

Recommended evidence for CESR applications in Occupational Medicine

- **CV** – GMC approved style as per GMC website.
- **Reports to management/HR** - at least five in generally approved style and format, covering a range of medical conditions and situations e.g. short and long term absence, disability, possible IHR. Mention of consent in reports or inclusion of evidence of processes used to obtain it. Referral documents also to be included. (Summaries of cases also acceptable).
- **Referrals** – at least three letters from the applicant to GPs or Consultants regarding patients or clients.
- **Workplace based assessments** – can include a few FOM proformas covering CBDs and mini-CEX, perhaps three of each (although referees may quote evidence of carrying these out in their reports).
- **Workplace visit reports** - at least two, clearly describing the applicant's own work, in suitable format, covering a range of hazards and giving clear recommendations.
- **Diaries/clinic lists** – to show volume and variety of work done e.g. sample covering one month's work or separate weeks.
- **Health surveillance** – evidence of applicant's own involvement e.g. HSE Appointed Doctor returns, documents discussing review of outcomes and actions from HS (including that carried out by others) or audits of the same.
- **Health promotion** – any evidence that the applicant is involved in this e.g. mention of it in management reports, involvement in health promotion activities or events which they or others may have organised, teaching on relevant subjects.
- **Audit** – evidence of at least two which the applicant carried out, including formatted reports covering all stages of the audit cycle.
- **Teaching** – at least two examples, to include a brief outline of what the applicant taught, to whom (can include groups of workers as an alternative to health professionals) and any evaluations by those attending.
- **Research** – as for specialty trainees e.g. dissertation written for purpose (can include one done for MSc) or FOM approved alternatives (see FOM Regulations). Abstracts or short papers and not full dissertations should be included.

- **Safety** – evidence of applicant’s understanding of and advice relating to safety matters and legislation e.g. in management reports, workplace visit reports, teaching, minutes of health and safety committees attended, reports of incidents the applicant was associated with, relevant procedures written or reviewed by the applicant.
- **Clinical governance** – as well as demonstrating this via other topics listed, can include Quality procedures written or revised by the applicant, evidence of complying with these, involvement in workplace meetings considering such matters, evidence of understanding of risk assessment and management and of practice of evidence-based medicine.
- **Appraisal** – summaries of recent annual appraisals and personal development plans.
- **CPD** – can include recent FOM annual returns, evidence of relevant (to OM work) courses or conferences attended e.g. programme sheets, certificates or relevant e-learning.
- **Management and Leadership** – evidence of learning or practice e.g. management courses attended (can include outline of programme or curriculum, which should cover people and finance management and marketing), minutes of meetings or committees chaired or significant participation, evidence from 360/MSF.
- **MSF/360** – both colleague and ‘patient’ surveys. (Also written compliments received).
- **RITA/ARCP** – outcome documents, if any specialty training has been done.
- **Complaints** – outline of any received and the applicant’s response.
- **Reflection** – notes or diaries can be useful

General comments:

- Evidence should mostly relate to the last five years
- Please ensure documents are redacted where necessary
- Please note that the above is not an exhaustive list – mentors, GMC and FOM can advise on what should be included
- GMC will in any case require a number of generic documents e.g. qualifications, evidence of employment.