

Ophthalmology

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Ophthalmology. You will also need to read the [Ophthalmology CCT curriculum](#).

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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 Royal College of Ophthalmologists ([RCOPHTH](#)) for guidance **before** you submit an application.
- The College may be able to respond to written queries where specific information is not available in the published guidance.

Standard of assessment

- The standard of which Portfolio Pathway applicants are assessed against are Knowledge, Skills and Experience (KSE) for specialist practice in the UK. The framework for assessing KSE reflects the Learning Outcomes (LOs) in Ophthalmology and there should be sufficient evidence of these learning outcomes as part of your ongoing clinical commitment and maintenance of skill across the speciality.

Currency of evidence

- You need to show that you are maintaining your competence at the time of application.
- The majority of your evidence is expected to be from the last **five** years of clinical practice (WTE, does not need to be consecutive) but evidence from the last **seven** years of clinical practice (WTE, does not need to be consecutive) will be considered **where these skills have been maintained. In any particular area, a minimum of 80% of your evidence should be from the last five years of clinical practice** (WTE, does not need to be consecutive).
- The evaluators will be looking for evidence of current competency. Where you have completed training several years ago, it is crucial that you demonstrate that you have maintained competency across the high-level learning outcomes in the curriculum irrespective of whether your career has focussed on a particular area of the curriculum or whether you will only be practising in a certain area in your future career. If you are concerned about the currency of your evidence, you should contact the College for more guidance on how to cover the gap.
- If you have worked less than full time (LTFT) or have had a break in practice in the last five years, evidence can be provided from additional years or whole-time equivalence (WTE). In this situation, you must clearly explain any gaps, such as a career break/maternity leave/long-term sick leave, as part of your application. It should be made explicit to the evaluators from the outset, the time your evidence has been drawn over, through a statement accompanying your CV.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

- **In general, applications in Ophthalmology tend to include 800-1000 pages of evidence. If you are providing more than this, you should consider the evidence you have collated against the below guidance. There is no maximum number of pages, however, you should be able to demonstrate capability and competence within 1000 pages.**
- 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 required learning outcomes and the associated descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather 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.

Structured reports

- You should provide at least three referees; they should be a consultant in Ophthalmology or someone who is in a clinical supervisory position such as an Educational or Clinical supervisor. It is preferable that the referee has witnessed some of the clinical activity or signed off some of the evidence.
- Your structured reports from your referees are a large source of evidence in all areas. We strongly recommended that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

A message from the RCOphth Training Committee

Before making your application, you are encouraged to review this document in conjunction with the current Ophthalmology CCT curriculum. If you do not have the evidence of current competency or you do not present it to us in a way that is conducive to us being able to draw conclusions from your evidence, you will not be successful.

The points discussed here are not a definitive list; they are based on the Training Committee's experience of evaluating applications. It is important that you carefully study the curriculum and associated application guidance before you apply.

Knowledge:

- The standard test of knowledge in the Ophthalmology CCT curriculum is the FRCOphth Examination.
- **We strongly recommend that you obtain the FRCOphth before you apply to guarantee that the knowledge aspect of the curriculum is demonstrated.**

Research and Presentations:

- These should cover a number of different sub-specialty areas. It is vital to demonstrate your role or involvement in any research project submitted and it should be clear to whom presentations are made. e.g. learned society and not local presentations. Ensure these are dated and are significant evidence of research and it fits with all quality improvement work.

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

- Management in the NHS
- Training the trainer
- Good Clinical Practice (GCP)

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.

Teaching and Training:

- You should present evidence that you have been trained in teaching skills (there are many courses available including the ‘train the trainer’ course), have delivered teaching on a regular basis and have been satisfactorily assessed doing so (audience feedback is the best form of evidence in this area). Such feedback should ideally refer to you specifically, not to a course or study day as a whole.

Audit and Governance:

- You are required to submit evidence of completing audits, at least one of which should have progressed through the full audit cycle including re-audit. Applicants should submit one audit per year since their last revalidation which **MUST** include a personal cataract audit and evidence that you have led an audit **AND** completed a full cycle.

Cataract audit

- You need to undertake an audit of at least 50 consecutive cataract operations where the surgery is performed within three years of your application submission. This must include information on risk factors and complications (see <https://www.nature.com/articles/eye201251/tables/1> and <https://www.nature.com/articles/6703015/tables/7>), along with outcome data which must include final visual acuities and should (where available) also include the refractive outcome.
- Other evidence that is very useful to demonstrate your competence includes Multi Source Feedback (360°), including feedback from patients, letters, and testimonials.

Organising your evidence

- Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.
- You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.
- You should provide sufficient evidence in respect of each learning outcome, or 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 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.
- **Where we ask in our guidance, please group your evidence together** to keep the number of individual electronic uploads manageable (**maximum of 150 uploads**). This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Patient Management

- This is where most of your evidence will be located. Your evidence must be organised to present each clinical subspecialty in turn. If you have no recent evidence in a particular subspecialty, then your application will be unsuccessful.
- The subspecialties are:
 1. Oculoplastic, Adnexal and Lacrimal Surgery
 2. Cornea and External Diseases
 3. Cataract and Refractive Surgery
 4. Glaucoma
 5. Retina, Vitreous and Uvea (including ocular oncology)
 6. Neuro-ophthalmology
 7. Paediatric Ophthalmology and Strabismus
 8. General Ophthalmology

