General Medical Council

Clinical Oncology

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Clinical oncology. You will also need to read the Clinical oncology CCT curriculum.

This document was last updated on 26/03/2024

Contents

Introduction

You can contact us and ask to speak to the GMC Specialist Applications team for advice before you apply. The Royal College of Radiologists (RCR) has a resources page for Portfolio applications and can be contacted at specreg@rcr.ac.uk.

Background

The Clinical oncology curriculum is structured across 19 Capabilities in Practice (CiPs), which describe the professional capabilities of a consultant clinical oncologist. The 19 CiPs span generic and specialty-specific areas. Each CiP contains descriptors that define the range of key skills and behaviours that are expected to be demonstrated by the applicant.

The Clinical oncology curriculum provides training in the management of all types of cancer and the acute disease, and treatment-related complications, including inpatient acute oncology services. The aim is to produce adaptable clinical oncologists who have the transferable skills that allow them to manage any tumour site and who can lead the effective multi-disciplinary management of the complex and diverse set of diseases that comprise 'cancer'; providing a holistic and patient-centred approach to care throughout the patient journey from diagnosis to cure, survivorship and/or end-of-life care.

It may aid your application to consider the key features of training and practice in the UK in Clinical oncology. These include evidence of experience in your decision making at multidisciplinary team meetings, undertaking professional annual appraisal, multisource feedback and patient feedback, safety and quality activity, especially in clinical audit and quality improvement projects, and other areas. We would recommend using the RCR Clinical oncology curriculum and the resources on the RCR website to guide your application.

In the UK, Clinical oncology includes clinical activity in both radiotherapy and systemic therapies that may differ significantly from training and practice elsewhere. You must look at the curriculum and this guidance carefully to make sure that you can demonstrate that all the requirements are satisfied.

Further details of the descriptors can be found in the Clinical oncology curriculum.

Standard of assessment

The standard of assessment that Portfolio applications are assessed against is the **Knowledge, Skills, and Experience (KSE) for specialist or GP practice in the UK**. The framework for assessing KSE reflects the CiPs of Clinical radiology and there should be sufficient evidence of these CiPs as part of your ongoing clinical commitment and maintenance of skill across the specialty.

Currency of evidence

Evidence of your competence should be recent, as the focus is on your CiPs. **Evidence of skills or experience gathered from your clinical practise more than five years ago (WTE) should not be submitted.** This is because it does not demonstrate that competences have been recently maintained.

If you are currently working less than full time (LTFT) and wish to extend the time period of your submitted evidence, it is important you provide appraisals and workplace based assessments to cover this period.

Structured reports

You must nominate a minimum of **four** referees:

- **One** should be the clinical lead or clinical director for your current post
- **All** referees should be able to comment on you practice and provide assurance around your knowledge, skills and experience in the specialty
- Structured references from referring clinicians are also encouraged

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our user guide when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our guidance. If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

Most applications contain **no more than 150 uploaded documents**.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required CiPs and the associated KSE descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.

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.

Evidence of your competence should be gathered from within the last five years of your clinical practise (WTE). 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.

It is important you read this SSG carefully, as our guidance on compiling your evidence will help you decide what is relevant and what is not. You must ensure you follow our guidance on how to present and group your evidence in the online application

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's CV guidance. You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each CiP, or the application may fail. **If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence.** Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents. Please see the RCR's resources page for more information about how to upload your evidence.

Key points when gathering evidence

Please keep the following in mind when gathering your evidence:

- You must read the wording of each CiP and its descriptors and choose evidence that addresses at least one of the **Knowledge, Skills and Experience** requirements for each CiP
- You must make it clear what evidence you are providing to meet each CiP and the KSE descriptors. You **must** complete a coversheet that will provide a summary of the evidence you are submitting. Using the template available on the RCR's resources page, you must indicate which CiP(s) is addressed by each piece of evidence you are submitting. This will help the evaluators to cross-reference your evidence and understand which CiPs you intend the evidence to be considered for
- The strongest evidence for a CiP is when it has been linked to all three areas of **Knowledge, Skills and Experience**. You must use your judgement to determine whether you can cover a CiP effectively – for example, you may have lots of experience in one area to cover all descriptors; therefore evidence of courses (knowledge) are not necessary

- We are looking for quality of evidence, not quantity. Unless specifically stated in a CiP, we do not require more than one example of each type of evidence
- For each CiP, the evidence you **must include** in your application to satisfy its Knowledge, Skills and Experience are listed. If you can't submit all this evidence, examples of additional information that would help to provide good coverage of that CiP are also suggested. This evidence is considered **desirable, but not essential** – it should only be provided if you do not have enough of the key evidence suggested in each CiP to cover the KSEs.
- The examples of evidence set out in this document are not exhaustive and you should use your judgement to ensure sufficient evidence of your KSE is submitted. You will find it helpful to provide examples of cases you have worked on and your reflective activity using the template available on the RCR's resources page
- Please be aware that applicants who do **not** hold the **FRCR** will be asked to provide additional evidence. Where applicable, this is stated in the relevant CiP. You should make clear you have read and understood the evidence requirement for your FRCR status

What if evidence is applicable across multiple CiPs?

You may find that some of your evidence is relevant to more than one CiP.

If you have a piece of evidence that is relevant to more than one CiP, do **not** include multiple copies of it in your evidence portfolio. Instead you should include one copy and list it in your application under each relevant CiP, stating that the evidence is located elsewhere, and you would like to cross-reference it.

You must provide a coversheet to summarise the evidence you are submitting and how you intend this to be cross-referenced by the evaluators. A template of this is available on the RCR's resources page.

Evidence of training and qualifications

You can see below the evidence you must submit in these general areas. Even if your training concluded more than five years ago, it is useful to submit your training curriculum or other evidence of your training as background evidence of the competencies you obtained then. This allows the evaluators to see your whole career pathway.

If you completed your training within the last five years of clinical practise (WTE, does not need to be consecutive), you will be submitting evidence relating to it, but please remember to also include evidence that is as recent as possible and from your current post, which means you might have to include evidence from posts that you have taken up since training.

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your Knowledge, Skills and Experience and dates from the past five years of clinical practise. Otherwise, certificates of completion are sufficient evidence of training.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	**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. If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	Please provide a copy of all specialist medical qualifications you hold – for example the Fellowship of the Royal College of Radiologists (FRCR) – and any other specialist qualifications obtained by examination or assessment in the specialty. You should provide the contemporaneous syllabus or curriculum for all specialist qualifications other than the FRCR. Specialist medical qualifications and their syllabus/curriculum from outside the UK must be authenticated in line with our guidance.

