

Otolaryngology

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Otolaryngology against the 2021 CCT curriculum. You will also need to read the [Otolaryngology CCT curriculum 2021](#).

This is the specialty specific guidance for 2021 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.

Introduction

You can [contact us](#) and ask to speak to the GMC 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 your application.

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 8 years. The curriculum is circular in that topics are revisited in greater depth as training progresses. Please see [Otolaryngology Curriculum 2021](#) for a detailed breakdown of the programme structure.

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 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](#).

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

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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
- Peer colleagues you have worked with (e.g made a referral to, attendees at meetings, named on rotas)

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 it. More information can be found on our [website](#).

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How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the Capabilities in Practice (CiPs). We recognise that you may not have all the evidence listed here and we recommend that you delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required capabilities in all areas of the 2021 CCT curriculum in Otolaryngology. If evidence is missing from any area of the curriculum, then the application may fail.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, include one copy (this guidance will tell you which area this should be submitted in) and list it in your application under each relevant area, stating that the document is located elsewhere and you would like to cross-reference it.

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.

Evidence of your competence should be recent. In general, evidence of skills or experience more than six years old should not be submitted, as typically it does not demonstrate that the competences have been recently maintained.

As a general guide, we would want no more than 800-1200 pages of evidence (around 100-150 uploads).

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.

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Organising your evidence

The 2021 CCT curriculum in Otolaryngology is outcomes based – the Generic Professional Capabilities are embedded in the curriculum. The application form and specialty specific guidance has been structured into four sections to help you clearly demonstrate to the evaluator your skills and experience meet the curriculum requirements:

- Part one – Training and qualifications
- Part two – Knowledge, skills and experience
- Part three – Capabilities in Practice
- Part four – Generic Professional Capabilities

Where evidence is relevant to more than one area please submit it in the area stated. Guidance on how documents should be grouped and uploaded should be followed.

Capabilities in Practice (CiPs)

The surgical curricula outcomes are called Capabilities in Practice (CiPs). The curricula now also include the GMC's Generic Professional Capabilities (GPCs). A new assessment tool called the Multiple Consultant Report (MCR) has been developed for trainees to assess the CiPs and GPCs. The MCR allows assessment of performance relative to the level required of a Day 1 consultant in each CiP and the GPCs. The MCR is an assessment based in the workplace using observations gathered over an extended period of time.

The MCR for trainees is available via ISCP. There is a PDF version of the MCR form for CESR available from the JCST. MCR guidance for applicants and consultants who complete the MCR and an example of a completed MCR is available from the JCST website.

If do not provide MCRs or evidence which comments on certain areas of the MCR then you can provide equivalent evidence although this must be robust.

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Annex A is a menu of items you can use to demonstrate the competencies assessed on the MCR. You will need to describe how the item of evidence that you choose meets the relevant descriptors. You do not have to confine your evidence to items from this list but you do need to be clear about which areas this addresses and why.

There are five CiPs which are shared between all surgical specialties:

1. Capability in Practice 1 – Manages an Out-Patient Clinic

- Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as outpatients in the specialty are cared for safely and appropriately.

2. Capability in Practice 2 – Manages the Unselected Emergency Take

- All patients with an emergency condition requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as emergencies in the specialty are cared for safely and appropriately.

3. Capability in Practice 3 – Manages Ward Rounds and In-Patients

- Manages all hospital in-patients with conditions requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all inpatients requiring care within the specialty are cared for safely and appropriately.

4. Capability in Practice 4 – Manages the Operating List

- All patients with conditions requiring operative treatment within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients requiring operative treatment receive it safely and appropriately.

5. Capability in Practice 5 – Manages the Multi-Disciplinary Meeting

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- All patients with conditions requiring interdisciplinary management (or multi-consultant input as in Trauma or Fracture Meetings in Trauma and Orthopaedics) including care within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that safe and appropriate multi-disciplinary decisions are made on all patients with such conditions requiring care within the specialty.

Generic Professional Capabilities

If you've submitted evidence to demonstrate your Generic Professional Capabilities (GPC) in the evidence provided in other sections of your application, you'll need to provide a mapping exercise outlining where the evidence is and a description of how it meets the GPC. For applicants not providing MCRs you'll need to refer to Annex A for guidance on alternative evidence you can submit.

1. Domain 1 – Professional values and behaviours
2. Domain 2 – Professional skills
3. Domain 3 – Professional knowledge
4. Domain 4 – Capabilities in health promotion and illness prevention
5. Domain 5 – Capabilities in leadership and team working
6. Domain 6 – Capabilities in patient safety and quality improvement
7. Domain 7 – Capabilities in safeguarding vulnerable groups
8. Domain 8 – Capabilities in education and training
9. Domain 9 – Capabilities in research

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Unsuccessful applications or poor evidence

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

- **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 that 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. Applicants who fail to present their logbooks and consolidation sheets as outlined in this guidance are often unsuccessful if the evaluators are unable to clearly assess their experience meets the curriculum requirements.
- **Currency of evidence:** Your evaluator will be looking for evidence of your current competency – evidence from the preceding 6 years best shows this and will be given most weight when being assessed. 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 your current practice doesn't expose you to the breadth of the curriculum.

It is important to bear in mind that CESR is a paper-based process and therefore the quality and 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 may not be successful.

We also strongly recommend that your referees are able to provide detailed support for your competences across all or most areas and understand the requirements for specialist training in Otolaryngology and Specialist Registration in the UK.

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Part One

Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CESR capabilities and dates from the past six years. Otherwise, certificates of completion are sufficient evidence of training.

