

Clinical Radiology

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 radiology. You will also need to read the [Clinical radiology CCT curriculum](#).

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Contents

Introduction	3
Submitting your evidence	4
How much evidence to submit.....	4
Organising your evidence.....	5
Key points when gathering evidence.....	5
What if evidence is applicable across multiple CiPs?.....	6
Evidence of training and qualifications	7
Evidence of employment and practise	9
Capabilities in Practice (CiPs).....	13
Annex A – submission of radiology reports (CiPs 7, 8, 9, 10, 11)	39

Introduction

You can [contact us](#) and ask to speak to the GMC 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 your application. The RCR has a [resources page](#) for Portfolio applications and can be contacted at specreg@rcr.ac.uk.

Background

The Clinical radiology curriculum is structured across 12 Capabilities in Practice (CiPs), which describe the professional capabilities of a consultant clinical radiologist. The 12 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.

Further details of the descriptors can be found in the [Clinical radiology 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. In general, evidence of your skills or experience should be from the last five years of your clinical practise WTE (whole time equivalent) and does not need to be consecutive. It is considered that evidence from the last five years of clinical practise (WTE) typically demonstrates competencies have been recently maintained.

If you are working less than full time (LTFT), evidence can be provided from the last five years of WTE; however, you must ensure any breaks in your practise (such as a career break or maternity leave) are explained in your CV.

You are required to provide annual appraisals from the period for which evidence has been drawn from. If you are working LTFT, or have had a break in practise, and wish to extend the period your evidence is drawn from, we would expect to see appraisals and workplace based assessments covering this extended period.

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.

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
- 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 to satisfy its Knowledge, Skills and Experience which you must include is 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. You are not required to provide any additional evidence beyond what is listed under 'you must include' if you do not wish to.
- 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. The criteria used locally may differ, but they will nevertheless support the evaluators in triangulating the other evidence you submit in your application.

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)	<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 PMQ independently verified 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 PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>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.</p> <p>Specialist medical qualifications and their syllabus/curriculum from outside the UK must be authenticated in line with our guidance.</p>

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.

It will be difficult for applicants without such a test of knowledge (or who have failed an examination without a subsequent pass) to demonstrate comparable levels of knowledge. You will have to submit very robust and clear alternative evidence of knowledge and skills that covers [the syllabus for the First and Final Examinations](#) and that you have been assessed in these areas. Such evidence might include emergency radiology in the acute setting, cross-sectional and fluoroscopic imaging, participation in MDT meetings with case histories and notes and assessment of these skills and competencies and regular assessment during training.

Please be aware that applicants who do not hold the FRCR must provide evidence additional to that required by applicants who do hold the FRCR in full. Where applicable, this will be described under the relevant CiP

Recent specialist training

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 radiology 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	<p>The information in these letters must match your CV. They should confirm the following:</p> <ul style="list-style-type: none">● dates you were in post● post title, grade, training● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) <p>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.</p>
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 relating to your practise

Rotas	<p>On-call/weekly activity rotas: you can submit a range of these as objective confirmation that you are participating in on-call activity and of your other timetabled activity. It is usually sufficient to provide 2–3 months of these from your recent employment. It must be clear what any rota activity involved, such as elective, emergency, adult, paediatric, procedural, cross-sectional, fluoroscopy.</p> <p>Organisation-specific but unclear terminology (e.g. “reporting on 5th floor”) must be explained to allow assessors to know what these involved.</p>
Appraisal	<p>You should submit the most recent appraisal – this should be from the last year of your clinical practise prior to application. You should also provide evidence of formal appraisal/review over the last three 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.</p> <p>Your appraisals do not all have to be from the same post, but all should be from within the last three years of practice. If areas for development were highlighted, please provide evidence to demonstrate that these have been subsequently addressed.</p> <p>Evidence of appraisals/assessments completed retrospectively will not be given as much weight as one that was completed at the relevant time.</p>
Multisource feedback (MSF)	<p>This is a method used to assess to assess common skills, including behaviours, team working and communication skills. It is sometimes called 360° feedback.</p>

	<p>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.</p> <p>Personal reflection on this MSF and self-assessment are also useful.</p> <p>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.</p> <p>MSF may not be offered in all workplaces. If you do not have any MSF available, please provide the following instead:</p> <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ● 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	<p>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.</p> <p>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 and MSF.</p>
Reflective practice	<p>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.</p> <p>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:</p>

- 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)

You must read the CiP descriptors and choose evidence that addresses at least one of the Knowledge, Skills and Experience requirements listed under each CiP.

