Intensive Care Medicine

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

Can I get advice before I submit my application?

You can contact us and ask to speak to the Specialist applications team for advice before you apply. You are strongly advised to contact the Faculty of Intensive Care Medicine (FICM) based at the Royal College of Anaesthetists (RCOA) for guidance before you submit an application.

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated, must be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our important notice about evidence. You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our translation requirements.

How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence must cover the knowledge, skills and qualifications to demonstrate the required competencies in all areas of the Intensive Care Medicine Curriculum documentation. Your application should have evidence to show the range of patients managed by you and the level of your involvement. Secondary Evidence should be used to support Primary evidence and may not be sufficient on its own. If evidence is missing from one area of the curriculum, then the application may fail.

Please note that the curriculum requires the attainment of competences beyond those listed in the syllabus in areas that may be chosen by the applicant (“Special Skills Training” in curriculum). If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example, you might state: “document included in teaching and training section”.)

Your Curriculum Vitae should show include a description of the breadth of clinical activity in each post. You must show when experience of other specialties show (Internal Medicine and Anaesthesia) and specialist ICM (Cardiac, Neuro and Paediatriccs) was obtained.

A message from the Specialist Advisory Committee (SAC) in Intensive Care Medicine
Before making your application for CESR in Intensive Care Medicine (ICM) you must review the current Intensive Care Medicine CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that training is equivalent in both breadth and level of competency to that set out in the CCT curriculum. If you do not provide evidence of current competency in all areas, or it is presented in a way that prevents us being able to draw conclusions from your evidence, you may not be successful.

In our experience, applications usually fail because they do not provide evidence of current competence covering the entire curriculum. The most common reasons are given below, however this list is not exhaustive.

### Knowledge:

The UK ICM curriculum requires passing the FFICM examination. An application is unlikely to be successful if an equivalent exam, or evidence of considerable formal academic activity in ICM, has not been provided.

Currently acceptable examinations include:

- FFICM
- EDIC
- DICM
- FCICM certificate (College of ICM Australia and New Zealand)

Other exams may be considered if they are similar to the FFICM in content, structure and require a similar amount of training before sitting. Exams for other specialties which have an ICM component are unlikely to be considered equivalent.

### Skills and Experience:

Most applications cover General ICM adequately, however many do not show sufficient training or experience in the following areas:

- Specialist ICM (*CCT trainees are required to compete 3 months training in each of the below*)
  - Paediatric ICM
  - Cardiothoracic ICM
  - Neuro ICM

- Complementary Specialties (*CCT trainees are required to complete 1 year of training in each of the below*)
  - Anaesthesia
It’s important that you show you have completed the equivalent of the required time and competencies for all three areas of Specialist ICM and both complementary specialties.

**Failure to show current competence:**

Where competencies were acquired more than five years before application they will not be regarded as current unless evidence is provided to demonstrate that you have maintained them. This does not mean repeating the training. Example evidence to demonstrate maintained competence could include:

- General ICM and Internal Medicine – evidence showing you are working in a General ICU which accepts medical patients and attends EM referrals
- Anaesthesia – a procedure logbook that shows an adequate number of intubations
- Neuro and Cardiac ICM – evidence that either you work in a unit which accepts such referrals, or appropriate CPD, or a short attachment to a specialist unit.
- Paediatric ICM – evidence that you cover paediatric patients in the Emergency Department, APLS or appropriate CPD

**Special Skill:**

The curriculum requires that you have acquired skills in an area related to ICM, beyond that specified in the curriculum (special skills training year). You should make a clear declaration of what you consider is your area of special experience in your application.
It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it. As a general guide, we would usually expect to see between 800 and 1000 pages of evidence.