9. Emergency Eye Care

- You must present evidence of having the appropriate knowledge, skills and experience for the high level learning outcomes in the curriculum. There is a separate section in the application for each subspecialty area. This will involve delineation of:
 1. The training you have received organised by subspecialty - this should include where and when you received the training, in the form of a dated, ordered list. Please do not include on-call rotas.
 2. The experience you have had organised by subspecialty - a detailed record of experience is a very important part of your application, but individual cases listed in a logbook are generally not as helpful as summarised annual data. The College provides suggestions as to the format of logbooks. They should include cumulative surgical and laser data – for further details follow this [link](#): and <http://www.rcophth.ac.uk/cesr>
 3. Evidence of satisfactory performance organised by subspecialty, preferably in the form of recent Work place based assessments (WPBAs) linked to the curriculum LOs. It is appreciated that it could be a long time since you practised in a particular subspecialty. If this is the case, you should delay your application and concentrate on providing high quality evidence of satisfactory performance to demonstrate your current competency. **Good quality primary evidence cannot be substituted by a large volume of secondary evidence such as testimonial letters.** The very best evidence consists of each LO linked with several documents. E.g. CbDs, clinic letters and logbooks.
- Your evidence should be submitted in the order listed in each sub-specialty section later on in this document.

RCOphth Learning Outcomes spreadsheet

- The College have produced a separate guidance document detailing each of the LOs to be covered: <https://rcophth.net/LOGuide>
- **Workplace Based Assessments (WPBAs) such as OSATS, DOPS, CBD, etc. are always to be considered as primary and strong evidence.**
- However, some of the learning outcomes can be achieved in a non-WPBA format and by testimonial letters. Please refer to the guidance document for clarification on which of these can be achieved.
- You should use this document together with other material such as the curriculum. It is important that your evidence demonstrates capability across ALL of the LOs in the curriculum: <https://curriculum.rcophth.ac.uk/curriculum/ost/>

Key pieces of evidence which can be used to demonstrate a variety of LOs

You will notice that some of the suggested evidence is listed more than once in the sections below and in your application. This is because these documents are relevant to more than one section or LO. For example, WBAs can be used to demonstrate competence in most LOs but you'll need to ensure you don't link a WBA with too many LOs. **The College guidance is that a WBA should be linked to three to five learning outcomes.**

If you have a document that is relevant to more than one section or LO in your application, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant section or LO, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most sections or LOs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

| Evidence type | |
|----------------------------|--|
| Multisource Feedback (MSF) | <ul style="list-style-type: none">MSF is a strong piece of evidence as it is an anonymous feedback exercise. You should: review the College document to which outcomes you can evidence with this type of evidence: https://rcophth.net/LOGuide |
| Appraisal | <ul style="list-style-type: none">Appraisal is good evidence of engaging with systems, processes, and mandatory requirements, as well as demonstration of performance, both clinical and non-clinical. You should review the College document to which outcomes you can evidence with this type of evidence: https://rcophth.net/LOGuideYou should provide all appraisals since the date of your last revalidation. If you are not in the revalidation process, you should provide appraisal evidence from the last five years. |
| Patient Feedback | <ul style="list-style-type: none">Formal patient feedback is strong evidence as it is an anonymous feedback exercise. The GMC has a <u>template</u> which can be used in your application. You should provide at least 20 responses within your formal feedback evidence. A formal report analysing the feedback can be submitted. If that is not available, then you should provide the feedback documents. |

Logbooks

- Logbooks should include: all the details listed in the logbooks section below.

WPBAs

- Workplace Based Assessments (WpBA), such as OSATS, DOPS, CBD, etc. are always to be considered as primary and strong evidence.
- As a general guide, two WpBA for each LO is required, **unless** alternative evidence is noted for that LO.

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

| Evidence of training and qualifications | |
|---|--|
| CV | <ul style="list-style-type: none"> You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website. |
| Primary medical qualification (PMQ) | <ul style="list-style-type: none"> 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. If you do not hold registration, you will need to have your PMQ independently verified 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 PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance. |
| Specialist medical qualification(s) | <ul style="list-style-type: none"> Please provide a copy of all specialist medical qualifications you hold. If you do not hold the FRCOphth please include dates (if applicable) of attempts for the RCOphth to verify. |
| Knowledge | <p>You must demonstrate knowledge to the standard of the high level learning outcomes in the curriculum.</p> <p>FRCOphth</p> <ul style="list-style-type: none"> The test of knowledge in the Ophthalmology CCT curriculum is the FRCOphth exam. You must demonstrate either successful completion of this exam, or alternative evidence that demonstrates comparable knowledge mapped to this exam. If you have attended FRCOphth courses you should submit the certificates. The FRCSEd (Ophth) does not demonstrate comparable knowledge to the FRCOphth. Aspects of its content and methods of assessment do not adequately assess the curriculum or the real-life exchanges of a UK consultant role in Ophthalmology. |

- **If you do not hold the FRCOphth, we strongly recommend that you obtain it before you apply to guarantee that the knowledge aspect of the curriculum is demonstrated.**

Alternative evidence of knowledge

- If providing evidence of an alternative examination you'll need to provide the syllabus and show how it meets the same standards, including information on standard setting, examiner selection, examiner training, and number of examiners, quality control, and validation of questions.
- Applicants must be aware that as no other qualifications are considered directly comparable, this will be assessed on a case by case basis and will require the applicant to produce an extensive, detailed and complex portfolio of evidence. 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.
- If applicants do not hold the FRCOphth or a comparable qualification, they can aim to demonstrate the same level of knowledge by providing:
- A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every FRCOphth competency has been covered in their own qualifications. It will then be at the evaluators' discretion to determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge as the FRCOphth.
- If you provide evidence of your knowledge in other ways, this must be very strong, objective, and current, and demonstrate equivalent knowledge to the standard of the CCT curriculum across all areas in sufficient depth and breadth. This means your evidence will need to cover the various sub-specialties within Ophthalmology.