CiP 1 – Demonstrate the professional values and behaviours expected of all doctors as outlined in Good Medical Practice

As doctors, consultant radiologists adhere to the principles of Good Medical Practice as stipulated by the GMC

Descriptors		
Knowledge <ul style="list-style-type: none">● Has awareness of the principles of Good Medical Practice● Has awareness of how to make the care of, and effective communication with, patients their first concern; treating patients as individuals and respecting their dignity, with sensitivity to religious, cultural and socioeconomic factors● Understanding of the processes in healthcare to protect and/or advocate for patients and the framework for handling adverse events	Skills <ul style="list-style-type: none">● Has the ability to apply the principles of Good Medical Practice	Experience <ul style="list-style-type: none">● Demonstrates effective clinical leadership and team working, adhering to Good Medical Practice principles● Works in partnership with patients, respecting their right to privacy and dignity

Suggested evidence

- Current GMC registration plus your most recent annual appraisal (see [page 10](#) for guidance on appraisals)
 - If you do not hold GMC registration you must provide evidence of:
 - multisource feedback
 - formal patient feedback
 - appraisal
 - 1-3 examples of your involvement in complaints and significant incidents, including reflective activity, from the last 3 years of your clinical practise. Your evidence must:
 - show how you deal with/respond to these events
 - make it clear what these show about your own insight and professional judgement
-

CiP 2 – Successfully function within the health service and healthcare systems in the UK

Like all consultants working within the NHS, radiologists need to understand organisational and management systems so that they can engage positively with them and optimise patient care

Descriptors		
Knowledge	Skills	Experience
<ul style="list-style-type: none">● Understands the structure and organisation of the health service and system, including the independent sector and community and primary care● Understands how services are commissioned, funded and audited● Understands how services are deemed to be clinically effective and cost-effective● Understands how resources are managed, being made aware of competing demands and the importance of avoiding waste	<ul style="list-style-type: none">● Engages positively with organisational and management systems● Identifies changes to improve organisational and management systems● Has the ability to evaluate and implement patient pathways effectively to maximise patient care	<ul style="list-style-type: none">● Adheres to relevant professional communication policies● Demonstrates engagement with leadership of audit or quality improvement

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 10](#) for guidance on appraisals)
-

CiP 3 – Engage in reflection, clinical governance and quality improvement processes to ensure good practice

Consultant radiologists are expected to stay up to date with their knowledge and skills, and look for ways to improve the quality of their services

Descriptors		
<p>Knowledge</p> <ul style="list-style-type: none"> ● Has awareness of how to appropriately raise concerns, including errors ● Identifies and advocates for clinical quality and improvement 	<p>Skills</p> <ul style="list-style-type: none"> ● Has the ability to evaluate the development, and implementation, of quality improvement research ● Understands the difference between QI, audit and research ● Has the ability to promote a culture of openness and accountability, including awareness of the duty of candour to patients ● Appropriately raises concerns regarding negative professional behaviour, such as bullying ● Demonstrates commitment to continuing professional development by maintaining and/or developing skills relevant to higher training, special interest and/or local service need 	<p>Experience</p> <ul style="list-style-type: none"> ● Facilitates and leads on QI and audit projects to improve patient care and experience ● Shares good practice ● Engages in clinical governance meetings, including peer feedback meetings ● Recognises and acknowledges where personal issues impact upon good practice and seeks appropriate help ● Acts on patient safety issues and escalates or reports these appropriately through operational processes ● Attends courses or demonstrates learning activity that results in leading a change in the department

Suggested evidence

- Quality or service improvement evidence, as set out in [CiP 2](#)
- 1-3 examples of audits. 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
- Evidence of your involvement in complaints and significant incidents, as set out in [CiP 1](#)

