

## Clinical Oncology

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Clinical Oncology. You will also need to read the [Clinical Oncology 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 Royal College of Radiologists (RCR) for guidance before you submit an application or a review. It is recommended that you familiarise yourself with the [clinical oncology CESR advice](#) on the RCR's website. If you have any queries, you can e-mail the Curriculum and Equivalence Officer at the RCR at [specreg@rcr.ac.uk](mailto:specreg@rcr.ac.uk)

### What is the indicative period of training for a Certificate of Completion of Training (CCT) in Clinical Oncology?

The indicative period of full time training for a CCT in clinical oncology is completion of two years of Foundation Training, plus at least two years in Core Medical Training (CMT) or Acute Care Common Stem training (ACCS), followed by entry to Clinical Oncology training at ST3 for a period of five years. The latter comprises three/four years core/intermediate clinical oncology training and one/two years of advanced clinical oncology training. Advanced training covers tumour site specialisation and the trainee is expected to specialise in and acquire advanced competencies in at least two tumour sites. The minimum period required for site specialisation is at least six months in each site specialty. CCT trainees must also have the MRCP (UK) before commencing clinical oncology training.

This list is given for example purposes only and is not exhaustive – for a complete list refer to the [Clinical Oncology Curriculum documentation](#).

### 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

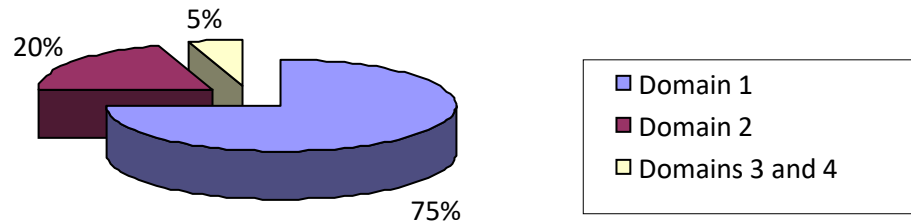
This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence must cover the knowledge, skills and qualifications to demonstrate the required competencies in all of the generic and specialty specific areas of the [Clinical Oncology Curriculum documentation](#). If evidence is missing from any area of the curriculum, then the application may fail.

### This is the specialty specific guidance for Clinical Oncology

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org)

### Evidence breakdown



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 around 800 - 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.

### Unsuccessful applications or poor evidence

The evidence **must** demonstrate that you have achieved **all** the requirements and competencies as set down in the relevant CCT curriculum. Where you have, for a substantial period of time, worked in a specialised area, evidence will be required that at one stage in your career you achieved the requirements and competencies of the relevant specialty curriculum and have maintained these skills within the last five years. You will also need to provide evidence that your current specialised practice allows you to meet all of the Domains above.

You **must** submit evidence to demonstrate that you can practise competently and independently across the breadth of the CCT curriculum.

You **must** refer to the curriculum when making your application to ensure that you have the relevant competencies. In summary, you are expected to demonstrate equivalent intermediate competencies to those set out in the curriculum – breast cancer, lung cancer, lower GI cancer, urological cancer, thoracic cancer, upper GI cancer, head and neck cancer, sarcoma, gynaecological cancer, CNS tumours, skin cancer, lymphoma/leukaemia/myeloma, unknown primary cancer and paediatric and adolescent oncology, brachytherapy and proton therapy – see the “Tumour Site-Specific Learning Outcomes” in Appendix 1 of the current curriculum.

You must demonstrate possession of the intermediate generic competencies as set out in the common competencies section of the curriculum.

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You must also demonstrate the equivalent competencies required for advanced training, in at least two site specialties as set out in the curriculum and generic competencies as set out in the common competencies section of the curriculum.

The MRCP (UK) examination is a requirement of the Clinical oncology CCT curriculum. CCT trainees will have completed at least three years of non-oncology training before acquiring the MRCP and entering Clinical oncology training. If you do not have the MRCP or an equivalent qualification, you must submit other evidence to demonstrate the appropriate level of non-oncology expertise and that you can appropriately manage the acutely unwell patient. Evidence you might consider submitting includes evidence of your general emergency exposure, including evidence of managing the acutely unwell patient routinely and on medical unselected take and understanding the co-morbidities of patients and their treatments; participation in the oncology on-call rota including evidence of cases seen/managed; any other tests of those knowledge and skills.