Elements of the portfolio could include:

- strong evidence of research
- strong audit and quality improvement participation demonstrating changes in clinical practice. E.g. changes to practice nationally
- peer reviewed publications and presentations at national and international meetings

- specialist qualifications or examination(s) passed, for example College/Faculty exams

These items on their own will not show equivalence of knowledge.

Alternative evidence of knowledge is often inadequate for the following reasons:

- Does not display the depth and breadth of knowledge across the curriculum
- Is too old
- Coverage is too narrow – does not demonstrate full breadth of topics of the seven sub-specialties
- The applicant's contribution was not substantive (not first name)
- The applicant's contribution was not peer reviewed
- No demonstrable changes in patient pathway, efficiency savings etc.

Evidence acquired more than seven years ago will have less consideration as evidence needs to be provided which is current and maintained.

Curriculum or syllabus (if undertaken outside the UK)

- Please provide a copy of your curriculum or syllabus.
- This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.
- If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body outlining the content of the training programme or examination.

For qualifications, we will look to evaluate:

- where the curriculum covers areas of the CCT curriculum
- the complexity of the work undertaken
- how examinations are evaluated, or quality assured (external assessment).

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. This can include honours and prizes

Evidence of employment in posts and duties (including training posts)

Employment letters

Please upload in one file per institution your employment letters and job descriptions, in date order. Call this “Evidence of employment in posts and duties – institution name”.

The information in these letters **must** match your CV. They should confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

Usually this will be set out in the letters offering you the post and renewing your contracts. **We do not need to see contracts and terms and conditions of employment.**

- Evidence in this section should be from the last **five** years of clinical practice (WTE).

Job descriptions

These **must** match the information in your CV. They will usually confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

Evidence in this section should be from the last **five** years of clinical practice (WTE).

Job plans

Where you have undertaken a number of roles, provide details for each post or role. You can use these documents to demonstrate:

- the main duties and responsibilities of the post
- your out of hours responsibilities, including rota commitments
- that you have covered for colleagues' periods of leave
- any professional supervision and management of junior medical staff that you have undertaken
- your responsibilities for carrying out teaching, examination and accreditation duties
- your contribution to postgraduate and continuing medical education activity, locally and nationally
- any responsibilities you had that relate to a special interest
- requirements to participate in medical audit and in continuing medical education
- your involvement in research
- your managerial, including budgetary, responsibilities where appropriate
- your participation in administration and management duties.

Evidence in this section should be from the last **five** years of clinical practice (WTE).

Assessments and appraisals

| Evidence type | Evidence required |
|---|--|
| Appraisals | <ul style="list-style-type: none"> You should submit all appraisals since your revalidation. If you are not engaged in revalidation, then you should submit appraisals from the last five years of clinical practice (WTE). The appraisals should also include a personal development plan (PDP). PDPs normally form part of your annual appraisal system, and you should submit them with appraisal documentation. Please upload in one file per institution, your appraisals in date order. Call this ‘Appraisals 20XX-20XX – institution name’. |
| Workplace-based assessments (WPBA) | <ul style="list-style-type: none"> You must submit your evidence under each sub-specialty area in the same order as given in the below LO list. This will make it clearer to the evaluators what your evidence represents. Each page should be clearly marked what LO(s) it relates to. WPBA evidence can be from the last seven years of clinical practice (WTE), but they should not all be from years six to seven. It is important to show that skills are current and maintained with one piece of evidence/WPBA being from the last five years and the other from year six or seven. It is essential that you refer to the Royal College of Ophthalmologists curriculum for details of the assessments needed for the various learning outcomes http://curriculum.rcophth.ac.uk/assessments/ Please ensure you use the correct WPBA type indicated in the individual curriculum learning outcome. As a general guide, we recommend you submit at least two WPBA for each learning outcome to triangulate your other evidence and demonstrate that your competencies are current and maintained. However, some of the learning outcomes can be achieved by testimonial letters. Please refer to the guidance document for clarification on which of these can be achieved: https://rcophth.net/LOGuide You should use this document together with other material such as the curriculum. It is important that your |

evidence demonstrates capability across ALL of the LOs in the curriculum:

<https://curriculum.rcophth.ac.uk/curriculum/ost/>

- Generally, you should not allocate more than **three** learning outcomes to a single WPBA, and evidence should only be submitted once.
- Please **group and organise your WPBAs** by each sub-specialty area and institution. **For example: ‘xxxx Hospital – Cornea subspecialty WPBAs – 2019-2021’.**
- WBAs need to be 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 on the recommend actions. Block entries of ‘satisfactory’ are not acceptable.
- 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. A signed letter on headed paper from a consultant or senior colleague may be appropriate evidence to replace one of the WPBAs for an individual LO. This is effectively a testimonial that they have directly observed your practice in this area and must cover all of the skills required for the LO as per the relevant WPBA form.

The below contains a list of clinical learning outcomes. You should submit evidence in the same order.