	The FRCR is the test of knowledge set out in the CCT curriculum. Applicants who do not have the FRCR **must** submit evidence relating to all specialist qualifications held. The standards for the award of the FRCR are set out in the syllabus for the First and Final Examinations. 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. 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, even if you have subsequently passed a different examination. The RCR will check details of any RCR examinations you have taken, including any part in which there is an outstanding failure.
Recent specialist training	More weight is placed upon the past five years of clinical practise, but it will be useful if you submit as much information as possible about your training, even if this was more than five years ago. If you have undertaken an approved training programme **outside the UK** in the past five years of your clinical practise, please provide the curriculum or syllabus that was in place when you undertook your training. If a formal curriculum or syllabus (including assessment methods) is not available, you should provide a letter from the awarding body outlining the content of the training programme or examination. You should not submit a curriculum/syllabus that came into force after your training time. If you have undertaken approved specialty training towards a CCT in Clinical oncology in the UK in the past five years, you should provide a copy of your ARCPs and Educational and Clinical Supervisor reports. If any difficulty was identified during your training, be sure to include evidence to show that it was addressed. **Please upload in one file per institution your specialist qualification diploma, your curriculum and other evidence about your training. Call this "Evidence of training and qualifications – institution name".**

	Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

Evidence of employment and practise

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Evidence of employment in posts and duties (including training posts)	
CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website. **It is important your CV outlines any gaps in your clinical practise, such as a career break or maternity leave.**
Employment letters	The information in these letters **must** match your CV. They should confirm the following: • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) Usually this will be set out in the letters offering you the post and renewing your contracts. **We do not need to see contracts and terms and conditions of employment**. We are most interested in the jobs you've had within the last five years of your clinical practise.
Job descriptions	These **must** match the information in your CV. They will usually confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training.

Evidence relevant to multiple CiPs

You can see below the evidence you must submit in relation to your practise. This evidence is applicable to several CiPs. You must submit examples of each evidence type in the relevant CiP and state the other areas it should be cross referenced with.

Evidence relating to your practise	
Rotas	Only submit information on rotas where it supports one of the CiPs. This should be supplemented with a description of activity undertaken and level of seniority/decision-making. Submitting job plans from your most recent post may provide more contextual information.
Appraisal	**You must provide at least two sets of appraisals**. One appraisal must be from the last year of your clinical practise prior to application. You should also provide evidence of formal appraisal/review over the last five years of your clinical practise. In the absence of formal annual appraisals, you must provide alternative contemporaneous evidence of review, which must include a review of your clinical practise, teaching and training, managerial and administrative. Your appraisals do not all have to be from the same post, but all should be from within the last five years of practice. If areas for development were highlighted, please provide evidence to demonstrate that these have been subsequently addressed. Evidence of appraisals/assessments completed retrospectively will not be given as much weight as one that was completed at the relevant time.
Multisource feedback (MSF)	This is a method used to assess to assess common skills, including behaviours, team working and communication skills. It is sometimes called 360° feedback. You should supply evidence of feedback from colleagues of all levels (senior doctors and consultants, doctors in training, radiographers, nurses/allied health professionals, clerks, secretaries and auxiliary staff) preferably as part of a structured, unselected MSF package completed at the relevant time. This evidence must be as recent as possible and at least within the last five years of practice. **One round of MSF is the minimum you should submit.**

	Personal reflection on this MSF and self-assessment are also useful.
	Evidence in the format of letters, references for posts applied for and so on is useful but may not be given as much weight as structured, unselected MSF.
	MSF may not be offered in all workplaces. If you do not have any MSF available, please provide the following instead:
	• Anonymised colleague feedback – the GMC's guidance on collecting colleague feedback includes a useful feedback questionnaire
	• Personal reflection on, and your contribution to, collaborative working. This must include:
	  ◦ 6-10 examples of work output, including rotas/timetables
	  ◦ Coverage of all specialties, with clarity on how you use radiology reports to enable clinical colleagues to handle or manage patients, and comments on image quality and studies

Patient feedback	Structured, unselected patient feedback as part of an MSF package is the best evidence to submit to demonstrate good patient relationships and communication. Thank you notes from patients are not sufficient evidence. This evidence must be as recent as possible and at least within the last five years of your clinical practise. If you do not submit patient feedback, you must submit other objective evidence that demonstrates effective communication with patients and obtaining consent where necessary; for example, patient feedback forms, workplace–based assessments, appraisals, MSF, SACT evidence and RT evidence.
Reflective practice	Throughout the evidence listed, reflective practice is requested. Reflecting on your experience is important to your development as a doctor and in improving the quality of patient care. We want to see specific examples of your own experiences and how a particular situation has impacted you and what you have learnt, such as: • How the activity contributed to the development of your knowledge, skills or professional behaviours • Ways in which your own behaviour may change as a result of reflecting on the event • What difference this will make to patient safety and quality

If you are unfamiliar with reflective practice, you should read the GMC guidance on reflection to help you understand the principles behind it and how to demonstrate it.

Your reflection should be included in the file next to the item on which you have reflected – for example, CPD, clinical governance, audit/QI and so on – or grouped together.

You may find it helpful to use the RCR's reflection template to help with structuring your activity. A generic reflective template can be found in the CPD section of the RCR website.

Capabilities in Practice (CiPs)

If you have submitted evidence of holding the FRCR certificate, you only need to provide the evidence outlined the column titled 'Applicant holds FRCR' in each CiP.

If you do not hold the FRCR certificate, you need to provide the evidence outlined under the column titled 'Applicant does not hold FRCR' in each CiP.

CiP 1 – Able to successfully function within NHS organisational and management systems

Descriptors		
Knowledge	**Skills**	**Experience**
• Aware of public-health issues including population health, social detriments of health and global health perspectives • Aware of the role of, and processes for, commissioning	• Aware of and adheres to the GMC professional requirements • Demonstrates capabilities in dealing with complexity and uncertainty • Demonstrates promotion of an open and transparent culture	• Demonstrates effective clinical leadership • Keeps practice up to date through learning and teaching • Demonstrates engagement in career planning

Suggested evidence

- **1-3 examples** of independently completing a quality improvement project (QIP) or department service review, improvement or innovation. You must include evidence of:
  - the project itself (e.g. report or presentation slides)
  - evidence of presenting it to peers or how it was communicated, and its messages made known to the department
  - reflective activity

- certificate of completion of the project (where available), or evidence of what action followed from its conclusions, or that it has contributed to change or department improvement

- **At least 1** set of MSF from colleagues and patients, from the last two years of your clinical practise. The MSF must be conducted anonymously. Selections of invited testimonials are not accepted and selections of personal greetings/thank you notes from patients are not relevant to this CiP.

