



Examiner Specification

Appointment to the Royal College of Physicians and Surgeons of Glasgow Panel of Examiners for the Fellowship in Ophthalmology

1. Eligibility Criteria

Examiners should:

- Normally be a Fellow or Member of one of the Royal Colleges in the United Kingdom or Ireland
- Be engaged in active teaching or clinical practice or have been so engaged within the preceding year
- Hold or have held full consultant status (clinicians only) (not a locum post) for at least 3 years post CCST or equivalent
- Be able to complete one term of office before retirement i.e. one full term (5 years)
- Be active in postgraduate surgical training/education/teaching
- Be in good standing with the College/Professional Organisation
- Be in good standing with the GMC/IMC or equivalent body and in addition, advise the College if under investigation by an NHS Trust/employing body.
- Be able to provide two supporting statements, one from a Fellow of Consultant status, not necessarily of this College, who is prepared to support your application and another from a senior medical professional with knowledge of your current clinical practice.

Following retirement from the NHS/equivalent it is possible to stay on the panel for a further two years. If you are still engaged in other regular clinical practice this period may be extended.

2. Principal Roles

Appointment will be for a period of five years in the first instance, renewable by the Surgical Examinations Board.

To remain on the Panel examiners are expected to contribute to the written, oral and clinical examinations at least once in every two years. Examiners should note that the majority of oral and clinical examinations take place outwith the UK.

In addition to meeting the eligibility criteria, examiners must show commitment to:

- Undertake training prior to involvement in the examination and to ongoing assessment, training and development as an examiner
- Support the examination process, i.e. honouring commitments to write questions, attend examinations, mark problem solving examination scripts and take part in quality assurance activities relating to the examination, except in exceptional circumstances
- Actively participate in ensuring that the examination is of the highest standards
- Attend any mandatory training courses
- Evaluate the performance of candidates in the examinations whilst upholding the principles of equality and diversity
- Protect the confidentiality of the examination question banks
- High professional standards as an examiner, including understanding of appropriate techniques and a policy of courtesy, fairness and non-discrimination towards all candidates
- Competence in and loyalty to the surgical profession



**FRCS OPHTHALMOLOGY
EXAMINER APPLICATION FORM**

Personal Details

<p>Title: _____</p> <p>Surname: _____</p> <p>First names: _____</p> <p>Date of birth: _____</p> <p>Home telephone: _____</p> <p>Mobile: _____</p>	<p>Home address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode: _____</p> <p>Home e-mail: _____</p>
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Present Appointment

<p>Post: _____ Date commenced: _____</p> <p>Hospital: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____ Postcode _____</p> <p>Telephone no: _____ Fax no: _____</p> <p>Work E-mail: _____</p> <p>Preferred contact by (tick as appropriate):</p> <p>I) Post: Home <input type="checkbox"/> Work <input type="checkbox"/></p> <p>II) E-mail: Home <input type="checkbox"/> Work <input type="checkbox"/></p>

What is your main specialty and sub-specialty interest (if any)?

Education

Qualifications obtained (include degrees, diplomas, professional examinations)

Exam/Qualification	Year	Exam/Qualification	Year

Previous Consultant/Senior Registrar Appointments

Hospital / Medical School	Position Held	Dates	
		From	To

Do you examine for any other body?

Professional Body	Subject	Dates	
		From	To

Teaching experience – please list your most recent experience (as applicable)

Organisation	Subject	Dates	
		From	To

Three most recent publications - please list below

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Notification of Chief Executive/Medical Director

Given the time spent away from the employing authority when examining, it is expected that a potential examiner will inform his/her Clinical Director of his/her application to become an FRCS Ophthalmology examiner, and list this commitment in his/her job plan.

I confirm that I have informed my Clinical Director of my application to become an FRCS Ophthalmology examiner:

Name of Clinical Director: _____

Supporting references

Two supporting statements must be submitted with your application form, one from a Fellow of Consultant status, not necessarily of this College, who is prepared to support your application and another from a senior medical professional with knowledge of your current clinical practice.

GDPR and the Data Protection Act (2018)

I understand that, if I am appointed, personal information about me will be computerised for personnel/administrative purposes and statutory returns.

I understand that the procedure of appointment is by submission to the Honorary Clinical Registrar (HCR). Subject to acceptance by the HCR, my name will be forwarded to the Surgical Examinations Board for approval. If appointed, I am prepared to serve on the panel of examiners and to make myself available when circumstances permit.

Signed: _____ **Date:** _____

Please return completed form to:

**Examinations Unit
Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street
Glasgow
G2 5RJ
Tel: 0141 221 6072**

For official use:

	Signature	Date
HCR approved		
SEB approved		

EQUAL OPPORTUNITIES MONITORING

The Royal College of Physicians and Surgeons of Glasgow aims to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically with your other data in accordance with GDPR and the UK Data Protection Act 2018, but used only for monitoring our business practices.

Gender

- Female
- Male
- Transgender
- Prefer not to say

Marital Status

- Single
- Married
- Cohabiting
- Civil partnership
- Separated/divorced
- Widowed
- Prefer not to say

Do you consider your first language to be English?

- Yes
- No
- Prefer not to say

Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

a) White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (write in)

b) Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (write in)

c) Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani

- Any other Asian background (write in)

d) Black or Black British

- African
- Caribbean
- Any other Black background

e) Other Ethnic Group

- Arab
- Any other ethnic background (write in)

- Prefer not to say

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief
- No religion
- Prefer not to say

Do you have a disability under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- Yes
- No
- Prefer not to say

What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay
- Prefer not to say