clear.</p>

Sequence 15

Taking part in appraisal		
Appraisal and PDP and MSF	Evidence of taking part in appraisal, including satisfactory MSF, 360° feedback.	<p>At least 3 recent (within the last 5 years) cycles of appraisal to include the PDP including most recent. Please group appraisal chronologically and by institution.</p> <p>At least one MSF from within the last 5 years.</p> <p>360° feedback.</p>

Sequence 16

Monitoring risks to safety		
Health and safety	You need to provide evidence to show that you are aware of and follow Health and Safety requirements.	<p>Attendance at/taking part in online appropriate courses (eg. infection control, safeguarding vulnerable adults, safeguarding vulnerable children) – a copy of the Trust mandatory training record showing relevant courses may suffice. The following may also provide evidence:</p> <ul style="list-style-type: none"> • Involvement in infection control (eg. membership of committees); • Audit on infections and subsequent changes in activity; • Creating guidance to protect patient safety and putting that guidance in place.
Own health		
Evidence of your own health	Evidence of your own health	<p>Please provide evidence of your own health:</p> <ul style="list-style-type: none"> • Immunisation records • Health records

Domain 3 – Communication, Partnership and Teamwork

Sequence 17

<p>Evidence that you can communicate effectively with patients and build effective relationships with patients and families</p> <p>Evidence that you can build partnerships and work well in a team with colleagues in both clinical and management situations</p> <p>Evidence of partnerships with patients and evidence of obtaining consent</p>	<ul style="list-style-type: none">• Evidence of relevant courses in particular consent, patient confidentiality; data protection and information governance; equality and diversity• Referral letters – no more than 2 or 3 are required• Discharge summaries• Communications with patients• Communications with colleagues• Correspondence with colleagues demonstrating collaboration over management of patient care across multi-disciplinary teams• Examples of complaints handling• Evidence of reflection-reflective notes and diaries. The Academy and COPMeD Reflective Practice Toolkit gives advice about reflection – https://www.jcst.org/-/media/files/jcst/key-documents/reflective-practice--toolkit-aomrc-copmed.pdf <p>Structured reports, testimonials and recommendations will also be considered when assessing this area of your application.</p>	<p>Evidence in this section may relate to several descriptors and you do not need to provide it more than once. If you have already provided the evidence please note in the 'Details of what I'm providing' part of your application you are cross-referencing.</p> <p>Please group evidence by institution and type in this section:</p> <p>Eg. <i>Stepping Hill – Referral letters</i></p>
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Domain 4 – Maintaining Trust

Sequence 18

<p>Respect for patients</p> <p>Treating people fairly</p> <p>Demonstrate that you act with honesty and integrity</p>	<ul style="list-style-type: none">• Thank you letters/cards from patients and colleagues – no more than 5 examples are needed• 360° appraisal and multisource feedback• Equality and diversity training• Reflective notes• Examples of complaints handling• Course certificates including patient confidentiality; data protection and information governance; equality and diversity• details of gaining ethics committee approval• Having no restrictions on your registration (UK-based doctors)• Certificate of Good Standing (overseas-based doctors)	<p>Evidence in this section may relate to several descriptors and you do not need to provide it more than once. If you have already provided the evidence please note in the 'Details of what I'm providing' part of your application you are cross-referencing.</p> <p>Please group evidence by institution and type in this section:</p> <p>Eg. <i>Stepping Hill – Referral letters</i></p>
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Sequence 19-25

<p>These sections of the online application form are for applicants applying under the 2021 CCT curriculum.</p> <p>As you're applying under the 2013 (updated 2016) CCT curriculum this evidence is not required for your application</p>	<p>Please set these sections of the application to 'Not submitting evidence'</p>
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