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:

- your qualifications
- honours and awards
- 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, type of paper (systematic review, original research, case series, abstract etc). You should include the PubMed index reference;
- presentations - list in reverse chronological order to include title, author/s (indicate who gave the presentation), date of presentation, where presented, poster or podium presentation;
- audit - list in reverse chronological order to include the date of audit, where presented or published, full cycle completed or not
- courses attended, dates, organising body. Indicate if there was an assessment and whether you were successful or not.

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	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 may provide evidence of: <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.

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Job plans	<p>Provide details for each post or role you have been employed in. 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.
On call rotas	<p>This is important to allow assessment of the amount of emergency work you have undertaken both within normal hours and out of hours. Include rota patterns for each post.</p>

Sequence Four

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your Primary Medical Qualification (PMQ) as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your primary medical qualification independently verified by the Education Commission for Foreign Medical Graduates (ECFMG) before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any specialist medical qualifications you hold. Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form. You must include a curriculum or syllabus for each qualification you submit (except your PMQ) – see below</p>

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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, evidence in this area may contribute to your demonstration of equivalent knowledge. See Section 5 below.</p> <p>The JCST does not hold evidence relating to overseas training programmes and the onus is on the applicant to provide this.</p>
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	<p>Please provide copies of certificates. For example:</p> <ul style="list-style-type: none"> degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.

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Part Two

Sequence Five - Knowledge

You must demonstrate knowledge to the standard of CCT curriculum. The formal test of knowledge required for a CCT is the Intercollegiate Specialty Board Exam (ISB Examination).

If you cannot demonstrate success in this exam then other supporting evidence of your knowledge must be very strong indeed.

To demonstrate evidence of depth and breadth 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.

The following are examples of part of a portfolio to demonstrate knowledge - although it is unlikely that any one item would do this:

- Pre-ISB Examination 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

FRCS (ORL-HNS) certificate - the test required by the curriculum. You should provide confirmation of this from the Intercollegiate Specialty Board.

Or

A portfolio of knowledge, which shows equivalent knowledge to the curriculum- left hand column, gives details.

If you choose to provide a portfolio of knowledge then you should map the evidence against the curriculum for that 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 then you should supply the relevant syllabus/ curricula and show what the qualification tests and how it tests.

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.

You must list any failed attempts at the FRCS (ORL-HNS), where you have not subsequently been successful, in the application form.

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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 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 ISB exam will show direct equivalence as no other qualification is templated directly to the curriculum. The European examinations (e.g. Fellowship of the European Board of Otolaryngology) on their own are not equivalent.
- 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

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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.
- There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications, but different training and/or experience, may not receive the same decision.

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Skills and experience

Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus.

Applicants must be able to provide evidence the generic and specialty-specific professional capabilities needed to manage patients presenting with the full range of acute conditions and general elective conditions as well as to develop a special interest within Otolaryngology.

[The CCT curriculum](#): Section 5.4 Completion of training in otolaryngology (pages 32-36) provides a summary of the clinical and operative experience, index procedures and critical conditions; further details are set out in Appendix 3 and Appendix 4.

This evidence for this will include logbooks, consolidation sheets and WBAs set out at sequence 6, 7 and 8.

Clinical experience - Evidence of the breadth of clinical experience defined in the specialty syllabus, and experience in one specialty interest.

Evidence of having undertaken posts in a minimum of three units.

You must have participated in on-call rotas and managed emergency cases.

You should have experience in and have rotated through placements in areas of interest across the range of Otology, Rhinology, Head and Neck, Thyroid and Parathyroid, Laryngology, Paediatric Otolaryngology and General Otolaryngology.

You should demonstrate competence in one area of special interest as defined in the curriculum.

Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus

You should have undertaken an indicative 2,000 operations during the last 6 years (as principal or main assisting surgeon) in a unit with an indicative throughput of 500 operations per annum per specialty trainee.

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<p>Index Procedures - Index procedures are of significant importance for patient safety and to demonstrate a safe breadth of practice.</p>	<p>The index procedures are of significant importance for patient safety and to demonstrate a safe breadth of practice. They will be assessed individually by means of the Procedure Based Assessment (PBA).</p> <p>You must be able to demonstrate that you are competent in the management of, and procedures allied to, emergency care.</p> <p>Your logbook should demonstrate indicative numbers below as the principal surgeon:</p> <ul style="list-style-type: none"> • 10 Mastoid operations as main surgeon (P, T, S-TU, S-TS) • 10 major neck operations as main surgeon (including all neck dissections, all open malignant head & neck surgery, parotid and thyroid surgery as main surgeon (P, T, S-TU, S-TS) • 10 tracheostomies as main surgeon (P, T, S-TU, S-TS) <p>35</p> <ul style="list-style-type: none"> • 10 Paediatric Endoscopies (including flexible) as main surgeon (P, T, S-TU, S-TS) • 10 Septorhinoplasties as main surgeon (P, T, S-TU, S-TS) • 10 Functional Endoscopic Sinus Surgery procedures as only scrubbed surgeon (P, T, S-TU) • 10 removal of foreign bodies from airway as main surgeon (including nasal foreign bodies and fish bones) (P, T, S-TU, S-TS) <p>You will need to provide a level 4 PBA for an indicative one or more operation in each group (simulated operations are not accepted for this level 4 evidence requirement) - see Appendix 4 (p103).</p>
<p>Critical conditions - To ensure that you have the necessary skills to manage the defined critical conditions.</p>	<p>Otolaryngology also has a list of critical conditions which are of significant importance for patient safety and to demonstrate a safe breadth of practice.</p> <p>You should provide evidence of performance by means of the CEX or CBD as appropriate to level 4 as shown in Appendix 3 (p102).</p>