Types of evidence are divided into four different domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

- Domain 1: 75%
- Domain 2: 20%
- Domains 3 and 4: 5%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

**Anonymising your evidence**

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients’ relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers
The following details don't need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our website.
## Domain 1 - Knowledge, skills and performance

### Qualifications

<table>
<thead>
<tr>
<th>Qualification Type</th>
<th>Requirements</th>
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</table>
| **Primary medical qualification (PMQ)** | 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 primary medical qualification independently verified by 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. |
| **Specialist medical qualification(s)** | The UK ICM curriculum requires passing the FFICM examination. Your application is unlikely to be successful if you have not passed an equivalent examination, or show evidence of considerable formal academic activity in ICM.  

Acceptable Examinations include:  
- FFICM  
- EDIC  
- DICM  
- FCIHM certificate – (Fellowship of the College of Intensive Care Medicine (Australia and New Zealand))  

For other exams to be considered they must be similar to the FFICM in content, structure and require a similar amount of training before sitting, and this must be clearly set out in your evidence. Exams for other specialties which have an ICM component are unlikely to be considered equivalent.  

Please provide an **authenticated copy** of any specialist medical qualifications you hold. For College/Faculty examinations the FICM may confirm details of any examinations you have undertaken.  

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.  

Please list unsuccessful attempts at medical postgraduate examinations (where you have not subsequently been successful) in the application form. |
| 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 your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence in the relevant sections of the application:  
  - Training curriculum  
  - Formal periodic assessments completed during training (may be older than five years)  
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:  
  - whether the curriculum covers areas of the CCT curriculum including those expected to be acquired during periods of secondment to other specialties. In particular Internal Medicine, Anaesthesia and Specialist ICM  
  - the complexity of the work undertaken  
  - how examinations are evaluated or quality assured (external assessment).  
All information provided will be confirmed with the relevant college examination records. |
|---|---|
| Specialist registration outside the UK | Please provide an **authenticated copy** of details of the registration requirements of that authority.  
This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated. |
| Honours and prizes | Please provide **copies** of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.  
Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. |
| Other relevant qualifications and certificates | Please provide **copies** of certificates.  
For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law. |
### Assessments and appraisals

| Appraisals and assessments | For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor). In the UK, a revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided). Alternative evidence may include letters (written at the time) commenting on your performance. In addition where no formal appraisal or assessment forms are available you **must** provide information on the method of career review or progression. There are many different forms of assessment which form part of the various CCT curricula. Many of these tools are available for those not in training to use. |
| Record of In Training Assessment (RITAs), Annual Review of Competence Progression (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 copies 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. **Your Curriculum Vitae should include a description of the breadth of clinical activity in each post. It should also show when experience of other specialties (Internal Medicine and Anaesthesia) and specialist ICM (Cardiac, Neuro and Paediatrics) was obtained.** If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them. There are many different forms of assessment which form part of the CCT curriculum. Many of these tools are available for those not in training to use. |
| 360° and multi-source feedback | You may wish to supply evidence of feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time and may be in the format of letters, references for posts applied for etc. |
| Awards and discretionary points letters | You **must** provide copies of certificates and letters if you have been awarded any discretionary points. |
| Personal development plans (PDP) | For details of what to include please see [NHS appraisal information](https://www.gmc-uk.org). You **must** also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation. |
Logbooks, records of daily clinical practice and portfolios

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

| Logbooks | Photoscopies of operating lists and theatre record books are not satisfactory evidence of procedures. If you did not complete a logbook at the time you undertook the procedures, you should create a logbook from the information you have. It should contain the following information:
|---|---|
| All evidence in this area must be anonymised for individual patient data. | • only procedures that you were personally involved in
| 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. | • age and gender
| | • date of the procedure
| | • full name of the procedure
| | • your role in the procedure (assisted, performed personally, performed under direct supervision of someone more senior, supervised a junior)
| | • any critical incidents
| | • name of the hospital or clinic where procedure was performed
| | • outcomes data.

It is important that these cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than 5 years.

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

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

You should provide a summary of the total numbers for the various procedures listed in the logbook. This should be completed annually and include your role in the procedure.