Desirable (but not essential) evidence

- Annual appraisal (see page 11 for guidance on appraisals)

- Evidence of management/leadership roles, in addition to detailed reflection on one example of your leadership, highlighting complexity and uncertainty. Examples of evidence include:
  - organising teaching
  - participating in management meetings
  - coordinating services/rotas

- Relevant CPD/courses

CiP 2 – Able to deal with ethical and legal issues related to clinical practice

Descriptors		
Knowledge	**Skills**	**Experience**
• Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups	• Behaves in accordance with ethical and legal requirements • Demonstrates ability to offer apology or explanation when appropriate	• Demonstrates ability to lead the clinical team in ensuring that medical legal factors are considered openly and consistently

Suggested evidence

- Evidence of training in safeguarding, governance or other relevant training

- Details of any complaints, which could include formal or informal complaints. You must provide evidence of:
  - the summary of the complaint
  - how you personally handled the complaint
  - personal reflection and learning taken from the event

- Details of any incidents, reportable or otherwise. You must provide evidence of:
  - a summary of the incident
  - how you personally handled/managed the incident
  - personal reflection and learning taken from the event

If you have not been involved in any complaints or significant incidents, you should provide evidence of reflective activity to describe how you would manage either of these situations.

Desirable (but not essential) evidence

- Annual appraisal see page 11 for guidance on appraisals)
- Confirmation of GMC revalidation

CiP 3 – Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

Descriptors		
Knowledge	**Skills**	**Experience**
• Demonstrates knowledge of wide breadth of advanced communications skills, both in a clinical setting and when communicating with colleagues • Aware of potential barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues) and able to offer appropriate management solutions	• Communicates clearly with patients and carers in a variety of settings, demonstrating effective consultation skills including effective verbal and nonverbal interpersonal skills • Communicates effectively within professional teams, applying appropriate skills, including influencing, negotiating, reassessing priorities, and effectively managing complex, dynamic situations	• Shares decision-making by informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations • Manages clinical scenarios where potential barriers in communications require the use of advanced communication skills • Cooperates well with other members of MDT (or with other colleagues in the department if outside UK)

Suggested evidence

- **3-5 examples** of documentation demonstrating your communication skills and any barriers you have encountered. Your evidence should include:
  - a short summary
  - examples of letters/emails (or similar documentation)
  - personal reflection and learning taken

Desirable (but not essential) evidence

- Evidence of advanced communication skills training, or similar courses/learning
- Reflective activity on your role within the multidisciplinary team (MDT)
- Multisource feedback, as set out on see page 11-12
- Workplace based assessments

CiP 4 – Is focused on patient safety and delivers effective quality improvement in patient care

Descriptors		
Knowledge	**Skills**	**Experience**
• Understands basic Human Factors principles and practice at individual, team, organisational and system levels • Understands the importance of non-technical skills and crisis resource management	• Raises and escalates concerns where there is an issue with patient safety or quality of care • Shares good practice appropriately • Contributes to and delivers quality improvement and audit of clinical practice	• Makes patient safety a priority in clinical practice • Demonstrates commitment to learning from patient-safety investigations and complaints • Recognises and works within limits of personal competence

Suggested evidence

- Details of a patient safety issue – this could include an example of your activity contribution to a quality improvement project or audit, or Mortality and Morbidity meetings, or peer review meetings. Your evidence should include:
  - a short summary
  - your role in raising the safety concerns and managing this
  - personal reflection and learning taken

- Details of your involvement in complaints and significant incidents, as set out in CiP 2

CiP 5 – Carrying out research and managing data appropriately

Descriptors		
Knowledge	**Skills**	**Experience**
• Demonstrates knowledge of principles of research methods • Demonstrates knowledge of ethical conduct in research • Demonstrates knowledge of information governance principles • Holds a higher academic degree e.g. MD, PhD, Post graduate Diploma	• Contributes in research projects at local governance or national, international meetings and/or publications in peer-review journals • Contributes to local or national policy development, including critical appraisal of literature • Participates in clinical research	• Demonstrates application of evidence in clinical practice • Participates in research/audit meetings • Contributes to writing SOPs, protocols or publications • Participates in clinical trial activities

Suggested evidence	
Applicant holds FRCR	**Applicant does <u>not</u> hold FRCR**

• **3-5 examples** of evidence demonstrating your involvement in clinical research, with an emphasis on quality. The evidence must demonstrate the level of your involvement/responsibility.
 	
Examples of evidence could include:
  • confirmation of PI or associate PI roles
  • confirmation of clinical investigator role
  • research publications, posters or presentations – these must outline your personal involvement
  • personal reflections on taking consent for a clinical trial
  • involvement in protocol writing – this must outline your personal involvement
  • critical analysis of published evidence to create a treatment protocol or sop – this must include reflections on the quality of the evidence
 	
• Good Clinical Practice (GCP) certification, or equivalent
	• Evidence required for 'applicant holds FRCR'
	
	AND
	
	• Evidence of a higher academic degree, or equivalent, with a statistics module (e.g. as included in a Medical Oncology, Clinical Oncology, or statistics syllabus)

Desirable (but not essential) evidence	
• FRCR part 1 statistics or higher academic degree with a statistics module	Not applicable

CiP 6 – Acting as a clinical teacher and clinical supervisor

Descriptors		
Knowledge	**Skills**	**Experience**
• Shows understanding of teaching skills	• Delivers effective feedback with an action plan • Is able to supervise less experienced trainees in carrying out appropriate practical procedures • Is able to supervise less experienced trainees in their clinical assessment and management of patients	• Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals • Is able to act a clinical supervisor to doctors in earlier stages of training

Suggested evidence

- **3-5 examples** of teaching you have delivered. You must include evidence of:
  - a summary of the teaching activity
  - feedback from those taught and/or observer
  - personal reflection on the activity and feedback received, including learning taken

