

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 reapplication.

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 years core/intermediate clinical oncology training and 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.

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](#).

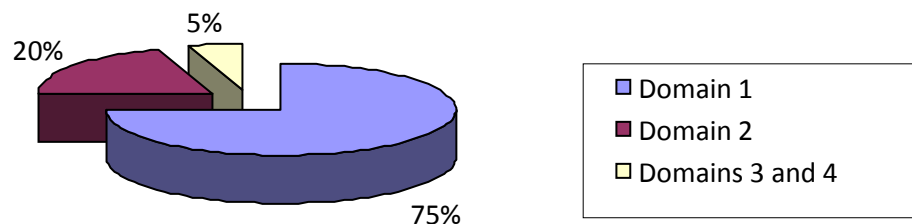
You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

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.

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. 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, proton and neutron therapy – see the “Tumour Site-Specific Learning Outcomes” in Appendix 1 of the 2012 curriculum. You must demonstrate possession of the intermediate generic competencies as set out in the common competencies section of the curriculum.

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

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

As a general guide, applications which are unsuccessful contain inadequate evidence in the following areas:

- applicants do not provide sufficient evidence in respect of current competence across the full breadth of the curriculum, which should be demonstrated by the submission of chemotherapy prescriptions, radiotherapy planning, workload statistics, clinical audit activity. If you have not covered a specific area of the curriculum, it is advisable to postpone your application until you have been able to gain this experience.
- applicants do not provide evidence to cover the full depth of the CCT curriculum to demonstrate that they have attained equivalent competencies to an advanced level as set out in the CCT curriculum
- maintaining knowledge, skills and performance to demonstrate that you have maintained knowledge and skills across the breadth of the curriculum. Evidence which relates to more than five years ago, or is mostly unrelated to your specialty, is unlikely to be given as much weight as recent and specialty focussed evidence.
- training and assessing other members of staff. These activities may not form part of your current role; however, it is essential that evidence is supplied that confirms that you have the relevant skills and potential. This may be best demonstrated by attendance at a course and the training or supervision of more junior colleagues. If you have engaged in formal or informal teaching activity, the submission of feedback from students is essential
- management. It is recognised that applicants may not have experience of managing a department. However, alternative forms of management could be demonstrated i.e. rota management, meeting/event management, budget management.

Key documents to submit with your application (This list is not exhaustive; see more information above. However, your application is less likely to succeed if you do not submit these documents as part of your application).

- your training curriculum
- personal logbooks/personal workload statistics
- at least 15 chemotherapy prescriptions and 20 radiotherapy plans covering the breadth and depth of the oncology specific content of the CCT curriculum
- evidence of clinical audit activity and/or quality improvement activity to demonstrate individual clinical effectiveness
- evidence of your specialty qualification or equivalent
- formal appraisal information
- CPD certificates or equivalent
- evidence of teaching and teaching feedback
- evidence of the quality of your interactions with patients.

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

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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>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.</p> <p>You can find out more about primary source verification 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 our guidance.</p>
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Specialist medical qualification(s)	<p>The Fellowship of the Royal College of Radiologists (FRCR) is the required test of knowledge and skills for the CCT; applicants who do not have the FRCR must 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 syllabus for the First and Final Examinations.</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>Applicants without evidence of such a test of knowledge and skills must submit very robust and clear alternative evidence of their knowledge and skills, and that they have been assessed in their specialty, such as regular, formal, clinical appraisal; workplace based assessments, or similar evidence.</p> <p>The award of the CCT in clinical oncology requires success in the MRCP examination; you must submit evidence of your MRCP qualification or robust and clear evidence of your equivalent knowledge and skills in respect of this examination.</p> <p>Please provide an authenticated copy of any specialist medical qualifications you hold.</p> <p>For College examinations the College may confirm details of any examinations you have undertaken.</p> <p>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.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</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 which applied at the time that you trained, 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>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> • where the curriculum covers areas of the CCT curriculum • the complexity of the work undertaken • how examinations were evaluated or quality assured (external assessment). • evidence of supervision and completion of clinical oncology training from the relevant authority.
Specialist registration outside the UK	<p>Please provide an authenticated copy 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> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>
Honours and prizes	<p>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. These will only be relevant to this Domain if the honour/prize was competitively awarded or awarded following assessment, examination or evaluation.</p> <p>If 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>
Other relevant qualifications and certificates	<p>Please provide copies of certificates.</p> <p>For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.</p>