It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty. This may mean that you have to go back further than five years.
<table>
<thead>
<tr>
<th>Medical reports</th>
<th>Case histories</th>
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<tbody>
<tr>
<td>All evidence in this area <strong>must be anonymised</strong> for individual patient data.</td>
<td>All evidence in this area <strong>must be anonymised</strong> for individual patient data.</td>
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</table>
| You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:  
**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. | Case histories that you provide should include:  
- dates  
- diagnosis  
- nature of your involvement in the management of the case  
- which curriculum competencies were involved.  
You can use these to demonstrate:  
- your involvement or role in cases  
- the types and complexity of cases you are involved in  
- your handling of patient paperwork  
- your respect and protection of confidential information  
- triangulation with logbook information. |
| Referral letters discussing patient handling | Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. This may include examples of letters:  
- requesting a second opinion  
- advising clinical colleagues or answering particular questions regarding patient management  
- from clinical colleagues regarding applicants involvement in patient management.  
You can use these to demonstrate:  
- your involvement or role in cases  
- the types and complexity of cases you are involved in  
- your relationship with your colleagues in other disciplines  
- your handling of patient paperwork  
- your recognition of the limits of your professional competence  
- your respect and protection of confidential information. |
| --- | --- |
| All evidence in this area **must be anonymised** for individual patient data. | **Patient lists**  
All evidence in this area **must be anonymised** for individual patient data.  
You may wish to include copies of patient lists. You can use these to demonstrate:  
- 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. |
| **Departmental (or trust) workload statistics and annual caseload statistics** | You can use these to demonstrate:  
- 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, timetables and job plans | Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:  
• details of clinical and non-clinical duties you undertake  
• your on-call commitment  
• your participation in meetings and teaching  
• triangulation with logbook information. |
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<tbody>
<tr>
<td>Courses relevant to curriculum</td>
<td>For instance Advanced Life Support (ALS), Cardio Pulmonary Resuscitation (CPR), and Training the Trainers.</td>
</tr>
<tr>
<td>Portfolios (electronic or revalidation)</td>
<td>Do not submit your whole portfolio. You need to separate the evidence in it and submit that under the correct headings as set out in this guidance.</td>
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</table>
## Details of posts and duties (including both training and experience posts)

<table>
<thead>
<tr>
<th>Employment letters and contracts of employment</th>
<th>The information in these letters and contracts <strong>must</strong> match your CV. They will confirm the following:</th>
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</thead>
<tbody>
<tr>
<td>• dates you were in post</td>
<td>• post title, grade, training</td>
</tr>
<tr>
<td>• post title, grade, training</td>
<td>• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job descriptions</th>
<th>These <strong>must</strong> match the information in your CV. They will confirm the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• your position within the structure of your department</td>
<td>• your post title</td>
</tr>
<tr>
<td>• your clinical and non clinical commitment</td>
<td>• your involvement in teaching or training.</td>
</tr>
<tr>
<td>• your involvement in research</td>
<td>• your involvement in research</td>
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</tbody>
</table>
| 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. |
### Research, publications and presentations

| Research papers, grants, patent designs | Please include any research relevant to your current practice.  
If the research is published - please submit the first page of the published paper.  
If the research is not published - please provide a summary or abstract of the research.  
Colleges may undertake web searches to check the information you provide.  
You can use these documents to demonstrate:  
- the types and complexity of cases you are involved in  
- triangulation with logbook information  
- working with colleagues (where research is joint or multi disciplinary)  
- Continuing Professional Development (CPD).  
Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. |
|---|---|
| Publications within specialty field | Include a copy of the front page of each publication.  
More weight is given where:  
- the applicant is first author  
- the publication has a high impact factor.  
You **must** not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.  
Colleges may undertake web searches to check the information you provide.  
You can use these documents to demonstrate:  
- the types and complexity of cases you are involved in  
- triangulation with logbook information  
- working with colleagues (where publications are joint or multi disciplinary)  
- CPD.  
Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge: |
| 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. |

| **CPD and CME** | **CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences** | You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.

Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).

See the Royal College of Anaesthetists guidelines at [www.rcoa.ac.uk](http://www.rcoa.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.