### **Key documents to submit with your application**

This list is not exhaustive; see more information in this SSG below. However, your application is less likely to succeed if you do not submit these documents as part of your application. All documents **MUST** be appropriately verified as set out in the GMC's guidance. Most weight is placed on activity within the last five years.

- Evidence of your competence in managing the acutely unwell patient
- Your training curriculum applicable to the time that you trained
- Personal logbooks/personal workload statistics
- A range of systemic therapy prescriptions (at least 15 prescriptions, more if necessary) to demonstrate your recent competence across the breadth and depth of the curriculum and to include some at advanced level competence) ideally with accompanying detail on clinical context and include any relevant anonymised documentation e.g. consent
- A range of radiotherapy plans (at least 20 plans, more if necessary) to demonstrate your recent competence across the breadth and depth of the curriculum and to include some at advanced level competence) ideally with accompanying detail on clinical context and include any relevant anonymised documentation e.g. consent  
Please arrange your plans and prescriptions in order of tumour site, as set out in section 4 of the curriculum in Appendix 1 "site-specific learning outcomes". Please also see our separate guidance about the submission of clinical cases.
- Evidence of your clinical correspondence with colleagues and patients
- Evidence of clinical audit activity to demonstrate individual clinical effectiveness and completion of the audit cycle, or examples of quality improvement projects which have led to changes in practice. A list of audits or projects undertaken will not be accorded sufficient weight in this evaluation; you must provide the complete audits or projects. We will be looking for evidence of completion of the audit cycle.
- Evidence of service activity which should include MDT type activity, morbidity and mortality related activity, service development
- Evidence of your specialty qualification or equivalent

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- Formal appraisal information which should include the equivalent of formal multi source feedback, patient feedback, reflective learning diaries and personal development plans
- CPD certificates or equivalent from within the last five years and reflective activity
- Research activity
- Evidence of teaching and teaching feedback
- Evidence of management activity

Please remember that most weight is placed upon evidence from the last five years. If you have specialised in a limited area for a number of years, you may have difficulty in demonstrating clinical competence across the breadth of the CCT curriculum to the appropriate standard. If you have not been in active clinical practice for some time, please consider whether and how you can demonstrate that you have maintained your clinical competencies.

Clinical oncology is differently structured in the UK than in many other countries. Clinical oncologists train and practise in both radiotherapy and systemic therapies. If your systemic therapies have been acquired outside a programme of structured training, you should be sure to submit evidence that demonstrates how you obtained those competencies and that you have been assessed in them. You must show that you recommended, delivered and managed the relevant therapy.