- **1 example** of your experiencing of supervising the clinical assessment and management plan of medical and non-medical professionals. You must include evidence of:
  - a summary of the supervision scenario
  - the feedback you gave
  - MSF (or other) which outlines specific feedback on **your** supervision skills
  - personal reflection on your supervision skills

Desirable (but not essential) evidence

• Completion of education or teaching courses, such as:
  ◦ supervisor course
  ◦ postgraduate certificate of education
  ◦ formal teaching courses

CiP 7 – Applying knowledge and understanding of the scientific principles that underpin malignancy for the provision of high-quality and safe patient-centred cancer care

Descriptors		
Knowledge	**Skills**	**Experience**
• Demonstrates knowledge and understanding of the design and organisation of clinical trials and the relevant statistical methodology to correctly interpret results and critically appraise the evidence base • Demonstrates knowledge and understanding of the physics relevant to radiotherapy • Demonstrates knowledge of radiation biology and understands how this translates into acute and late radiotherapy reactions to underpin their safe and effective management	• Demonstrates knowledge and understanding of the design and organisation of clinical trials and the relevant statistical methodology to correctly interpret results and critically appraise the evidence base • Demonstrates knowledge and understanding of the physics relevant to radiotherapy • Demonstrates knowledge of radiation biology and understands how this translates into acute and late radiotherapy reactions to underpin their safe and effective management	• Demonstrates knowledge of cancer biology at a molecular and cellular level and understands how this translates into targets for systemic anti-cancer treatments • Demonstrates knowledge and understanding of causation and risk factors for developing cancer to be able to advise on appropriate strategies to reduce these • Demonstrates knowledge and understanding of the clinical pharmacology of systemic anti-cancer therapies to underpin their safe and effective use and the appropriate management of complications

Suggested evidence	
Applicant holds FRCR	**Applicant does <u>not</u> hold FRCR**

• If you hold the FRCR and have submitted a copy of your certificate, you do not need to provide evidence for this CiP	• Verified copy of the radiation oncology syllabus completed in training
	
	The evaluators will also refer to evidence of your SACT prescriptions and case discussions in CiP 12 to support your demonstration of KSE for this CiP.
	
	• **3-5 examples** of your radiotherapy experience, demonstrating:
	  • recognising the lung dose constraints for an oesophageal cancer or lung radiotherapy plan, and demonstrating decision making in compromising the treatment coverage
	
	OR
	
	• **3-5 examples** of your SACT experience, demonstrating:
	  • assessment of patients for DYPD deficiency for 5-fluorouracil and making appropriate dose adjustments or using alternative treatments

Desirable (but not essential) evidence	
• FRCR part 1 statistics or higher academic degree with a statistics module	Not applicable

CiP 8 – Delivering the acute oncology take, managing oncological emergencies and providing oncology advice to other healthcare professionals as part of an Acute Oncology Service and managing the AOS team

Descriptors		
Knowledge	**Skills**	**Experience**
• Safely assesses and manages the immediate and ongoing care of patients presenting acutely with complications of cancer and its treatment	• Coordinates targeted investigation and rapid triage of patients presenting with a possible new diagnosis of malignancy, malignancy of undefined origin (MUO) and carcinoma of unknown primary (CUP) • Liaises effectively with other specialist services as appropriate, supporting ongoing management • Assesses the appropriate ceiling of care, taking the cancer context and the holistic patient assessment into account and sensitively discusses this with the patient and their advocates • Participates effectively in decision-making with regard to resuscitation, including decisions not to attempt cardiopulmonary resuscitation (CPR), and communicates sensitively with patients and their advocates in regard to these decisions	• Understands the local and regional Acute Oncology Service and communicates effectively between the elements of the service, community-based services, specialist teams and patients • Leads the Acute Oncology team when appropriate to monitor, maintain and develop a high-quality service

	• Ensures clear and adequate documentation of an acute event, appropriate follow-up plans and clear and timely communication with community-based teams and the responsible specialist team	

Suggested evidence

- Summary of your experience of working within an Acute Oncology service. This should include your experience of leading an unselected acute oncology take. Examples of evidence you could provide include:
  - Acute Oncology service / on-call rota – demonstrating the duration and frequency of your participation
  - MSF, as set out on pages 11-12
- **No more than 5** cases of independently managing patients presenting to in the Acute Oncology take. This evidence must:
  - demonstrate your ability to manage more complex scenarios (e.g. patients with multiple co-morbidities or complications of treatment)
  - be supplemented with evidence of the clinic letters/emails and correspondence/ward notes relevant to the case
  - include personal reflection and learning taken from the cases

Desirable (but not essential) evidence

- Evidence of relevant courses or learning modules completed
- If you hold MRCP (or equivalent), you should provide evidence of this in this CiP. However, you should note that more emphasis is placed on your relevant and current experience in relation to Acute Oncology

CiP 9 – Providing continuity of care to oncology in-patients to include the effective management of disease and treatment-related complications, the acutely deteriorating patient and the palliative care/end-of-life needs of those with advanced cancer

Descriptors		
Knowledge	**Skills**	**Experience**
• Promptly identifies the acutely deteriorating patient, institutes the appropriate initial medical management and seeks appropriate advice, including from other specialties • Knows the prognoses and treatment options of different cancers and considers these, together with individual patient factors and wishes, to decide on an appropriate ceiling of care, including escalation to HDU/ITU • Understands current guidance regarding CPR orders, participates in shared decision-making and involves other relevant professionals in complex cases • Safely and effectively manages disease and treatment-related complications in oncology patients, taking into consideration acute and chronic medical	• Ensures continuity of patient care through safe and effective handover to hospital and community-based teams • Effectively manages the common physical symptoms in patients with advanced cancer, recognising the role of pain management, supportive medications, palliative radiotherapy and other approaches. Liaises with specialist palliative care teams when required • Recognises when a patient is approaching the end of life, communicates effectively and compassionately with patients and carers regarding advanced-care planning and individualised end-of-life care plans	• Has managed complex cases where decision-making was dependent on collaboration with other specialities in the context of an acutely deteriorating patient, a patient with treatment-related complications and a patient with significant acute or chronic co-morbidities • Is able to lead on decision-making on appropriate ceiling of care and escalation • Has managed end-of-life care planning, including communication with patients and relatives, symptoms management and has actively sought input from other relevant specialities

co-morbidities and liaising with relevant specialty services when required		

Suggested evidence

- **No more than 5** cases of you independently managing the below scenarios. Your evidence must include clinic letters/emails and correspondence/ward notes to supplement each case. You must demonstrate management of:
  - treatment toxicity requiring collaborations with other specialties
  - management of complex cases due to comorbidity
  - management of an acutely deteriorating patient, where decisions surround escalation and ceiling of care required in depth discussions
  - management or palliative care symptoms