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- 1 Adult airway obstruction (malignancy, inhalation injury etc.)
- 2 Paediatric airway obstruction
- 3 Upper aero-digestive tract foreign body and chemical injury (including batteries)
- 4 Acute infections of the upper aero-digestive tract including tonsillitis & supraglottitis
- 5 Deep neck space abscess and necrotising fasciitis
- 6 Management of tonsillar haemorrhage and other major upper aerodigestive tract haemorrhage
- 7 Blunt and penetrating trauma to the neck
- 8 Epistaxis including sphenopalatine artery ligation
- 9 Complications of acute and chronic sinusitis including orbital cellulitis
- 10 Complications of ear sepsis including acute mastoiditis and necrotising otitis externa
- 11 Acute balance disorder including vestibulopathy, and diagnostic understanding of brain stem stroke and multiple sclerosis
- 12 Sudden onset sensorineural hearing loss

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Sequence Six

<p>Evidence of the depth and breadth of experience defined in the curriculum - Consolidation reports</p>	<p>You should provide logbook 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, performed, supervised with trainer scrubbed, etc.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>	<p>Please upload each logbook consolidation report as a separate upload, ensuring the type and dates of the report are clear:</p> <p><i>e.g. SAC indicative group report – Jan 2014-Jan 2020</i></p>
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Sequence Seven

<p>Evidence of the depth and breadth of experience defined in the curriculum - Logbooks</p>	<p>You should provide full logbooks for the last 6 years. The dates of these logbooks should 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.</p> <p>If you do not provide logbooks in this format then 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>Full logbooks should be uploaded per institution and named as follows:</p> <p>Institution – time period covered:</p> <p><i>e.g. Stepping Hill – Jan 2016-Jan 2018</i></p>
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Sequence Eight

<p>Evidence of the depth and breadth of experience defined in the curriculum - WBAs</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 major cases, index procedures and critical conditions).</p> <p>The curriculum contains critical conditions and index procedures. It is particularly important that you include CBDs or CEX for each critical condition and PBAs for each index procedure.</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</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 index procedure:</p> <p><i>e.g. Stepping Hill – PBA Emergency laparotomy x 2</i></p> <p>PBAs for non-index procedures can be grouped by institution:</p> <p><i>e.g. Stepping Hill – PBAs other – 2017-2019</i></p> <p>Include all PBAs you have completed and ensure each index procedure is covered.</p>
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	<p>appropriate, demonstrate reflection by you. Block entries of 'satisfactory' are not acceptable.</p>	<p><u>CBDs</u></p> <p>CBDs for should be grouped by institution and type to demonstrate:</p> <p><i>e.g. Stepping Hill – CBDs x 7 – emergency general surgery</i></p> <p>Include all CBDs you have completed and ensure each critical condition is covered.</p> <p>Other types of WBA (mini-CEX, DOPS) should be grouped by institution and type, and within that by procedure in date order with the most recent first (eg, all the WBAs for the same procedure in one institution should be together and in date order).</p>
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Sequence Nine

Evidence of having attended specific courses/gained specific qualifications as defined in the curriculum - Appendix 5 (page 104)	The Advanced Trauma Life Support® (ATLS®), European Trauma Course, Definitive Surgical Trauma Skills course or equivalent locally provided course(s) meeting the outcomes described.
Specialist conferences - evidence of having attended conferences and meetings as defined in the curriculum appropriate to the specialty.	It is recommended that you attend national or international meetings during the 6 years prior to your application (e.g. annual meetings of specialty associations or major international equivalents).

Sequence Ten

Research - Applicants must provide evidence of having met the relevant requirements for research and scholarship as set out under GPC 9.	<p>You must provide evidence of having met the relevant requirements for research and scholarship as set out under GPC 9. Broadly, this includes capabilities in 4 areas:</p> <ol style="list-style-type: none">1. The demonstration of evidence-based practice2. Understanding how to critically appraise literature and conduct literature searches and reviews3. Understanding and applying basic research principles4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities. <p>You should provide a portfolio of evidence to meet the descriptors which could include:</p> <ul style="list-style-type: none">• Current Good Clinical Practice (GCP) in research course;• Evidence of understanding research methodology. This could be done through a course or by having a higher research degree;
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- Regular involvement in journal review. Evidence could include a reflective piece on activity as a member of the journal club, records of journal club discussion with evidence of attendance, reflections on a journal article or CBD;
- A higher degree by research at level 7 or level 8 (level 11 or 12 in Scotland or equivalents in Europe and the rest of the world) submitted or awarded by Certification;
- Authorship of papers where your contribution is substantive;
- Poster or podium presentations given at national or international meetings by you as presenter;
- Recruitment into a research ethics committee approved study or into a multi-centre observational study. Evidence should include the trial protocol, REC approval, patient information and evidence of consent for each included patient;
- Membership of a research collaborative with demonstrable published outputs.

None of these suggestions are mandatory, but they are presented to give examples of evidence that may be submitted. You may have other evidence which you wish to submit as evidence of research and scholarship.

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.