## 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

Primary medical qualification (PMQ)	<p>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.</p> <p><b>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.</b></p> <p>You can find out more about <a href="#">primary source verification</a> on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with <a href="#">our guidance</a>.</p>
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Specialist medical qualification(s)	<p>Please provide an <b>authenticated copy</b> of any specialist medical qualifications you hold, for example:</p> <ul style="list-style-type: none"> <li>• Fellowship of the Royal College of Radiologists (FRCR)</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• specialist qualification(s) obtained by examination or assessment in the specialty, supported by diploma/syllabus/contemporaneous curriculum/ training programme/logbooks/regulations detailing standards for its award.</li> </ul> <p>The FRCR is the required test of knowledge and skills for the CCT; applicants who do not have the FRCR <b>must</b> submit evidence relating to all specialist qualifications held including the relevant diploma/syllabus/contemporaneous curriculum/ training programme/ regulations detailing standards for its award, to show that these applied to your training. The standards for the award of the FRCR are set out in the <a href="#">syllabus for the First and Final Examinations</a>.</p> <p>The Final FRCR is taken at the beginning of the fourth year of CCT specialty training; other examinations taken after a shorter period of training are unlikely to demonstrate equivalence to the FRCR.</p> <p>It will be difficult for applicants without such a test of knowledge to demonstrate equivalence to this element of the CCT curriculum. The Final FRCR is taken at the beginning of the fourth year of CCT specialty training; other examinations taken after a shorter period of training are unlikely to demonstrate equivalence to the FRCR.</p> <p>Applicants without evidence of such a test of knowledge and skills <b>must</b> submit very robust and clear alternative evidence of their knowledge and skills, and that they have been assessed in their specialty. If you have failed any part of a qualification without a subsequent pass, you should consider delaying your application until you have passed the failed element. Otherwise, you will need to consider very carefully whether and how you can demonstrate that you have since met the competence requirements of that examination.</p> <p>The award of the CCT in clinical oncology requires success in the MRCP examination; you <b>must</b> submit evidence of your MRCP qualification or robust and clear evidence of your equivalent knowledge and skills in respect of this examination. This could include evidence of your exposure to and experience in managing general medical emergencies, including evidence of managing the acutely unwell patient routinely and on medical unselected take and understanding the co-morbidities of patients and their treatments.</p> <p>For College examinations the College may confirm details of any examinations you have undertaken.</p>
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Curriculum or syllabus (if undertaken outside the UK)	<p>Please provide a copy of your clinical oncology curriculum/training programme <b>which applied at the time that you trained</b>, including any relevant site specialty curricula, authenticated to show that it applied to your training. You should not submit a curriculum/syllabus that came into force after your training time.</p> <p>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.</p> <p>More weight is placed upon the last five years of your practice but it will be useful as relevant background information if you submit as much information as possible about your training, even if this was more than five years ago.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> <li>• where the curriculum covers areas of the CCT curriculum</li> <li>• the complexity of the work undertaken</li> <li>• how examinations were evaluated or quality assured (external assessment).</li> <li>• evidence of supervision and completion of clinical oncology training from the relevant authority.</li> </ul>
Specialist registration outside the UK	<p>Please provide <b>an authenticated copy</b> of details of the registration requirements of that authority.</p> <p>Please provide current certificates of specialist registration from all bodies with whom you are registered as a specialist.</p>
Honours and prizes	<p>Please provide <b>copies</b> of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals. These are only relevant if the honour/prize was competitively awarded or awarded following assessment, examination or evaluation.</p>



Other relevant qualifications and certificates	Please provide <b>copies</b> of certificates. For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.
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## Assessments and appraisals

Appraisals and assessments	<p>You should submit a current appraisal from within the last year prior to application, including multisource feedback. Where possible, you should provide evidence of regular appraisal over the last five years, but you should submit at least two sets of appraisal evidence including personal development plans and how these were met.</p> <p>For non-training posts over the last five years, you should provide evidence of ongoing evaluation of your performance. This may take the format of regular formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>In the UK, a revalidation or appraisal portfolio would be appropriate.</p> <p>If you underwent appraisal during your training and can submit evidence of it, you should do so. 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 assist.</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>Evidence of appraisal/assessment completed retrospectively will not be given as much weight as appraisal/assessment that was completed at the relevant time. Workplace-based assessments or other assessments completed retrospectively will be of limited value to the evaluation.</p> <p>Evidence of career progression will be useful if there is no evidence of formal appraisal activity. Letters commenting on your performance written at the time will also be useful.</p> <p>Evidence of self-assessment may also be relevant, although external appraisal and assessment carries more weight; you can see the RCR's advice document <b>Standards for Self-assessment of Performance</b> at <a href="https://www.rcr.ac.uk/standards-self-assessment-performance">https://www.rcr.ac.uk/standards-self-assessment-performance</a></p>
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RITAs, ARCPs and training assessments

### **Approved training in the UK**

RITAs and ARCPs are only relevant if you have undertaken training in the UK. If you have undertaken approved training in the UK 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.

Applicants who have undertaken formal training in the UK should provide copies of their RITA/ARCP forms and of their portfolio appraisals relating to each period of training.

### **Training outside the UK**

Evidence of formal periodic assessment during your training outside the UK is useful. This evidence should 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 should provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor may satisfy this requirement.

If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.

CCT trainees are assessed by means of workplace based assessments including DOST (Direct Observation of Systemic Therapy) and DORPS (Direct Observation of Radiotherapy Planning Skills). Case histories with comment and reflection may be considered equivalent if formal workplace based assessments are not available.