Oculoplastic, adnexal and lacrimal surgery

- CA5 External Eye Examination
- PI6 radiology and other neuro-imaging in relation to this subspecialty

- PS6 Diathermy
- PS8 Lacrimal function
- PS12 Punctal occlusion
- PS13 Suture removal from eye and adnexae
- PS15 Administer periocular botulinum injections
- SS6 Perform surgical repair of adnexal tissues after trauma
- SS7 Lid surgery
- SS8 Ocular surface protection
- SS9 Perform lateral canthotomy and cantholysis
- SS10 Biopsy
- SS11 Temporal Artery Biopsy
- SS13 Remove the eye when indicated

Cornea and external diseases

- CA9 slit lamp biomicroscopy
- PI2 Corneal/Anterior Segment Assessment
- PM15 Contact Lenses
- PS10 perform a corneal scrape

- PS11 Ocular surface foreign body removal
- PS13 Suture removal from eye and adnexae
- PS14 fit a bandage contact lens
- PS15 Periocular botulinum toxin injection
- PS16 apply corneal glue
- PS18 Demonstrate lid hygiene
- PS22 Irrigation and debridement of ocular contaminants
- SS6 perform surgical repair of ocular and tissues after trauma
- SS8 undertake surgical measures for the protection of the ocular surface
- HPDP6 Contact lens care

Cataract and refractive surgery

- PI2 Cornea/Anterior Segment Assessment
- PI12 Biometry
- PM14 to use spectacle lenses and prisms when indicated
- PM16 refractive Surgery
- PS2 perform a refractive assessment and provide an optical prescription (adult and child)
- SS2 Operating a microscope

- SS3 Asepsis
- SS4 Cataract Surgery
- SS14 Lens capsule
- HPDP12 Prophylaxis

Glaucoma

- CA8 IOP measurement
- PI2 Cornea/Anterior Segment Assessment
- PI3 Retinal/optic nerve imaging
- PI13 Visual Fields
- PM10 Visual Standards
- PM11 Support and certification of the visual impaired
- PM17 Laser treatment
- SS5 surgical measures to lower IOP
- SS15 Laser for IOP

Retina, vitreous and uvea (including ocular oncology)

- CA10 Fundus Examination
- CA11 – General Medical Examination

- PI3 retinal and optic nerve imaging technique
- PI4 Ocular Angiography
- PI5 Ultrasonography
- PI7 Electrophysiology
- PI16 Bone Scans
- PM3 use of drugs
- PM10 Visual standards
- PM11 Support and certification of the visually impaired
- PM17 Laser treatment
- PS3 administer periocular and intraocular drugs
- PS17 perform ocular ultrasound
- PS19 Aqueous vitreous sampling
- SS10 Biopsy
- SS16 Retinal Laser
- HPDP1 promote the value and assist in organisation of screening for eye disease – Diabetic eye disease
- HPDP7 Diagnostic contact lens care
- BCS12 The safe use of ophthalmic laser

Neuro-ophthalmology

- CA3 Assess and interpret visual fields by confrontation
- CA6 Pupil examination and tests
- CA11 General Medical Examination
- CA13 Neurological examination
- PI13 Visual Fields
- PI6 radiology and other neuro-imaging in relation to this subspecialty
- PI7 ocular and neuro-electrophysiology
- PM10 Visual Standards
- SS11 biopsy the temporal artery

Paediatric ophthalmology and strabismus

- CA7 Perform a cover test and ocular motility testing
- CA12 Paediatric and development examination
- PI1 orthoptic assessment
- PM11 Support and certification of the visually impaired
- PM14 Spectacle lenses
- PS2 Retinoscopy and subjective refractive

- PS24 Forced duction test
- SS12 perform surgery on the extraocular muscles
- HPDP1 promote the value and assist in organisation of screening for eye disease – ROP screening
- BCS16 Clinical genetics
- AER15 Understands the responsibilities of an ophthalmologist in child protection
- HS6 Safeguarding

General Ophthalmology and Emergency Eye Care

- CA1 Consultation skills
- CA2 Vision
- PS4 Venous cannulation
- PS5 Local anaesthesia
- PS9 Paracentesis
- PI09 Blood tests
- PI10 Histopathology
- PI11 Microbiology
- PI14 immunology
- PI16 Bone scan

- PS21 Hand Hygiene
- SS1 Surgical skills
- PM1 Management planning
- PM2 Prioritising
- PM4 Listing for surgery
- PM5 Pre-assessment
- PM6 Monitoring progress
- PM7 complications
- PM8 Emergencies/basic life support
- PM10 visual standards
- PS1 and PM11 Support/certification Support and certification of the visual impaired
- PM12 Referral
- PM13 Systemic implications
- PM18 Diet and nutrition
- HPDP2 infection control
- CA10 Fundus examination contact lens
- HPDP4 prevention of eye injury

- HPDP5 Disease risk reduction
- HPDP8 Avoidance of allergens
- HPDP9 Promote immunisation
- HPDP10 tests/drugs in pregnancy
- **You should provide an index of your WPBAs identifying the Learning Outcomes covered.** The College can provide you with some samples if required.

ARCPs and training assessments

- Formal records of assessment have been in place in the UK since 1996 (for posts of Registrar, Specialist Registrar, and Specialty Registrar). If you have undertaken training in the UK in these grades you should provide a copy of your formal records. In addition, if you held any of these approved training posts (except locum posts), please provide evidence of your training number.
- If you have undertaken training outside the UK you must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you must provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.
- If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.
- If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use.