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Sequence 11

<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 must provide evidence of being trained in the training of others and present written structured feedback on their teaching</p>	<p>You need to demonstrate:</p> <ul style="list-style-type: none">• participation in recruitment, examination, training, assessments, supervision or management of junior colleagues.• understanding of educational theory underpinning adult learning, application to surgery, teaching methods, assessment principles). A course may be a way of doing this. <p>Evidence should include:</p> <ul style="list-style-type: none">• 'Training the Trainers' course or equivalent. (An equivalent course to 'Training the Trainers' would be one covering educational theory underpinning adult learning, application to surgery, teaching methods, assessment principles). Provide the syllabus and details;• A variety of written structured feedback from those taught;	<p>Please group and upload evidence by teaching activity with a clear description:</p> <p><i>e.g. Stepping Hill – Foundation doctor training – Presentation, feedback and timetable – 2018</i></p>
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	<p>Other supporting evidence could include:</p> <ul style="list-style-type: none">• an OoT.• Teaching timetables;• Lecture slides-details of lectures	
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Sequence 12

<p>Quality Improvement - evidence of an understanding of, and participation in, audit or quality/service improvement as defined in the curriculum.</p> <p>Applicants must complete or supervise 3 audit or quality/service improvement projects from the last 6 years. In at least one of these, the cycle should be completed.</p>	<p>The evidence of audit should make clear your role in the process. Evidence of audit 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">• Assessment of Audit (an optional WBA within the ISCP).	<p>Please group and upload evidence by audit activity with a clear description:</p> <p><i>e.g. Stepping Hill – Audit and re-audit of General xxx clinic – 2016-2017 – audit lead</i></p> <p>You should provide your audits in reverse chronological order</p> <p>Audits should also be listed in reverse chronological order in your CV.</p>
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Sequence 13

<p>Management and leadership - evidence of:</p> <ul style="list-style-type: none"> • an understanding of management structures and challenges of the health service in the training jurisdiction. • training in health service management and leadership • having taken part in a management related activity e.g. rota administration, trainee representative, membership of working party etc. or of having shadowed a management role within the trust. 	<p>You will need to provide evidence of</p> <ul style="list-style-type: none"> • training in health service management and leadership • Leadership courses / modules / training /coaching and written reflection on what was learnt • Evidence of management and leadership activities • Evidence of chairing meetings/leading projects • Evidence of contributions to service improvement and management. • Reflection on management and leadership activities - see GMC Guidance. 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>You will also need to demonstrate:</p> <ul style="list-style-type: none"> • Evidence of being aware of the legal responsibilities and be able to apply in practice any legislative 	<ul style="list-style-type: none"> • Course on health service management. By health service management we mean management in the UK Health services. The course should provide you with an understanding of management structures and challenges of the NHS. You should provide evidence of the course content. You should provide evidence of the course content. • provide evidence of having taken part in a management related activity e.g. rota administration, trainee representative, membership of working party etc. or of having shadowed a management role within the trust. • Provide evidence of being a positive role-model & leader eg. initiating or leading on projects, chairing meetings • Leadership courses / modules / training /coaching and written reflection on what was learnt
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	<p>requirements relevant to your jurisdiction of practice;</p> <ul style="list-style-type: none"> Evidence of being aware of and understanding the structure and organisation of the health service and system, including the independent sector and the wider health and social care landscape (This may be achieved through a course) <p>This can be evidenced by comments made under 'Professional Knowledge' in your MCRs or you will need to provide equivalent evidence as outlined in Annex A if you are not submitting MCRs.</p>	<ul style="list-style-type: none"> Reflection on management and leadership activities-see GMC Guidance. <p>The Academy and COPMeD Reflective Practice Toolkit gives advice about reflection</p> <p>https://www.jcst.org/-/media/files/jcst/key-documents/reflective-practice--toolkit-aomrc-copmed.pdf</p>
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Sequence 14-18

<p>These sections of the online application form are for applicants applying under the 2013 (updated 2016) CCT curriculum.</p> <p>As you're applying under the 2021 CCT curriculum this evidence should be submitted with your MCR or relevant CiPs as outlined in the below sections</p>	<p>Please set these sections of the application to 'Not submitting evidence'</p>
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Part Three

Capabilities in Practice (CiPs)

The surgical curricula outcomes are called Capabilities in Practice (CiPs). The curricula now also include the GMC's Generic Professional Capabilities (GPCs). A new assessment tool called the Multiple Consultant Report (MCR) has been developed for trainees to assess the CiPs and GPCs. The MCR allows assessment of performance relative to the level required of a Day 1 consultant in each CiP and the GPCs. The MCR is an assessment based in the workplace using observations gathered over an extended period of time.

The MCR for trainees is available via ISCP. There is a PDF version of the MCR form for CESR available from the JCST. MCR guidance for applicants and consultants who complete the MCR and an example of a completed MCR is available from the JCST website.

If you are unable to provide evidence of MCRs or evidence which comments on certain areas of the MCR then you can provide equivalent evidence although this must be robust.

Annex A is a menu of items you can use to demonstrate the competencies. You will need to describe how the item of evidence that you choose meets the relevant descriptors. You do not have to confine your evidence to items from this list but you do need to be clear about which areas this addresses and why. Further details are given in MCR-Guidance for applicants.

Sequence 19

If you are submitting Multiple Consultant Reports (MCR) to demonstrate the curriculum Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs) please submit these here.

You should also provide all the supporting documents.

Evidence to submit in this section:

- **MCR with supervision level iv or v**
- Appraisal and PDP (at least 3 recent cycles)
- Multisource Feedback (MSF)
- Evidence of communication with patients
- Evidence of communication with colleagues demonstrating collaboration over management of patient care across multi-disciplinary teams
- Evidence of partnerships with patients and obtaining consent
- Evidence of understanding the legal aspects of consent
- Examples of complaints handling and reflection upon this

If you are not submitting MCRs please set this section to 'Not submitting evidence' and see the descriptors and evidence in sequence 20-24.

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Sequence 20

Capability in Practice 1: Manages an Out-Patient Clinic

Standard expected

Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as outpatients in the specialty are cared for safely and appropriately.