If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed any deficiencies. 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.

More weight is placed upon the last five years of your practice but it will be useful as relevant background information if you submit as much information as possible about your training, even if this was more than five years ago.

360° and multi-source feedback	Formal multisource feedback and patient feedback from colleagues and patients should be submitted, and where available extending over the last five years. Letters from colleagues and patients may also be submitted but will not be given as much weight as formal MSF.
Awards and discretionary points letters	These may be applicable to those who have worked in the UK.
Personal development plans (PDP)	UK consultants undergo formal appraisal annually which results in objective setting and an agreed personal development plan. Evidence of objective setting, an agreed personal development plan and performance against these objectives must be submitted. This evidence would normally form part of your appraisal documentation; if not, evidence of an equivalent nature should be submitted. This can demonstrate that you are engaging with and responding to appraisal.

## 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 you 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	<p>If you maintained a logbook during training and/or subsequent to training you should submit it as part of your application.</p> <p>Logbooks should be <b>anonymised</b> and relate to care episodes/procedures you personally performed and state whether these were supervised or unsupervised, the date undertaken and type of care/procedure. You should submit a log-book of all new oncology cases seen that you have directly managed and treated over a period of at least three months within the last year including whether these were supervised or unsupervised, with dates and details of management.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> <p><b>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.</b></p>
Consolidation, cumulative data sheets, summary lists and annual caseload statistics	<p>Please submit lists to reflect the logbook information above. These should be generated from your department's information system and be summarised by an annual summary of the total numbers of patients and show your role in their care. An indication of your level of contribution or role with regard to these statistics is helpful.</p> <p>It is important that the logbooks cover the full range of the curriculum demonstrating the breadth and depth of the specialty.</p>

Medical reports

This evidence is extremely important to your application and key to it is your personal summary and reflection on the case. **Please also see our separate guidance about the submission of clinical cases in Annex A.**

You must submit evidence of your management of patients, including your role in defining patients' management plans, supervision and delivery of treatment and management of the complications of treatment.

This evidence must cover a range of radical, palliative and adjuvant treatments.

You should also provide sufficient information to allow assessment of the appropriateness of your management of patients. At least 10 of your chemotherapy prescriptions and 12 of your radiotherapy plans must show evidence of practice at advanced level.

These prescriptions and plans, case histories and referral letters form part of the evidence assessed to establish your competence across the breadth of the CCT curriculum, so the range of reports should be varied. These should date from at most within the last five years and preferably more recently.

You must organise these into tumour types as set out in Appendix 1 of the curriculum in site-specific learning outcomes. The plans and prescriptions should cover a range of tumour sites and treatment intents. Please refer to the curriculum for the range of site specialties to which you are expected to demonstrate equivalence.

CCT trainees are required to demonstrate [advanced competencies in two tumour sites](#) and this should be borne in mind when selecting evidence for submission.

Further guidance around the format of radiotherapy and systemic therapy information is available on the [Royal College of Radiologists website](#).

**Chemotherapy prescriptions** for at least 15 patients, with evidence of appropriateness of chemotherapy across a range of tumour sites and treatment intents. Each prescription must be accompanied by a brief summary of the relevant clinical details and your personal reflection on the patient's management. Each case should also be accompanied by:

- evidence of a validated case history;
- relevant letters between referring clinicians;
- evidence that you recommended the therapy;
- your assessment of the patient and relevant investigations;
- prescriptions, doses and calculations;
- benefits and toxicities as explained to the patient and your on-going care of the patient during the course of chemotherapy.

At least five of these prescriptions should include evidence that you consented the patient for treatment and a further five should demonstrate appropriate dose modifications and/or need to modify the treatment plan during the course of chemotherapy.