Desirable (but not essential) evidence

- Evidence of completing palliative care/symptom management courses; study days; teaching sessions (e.g. RCR online courses)
- MSF, as set out on pages 11-12
- Workplace based assessments, such as ACATs or MCRs

CiP 10 – Working effectively within and contributing expert opinion to the tumour site-specific multi-disciplinary team (MDT) meeting to inform evidence-based management plans individualised to the needs of each patient, leading discussions where appropriate

Descriptors		
Knowledge	**Skills**	**Experience**
• Illustrates discussion at MDT, for example, via correspondence or MDT summaries with direct reference to the applicant's contribution • Demonstrates knowledge of all cancer stages and treatment options, including treatment guidelines, benefits of treatment options and side effect	• Participates in discussions at MDT where current guidelines/protocols have limited application • Discusses patients at an MDT where applicant makes recommendations and where they succinctly present a case to enable MDT discussion as demonstrated by correspondence or minutes	• Recognises limits of clinical guidelines in complex cases • Recommends treatment plan for complex patients for all tumour sites • Reflects on complex cases, with rationale for clinical judgement made at MDT, e.g. from CBD or complex case • Demonstrates effective communication to all members of the MDT via MSF and letters

Suggested evidence

- **Evidence of 5 cases** from your recent practise to demonstrate you have independently managed from at least 2 different tumour sites. Your evidence should demonstrate the application of your knowledge and should include anonymised patient letters that include:
  - information as to where the patient was assessed
  - holistic assessment
  - interpretation of results of investigation to accurately stage and diagnose the patient
  - discussion of the prognosis
  - discussion of the treatment options and aims

- personal reflection on decisions made

Examples of the cases that you could choose to demonstrate the KSE for this CiP include:

- discussion regarding genetic testing / referral to genetics
- discussion and referral for fertility preservation or management of a pregnant patient
- where a patient has impaired capacity
- discussion regarding stopping active treatment

Desirable (but not essential) evidence

- MSF and patient feedback as set out on pages 11-12

CiP 11 – Assessing patients at all stages of the cancer pathway from diagnosis to end-of-life care, considering the holistic needs of individuals and the additional needs of vulnerable groups to formulate patient-centred management plans

Descriptors		
Knowledge	**Skills**	**Experience**
• Determines when genetic testing and/or referral for genetic counselling is appropriate • Correctly interprets the results of clinical, pathological, genomic and radiological investigations to accurately diagnose and stage cancer	• Accurately assesses the role of all treatment modalities relevant to the individual patient and ensures multidisciplinary team involvement • Understands and discusses the potential effects of treatment on fertility and pregnancy and, where applicable, refers patient for consideration of fertility preservation • Ensures equitable patient access to relevant clinical trials • Obtains informed consent, ensuring that patients have sufficient information and time to consider risks and benefits, including the possibility of no treatment • Recognises the psychological, financial and social impact of cancer on patients and their families and signpost them to sources of ongoing support • Recognises the need for tailored support for specific and/or vulnerable groups, showing sensitivity to issues of equality and diversity	• Formulates a holistic patient-centred diagnostic and management plan • Selects the most appropriate treatment regimen and associated supportive measures according to the best available evidence, holistic patient assessment and patient preferences • Applies evidence-based practice to management decisions • Discusses prognosis and treatment aims with patients, giving due consideration to their values and priorities • Where patients lack capacity to give informed consent, make appropriate 'best interest' decisions, involving all relevant parties • Recognises when further or continuing treatment is no longer appropriate and sensitively discusses this with patients and their advocates

		• Recognises the limitations of clinical guidelines in certain complex situations

Suggested evidence	
Applicant holds FRCR	**Applicant does not hold FRCR**
• **Evidence of 5 cases** to demonstrate you have independently managed from at least 2 different tumour sites, as set out in CiP 10 • Evidence to demonstrate the inclusion of other professionals in clinical management, such as a psychologist, safeguarding team, keyworker, occupational therapy. Evidence could include workplace based assessments	• Information regarding training across all oncology tumour sites, including time within each specialty site and attendance at clinics/MDT (including training logs), and other certification from training and the relevant syllabus • **Evidence of 10 cases** to demonstrate you have independently managed the below areas. You must provide **at least 1 case** for each of the following: ◦ breast ◦ lung ◦ lower GI ◦ urology You must provide **at least 2 cases** for each of the following: ◦ head and neck ◦ gynaecology ◦ upper GI ◦ neurology ◦ skin ◦ sarcoma Your cases can include rarer cancers, but these are not mandatory. **At least 5 of the required cases must be from the last 2 years of**

	your clinical practise (WTE). Your cases should also demonstrate the inclusion of other professionals in the clinical management of the patient (e.g. psychologist, safeguarding team, key worker). The cases should include anonymised patient letters, that outline the following: • information as to where the patient was assessed • holistic assessment • interpretation of results of investigation to accurately stage and diagnose the patient • discussion of the prognosis • discussion of the treatment options and aims At least 1 case should highlight one of the following points: • discussion regarding genetic testing/referral to genetics • discussion and referral for fertility preservation or management of a pregnant patient • where a patient has impaired capacity • discussion regarding stopping active treatment You must provide personal reflection with each of case you submit; these must cover: • assessment of the patient initially and during the treatment • treatment plan • informed consent • cessation of treatment
Desirable (but not essential) evidence	
• MSF and patient feedback as set out on pages 11-12, including personal reflection on this	• MSF and patient feedback as set out on pages 11-12, including personal reflection on this

CiP 12 – Safely and effectively delivering, and managing patients receiving, standard systemic anticancer therapies (SACT) in the curative, neo-adjuvant, adjuvant and palliative settings