Example descriptors:

- **Assesses and prioritises GP and interdepartmental referrals and deals correctly with inappropriate referrals.**
- **Assesses new and review patients, using a structured history and a focused clinical examination to perform a full clinical assessment and determines the appropriate plan of action, explains to patient and carries out the plan.**
- **Carries out syllabus defined practical investigations or procedures within the outpatient setting.**
- **Adapts approach to accommodate all channels of communication (e.g. interpreter, sign language), communicates using language understandable to the patient and demonstrates communication skills with particular regard to breaking bad news. Appropriately**

This section is for applicants who are not providing MCRs in support of their application. Annex A outlines the types of evidence you can submit to demonstrate the Capabilities in Practice.

You will need to map your evidence to show how you meet this CiP. You should state which item shows equivalence and describe why. You should provide reflection on this. The descriptors will help you.

If you have submitted MCRs and other evidence in sequence 19 please set this section to 'Not submitting evidence'.

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involves relatives and friends.

- **Takes co-morbidities into account.**
- **Requests appropriate investigations, does not investigate when not necessary and interprets results of investigations in context.**
- **Selects patients with urgent conditions who should be admitted from clinic.**
- **Manages potentially difficult or challenging interpersonal situations, including breaking bad news and complaints.**
- **Completes all required documentation.**
- **Makes good use of time.**
- **Uses consultation to emphasise health promotion (GPC 4).**

Sequence 21

Capability in Practice 2: Manages the Unselected Emergency Take

Standard expected

All patients with an emergency condition requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as emergencies in the specialty are cared for safely and appropriately.

Managing an unselected emergency take (CiP 2) requires integration of knowledge, clinical and diagnostic skills, and technical skills described in the syllabus as well as communication and interpersonal skills, time management skills and many other generic skills described in the GPCs in order to be delivered safely, professionally and effectively.

Example descriptors:

- **Promptly assesses acutely unwell and deteriorating patients and delivers resuscitative treatment and initial management and ensures sepsis is recognised and treated in compliance with protocol.**
- **Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression and diagnosis.**

This section is for applicants who are not providing MCRs in support of their application. Annex A outlines the types of evidence you can submit to demonstrate the Capabilities in Practice.

You will need to map your evidence to show how you meet this CiP. You should state which item shows equivalence and describe why. You should

- **Identifies, accounts for and manages co-morbidity in the context of the surgical presentation, referring for specialist advice when necessary.**
- **Selects patients for conservative and operative treatment plans as appropriate, explaining these to the patient, and carrying them out.**
- **Demonstrates effective communication with colleagues, patients and relatives.**
- **Makes appropriate peri- and post-operative management plans in conjunction with anaesthetic colleagues.**
- **Delivers on-going postoperative surgical care in ward and critical care settings, recognising and appropriately managing medical and surgical complications, referring for specialist care when necessary.**
- **Makes appropriate discharge and follow up arrangements.**
- **Carries out all operative procedures as described in the syllabus.**
- **Manages potentially difficult or challenging interpersonal situations.**
- **Give and receive appropriate handover.**

provide reflection on this. The descriptors will help you.

If you have submitted MCRs and other evidence in sequence 19 please set this section to 'Not submitting evidence'.

Sequence 22

Capability in Practice 3: Manages Ward Rounds and In-Patients

Standard expected

Manages all hospital in-patients with conditions requiring management within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all inpatients requiring care within the specialty are cared for safely and appropriately.

Example descriptors:

- **Identifies at the start of a ward round if there are acutely unwell patients who require immediate attention.**
- **Ensures that all necessary members of the multi-disciplinary team are present, knows what is expected of them and what each other's roles and contributions will be and contributes effectively to cross specialty working.**
- **Ensures that all documentation (including results of investigations) will be available when required and interprets them appropriately.**
- **Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination and requests,**

This section is for applicants who are not providing MCRs in support of their application. Annex A outlines the types of evidence you can submit to demonstrate the Capabilities in Practice.

You will need to map your evidence to show how you meet this CiP. You should state which item shows equivalence and describe why. You should provide reflection on this. The descriptors will help you.

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interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis.

- **Identifies when the clinical course is progressing as expected and when medical or surgical complications are developing and recognises when operative intervention or re-intervention is required and ensures this is carried out.**
- **Identifies and initially manages co-morbidity and medical complications, referring on to other specialties as appropriate.**
- **Contributes effectively to level 2 and level 3 care.**
- **Makes good use of time ensuring all necessary assessments are made and discussions held, while continuing to make progress with the overall workload of the ward round.**
- **Identifies when further therapeutic manoeuvres are not in the patient's best interests, initiates palliative care, refers for specialist advice as required and discusses plans with the patient and their family.**
- **Summarises important points at the end of the ward round and ensures all members of the multi-disciplinary team understand the management plans and their roles within them.**

If you have submitted MCRs and other evidence in sequence 19 please set this section to 'Not submitting evidence'.

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| <ul style="list-style-type: none">• Gives appropriate advice for discharge documentation and follow-up. | |
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Sequence 23

Capability in Practice 4: Manages the Operating List

Standard expected

All patients with conditions requiring operative treatment within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that all patients requiring operative treatment receive it safely and appropriately.

Example descriptors:

- **Selects patients appropriately for surgery, taking the surgical condition, co-morbidities, medication and investigations into account and adds the patient to the waiting list with appropriate priority.**
- **Negotiates reasonable treatment options and shares decision making with patients.**
- **Takes informed consent in line with national legislation or applies national legislation for patients who are not competent to give consent.**
- **Arranges anaesthetic assessment as required.**
- **Undertakes the appropriate process to list the patient for surgery.**

This section is for applicants who are not providing MCRs in support of their application. Annex A outlines the types of evidence you can submit to demonstrate the Capabilities in Practice.