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	<p><b>Radiotherapy treatment plans</b> for at least 20 patients, including copies of electronic images of the planning for those patients (GTV/CTV/PTV/fields, the dose distributions in three dimensions and appropriate dose volume histograms for organs at risk), treatment instructions and prescriptions across a range of tumour sites and treatment intents. Each plan must be accompanied by a brief summary of the relevant clinical details and your personal reflection on the patient's management. This should include</p> <ul style="list-style-type: none"> <li>• evidence of a validated case history;</li> <li>• letters between referring clinicians;</li> <li>• evidence that you recommended the radiotherapy;</li> <li>• your assessment of the patient and relevant investigations (especially those pertaining to identification of the radiotherapy treatment volume);</li> <li>• benefits and toxicities as explained to the patient on treatment review and follow up of the patient.</li> </ul> <p>Clinical oncologists in the UK train and practise in both radiotherapy and systemic therapies. If your systemic therapy competencies have been acquired outside a programme of structured training, you should be sure to submit evidence that demonstrates how you obtained those competencies and that you have been assessed in them.</p>
Case histories	<p>Case histories that you provide should include:</p> <ul style="list-style-type: none"> <li>• dates</li> <li>• diagnosis</li> <li>• nature of your involvement in the management of the case</li> <li>• which curriculum competencies were involved.</li> </ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>

Referral letters discussing patient handling	<p>This should be covered in the range of systemic therapy and radiotherapy planning provided. 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:</p> <ul style="list-style-type: none"> <li>• advising colleagues of a patient's management plan</li> <li>• advising clinical colleagues or answering particular questions regarding patient management</li> <li>• from clinical colleagues regarding applicants involvement in patient management</li> <li>• requesting a second opinion</li> <li>• examples of letters to patients or copied to patients</li> </ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>
Patient lists	<p>You can include clinic lists, new patient lists, follow-up clinic, chemotherapy and radiotherapy clinic lists from within the last five years. An indication of your level of contribution or role with regard to these lists is most helpful. This will help to show the evaluators the volume of cases you undertake and at what level. All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>



<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"> <li>• the size of the hospital in which you work</li> <li>• the volume of work undertaken within your trust and the percentage of the department's work that you undertake</li> <li>• the range of work that you undertake and that is undertaken within your trust</li> <li>• triangulation with logbook information</li> </ul> <p>It is essential that you provide personal workload and caseload figures and clearly separate these from general departmental workload figures. You should provide accurate and personal workload figures from within the last five years. This should cover a range of activity. Such evidence should be obtained from the department's information system where possible. If personal workload information is not available, applicants are advised to complete and maintain a logbook of activity before applying.</p>
<p>Rotas, timetables and job plans</p>	<p>Evidence relating to the last five years is most likely to be relevant; such information will assist in confirming the range of activity with which you have been involved and it is essential that you include evidence about your on-call activity.</p>
<p>Portfolios (electronic or revalidation)</p>	<p>If you have undertaken formal training in the UK you should submit a copy of your training portfolio</p> <p>If you maintained a similar portfolio during training outside the UK you should submit a copy of it. You will not necessarily need to submit your whole portfolio; only the sections relevant to the CESR assessment.</p>

## Details of posts and duties (including both training and experience posts)

Employment letters and contracts of employment	<p>The evaluation is less concerned with evidence about terms and conditions than it is about dates of employment, grades and duties.</p> <p>This information <b>must</b> be consistent with what is stated in your application form and CV. Letters are most useful if they confirm that you held the post in question, the dates you held the post, the grade at which you were employed and the duties undertaken.</p> <p>You should also provide such evidence of any non-oncology clinical training or experience as satisfactory completion of CMT or ACCS is mandatory for the award of the CCT in clinical oncology.</p>
Job descriptions	<p>These <b>must</b> match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• your position within the structure of your department</li><li>• your post title</li><li>• your clinical and non-clinical commitment</li><li>• your involvement in teaching or training.</li></ul>
Job plans	<p>In the UK, a job description is the basis of the contract between the employer and the employee. The job plan is a detailed description of the duties and responsibilities of a doctor and of the facilities available to carry them out. It incorporates a work programme.</p> <p>For the purposes of this assessment, a job plan which includes information about the general hospital services, the specific clinical oncology services including staffing, workload and facilities, on-call commitments and the work programme, will be of most use - see the RCR's advice document <a href="#">Guide to Job Plans in Clinical Oncology</a>.</p>