360° and multi-source feedback

- If you have undertaken approved specialty training in Ophthalmology in the UK in the past five years, you should provide a copy of your ARCPs. Should you wish to provide evidence obtained within your UK specialty training, **this evidence should have been reviewed and signed off through an ARCP from completed years in training.**
- **Please upload in one file your multisource and patient feedback and forms, in date order. Call this “MSF and patient feedback”.**
- Applicants are directed to use the Royal College of Ophthalmologists Multi source feedback documentation that is available, along with guidance, at <https://www.rcophth.ac.uk/curriculum/ost/assessments/workplace-based-assessments/multi-source-feedback-msf/>
- The evaluators expect to see a minimum of three MSF submitted with one from the last **12 months**.

Logbooks, records of daily clinical practice

| Evidence type | Evidence required |
|---------------|---|
| Logbooks | <ul style="list-style-type: none"> ● Logbooks, consolidation reports and other case mix including medical reports, case histories, referral letters and patient lists - Please group these together by sub-specialty area and institution and ensure they are clearly labelled. For example: ‘xxxx Hospital – Cornea subspecialty Logbook and case mix – 2019-2021’ ● Both surgical and laser logbooks are required to provide evidence of competencies demonstrating achievement of the Learning outcomes of the OST curriculum including evidence relating to each of the following subspecialty areas to the required competency level with skills being maintained: <ol style="list-style-type: none"> 1. oculoplastic, adnexal and lacrimal surgery 2. cornea and external diseases 3. cataract and refractive surgery 4. glaucoma 5. retina, vitreous and uvea (including ocular oncology) 6. neuro-ophthalmology 7. paediatric ophthalmology and strabismus 8. General Ophthalmology 9. Emergency Eye Care ● The College provides suggestions as to the format of logbooks. They should include cumulative surgical and laser data – for further details follow: https://www.rcophth.ac.uk/training/ophthalmic-specialist-training/eportfolio/eye-logbook/ and http://www.rcophth.ac.uk/cesr ● Guidance on the type of surgical experience expected of a trainee completing the OST curriculum (including a guide to the number of procedures performed) is given in the Guide for the delivery of OST. It is preferable to submit logbooks in this format although we will still consider logbooks in other formats. http://www.rcophth.ac.uk/guidesandcurricula ● Evidence can be provided from the last seven years of clinical practice (WTE) with approximately 80% of evidence from |

the last **five** years of clinical practice (WTE).

- With Oculoplastics, the overall requirement is to perform 40 procedures and assist at three ptosis procedures.
- With Cornea, the overall requirement is to assist at six corneal grafts.
- With Cataract and refractive surgery, the overall requirement is at least 350 phacoemulsification procedures. It is **essential** that at least 300 phacoemulsification procedures are from the last five years.
- With Glaucoma, the overall requirement is to perform 30 intraocular pressure lowering procedures (laser procedures are accepted).
- With Retina, Vitreous and Uvea (including ocular oncology), the overall requirement is to assist at 20 retinal/VR procedures and perform 40 retinal lasers.
- With Strabismus, the overall requirement is to perform 20 squint procedures.
- **All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.**

**Consolidation,
cumulative data
sheets, summary
lists and annual
caseload
statistics**

- **You should provide a summary of the total numbers for the various procedures listed in the logbook** and include your role in the procedure.
- It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may cover a period of up to **seven** years, but it is important to demonstrate that surgical skills are current and maintained particularly around cataract surgery.
- The College provides suggestions as to the format of cumulative data sheets – for further details please follow: <http://www.rcophth.ac.uk/cesr>
- All evidence in this area **must** be **anonymised** for individual patient data.

Medical reports, Case histories and Referral letters

- You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format. **Medical reports should be linked to and clearly endorsed which LO they relate to and be grouped within the appropriate sub-specialty evidence.**

[Standards for the clinical structure and content of patient records](#)

- You can use these to demonstrate:
 - your involvement or role in cases
 - the types and complexity of cases you are involved in
 - your handling of patient paperwork
 - your respect and protection of confidential information
 - triangulation with logbook information.

You may include evidence in this section which demonstrates that you can manage the full range of conditions within each sub-specialty area. Evidence you can submit is:

- Medical reports
- Case histories with dates, diagnosis, and your involvement in the management of the case to show the complexity of the cases, your handling of records, your respect for protection of confidential information and triangulation of logbook evidence.
- Referral letters discussing patient handling. Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. **Letters should be linked to and clearly endorsed which LO they relate to and be grouped within the appropriate sub-specialty evidence.** This may include examples of letters requesting a second opinion, advising clinical colleagues, or answering particular questions regarding patient management, and from clinical colleagues regarding your involvement in patient management.
- Your letters must be clearly labelled as to what they are evidencing, and additional letters are not to be submitted.

| | |
|--|--|
| | <ul style="list-style-type: none"> ● All evidence in this area must be anonymised for individual patient data and can be from the last seven years of clinical practice (WTE). If evidence is submitted which is between five and seven years, it is essential that recent evidence to demonstrate maintenance of skills is also submitted. |
| <p>Patient lists</p> | <ul style="list-style-type: none"> ● You may wish to include copies of patient lists. Patient lists should be linked to and clearly endorsed which LO they relate to and be grouped within the appropriate sub-specialty evidence. ● You can use these to demonstrate: <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information. ● Patient lists would demonstrate the types of patients seen and brief documentation of your involvement in the management of these patients e.g. in specialist clinics. This is especially useful as evidence for neuro-ophthalmology, ultrasound examination, uveitis treatments and ROP screening and emergency eye care. ● All evidence in this area must be anonymised for individual patient data. ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| <p>Departmental (or Trust) workload statistics and annual caseload statistics</p> | <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> ● the size of the hospital in which you work ● the volume of work undertaken within your trust and the percentage that you undertake ● the range of work that you undertake and that is undertaken within your trust ● triangulation with logbook information |