You will need to map your evidence to show how you meet this CiP. You should state which item shows equivalence and describe why. You should provide reflection on this. The descriptors will help you.

- Prepares the operating list, accounting for case mix, skill mix, operating time, clinical priorities and patient co-morbidity.
- Leads the brief and debrief and ensures all relevant points are covered for all patients on the operating list.
- Ensures the WHO checklist (or equivalent) is completed for each patient at both beginning and end of each procedure.
- Understands when prophylactic antibiotics should be prescribed, and follows local protocol.
- Synthesises the patient's surgical condition, the technical details of the operation, co-morbidities and medication into an appropriate operative plan for each patient.
- Carries out the operative procedures to the required level for stage of training as described in the specialty syllabus.
- Uses good judgement to adapt operative strategy to take account of pathological findings and any changes in clinical condition.
- Undertakes the operation in a technically safe manner, using time efficiently.
- Demonstrates good application of knowledge and non-technical skills in the operating theatre, including situation awareness,

If you have submitted MCRs and other evidence in sequence 19 please set this section to 'Not submitting evidence'.

decision making, communication, leadership and teamwork.

- **Writes a full operation note for each patient, ensuring inclusion of all post-operative instructions.**
- **Reviews all patients post-operatively.**
- **Manages complications safely, requesting help from colleagues where required**

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Sequence 24

Capability in Practice 5: Manages the Multi-Disciplinary Meeting

Standard expected

All patients with conditions requiring interdisciplinary management (or multi-consultant input as in Trauma or Fracture Meetings in Trauma and Orthopaedics) including care within the specialty. Able to perform all the administrative and clinical tasks required of a consultant surgeon in order that safe and appropriate multi-disciplinary decisions are made on all patients with such conditions requiring care within the specialty.

Example descriptors:

- **Appropriately selects patients who require discussion at the MDT.**
- **Follows the appropriate administrative process.**
- **Deals correctly with inappropriate referrals for discussion (eg. postpones discussion if information is incomplete or out of date).**
- **Presents relevant case history recognising important clinical features, co-morbidities and investigations.**
- **Identifies patients with unusual, serious or urgent conditions.**

This section is for applicants who are not providing MCRs in support of their application. Annex A outlines the types of evidence you can submit to demonstrate the Capabilities in Practice.

You will need to map your evidence to show how you meet this CiP. You should state which item shows equivalence and describe why. You should provide reflection on this. The descriptors will help you.

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- **Engages constructively with all members of the MDT in reaching an agreed management decision, taking co-morbidities into account, recognising when uncertainty exists and being able to manage this.**
- **Effectively manages potentially challenging situations such as conflicting opinions.**
- **Develops a clear management plan and communicates discussion outcomes and subsequent plans by appropriate means to patient, GP and administrative staff as appropriate.**
- **Manages time to ensure case list is discussed in the time available.**
- **Arranges follow up investigations when appropriate and knows indications for follow up.**

If you have submitted MCRs and other evidence in sequence 19 please set this section to 'Not submitting evidence'.

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Part Four

Generic Professional Capabilities

The [GMC Guidance](#) outlines the expectations for doctors' professional responsibilities, including their duty of care to their patients. Doctors have a wide range of other professional responsibilities, relating to their roles as an employee, clinician, educator, scientist, scholar, advocate and health champion. These responsibilities include demonstrating the following expected professional values and behaviours.

If evidence relevant to this section has been submitted elsewhere in your application, please indicate where this has been submitted. You should not duplicate evidence already submitted.

Sequence 25

<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <p>Domain 3: Professional knowledge</p> <p>Domain 4: Capabilities in health promotion and illness prevention</p> <p>Domain 5: Capabilities in leadership and team working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <p>Domain 7: Capabilities in safeguarding vulnerable groups</p> <p>Domain 8: Capabilities in education and training</p> <p>Domain 9: Capabilities in research and scholarship</p>	<p>This section is for applicants who are not providing MCRs in support of their application. Annex A outlines the types of evidence you can submit to demonstrate the Generic Professional Capabilities.</p> <p>All applicants will need to map your evidence to show how you meet each GPC. You should state which item shows equivalence and describe why. You should provide reflection on this. The descriptors will help you.</p>
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Annex A

Evidence of the Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs)

The items listed against the CiPs and GPCs are essential evidence for your CESR. The [Multiple Consultant Report \(MCR\)](#) is the standard method to use to demonstrate evidence against the CiPs and GPCs. However, if you are unable to provide an MCR or aspects of the MCR, you will need to provide alternative evidence and you will need to bear the following in mind:

- This evidence will need to be very strong and show equivalence with certification in your specialty.
- You will need to map your evidence to the CiP and GPC domains. You should state which item shows equivalence and describe why. The descriptors will help you. You should provide [reflection](#) on this.
- It is very important that you provide evidence which makes what you have done clear.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies of the evidence. Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere and you would like to cross-reference it.

You are not limited only to submitting what is listed; if you have other evidence that is **directly** relevant please include it. The following list gives more details of the items that are essential pieces of evidence for all applicants (*italics*) and which may be used in addition to the MCR or as equivalent evidence in the place of an MCR or aspects of the MCR.