Descriptors		
Knowledge	**Skills**	**Experience**
• Selects the most appropriate SACT regimen and associated supportive measures for the clinical situation according to available evidence, MDT discussion and holistic patient assessment • Modifies approach to address the specific needs of individual patients, including vulnerable groups	• Applies the knowledge of mechanisms of action and treatment toxicities to pre-empt, monitor and manage these in patients receiving SACT • Clearly communicates the benefits and risks of available treatment options, including those available within clinical trials, to enable informed consent • Co-ordinates the appropriate investigations, procedures and logistic arrangements required for SACT delivery • Generates an SACT prescription that is safe and accurate • Evaluates toxicity and response during treatment and adapts SACT/supportive measures accordingly, balancing treatment goals with the patient's safety and priorities	• Assesses and reports SACT toxicity according to regulatory and, where relevant, research governance processes • Collaborates effectively with members of the multidisciplinary team when patients are receiving SACT as part of a multi-modality treatment pathway • Proactively liaises with the relevant teams when SACT is completed or discontinued to enable coordinated ongoing management

Suggested evidence	
Applicant holds FRCR	**Applicant does <u>not</u> hold FRCR**
• **Evidence of 5 cases** to demonstrate you have personally managed unsupervised, from at least 2 common tumour sites (e.g. lung, breast, GI, urology) **and** 2 intermediate sites (head and	• Information regarding SACT training within the curriculum/syllabus you have submitted – **or** – previous experience of managing patients

neck, gynaecology, upper GI, CNS).

Your cases can include rare tumour sites, but these are not mandatory. **At least 1 of the required cases must be from the last 2 years of your clinical practise (WTE)**.

Your cases must demonstrate the breadth of your knowledge and your ability to personalise a patient's treatment based on the complexity of the case.

The cases should include:

- new patient letter outlining the treatment plan
- documentation of the consent process and the letter written to patients
- SACT prescription charts where any modification has been made to standard protocol
- post-treatment summary/ongoing management

- In depth reflection for each of your 5 cases, which should include:
  - how the treatment plan was chosen, including any appropriate evidence to support this
  - discussion of consent
  - rationale of any dose modifications/toxicity management
  - personal learning points

with SACT

- **Evidence of 10 cases** to demonstrate you personally managed unsupervised, from at least 4 common tumour sites (e.g. lung, breast, GI, urology) **and** 2 intermediate sites (head and neck, gynaecology, upper GI, CNS).

  Your cases can include rare tumour sites, but these are not mandatory. **At least 1 of the required cases must be from the last 2 years of your clinical practise (WTE)**.

  Your cases must demonstrate the breadth of your knowledge and your ability to personalise a patient's treatment based on the complexity of the case.

  The cases should include:
  - new patient letter outlining the treatment plan
  - documentation of the consent process and the letter written to patients
  - SACT prescription charts where any modification has been made to standard protocol
  - post-treatment summary/ongoing management

- In depth reflection for each of your 10 cases, which should include:
  - how the treatment plan was chosen, including any appropriate evidence to support this
  - discussion of consent
  - rationale of any dose modifications/toxicity management
  - personal learning points

Desirable (but not essential) evidence	
Not applicable	• Attendance at SACT courses, with reflection on the learning

CiP 13 – Acting as an advocate for health promotion and high-quality cancer survivorship, advising on cancer prevention, management of long-term treatment-related sequalae and patient self-management strategies

Descriptors		
Knowledge	**Skills**	**Experience**
• Recognises the factors affecting global cancer health inequalities and the social determinants of health, including physical, economic and cultural factors, which impact on cancer risks • Is able to give personalised risk-reduction advice to patients, taking into account lifestyle, environmental and genetic factors	• Promotes survivorship following cancer treatment • Is able to formulate a patient-centred follow-up plan for patients who have completed a course of cancer treatment	• Proactively manages and educates patients about the long-term sequelae of cancer treatments, in conjunction with other health professionals where relevant • Provides specialist advice to other health professionals regarding cancer risks and appropriate investigation of patients following cancer treatment

Suggested evidence

- **Up to 5** clinic letters and reflections on cases where the focus of the consultation was centred around the different survivorship issues, such as:
    - long-term follow up
    - personalised risk reduction of recurrence
    - long-term management of late effects

Relevant evidence might have been submitted in another CiP and can be cross referenced.

Desirable (but not essential) evidence

- Evidence and reflection on personal role in promoting survivorship and the management of long-term cancer treatment effects, such as:

- presentations / teaching on these topics with personal reflection
- feedback
- detailed reflection one of the selected cases

- Research or QI project on survivorship issues that you were part of, describing your involvement in the project and the outcome

CiP 14 – Correctly interpreting radiological imaging for accurate target volume and organ-at-risk definition in radiotherapy planning

Descriptors		
Knowledge	**Skills**	**Experience**
• Demonstrates capability to utilise multimodality imaging for Target Volume definition and OAR outlining in practice • Demonstrates capability to manage uncertainty and seek clarification when indicated	• Recognises the benefit of peer review • Illustrates capability for protocol development and/or QI [project demonstrating the introduction of a new technique • Undertakes Radiation Therapy Quality Assurance (RTQA) through a QA process and/or peer review in practice	• Illustrates complex decision-making when undertaking outlining

Suggested evidence

- Evidence of **3-5 annotated cases** to demonstrate the higher-level application of the KSE for this CiP in at least 2 tumour sites. Your evidence should:
  - describe and explain the use of cross-sectional imaging modalities to outline tumour volume for each case. This may include specific details of the planning scans and/or use of co-registered multi-modality imaging.
  - explain any clinical reasoning for any deviation from protocol in treatment volume and/or OAR outlining (e.g. variant anatomy post-surgical resection)
  - illustrate how any uncertainty in outlining was addressed by discussion with a clinical radiologist and/or colleagues, and/or other member of MDT and describe the changes to your approach as consequence of these interactions
  - describe a peer review process and / or direct observation of outlining (e.g. from supervisor or RTQA process) with feedback with recommended adaptations to outlining.
  - outline your ability to go beyond the standard protocol

Desirable (but not essential) evidence

- Evidence of satisfactory attendance at CPD courses/learning, with personal reflection, for the following skills:
  - RTQA approval for a clinical trial with evidence of feedback
  - ESTRO, ASTRO, RCR workshops
  - RT workshops for relevant tumour sites

OR

- Demonstration of active involvement in RT protocol development, for example:
  - lead role in updating/introducing a clinical RT protocol in the department
  - contributing to radiotherapy clinical trial protocol into practice

OR

- Developing and delivering QIPs and/or audits on radiotherapy, with a summary of the outcomes of these QIPs/audits