Rotas and timetables

- **Rotas - Upload these in one file in date order per institution. Call it “Rotas – institution name”.**
- Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:
 - details of clinical and non-clinical duties you undertake
 - your on-call commitment or acute service sessions
 - your participation in meetings and teaching
 - triangulation with logbook information

Courses relevant to the curriculum

- **You are expected to have completed courses covering the following topics:**
 - Management in the NHS
 - Training the trainer
 - Good Clinical Practice (GCP)
- At the level of entry onto the Specialist register it is likely that the applicant will include courses attended but also courses that they have written, taught, or facilitated.

Research, publications and presentations

| Evidence type | Evidence required |
|---|--|
| <p>Research papers, grants, patent designs</p> | <ul style="list-style-type: none"> ● Research activity should be uploaded into one file per institution. Call this “Research activity – institution name”. Publications available in the public domain can be uploaded into one file as they do not need to be verified. ● Please include any research relevant to your current practice. ● If the research is published - please submit the first page of the published paper. Please indicate your role in this. If the research is not published - please provide a summary or abstract of the research. ● The College may undertake web searches to check the information you provide. You can use these documents to demonstrate: <ul style="list-style-type: none"> ○ the types and complexity of cases you are involved in ○ triangulation with logbook information ○ working with colleagues (where research is joint or multi-disciplinary) ○ Continuing Professional Development (CPD). ● 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. ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| <p>Publications within specialty field</p> | <ul style="list-style-type: none"> ● Publications do not form part of the Ophthalmology curriculum but can be used as alternative evidence to help demonstrate knowledge. ● Include a copy of the front page of each publication. Please indicate your role in this. More weight is given where: <ul style="list-style-type: none"> ○ the applicant is first author ○ the publication has a high impact factor |

- You **must** not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.
- The College may undertake web searches to check the information you provide. You can use these documents to demonstrate:
 - the types and complexity of cases you are involved in
 - triangulation with logbook information
 - working with colleagues (where publications are joint or multi-disciplinary)
 - CPD
- Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.
- You should provide evidence of principal author or contributing author in high quality peer-reviewed publications relevant to Ophthalmology. Please provide evidence of all publications, not just those in the last seven years. Please also provide the PID number if available.

Presentations, poster presentations

- You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.
- You can use these documents to demonstrate:
 - the types and complexity of cases you are involved in
 - triangulation with logbook information
 - CPD
 - teaching and training
- Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

- Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years
-

CPD

| Evidence type | Evidence required |
|---|--|
| <p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p> | <ul style="list-style-type: none"> ● Courses and CPD activity - Please group these together in date order and upload them from the last five years as one file. Call this “Courses and CPD”. ● You should provide a variety of CPD records to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills. ● Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc). ● As a guide, the following is expected in relation to CPD: <ul style="list-style-type: none"> ○ 50 points per year (250 in five years) for consultants and Staff and Associate Specialist (SAS) grade doctors and should be accrued in all categories over a five-year period. ● A summary document should be submitted which shows the annual accrual of points. ● It is helpful to list the relevant categories for CPD and this can be displayed as a diary list. <p>Categories</p> <p>A Local/Regional Postgraduate Meetings or Teaching Activities (including Basic Life Support)</p> <p>B External Academic Meetings (including contributions to Scientific Papers and Presentations)</p> <p>C Self Directed Activities (including Examining and Reading Journals)</p> <p>D Training in Management/Administration/Teaching/ Information Technology</p> <ul style="list-style-type: none"> ● As a rough guide, one point usually equals one hour of educational activity. ● See RCOphth guidelines at http://www.rcophth.ac.uk. |

CPD registration points from UK Medical Royal College (or equivalent body overseas)

- Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements as may Trust appraisal portfolios.
- See RCOphth guidelines at <http://www.rcophth.ac.uk>.
- Applicants registered with the College CPD system should be aware that CPD points must be supported by primary evidence of the CPD activity (such as course attendance certificates).
- You can provide your annual certificate and reflection. As it will no longer be available after 2024 you should provide evidence of work undertaken with reflection.

Membership of professional bodies and organisations

- List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:
 - organisation name
 - date of joining
 - status of membership (member, associate etc)
 - how membership is achieved (evaluation, examination, is membership restricted or open to all?).