Evidence	Comments
Appraisal, Personal Development Plan	<ul style="list-style-type: none">• <i>At least 3 recent (within the last 6 years) cycles of appraisal to include the PDP. Your most recent appraisal must be included. Please group your appraisals chronologically (newest at the top) and by institution.</i>

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(PDP) and Multi-source feedback (MSF)	<ul style="list-style-type: none"> • <i>At least one Multisource feedback (MSF) from within the last 6 years or another type of 360° feedback.</i>
Communication with colleagues demonstrating collaboration over management of patient care across multidisciplinary teams	<ul style="list-style-type: none"> • <i>Referral letters - no more than 2 or 3 are required.</i> • <i>Discharge summaries - no more than 2 or 3 are required.</i> • <i>Patient handovers - no more than 2 or 3 are required.</i> • <i>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.</i> • <i>MSF.</i> • <i>Structured reports, testimonials and recommendations will also be considered when assessing this area of your application.</i>
Communication with patients	<ul style="list-style-type: none"> • <i>Evidence of communicating treatment plans to patients.</i> • <i>Course certificates including patient confidentiality; data protection and information governance, equality and diversity.</i> • <i>Evidence of exercising duties of candour.</i> • <i>Thank you letters and cards from patients - no more than 2 or 3 are required.</i> • <i>MSF.</i> • <i>Written reflection on the above.</i>
Complaints	<ul style="list-style-type: none"> • <i>Evidence of complaints handling and reflection upon this.</i> • <i>Evidence of delivering an honest apology and offering an effective explanation where appropriate - an anonymised written copy or written reflection.</i>
Consent	<ul style="list-style-type: none"> • <i>Evidence of partnerships with patients and obtaining consent.</i> • <i>Evidence of understanding the legal aspects of consent.</i>

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	<ul style="list-style-type: none"> • Course certificates including patient confidentiality; data protection and information governance. • Clinical Evaluation Exercise for Consent (CEXC).
CPD	<ul style="list-style-type: none"> • Evidence of continuing professional development. • Mandatory and statutory courses. • Certificates of equipment training. • The GMC has the following guidance: General Medical Council. Continuing professional development - Guidance for all doctors available at: www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp.
Data protection	<ul style="list-style-type: none"> • Data Protection Courses. • Your application must be made in line with data protection legislation.
Decision-making	<ul style="list-style-type: none"> • Evidence of decision-making. • Evidence of being able to solve a clinical problem and formulate a clinical plan.
Equality and diversity	<ul style="list-style-type: none"> • Course certificates e.g. evidence of equality and diversity.
Ethics and medico-legal matters	<p>Evidence of:</p> <ul style="list-style-type: none"> • Understanding appropriate ethics and medico-legal matters, • Completing legal medical forms or certifications.
Governance - evidence of clinical governance including	<p>Evidence of:</p> <ul style="list-style-type: none"> • Understanding the structures in the UK Health services

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<p>understanding and working within an appropriate clinical governance framework</p>	<ul style="list-style-type: none"> • Understanding systems for continuously monitoring and improving the quality of the care and services you deliver, and for safeguarding the high standard of care and services • Raising concerns through clinical governance systems • <i>Primary evidence of your role and involvement in MDT meetings</i> • Attendance and input at local audit meetings • Presentations of outcome data • Budgetary activities • Organisation of rotas and work schedules • Appropriate courses about the governance structures within the UK Health services and reflection on this. <p>It is very important that you provide evidence that shows your involvement in governance and service improvement and makes your role clear.</p>
<p>Leadership</p>	<p><i>Leadership courses, modules, training and coaching with written reflection on what was learnt.</i></p> <p><i>Primary evidence of:</i></p> <ul style="list-style-type: none"> • <i>Leadership activities</i> • <i>Leading projects which makes your involvement clear</i> • <i>Chairing meetings</i> • <i>Acting as a positive role model</i> • <i>Written reflection on the above.</i>
<p>Management</p>	<ul style="list-style-type: none"> • Course on Health Service Management in the UK Health Services. • Contributions to service improvement and management supported by evidence of service change, and impact of management role.

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	<p>Primary evidence of management related activity that makes your role clear, e.g:</p> <ul style="list-style-type: none"> • rota administration • chairing meetings • leading projects • supervision and management of junior colleagues. <p>Written reflection on the above.</p>
<p>Multi-disciplinary team (MDT) meeting - evidence of role</p>	<p><i>Primary evidence of your role in the MDT meetings, e.g.</i></p> <ul style="list-style-type: none"> • <i>Correspondence about MDTs, including a sample from MDT</i> • <i>Case presentations</i> • <i>Case-based Discussion (CBD)s (relating to MDT)</i> • <i>Agendas and minutes that show what your involvement was</i> • <i>Evidence that you engage constructively with all members of the MDT</i> <p><i>The evidence should show the role you played in these meetings, examples of evidence could be meeting invitations, agendas, and minutes.</i></p> <p><i>It is very important that you provide evidence, that shows your involvement in governance and service improvement and makes your role clear.</i></p>
<p>Multisource feedback MSF</p>	<ul style="list-style-type: none"> • <i>At least one MSF from within the last 6 years.</i>

<p>National legislative requirements and understanding of structure and organisation of the health service and system, including the independent sector and the wider health and social care landscape</p>	<ul style="list-style-type: none"> • <i>Relevant course certificates (Management in the NHS course that shows the structures of the UK Health Services). Evidence of having undertaken relevant online modules.</i> • <i>Written reflection on UK legislative requirements, the health service and healthcare systems in the four countries.</i> • <i>Evidence of GMC's professional requirements, e.g. written reflection on this.</i>
<p>Patient safety</p>	<ul style="list-style-type: none"> • Health records- showing that your health does not pose any patient safety issues. • Adopting strategies to reduce risk (e.g. safe surgery, infection control). • <i>Attending appropriate courses (e.g child protection, infection control, safeguarding vulnerable adults, safeguarding vulnerable children and equipment training) and written reflection on this.</i> • Involvement in infection control (e.g. membership of committees, audit of compliance, acting as a "champion"). • Creating guidance to protect patient safety and putting that guidance in place. <p>Contributing to quality improvement processes, e.g:</p> <ul style="list-style-type: none"> • audit of personal and departmental performance • errors/discrepancy meetings • critical incident and near miss reporting