## Research, publications and presentations

Research papers, grants, patent designs	<p>Please include any research relevant to your current practice.</p> <p>You should submit a current Good Clinical Practice (GCP) certificate, as this is a requirement of the CCT curriculum.</p> <p>If the research is published - please submit the first page of the published paper.</p> <p>If the research is not published - please provide a summary or abstract of the research.</p> <p>Colleges may undertake web searches to check the information you provide.</p>
Publications within specialty field	<p>Include a copy of the front page of each publication. More weight is given where:</p> <ul style="list-style-type: none"><li>• the applicant is first author</li><li>• the publication has a high impact factor.</li></ul> <p>You <b>must</b> not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p>
Presentations, poster presentations	<p>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.</p>

## CPD and CME

<p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p>	<p>Please provide these for the last five years. Such evidence – indeed all evidence relating to the maintenance of knowledge, skills and performance - is expected to be regular and wide-ranging, with particular focus on maintenance of knowledge in the specialty of clinical oncology. This is particularly important if your training concluded more than five years ago.</p> <p>Certificates provided for courses and meetings which took place more than five years ago are likely to be given less weight.</p>
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>Provide evidence of registration within a formal system. If you are registered in the RCR CPD scheme you should provide evidence of your enrolment and most recent CPD certificate; the RCR will be able to attest such evidence. If you are enrolled in a College or similar scheme outside the UK please provide evidence of your enrolment and most recent confirmation of CPD points acquired.</p>
<p>Membership of professional bodies and organisations</p>	<p>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.</p> <p>This evidence is likely to give weight to this section only if such membership is attained by examination, evaluation or assessment.</p>

## Teaching and training

Teaching timetables	<p>A CCT trainee is expected to design and deliver teaching sessions effectively in a variety of settings, including presentations, lectures, small group teaching and bedside teaching, to communicate feedback effectively, undertake supervision, recognise when a trainee is in difficulty and act appropriately and show willingness to undertake workplace based assessments.</p> <p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching was not formal (timetabled) indicate how you participated in teaching.</p>
Lectures	Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in formal education programmes.
Feedback or evaluation forms from those taught	<p>Please provide copies of feedback from teaching events you have participated in.</p> <p>It is essential that student feedback is provided where formal or informal teaching activity is undertaken. If you do not have this information already you should consider acquiring it before making an application.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>
Letters from colleagues	Although feedback within a formal appraisal setting is most useful, and is likely to be given more weight, you can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above). You can also submit evidence of formal assessment of your teaching skills.
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>Participation in assessment or appraisal and appointments processes for colleagues</p>	<p>This relates to activity in which you have participated as an assessor, reviewer, manager, etc. Evidence you could consider supplying includes:</p> <ul style="list-style-type: none"><li>• attendance at appraisal/assessment courses</li><li>• evidence of participation in ARCP or RITA processes, or in completing other assessments for colleagues</li><li>• evidence of participation in appointments for trainees including attendance at interview and appointment related courses.</li></ul>
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## Domain 2 – Safety and quality