CiP 15 – Safely and effectively delivering, and managing patients receiving, a course of radical and combined modality radiotherapy (to include consideration and utilisation of emerging techniques)

Descriptors		
Knowledge	**Skills**	**Experience**
• Identifies and organises appropriate investigations and procedures required prior to treatment • Determines the most appropriate radiotherapy treatment strategy to include patient position, immobilisation techniques, methods of tumour localisation and radiotherapy delivery techniques • Recognises the detrimental impact of treatment prolongation on radiotherapy efficacy and has strategies for dealing with gaps in treatment	• Accurately determines appropriate target volumes and organs at risk for the chosen regimen of radical radiotherapy • Evaluates digitally reconstructed radiographs and online portal imaging to assess accuracy of patient set-up and verify a treatment plan and recommends adjustments if required • Assesses patients undergoing radical radiotherapy and manages acute radiotherapy reactions appropriately, including dose or volume adjustment in cases of severe toxicity • Assesses patients following radical radiotherapy in the out-patient clinic, recognises and manages acute and late toxicities, and refers to relevant specialists if required	• Determines the most appropriate dose/fractionation regime for the clinical situation and patient factors, including concomitant systemic therapy • Takes into account when radiotherapy has been given previously (possibly for a separate cancer diagnosis) and demonstrates an understanding of how this may impact on current treatment decisions • Critically evaluates a radiotherapy treatment plan

Suggested evidence	
Applicant holds FRCR	**Applicant does <u>not</u> hold FRCR**

- **Evidence of 5 annotated cases** from at least 1 common tumour site (e.g. lung, breast, GI, urology) **and** 1 intermediate site (head and neck, gynaecology, upper GI, CNS).

  Your cases can include rare tumour sites, but these are not mandatory. **At least 2 of the required cases must be from the last 2 years of your clinical practise (WTE)**.

  Your cases **must** demonstrate the breadth of your knowledge and your ability to personalise a patient's treatment based on the complexity of the case. The summaries must include:
  - a concise outline of the case and relevant context
  - rationale for the treatment strategy, including use of newer technology if applicable
  - relevant patient correspondence and consent

  The cases **must** demonstrate the following scenarios :
  - RT dose and discussion of plan review, including explanation for rationale for any modifications made to plan or organ at-risk tolerances
  - explanation of the clinical reasoning for any compromise of treatment plan (e.g. overlapping OAR and Target Volume)
  - outline of a discussion at a peer review process for an RT plan (this may include satisfactory QA of a RT plan in a clinical trial as evidenced by the QA approval correspondence)
  - description of ability to go beyond the standard protocol
  - assessment of acute and late toxicities, including onwards referral as required

- Information regarding radiotherapy training within the curriculum/syllabus you have submitted

- **Evidence of 10 annotated cases** from at least 2 common tumour sites (e.g. lung, breast, GI, urology) **and** 2 intermediate sites (head and neck, gynaecology, upper GI, CNS).

  Your cases can include rare tumour sites, but these are not mandatory. **At least 2 of the required cases must be from the last 2 years of your clinical practise (WTE)**.

  Your cases **must** demonstrate the breadth of your knowledge and your ability to personalise a patient's treatment based on the complexity of the case. The summaries must include:
  - a concise outline of the case and relevant context
  - rationale for the treatment strategy, including use of newer technology if applicable
  - relevant patient correspondence and consent

  The cases **must** demonstrate the following scenarios :
  - RT dose and discussion of plan review, including explanation for rationale for any modifications made to plan or organ at-risk tolerances
  - explanation of the clinical reasoning for any compromise of treatment plan (e.g. overlapping OAR and Target Volume)
  - outline of a discussion at a peer review process for an RT plan (this may include satisfactory QA of a RT plan in a clinical trial as evidenced by the QA approval correspondence)
  - description of ability to go beyond the standard protocol
  - assessment of acute and late toxicities, including onwards referral as required

- description of on-treatment set-up verification and adjustment with examples of any interventions/recommendations based on changes seen (e.g. replan, suspending/ stopping treatment etc.)
- justification of the rationale for your clinical management of patients who have had gaps in their RT course, concluding treatment early

An initial and end of treatment summary can be provided. **At least one case must** include:

- reirradiation
- where coverage/dose/OAR tolerance has been compromised
- on-treatment issue such as set-up inaccuracy
- significant acute toxicity and management of this
- significant late toxicity and management of this
- management of a (potential) prolongation of the radiation course

AND

- MDT discussion for each of your 5 cases (e.g. physics, dosimetrist, radiographer, etc)

AND

- In depth reflection for each of your 5 cases

- description of on-treatment set-up verification and adjustment with examples of any interventions/recommendations based on changes seen (e.g. replan, suspending/ stopping treatment etc.)
- justification of the rationale for your clinical management of patients who have had gaps in their RT course, concluding treatment early

An initial and end of treatment summary can be provided. **At least one case must** include:

- reirradiation
- where coverage/dose/OAR tolerance has been compromised
- on-treatment issue such as set-up inaccuracy
- significant acute toxicity and management of this
- significant late toxicity and management of this
- management of a (potential) prolongation of the radiation course

AND

- MDT discussion for each of your 10 cases (e.g. physics, dosimetrist, radiographer, etc)

AND

- In depth reflection for each of your 10 cases

Desirable (but not essential) evidence

- Description of the implementations and outcomes of a QIP/audit on either of the following:
  - RT planning protocol for a clinical tumour site

- outcomes for RT technique

OR

- Demonstration of active involvement in RT protocol development, for example:
  - lead role in updating/introducing a clinical RT protocol in the department
  - contributing to radiotherapy clinical trial protocol into practice
  - implementation of a clinical trial protocol (with new technique) into departmental practice, either as part of a trial or as part of SoC

CiP 16 – Safely and effectively delivering, and managing patients receiving, a course of palliative radiotherapy

Descriptors		
Knowledge	**Skills**	**Experience**
• Is able to describe clinical reasoning for determining palliative treatment strategy • Demonstrates capability to counsel patients on risk: benefit for proposed treatment	• Demonstrates capability to undertake RT planning for cases with palliative intent	• Demonstrate advanced level clinical decision making e.g. justification of approach in cases of re-irradiation • Capability to apply advanced level skills e.g. applying BED calculation for re-irradiation, compromising treatment volume coverage to meet OAR constraints or reduce toxicity

Suggested evidence

- **Up to 5 annotated cases** to demonstrate the higher-level application of the KSE for this. At least one case must include where a decision has been made not to offer palliative radiotherapy, including your justification for the decision and correspondence outlining the decision making.