See the Royal College of Anaesthetists guidelines at [www.rcoa.ac.uk](http://www.rcoa.ac.uk) |
### Membership of professional bodies and organisations

List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:

- organisation name
- date of joining
- status of membership (member, associate etc)
- how membership is achieved (evaluation, examination, is membership restricted or open to all?)

Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.

See the Royal College of Anaesthetists guidelines at [www.rcoa.ac.uk](http://www.rcoa.ac.uk).
### Teaching and training

<table>
<thead>
<tr>
<th>Teaching timetables</th>
<th>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching. 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.</th>
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<tbody>
<tr>
<td>Lectures</td>
<td>Please include evidence showing the target audience (e.g. nurses, paramedics, specialty trainees, consultant colleagues) and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme. You can use these documents to demonstrate:</td>
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<td></td>
<td>• the types and complexity of cases you are involved in</td>
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<td>• triangulation with logbook information</td>
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<td></td>
<td>• CPD</td>
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<td>• teaching and training</td>
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<td>• communication skills.</td>
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<td>• special expertise</td>
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<td>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</td>
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</table>
| Feedback or evaluation forms from those taught | Please provide copies of feedback from teaching events you have participated in. You can use these documents to demonstrate:  
- the types and complexity of cases you are involved in  
- triangulation with logbook information  
- CPD  
- teaching and training  
- leadership  
- relationships with colleagues  
- communication skills. |
| All evidence in this area **must be anonymised** for individual patient data. | |

| Letters from colleagues | You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above). |
| All evidence in this area **must be anonymised** for individual patient data. | |

<p>| Attendance at teaching or appraisal courses | Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals. |</p>
<table>
<thead>
<tr>
<th>Participation in assessment or appraisal and appointments processes</th>
<th>You may provide the following types of evidence to support this area:</th>
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<tbody>
<tr>
<td></td>
<td>• copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses</td>
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<td>• evidence of participation in the Deanery ARCP or RITA processes</td>
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<td></td>
<td>• evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses).</td>
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<td>You can use these documents to demonstrate:</td>
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<td>• contribution to postgraduate and continuing medical education activity, locally and nationally</td>
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<td>• any responsibilities which relate to a special interest</td>
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<td></td>
<td>• participation in administration, management duties</td>
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<td></td>
<td>• participation in teaching and training</td>
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<td></td>
<td>• communication, partnership and teamwork</td>
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<td></td>
<td>• relationships with colleagues (including giving feedback)</td>
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<td></td>
<td>• leadership.</td>
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</tbody>
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# Domain 2 – Safety and quality

## Participation in audit, service improvement

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

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

You can use these documents to demonstrate:
- the types and complexity of cases you are involved in
- triangulation with logbook information CPD
- communication, partnership and teamwork
- relationships with colleagues, patients
- leadership
- multidisciplinary working.
| Reflective diaries | You can use this document to demonstrate  
| --- | --- |
| • triangulation with logbooks  
| • relationships with colleagues  
| • your recognition of the limits of your professional competence  
| • handling of critical incidents or complaints  
| • how you have changed your practice in the light of experiences (part of audit). | As this evidence is self produced for its content to be given weight it **must** be supported or triangulated by other evidence. |

| Service Improvement and clinical governance meetings | This area could be demonstrated in a number of ways including:  
| --- | --- |
| • invitations to attend meetings  
| • minutes of meetings demonstrating your attendance and participation in the meeting. | All evidence in this area **must be anonymised** for individual patient data.  

|  | You can use these documents to demonstrate:  
| --- | --- |
| • communication, partnership and teamwork  
| • relationships with colleagues  
| • leadership  
| • multi disciplinary working  
| • participation in audit or clinical governance. |
### Safety