Teaching and training

| Evidence type | Evidence required |
|---------------------|---|
| Teaching timetables | <ul style="list-style-type: none">● Teaching activity - Everything you submit here – such as presentations, timetables/invitations, feedback, assessments etc. – can be uploaded in one file per institution. Call this “Teaching activity – institution name”.● Submit the most relevant evidence showing a range of skills in this domain. You should submit evidence which demonstrates participation in teaching and training. Where teaching is not formal (timetabled) indicate how you participated. Feedback should be included from both informal and formal teaching roles. Five presentations together with feedback can be sufficient evidence.● 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 e.g. design and delivery of whole teaching programmes.● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| Lectures | <ul style="list-style-type: none">● Please include all evidence such as: audience, topics, format. etc. Letters and or feedback to confirm role suggested.● You can use these documents to demonstrate:<ul style="list-style-type: none">○ the types and complexity of cases you are involved in○ triangulation with logbook information○ CPD○ teaching and training○ communication skills● 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. |

| | |
|--|--|
| | <ul style="list-style-type: none"> ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| <p>Feedback or evaluation forms from those taught</p> | <ul style="list-style-type: none"> ● Please provide copies of feedback from teaching events you have participated in. ● You can use these documents to demonstrate: <ul style="list-style-type: none"> ○ the types and complexity of cases you are involved in ○ triangulation with logbook information ○ CPD ○ teaching and training ○ leadership ○ relationships with colleagues ○ communication skills ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| <p>Letters from colleagues</p> | <ul style="list-style-type: none"> ● You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above). ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| <p>Attendance at teaching or appraisal courses</p> | <ul style="list-style-type: none"> ● Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals. ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |

**Participation in
assessment or
appraisal and
appointments
processes**

- You may provide the following types of evidence to support this area:
 - copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses
 - evidence of participation in the Deanery ARCP
 - evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses).

- You can use these documents to demonstrate:
 - contribution to postgraduate and continuing medical education activity, locally and nationally
 - any responsibilities which relate to a special interest
 - participation in administration, management duties
 - participation in teaching and training
 - communication, partnership and teamwork
 - relationships with colleagues (including giving feedback)
 - leadership

- Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.

Participation in audit, service improvement

| Evidence type | Evidence required |
|---|---|
| <p>Quality Improvement and Audits undertaken</p> | <ul style="list-style-type: none"> ● Audit and Quality Improvement projects - Please upload your projects and related evidence in one file per institution. These should be in order of project, grouping together everything related to each project (e.g. audit proposal, audit, presentation, re-audit). Call this “Audit and Quality Improvement projects – institution name”. ● Cataract audit <ul style="list-style-type: none"> ○ You are required to provide evidence of personal full audit of consecutive adult phacoemulsification (small incision) cataract cases measured against “The cataract national data set electronic multi-centre audit of 55,567 operations: updating benchmark standards of care in the United Kingdom and Internationally’ by P.Jaycock et al, Eye issue 1 for 2007.” ○ Please refer to the RCOphth Cataract audit guidance. Your Cataract audit must be completed within three years of your application submission. ○ You are also required to keep a rolling audit of the complications of cataract surgery with outcomes and reflections. ● Annual audits <ul style="list-style-type: none"> ○ You are required to submit evidence of completing audits, at least one of which should have progressed through the full audit cycle including re-audit. You should submit three audits from the last five years of your clinical practice (apart from your Personal cataract audit), including evidence that you have led an audit AND completed a full cycle. ○ Audits must be presented and peer reviewed. ● More weight will be given to evidence where audit reports are submitted, and more weight will be given to evidence which shows your contribution and your role in the audit. |

- You should provide evidence of the five stages of the audit process:
 1. Definition of criteria and standards
 2. Data collection
 3. Assessment of performance against criteria and standards
 4. Identification of changes (alterations to practice)
 5. Re-evaluation

- Evidence you could supply includes:
 - audit reports (collections of data alone are not considered as a full clinical audit)
 - publications
 - submissions to ethics committee (not satisfactory alone)
 - presentations of audit work (these should include all stages of the audit as above and clarify your involvement)
 - letter from audit or clinical governance lead confirming participation in audit or governance activities
 - guidelines produced to reflect lessons learned within audit
 - notes from self-reflective diaries.

- You can use these documents to demonstrate:
 - the types and complexity of cases you are involved in
 - triangulation with logbook information CPD
 - communication, partnership and teamwork
 - relationships with colleagues, patients
 - leadership
 - multi-disciplinary working

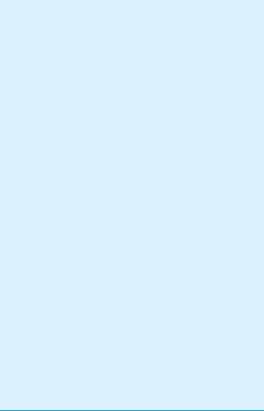
- Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.

Reflective diaries

- **Reflective activity - Your reflection can be included in the file for other relevant sections – for example, CPD; clinical governance; audit and QI; etc. Or you can include it all in one file in date order called “Reflective activity”.**
- You can use this to demonstrate
 - triangulation with logbooks
 - relationships with colleagues
 - your recognition of the limits of your professional competence
 - handling of critical incidents or complaints
 - how you have changed your practice in the light of experiences (part of audit).
- As this evidence is self-produced, for its content to be given weight it **must** be supported or triangulated by other evidence.
- Guidance for reflection can be found at the Academy of Medical Royal Colleges [here](#)
- Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.