  At least 2 of the required cases must be from the last 2 years of your clinical practise (WTE).

  Your cases **must** include:
  - a concise outline of the case and relevant context
  - rationale for the treatment strategy, including use of newer technology if applicable
  - relevant patient correspondence and consent

  The cases **must** demonstrate the following scenarios :
  - RT dose and discussion of plan review, including explanation for rationale for any modifications made to plan or organ at-risk tolerances

- explanation of the clinical reasoning for any compromise of treatment plan (e.g. overlapping OAR and Target Volume)
- justification of the rationale for re-irradiation which must include EqD2/BED calculations
- a description of the ability to go beyond the standard protocol

Desirable (but not essential) evidence

- Relevant workplace based assessments

OR

- Peer review

OR

- MDT discussions to demonstrate rationale for decisions and personal reflection

CiP 17 – Safely and effectively delivering, and managing patients receiving, a course of radioisotope therapy using an unsealed source to include post-therapy radiation protection measures

Descriptors		
Knowledge	**Skills**	**Experience**
• Is able to identify patients suitable for treatment with unsealed radio-isotope therapy • Exercises evidence-based practice to determine the most appropriate radio-isotope delivery system and radiation dose for the clinical situation • Understands legislation governing the use of unsealed radio-isotope sources in hospitals in the UK	• Understands the radiation protection measures required following therapy and is able to communicate them appropriately • Identifies and organises appropriate investigations and procedures required prior to treatment • Communicates effectively with the wider team to ensure the availability of all required facilities and personnel • Is able to recognise and manage any acute and late complications of treatment	• Practices holistically and considers patient factors and preferences in choice of treatment • Is able to recognise and manage any acute and late complications of treatment

Suggested evidence	
Applicant holds FRCR	**Applicant does not hold FRCR**
• Summary of training/experience in radioisotope therapy using an unsealed source.	• Training curriculum/syllabus, as set out on pages 8-10 • Summary of your training/experience in managing patients receiving radioisotope treatment

	• Clinic letters/treatment summaries to demonstrate where you have been personally involved in managing a patient being treated with an unsealed source
Desirable (but not essential) evidence	
• Clinic letters or treatment summaries to demonstrate where you have been personally involved in managing a patient being treated with an unsealed source	Not applicable

CiP 18 – Safely and effectively managing patients treated with brachytherapy and their complications

Descriptors		
Knowledge	**Skills**	**Experience**
• Is able to identify patients suitable for brachytherapy treatment based on evidence, availability and patient factors • Determines the most appropriate dose/fractionation regime according to the evidence base, the chosen source and delivery system and any patient factors • Identifies and organises appropriate investigations and procedures required prior to treatment • Understands how the procedure should be performed and the rules for implantation as per the dosimetry system used	• Communicates effectively with the wider team to ensure the availability of all required facilities and personnel • Correctly determines the volume to be treated and the organs at risk for the procedure • Appropriately evaluates a brachytherapy treatment plan in line with consensus guidelines and employs suitable strategies to improve an inadequate plan • Understands how to safely prescribe the radiation dose according to plan constraints	• Understands the radiation protection measures required following a brachytherapy procedure and is able to communicate them appropriately • Is able to recognise and appropriately manage any acute and late complications of treatment • Understands and applies legislation governing the use of sealed brachytherapy sources in hospitals in the UK

Suggested evidence	
Applicant holds FRCR	**Applicant does not hold FRCR**
• Supporting personal statement outlining previous practical experience of brachytherapy **OR** • If currently practising, brachytherapy, further evidence can be provided:	• Training curriculum/syllabus referencing your brachytherapy training, as set out on pages 8-10 **AND** • Supporting personal statement outlining previous practical experience of brachytherapy

- include job plan (in the relevant section, as set out on page 10) and/or outline of current practice, such as theatre lists

OR

- If currently practising, brachytherapy, further evidence can be provided:
  - include job plan (in the relevant section, as set out on on page 10) and/or outline of current practice, such as theatre lists

Desirable (but not essential) evidence

- ARSAC license
- Attendance at brachytherapy courses (e.g. RCR/ESTRO), including personal reflection

CiP 19 – Participating in clinical research trials and developing guidelines and protocols to safely implement new radiotherapy/combined modality regimens/techniques

Descriptors		
Knowledge	**Skills**	**Experience**
• Understands and adheres to the laws, frameworks and guidelines that govern the set-up and delivery of clinical trials	• Understands and adheres to trial protocols • Understands and follows the correct safety reporting requirements, including reporting mechanisms for any deviations from protocol or adverse events	• Understands the roles and responsibilities of national organisations involved in oncology trials, including radiotherapy trials quality assurance (RTTQA) • Demonstrates knowledge of available new radiotherapy techniques and potential benefits and risks

Suggested evidence	
Applicant holds FRCR	**Applicant does not hold FRCR**

Evidence required in CiP 5 is relevant to this CiP and can be cross-referenced.
• Good Clinical Practice certificate
• 3-5 pieces of evidence of your involvement in clinical research, with an emphasis on the quality of the research and the level of your responsibility. Your evidence could include:
  ◦ confirmation of PI or associate PI roles
  ◦ confirmation of clinical investigator role
	Evidence required in CiP 5 is relevant to this CiP and can be cross-referenced.
	• Highlight training in research and medical statistics
	• Good Clinical Practice certificate

• research publications/posters/presentations. These should include a commentary of the applicant's personal involvement • reflection on taking consent for a clinical trial	
Desirable (but not essential) evidence	
• Higher academic degree or equivalent (e.g. as included in a medical oncology/clinical oncology/statistics syllabus) • Evidence including reflection on RTQA process e.g. approval correspondence • Description of any involvement in guideline or protocol writing with description of applicant's role and any appropriate reflection • Appraisal, as set out on page 11 • Quality Improvement Projects or audits to support guideline/protocol writing, as set out in CiP 1	• FRCR part 1 statistics or higher academic degree or equivalent (e.g. as included in a medical oncology/clinical oncology/statistics syllabus) • Evidence including reflection on RTQA process e.g. approval correspondence • Description of any involvement in guideline or protocol writing with description of applicant's role and any appropriate reflection • Appraisal, as set out on page 11 • Quality Improvement Projects or audits to support guideline/protocol writing, as set out in CiP 1