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	<ul style="list-style-type: none"> • unit morbidity and mortality meetings • local and national databases. <p>Written reflection on learning points from incidents, identifying risks or service improvement.</p>
Probity	<p>Evidence of:</p> <ul style="list-style-type: none"> • honesty and integrity (structured reports, references and testimonials may show evidence of this) • professional duty of candour and reflection on this • details of gaining ethics committee approval • having no restrictions on your registration (UK-based doctors) • Certificate of Good Standing (overseas-based doctors).
<p>Quality improvement - evidence of an understanding of, and participation in, audit or service improvement as defined in the curriculum</p> <p>Note: you should already have provided</p>	<p>Three audit or service improvement projects in the last 6 years with at least one where the cycle has been completed. You should provide the evidence of audits in reverse chronological order. You should also supply a list of audits which indicates the date of the audits and if it was a re-audit, audit etc. The evidence of audit should make clear your role in the process.</p> <p>Evidence of audit 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 your role in the audit clearly.

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<p>this with Part 1 of your application</p>	<p>You should group together the types of evidence for each audit.</p> <p>You may wish to supplement your evidence with the following:</p> <ul style="list-style-type: none"> • Assessment of Audit
<p>Record-keeping</p>	<ul style="list-style-type: none"> • Evidence of clear operation note (may be evidenced through workplace-based assessments (WBAs). • Evidence of recording clear and appropriate post-operative instructions (may be evidenced through WBAs). • Evidence of legibility and well-ordered notes. • Referrals to others. • Letters to patients and letters about patients to General Practitioners (GPs). • The AoMRC has published the following: Academy of Medical Royal Colleges: Standards for the Clinical Structure and Content of Patient Records available at: www.aomrc.org.uk/publications/reports-guidance/standards-for-the-clinicalstructure-and-content-of-patient-records-0713/.
<p>References and testimonials</p>	
<p>Reflection</p>	<p>Reflection on all activities. This could include for example:</p> <ul style="list-style-type: none"> • Reflection on training/learning • Reflection on management and leadership activities

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	<ul style="list-style-type: none"> • Written reflection on learning points from incidents, identifying risks or service improvement. <p>The Academy and COPMeD Reflective Practice Toolkit gives advice about reflection</p> <p>https://www.jcst.org/-/media/files/jcst/key-documents/reflective-practice--toolkit-aomrc-copmed.pdf.</p>
<p>Research</p> <p>Note: you should already have provided this with Part 1 of your application</p>	<p><i>You must provide evidence of having met the relevant requirements for research and scholarship as set out under GPC 9. Broadly, this includes capabilities in 4 areas:</i></p> <ol style="list-style-type: none"> <i>1. The demonstration of evidence-based practice</i> <i>2. Understanding how to critically appraise literature and conduct literature searches and reviews</i> <i>3. Understanding and applying basic research principles</i> <i>4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities.</i> <p><i>You should provide a portfolio of evidence to meet the descriptors which could include:</i></p> <ul style="list-style-type: none"> • <i>Current Good Clinical Practice (GCP) in research course.</i> • <i>Evidence of understanding research methodology. This could be done through a course or by having a higher research degree.</i> • <i>Regular involvement in journal review. Evidence could include a reflective piece on activity as a member of the journal club, records of journal club discussion with evidence of attendance, reflections on a journal article or CBD.</i>

	<ul style="list-style-type: none"> • <i>A higher degree by research at level 7 or level 8 (level 11 or 12 in Scotland or equivalents in Europe and the rest of the world) submitted or awarded by certification.</i> • <i>Authorship of papers where your contribution is substantive.</i> • <i>Poster or podium presentations given at national or international meetings by you as presenter.</i> • <i>Recruitment into a research ethics committee approved study or into a multi-centre observational study. Evidence should include the trial protocol, Research Ethics Committee (REC) approval, patient information and evidence of consent for each included patient.</i> • <i>Membership of a research collaborative with demonstrable published outputs.</i>
Safeguarding vulnerable groups	<ul style="list-style-type: none"> • <i>Undertaking appropriate training (e.g. safeguarding vulnerable adults, safeguarding vulnerable children) and reflection on this.</i>
Service improvement	<p>Primary evidence of:</p> <ul style="list-style-type: none"> • Your contributions to service improvement supported by evidence of service change which makes your role clear • Participation in service improvement 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 and input at local audit meetings • Audit of personal outcomes • Presentations of outcome data • Evidence of data entered into national datasets.
Teamwork	<ul style="list-style-type: none"> • MSF. • Evidence of participation in MDT.

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	<ul style="list-style-type: none"> • Communication and reflection.
Training and assessing	<p>Evidence of:</p> <ul style="list-style-type: none"> • <i>Participation in recruitment, examination, training, assessments, supervision or management of junior colleagues.</i> • Creating effective learning opportunities for learners and doctors in training • Safe clinical supervision of learners • Providing supportive developmental feedback • <i>Understanding of educational theory underpinning adult learning, application to surgery, teaching methods, assessment principles). A course may be a way of doing this. You will need to provide the syllabus and details of the course.</i> • <i>Evidence of participation in recruitment, examination, training, assessments, supervision or management of junior colleagues</i> • A variety of written structured feedback from those taught • Teaching timetables • Lecture slides-details of lectures • Reflection on teaching.
Understanding your limitations/capabilities	<ul style="list-style-type: none"> • Demonstrating awareness of your own limitations and understanding when and who to refer on to or seek professional advice from. • Reflection on limitations and capabilities.

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