Service Improvement and clinical governance meetings

- **Clinical governance activity - Your activity such as relevant meeting attendance and reflection on it can be grouped together and uploaded as one file per institution. Call this “Clinical governance activity - institution name”.**
- This area could be demonstrated in a number of ways including:
 - invitations to attend meetings
 - minutes of meetings demonstrating your attendance and participation in the meeting.
- You can use these documents to demonstrate:
 - communication, partnership and teamwork

- 
- relationships with colleagues
 - leadership
 - multi-disciplinary working
 - participation in audit or clinical governance
- All evidence in this area **must** be **anonymised** for individual patient data.
 - Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.
-

Safety

| Evidence type | Evidence required |
|--------------------------|--|
| Health and safety | <ul style="list-style-type: none">● Please provide evidence to support awareness and following Health and Safety requirements.● Evidence in this section should be from the last five years of clinical practice (WTE).● This can be demonstrated by:<ul style="list-style-type: none">○ declaration of health on your application form○ attendance at appropriate course○ involvement in infection control (membership of committees etc)○ logbook information on infections○ audit on infections and subsequent changes in activity. |

Communication

| Evidence type | Evidence required |
|--------------------------------------|--|
| Communication with colleagues | <ul style="list-style-type: none">● Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non-clinical).● This can be demonstrated by:<ul style="list-style-type: none">○ letters or testimonials from colleagues (examples of shared cases or “To whom it may concern letters”)○ letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multi-disciplinary teams○ management roles– including organising staff rotas○ presentations○ copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data).● You can use these documents to demonstrate:<ul style="list-style-type: none">○ communication, partnership and teamwork○ relationships with colleagues○ leadership○ multi-disciplinary working○ participation in directorate and management meetings○ honesty and objectivity● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |

Communication with patients

- This area could be demonstrated in a number of ways including:
 - thank you letters and cards from patients
 - complaints and responses to complaints.

This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. **You must anonymise colleague information from this evidence.**

- 360° feedback.
- You can use these documents to demonstrate:
 - Communication
 - relationships with patients
 - honesty and integrity
 - protecting patient confidentiality
- All evidence in this area **must** be **anonymised** for individual patient data.
- Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.

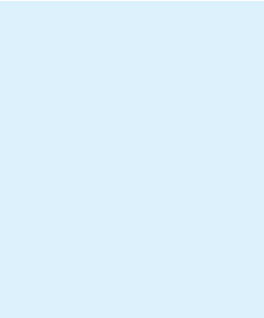
Partnership and teamwork

| Evidence type | Evidence required |
|--|--|
| <p>Working in multidisciplinary teams</p> | <ul style="list-style-type: none"> ● Multidisciplinary team (MDT) meeting activity – Please group together minutes, patient histories, reflective activity and whatever else is relevant into one file per institution. Call it “MDT activity – institution name”. ● This area could be demonstrated in a number of ways including: <ul style="list-style-type: none"> ○ minutes of meetings demonstrating your attendance and participation in the meeting ○ job plans which indicate this as a duty ○ appraisals which include this information. ○ Feedback or testimonials from the team ● You can use these documents to demonstrate: <ul style="list-style-type: none"> ○ communication, partnership and teamwork ○ relationships with colleagues ○ leadership ○ multi-disciplinary working ● All evidence in this area must be anonymised for individual patient data. ● Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last five years. |
| <p>Management and leadership experience</p> | <ul style="list-style-type: none"> ● Management and leadership activity - Relevant activity should be uploaded into one file per institution. Call this “Management and leadership activity – institution name” ● This area could be demonstrated in a number of ways including: <ul style="list-style-type: none"> ○ minutes of meetings demonstrating your attendance and participation in the meeting |

- job plans which indicate this as a duty
- appraisals which include this information.
- You can use these documents to demonstrate:
 - communication, partnership and teamwork
 - relationships with colleagues
 - leadership
 - management skills
- All evidence in this area **must** be **anonymised** for individual patient data.
- Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.

Chairing meetings and leading projects

- This area could be demonstrated in a number of ways including:
 - minutes of meetings demonstrating your attendance and participation in the meeting
 - job plans which indicate this as a duty
 - appraisals which include this information
 - project reports
 - letters from colleagues
 - publications or presentations
 - terms of reference/job description of any roles or project groups.
- You can use these documents to demonstrate:
 - communication, partnership and teamwork
 - relationships with colleagues
 - leadership

- 
- multi-disciplinary working
 - participation in directorate and management meetings
 - CPD
 - All evidence in this area **must** be **anonymised** for individual patient data.
 - Evidence in this section can be from the last seven years of clinical practice (WTE), with approximately 80% from the last **five** years.
-

Acting with honesty and integrity

| Evidence type | Evidence required |
|----------------------------------|--|
| Honesty and integrity | <ul style="list-style-type: none">● You can demonstrate this with:<ul style="list-style-type: none">○ statements from your referees○ appraisal forms |
| Equality and human rights | <ul style="list-style-type: none">● To include disability, human rights, race, religion and ethnicity awareness and equal opportunities● You can demonstrate this with:<ul style="list-style-type: none">○ evidence of attendance at relevant courses (please provide details of course content)○ feedback from patients and colleagues○ statements from your referees○ testimonials |
| Data protection | <ul style="list-style-type: none">● You can demonstrate this with:<ul style="list-style-type: none">○ attendance at relevant courses (please provide details of course content)○ feedback from patients and colleagues○ your application and evidence being appropriately anonymised |

Relationships with patients

| Evidence type | Evidence required |
|---|---|
| Testimonials and letters from colleagues | <ul style="list-style-type: none"> You may include “To whom it may concern letters”. All evidence in this area must be anonymised for individual patient data. |
| Thank you letters, cards from colleagues and patients | <ul style="list-style-type: none"> Please ensure that these are anonymised (for individual patient data). |
| Complaints and responses to complaints | <ul style="list-style-type: none"> Complaints and significant incidents - Please upload in one file per institution your evidence about handling complaints and any reflective activity or CPD that resulted. Call this “Complaints and significant incidents – institution name”. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution. You may provide a reflective diary of how you would handle a hypothetical complaint. All evidence in this area must be anonymised for individual patient data. |