Assessments and appraisals

Appraisals and assessments	<p>You must submit a current appraisal from within the last year prior to application. Where possible, you should provide evidence of regular appraisal over the last five years.</p> <p>Evidence of appraisal/assessment undertaken retrospectively will not be given as much weight as contemporaneous appraisal/assessment.</p> <p>If you underwent appraisal during your training you should submit authenticated evidence of it.</p> <p>In respect of non- training posts over the last five years, if you have not had formal appraisal, you should submit evidence of on-going evaluation of your performance.</p> <p>Evidence of self-assessment may also be relevant, although this will carry less weight than external appraisal and assessment.</p> <p>Information about appraisal during CCT training can be found on the RCR website. 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)</p> <p>Alternative evidence may include letters (written at the time) commenting on your performance although this will not be given as much weight as structured appraisal. 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.</p>
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RITAs, ARCPs and training assessments	<p>Formal records of assessment of progress through training 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, including locum posts approved for training (LATs), you must provide a copy of your formal records including RITAs/ARCPs and assessments. In addition if you held any of these approved training posts (except locum posts), please provide evidence of your training number.</p> <p>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 may satisfy this requirement.</p> <p>If that training was recognised by relevant authorities outside the UK please provide evidence and recognition standards.</p> <p>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.</p>
360° and multi-source feedback	Formal multisource feedback from colleagues and patients must 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. You must provide copies of certificates and letters.
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 must be submitted.

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 anonymised 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 must be anonymised for individual patient data.</p> <p>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.</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 a annual summary of the total numbers of patients and show your role in their care.</p> <p>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.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>

Medical reports

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 case history; relevant letters between referring clinicians; evidence that you initiated 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.

Radiotherapy treatment plans 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 evidence of a case history; letters between referring clinicians; evidence that you initiated the radiotherapy; your assessment of the patient and relevant investigations (especially those pertaining to identification of the radiotherapy treatment volume); benefits and toxicities as explained to the patient on treatment review and follow up of the patient.

These should cover a range of tumour sites and treatment intents.

This evidence is extremely important to your application and key to it is your personal summary and reflection on the case. 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.

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](#).

Case histories	<p>Case histories that you provide should include:</p> <ul style="list-style-type: none"> • dates • diagnosis • nature of your involvement in the management of the case • which curriculum competencies were involved. <p>You can use these to demonstrate</p> <ul style="list-style-type: none"> • 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 <p>All evidence in this area must be anonymised 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"> • advising colleagues of a patient's management plan • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management • requesting a second opinion <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • 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. <p>All evidence in this area must be anonymised for individual patient data.</p>

Patient lists	<p>You may wish to include copies of patient lists. You can use these to demonstrate:</p> <ul style="list-style-type: none"> • 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. <p>All evidence in this area must be anonymised for individual patient data.</p>
Departmental (or trust) workload statistics and annual caseload statistics	<p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • the size of the hospital in which you work • the volume of work undertaken within your trust and the percentage of the department's work that you undertake • the range of work that you undertake and that is undertaken within your trust • triangulation with logbook information <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 covering a recent period of at least six months (longer if this demonstrates an additional breadth of practice). 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>

Rotas, timetables and job plans	<p>Where you have undertaken a number of roles provide details for each post or role. You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • details of clinical and non-clinical duties you undertake • your on-call commitment • your participation in meetings and teaching • triangulation with logbook information. <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>
Portfolios (electronic or revalidation)	<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 must 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 must match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none">• your position within the structure of your department• your post title• your clinical and non-clinical commitment• your involvement in teaching or training.
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 Guide to Job Plans in Clinical Oncology.</p>

Research, publications and presentations

Research papers, grants, patent designs	<p>Please include any research relevant to your current practice.</p> <p>You must 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> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• 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.
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">• the applicant is first author• the publication has a high impact factor. <p>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.</p> <p>Colleges may undertake web searches to check the information you provide. You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where publications are joint or multi-disciplinary)• continuing professional development.

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> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• continuing professional development• teaching and training.
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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</p> <p>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>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?) <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	<p>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.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• continuing professional development• teaching and training• communication skills.