### Participation in audit, service improvement

Audits undertaken by applicant	<p>A CCT trainee is expected to participate in quality improvement activities as a method of improving patient care. This may include a critical analysis of the quality of medical or clinical care resulting in demonstrable improvement in patient care, organising or leading a department audit and using the findings to develop and implement change followed by re-audit, and completion of the audit cycle. Examples of the entire quality improvement project or audit must be provided. Less weight will be given to audit and quality improvement not related to the practice of clinical oncology. The evidence must clearly show your role in the activity.</p> <p>This is separate from service audits which comment on departmental efficiency (see below). The audit pages on the RCR website can be accessed <a href="#">here</a>. You should submit at least two examples of clinical audit and/or a quality improvement project and at least one of these should show completion of the audit cycle through re-audit or evidence of implementation of recommended changes. It is essential that you demonstrate completion of the audit cycle.</p> <p>Evidence you could supply includes:</p> <ul style="list-style-type: none"><li>• audit reports (collections of data alone are not considered as a full clinical audit), demonstrating completion of the audit cycle</li><li>• Quality improvement project reports including evidence of the efficacy of the intervention</li><li>• Relevant publications that clearly set out the quality improvement element</li><li>• presentations of audit work (see above for details required for presentations)</li><li>• letter from audit or clinical governance lead confirming participation in quality improvement or governance activities (this will not be given as much weight as primary evidence of the activity itself)</li><li>• guidelines produced to reflect lessons learned within quality improvement activity</li><li>• notes from self-reflective diaries.</li></ul> <p><b>You should submit the complete audits or projects</b>, including outcomes - not simply a list of these activities. If you don't have this evidence to hand you should delay your application until you do.</p>
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<p>Reflective diaries</p>	<p>This should include:</p> <ul style="list-style-type: none"> <li>• your recognition of the limits of your professional competence</li> <li>• handling of critical incidents or complaints</li> <li>• how you have changed your practice in the light of actual significant events, both positive and negative</li> <li>• Reflection on interesting cases</li> <li>• Reflection on CPD activity</li> </ul> <p>As this evidence is self-produced for its content to be given weight it <b>must</b> be supported or triangulated by other evidence. This evidence must be appropriately anonymised.</p>
<p>Service Improvement and clinical governance meetings</p>	<p>You should provide evidence about activity including minutes of clinical governance/service improvement meetings you attend. This could include evidence of active participation in chemotherapy and radiotherapy service improvement groups that you attend, participation in the development of clinical protocols, participation in morbidity and mortality meetings and reviews. You should also provide evidence of participation in MDT activity, preferably the notes of recent meetings attended, along with the case histories discussed.</p>



## Safety

Health and safety	<p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>This should include evidence of appropriate knowledge of radiation safety and IRMER regulations</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none"><li>• declaration of health on your application form</li><li>• attendance at appropriate course</li><li>• involvement in infection control (membership of committees, courses etc)</li><li>• quality improvement activity and subsequent changes in activity.</li></ul>
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## Domain 3 – Communication, partnership and teamwork

### Communication

Colleagues	<p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non-clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none"><li>• formal multi-source feedback (this is the strongest evidence)</li><li>• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)</li><li>• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams</li><li>• management – including organising staff rotas</li><li>• presentations</li><li>• copies of appraisals or references written for colleagues (these <b>must</b> be <b>anonymised</b> with relation to colleague data).</li></ul>
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Patients	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"><li>• Patient questionnaires</li><li>• Multisource feedback</li><li>• thank you letters and cards from patients</li><li>• attendance at an approved advanced communications course</li><li>• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)</li><li>• complaints and responses to complaints.</li></ul> <p>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. <b>You must anonymise colleague information from this evidence.</b> You should provide evidence from your employer(s) stating the number of complaints in which you have been involved in the last year.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data</p>
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## Partnership and teamwork

Working in multidisciplinary teams	You should submit evidence of your participation in multidisciplinary team meetings (or equivalent activity such as grand rounds) along to include examples of cases discussed, reflective activity and minutes of meetings attended. You could also submit <ul style="list-style-type: none"><li>• appraisals which include this information</li><li>• multisource feedback.</li></ul>
Management and leadership experience	This area could be demonstrated in a number of ways including: <ul style="list-style-type: none"><li>• appointment to management/chair positions</li><li>• invitations to attend meetings</li><li>• minutes of meetings, especially departmental and Cancer Network meetings demonstrating your attendance and participation in the meeting</li><li>• Attendance at management courses</li><li>• appraisals which include this information.</li></ul>

Chairing meetings and leading projects	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"><li>• appointment to management/chair positions</li><li>• invitations to attend meetings</li><li>• minutes of meetings demonstrating your attendance and participation in the meeting</li><li>• appraisals which include this information</li><li>• project reports</li><li>• letters from colleagues</li><li>• publications or presentations.</li></ul>
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## Domain 4 – Maintaining trust

### Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none"><li>• the declarations on your application form</li><li>• statements from your referees</li><li>• appraisal forms, patient feedback and multisource feedback</li><li>• having no restrictions on your registration (UK based doctors)</li><li>• Certificate of Good Standing (overseas based doctors).</li></ul>
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You can demonstrate this with: <ul style="list-style-type: none"><li>• evidence of attendance at relevant courses (please provide details of course content)</li><li>• feedback from patients and colleagues</li><li>• statements from your referees</li><li>• testimonials.</li></ul>
Data protection	You can demonstrate this with: <ul style="list-style-type: none"><li>• attendance at relevant courses (please provide details of course content)</li><li>• feedback from patients and colleagues</li><li>• your application and evidence being appropriately <b>anonymised</b>.</li></ul>

## Relationships with patients

Testimonials and letters from colleagues	You may include "To whom it may concern letters".
Thank you letters, cards from colleagues and patients	Please ensure that these are <b>anonymised</b> (for individual patient data). You should submit formal patient feedback gathered as a result of a Patient Questionnaire relating to your personal practice.
Complaints and responses to complaints	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 and/or a response to a hypothetical complaint. All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.

## Annex A – RCR Guidance for submission of radiotherapy and systemic therapy cases

*Please note that in providing you with any specialty specific advice and guidance in respect of your CESR application, the Royal College of Radiologists is not responsible for giving guarantees or opinions as to the likelihood of your application being successful; nor can any such advice guarantee success in any application to the GMC.*

Please read this guidance alongside the full Specialty Specific Guidance and the current CCT curriculum for clinical oncology.

This is your main opportunity to demonstrate to your assessors that you have acquired the relevant range of clinical skills in the management of cancer patients, to be considered equivalent to those who have completed training according to the current CCT curriculum.

In addition to your ability to plan and deliver radiotherapy and systemic therapy, other areas that will be assessed include your ability to summarise the relevant clinical information, to make clear and logical recommendations, to make appropriate modifications to your treatment when necessary and to communicate clearly with your patients and colleagues.

Your assessors would like to see a wide range of cases, in terms of tumour sites, treatment intent (both radical and palliative) and complexity. This will be a reflection of the diversity of cases you are expected to be competent to manage as an NHS consultant.

**It is important that this evidence is anonymised in accordance with the GMC guidance, and all patient identifiable information removed.**

### Summary and Reflection of Case

You should provide a concise summary of each case containing the history, the relevant investigation results and your recommended treatment. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision.

### Requirements for Radiotherapy Cases

Each case should be submitted as a separate **.pdf** document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (radical or palliative). An example would be 'Case 1 Prostate Radical'. Each **.pdf** document should be clearly readable. Radiotherapy plans should be in full colour and of a size/resolution which can be readily assessed.

For each case provide the following:

- Patient letters (referral, patient history, follow up).
- Evidence of consent and toxicities discussed.
- Radiotherapy prescription containing the prescription dose, prescription point/isodose, dose per fraction, treatment days, modality (including energy), and any concurrent treatments.
- Where you have modified the dose or the PTV, or where the prescription falls outside the general RCR recommendations on dose/fractionation, explain why you have done this.



### Formally Computer Planned Cases

- The radiotherapy plan should include three representative trans-axial slices (upper, central, lower) through the treatment volume and one coronal slice that best represent the treatment volume. Each slice should clearly show the GTV, CTV, PTV, and Organ At Risk outlines. Isodoses should be clearly shown. Do not include beam arrangements on the plans. Legends should be provided which clearly identify the isodoses, organs at risk, and treatment volumes. The legend should be visible on each page that includes an image of the plan.
- Provide Dose Volume Histograms for the PTV and Organs at Risk.

### Non-computer Planned Cases (Simulator, V-Sim etc)

- Provide representative simulator images or V-Sim CT slices as appropriate. Include a short description of your methodology in planning the case. Include as much information as possible to enable assessment of the case.

### Requirements for Systemic Therapy Cases

Each case should be submitted as a separate **.pdf** document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (curative, adjuvant, neoadjuvant or palliative). An example would be 'Case 1 Colorectal Adjuvant'. Each **.pdf** document should be clearly readable.

For each case provide the following:

- Patient letters (referral, patient history, follow up)
- Evidence of consent and toxicities discussed
- Systemic therapy prescription containing the drug(s), dose calculation, dose modifications and any concurrent/supportive treatments.
- Where you have modified the dose or the regimen, explain why you have done this.