

Royal College of Surgeons

Cosmetic Surgery Certification: Application Evidence Summary



Royal College
of Surgeons

ADVANCING SURGICAL CARE

Evidence Area	Evidence needed	File upload
Professional Behaviours	<ul style="list-style-type: none"> Certificate of attendance for professional behaviours masterclass 	<input checked="" type="checkbox"/>
Professional Indemnity Insurance	<ul style="list-style-type: none"> Name of provider, membership/policy number Evidence of insurance cover in the UK (e.g. a copy of your policy, letter from your provider) if practising predominantly overseas 	<input checked="" type="checkbox"/>
Revalidation	<ul style="list-style-type: none"> GMC letter confirming revalidation Revalidation and appraisal dates Names of designated body, responsible officer, appraiser Summary of last annual appraisal 	<input checked="" type="checkbox"/>
Scope of Work	<ul style="list-style-type: none"> Detail of work, length of time in role, name of organisation Job plan valid during most recent appraisal 	<input checked="" type="checkbox"/>
Multi Organisational Working	<ul style="list-style-type: none"> Organisation details (name of department, head of department) for all organisations you work at Incident record (if applicable) 	<input checked="" type="checkbox"/>
Continuing Professional Development	<p>In relation to your cosmetic practice in the last revalidation cycle:</p> <ul style="list-style-type: none"> Supporting information of CPD activities (e.g. certificates of attendance) Summary of all CPD activities (if not available, use the fields to input relevant information) 	<input checked="" type="checkbox"/>
Case Reviews	<p>Add details of 4 complex cases including the following information</p> <ul style="list-style-type: none"> Date, Hospital site, location of event, your role, procedure type Description of the event/problem Details of colleague with whom you discussed the case (name and email address) Description of the outcome and reflection (outcome of event, what you learnt, how your practice has changed, what future learning needs identified) <p>For more information on this evidence area, please see the certification application guidelines</p>	<input checked="" type="checkbox"/>
Multi-source Feedback	<ul style="list-style-type: none"> Summary of colleague and patient multi-source feedback results from the last revalidation cycle 	<input checked="" type="checkbox"/>
Operative Exposure	<ul style="list-style-type: none"> Information on operative exposure in specific procedures. See information on the system of credits for demonstrating appropriate exposure 	<input checked="" type="checkbox"/>
Outcomes	<ul style="list-style-type: none"> Supporting information to demonstrate you are familiar with CMA requirements on data collection and publication and that you comply with local governance arrangements for submission of data and quality of outcomes (e.g. a letter from the provider or results of your audit) 	<input checked="" type="checkbox"/>
References	<ul style="list-style-type: none"> Names and email addresses of two referees (one should be your clinical director, the other a senior colleague/consultant) 	<input checked="" type="checkbox"/>

For further information please contact the certification helpdesk

Tel: +44 (0)20 7869 6120

certify@rcseng.ac.uk