<table>
<thead>
<tr>
<th>Health and safety</th>
<th>Please provide evidence to support awareness and following Health and Safety requirements. This can be demonstrated by:</th>
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<tbody>
<tr>
<td></td>
<td>• declaration of health on your application form</td>
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<td>• attendance at appropriate course</td>
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<td>• involvement in infection control (membership of committees etc)</td>
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<td></td>
<td>• logbook information on infections</td>
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<tr>
<td></td>
<td>• audit on infections and subsequent changes in activity.</td>
</tr>
</tbody>
</table>
Domain 3 - Communication, partnership and teamwork

Communication

<table>
<thead>
<tr>
<th>Colleagues</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)</td>
</tr>
<tr>
<td></td>
<td>• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams</td>
</tr>
<tr>
<td></td>
<td>• management - including organising staff rotas</td>
</tr>
<tr>
<td></td>
<td>• presentations</td>
</tr>
<tr>
<td></td>
<td>• copies of appraisals or references written for colleagues (these <strong>must</strong> be anonymised with relation to colleague data).</td>
</tr>
<tr>
<td></td>
<td>You can use these documents to demonstrate:</td>
</tr>
<tr>
<td></td>
<td>• communication, partnership and teamwork</td>
</tr>
<tr>
<td></td>
<td>• relationships with colleagues</td>
</tr>
<tr>
<td></td>
<td>• leadership</td>
</tr>
<tr>
<td></td>
<td>• multidisciplinary working</td>
</tr>
<tr>
<td></td>
<td>• participation in directorate and management meetings</td>
</tr>
<tr>
<td></td>
<td>• honesty and objectivity.</td>
</tr>
<tr>
<td>Patients</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td>All evidence in this area must be <strong>anonymised</strong> for individual patient data.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This area could be demonstrated in a number of ways including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• thank you letters and cards from patients</td>
</tr>
<tr>
<td>• letters from colleagues (examples of cases shared or “To whom it may concern letters” / testimonials)</td>
</tr>
<tr>
<td>• complaints and responses to complaints.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>• 360° feedback.</td>
</tr>
<tr>
<td>You can use these documents to demonstrate:</td>
</tr>
<tr>
<td>• communication</td>
</tr>
<tr>
<td>• relationships with patients</td>
</tr>
<tr>
<td>• honesty and integrity</td>
</tr>
<tr>
<td>• protecting patient confidentiality.</td>
</tr>
</tbody>
</table>
## Partnership and teamwork

### Working in multidisciplinary teams

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

This area could be demonstrated in a number of ways including:
- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information.

You can use these documents to demonstrate:
- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multidisciplinary working.

### Management and leadership experience

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

This area could be demonstrated in a number of ways including:
- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information.

You can use these documents to demonstrate:
- communication, partnership and teamwork
- relationships with colleagues
- leadership
- management skills.
### Chairing meetings and leading projects

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

This area could be demonstrated in a number of ways including:
- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information
- project reports
- letters from colleagues
- publications or presentations.

You can use these documents to demonstrate:
- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multidisciplinary working
- participation in directorate and management meetings
- CPD.

Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.
## Domain 4 – Maintaining trust

### Acting with honesty and integrity

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

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

<table>
<thead>
<tr>
<th>Data protection</th>
<th>You can demonstrate this with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• attendance at relevant courses (please provide details of course content)</td>
</tr>
<tr>
<td></td>
<td>• feedback from patients and colleagues</td>
</tr>
</tbody>
</table>

You should also demonstrate your understanding of data protection and confidentiality by ensuring that your application and evidence are appropriately anonymised.
## Relationships with patients

<table>
<thead>
<tr>
<th>Testimonials and letters from colleagues</th>
<th>You may include “To whom it may concern letters”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All evidence in this area <strong>must be anonymised</strong> for individual patient data.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thank you letters, cards from colleagues and patients</th>
<th>All evidence in this area <strong>must be anonymised</strong> for individual patient data.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complaints and responses to complaints</th>
<th>This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All evidence in this area <strong>must be anonymised</strong> for individual patient data.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>You may provide a reflective diary of how you would handle a hypothetical complaint.</td>
</tr>
</tbody>
</table>