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.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • continuing professional development • teaching and training • leadership • relationships with colleagues • communication skills. <p>All evidence in this area must be anonymised for individual patient data.</p>
Letters from colleagues	<p>You can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p> <p>Retrospective feedback may be given less weight than contemporaneously gathered feedback.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
Attendance at teaching or appraisal courses	<p>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>

<p>Participation in assessment or appraisal and appointments processes for colleagues</p>	<p>You may provide the following types of evidence to support this area:</p> <ul style="list-style-type: none">• copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses• evidence of participation in the Deanery ARCP or RITA processes• evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• contribution to postgraduate and continuing medical education activity, locally and nationally• any responsibilities which relate to a special interest• participation in administration, management duties• participation in teaching and training• communication, partnership and teamwork• relationships with colleagues (including giving feedback)• leadership.
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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 at least three quality improvement activities, including clinical audit activity, 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.</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 here.</p> <p>Evidence you could supply includes:</p> <ul style="list-style-type: none">• audit reports (collections of data alone are not considered as a full clinical audit), demonstrating completion of the audit cycle• Quality improvement project reports including evidence of the efficacy of the intervention• publications• 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. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information continuing professional development• communication, partnership and teamwork• relationships with colleagues, patients• leadership• multi-disciplinary working.
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<p>Reflective diaries</p>	<p>You can use this document to demonstrate:</p> <ul style="list-style-type: none"> • 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). <p>As this evidence is self-produced for its content to be given weight it must be supported or triangulated by other evidence.</p>
<p>Service Improvement and clinical governance meetings</p>	<p>You should provide evidence about service audits demonstrating departmental efficiency, with which you have been involved and minutes of clinical governance/service improvement meetings you attend. This could include evidence of active participation in chemotherapy and radiotherapy service improvement groups and minutes of clinical governance and service improvement meetings that you attend.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • communication, partnership and teamwork • relationships with colleagues • leadership • multi-disciplinary working • participation in audit or clinical governance. <p>All evidence in this area must be anonymised for individual patient data.</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">• declaration of health on your application form• attendance at appropriate course• involvement in infection control (membership of committees etc)• logbook information on infections• audit on infections and subsequent changes in activity.
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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">• multi-source feedback• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• presentations• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi-disciplinary working• participation in directorate and management meetings• honesty and objectivity.
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Patients	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• Patient questionnaires• Multisource feedback• thank you letters and cards from patients• letters from colleagues (examples of cases shared or "To whom it may concern letters" / testimonials)• complaints and responses to complaints. <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. You must anonymise colleague information from this evidence. You should provide evidence from your employer(s) stating the number of complaints in which you have been involved in the last year.</p> <ul style="list-style-type: none">• Attendance at an approved advanced communications course <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication• relationships with patients• honesty and integrity• protecting patient confidentiality.• All evidence in this area must be anonymised for individual patient data
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Partnership and teamwork

Working in multidisciplinary teams	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• 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. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi-disciplinary working. <p>All evidence in this area must be anonymised for individual patient data.</p>
Management and leadership experience	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• appointment to management/chair positions• invitations to attend meetings• minutes of meetings, especially departmental and Cancer Network meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• Attendance at management courses• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• management skills. <p>All evidence in this area must be anonymised for individual patient data.</p>

Chairing meetings and leading projects	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• appointment to management/chair positions• 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. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi-disciplinary working• participation in directorate and management meetings• continuing professional development. <p>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.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
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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">• the declarations on your application form• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)• Certificate of Good Standing (overseas based doctors).
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">• evidence of attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• statements from your referees• testimonials.
Data protection	You can demonstrate this with: <ul style="list-style-type: none">• attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• your application and evidence being appropriately anonymised.

Relationships with patients

Testimonials and letters from colleagues	<p>You may include "To whom it may concern letters".</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
Thank you letters, cards from colleagues and patients	<p>Please ensure that these are anonymised (for individual patient data).</p> <p>You should submit formal patient feedback gathered as a result of a Patient Questionnaire relating to your personal practice.</p>
Complaints and responses to complaints	<p>This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</p> <p>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.</p> <p>You may provide a reflective diary of how you would handle a hypothetical complaint. All evidence in this area must be anonymised for individual patient data.</p>