Desirable (but not essential) evidence

- Business developments or new initiatives, from the last 3 years of clinical practise. You must include evidence of:
 - presenting or publicising it to your department
 - a statement of the impact/utility of the exercise (e.g. re-audit/re-evaluation)
 - evidence of what action was produced
 - reflections on evidence submitted
- Personal reflections on the activity/experience, with specific examples of how a particular situation has impacted on you and what you have learnt, such as:
 - how the activity contributed to the development of your own knowledge, skills or professional behaviours
 - ways in which your own behaviour may change as a result of reflecting on the event
 - what difference this made in your department to patient safety and quality

CiP 4 – Engage in evidence-based practice and safeguard data, including imaging data

Consultant radiologists require the skills used by all doctors to practice evidence-based medicine

Descriptors		
Knowledge	Skills	Experience
<ul style="list-style-type: none">● Demonstrates an understanding of the principles of research, research methods and the translation of research into clinical practice● Understands and critically appraises new technological developments, including radiological applications of Artificial Intelligence (AI)● Understands the role of the framework protecting the confidentiality of patients' health and care information (such as the Caldicott Guardian) and making sure it is used properly	<ul style="list-style-type: none">● Identifies and critically appraises literature to inform practice● Interprets and communicates research evidence in a meaningful way to patients to support them in making informed decisions about treatment	<ul style="list-style-type: none">● Participates in modification or development of department protocols based on changing evidence● Follows guidelines on ethical conduct in research and consent for research● Understands and applies information governance principles to safeguard imaging data in the context of education● Adheres to data governance regulations and protocols● Applies information governance principles to safeguard imaging data in the context of research

Suggested evidence

- Examples of departmental initiatives you have participated in to implement or change practice – **or** – evidence that you personally helped develop/introduce a service
- 1-3 examples of reflective activity relevant to CiP 4, such as literature reviews or evidence review to inform practice

- Courses and CPD activity relevant to CiP 4, such as:
 - training in evidence-based medicine
 - safeguarding
 - data protection / information governance
 - duty of candour
 - AI and other activity relating to emerging technologies
 - research/ethics courses or qualifications

Desirable (but not essential) evidence

- Patient consent forms
 - Notes from journal clubs
 - Relevant meeting participation (e.g. ethics meetings)
-

CiP 5 – Act as a clinical teacher and supervisor

Consultant radiologists teach medical students, junior doctors and other healthcare professionals

Descriptors		
Knowledge <ul style="list-style-type: none">● Understands the role and develops the ability to provide training or teaching in a clinical context● Understands and develops the ability to act as a trainer in a clinical context● Understands and applies information governance principles to safeguard imaging data in the context of education	Skills <ul style="list-style-type: none">● Delivers effective feedback with action plan● Adds addendums to reports by trainees and joint reporting rotas with trainees● Has the ability to deliver structured training as well as case-based training● Has the ability to supervise less experienced trainees in carrying out appropriate practical procedures● Has the ability to supervise less experienced trainees in their clinical assessment and management of patients● Applies information governance principles to safeguard imaging data in the context of education	Experience <ul style="list-style-type: none">● Delivers effective teaching, supervision and assessment of clinical trainees and other healthcare professionals● Has the ability to act as a clinical supervisor to doctors in earlier stages of training

Suggested evidence

- Teaching feedback from those taught – **or** – teaching observations from senior colleagues, who have directly observed you
- Summary of teaching activities from the last 5 years of clinical practise
- Acknowledgement of participation and contribution to training within the last 5 years of clinical practise

Desirable (but not essential) evidence

- Formal training as an educator, including RCR Learning certificates
 - Addendum to reports by trainees and joint reporting rotas with trainees
 - Appraiser notes on teaching/training activities (see [page 10](#) for further guidance on appraisals)
 - Changes made to teaching practice as a result of feedback
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CiP 6 – Work well within a variety of different teams, communicating effectively with colleagues and demonstrating the skills required to lead a team

Clinical radiology relies on a multi-professional team and good communication is an essential component of sound practice, team working and patient-centred care. Consultant radiologists must be able to resolve conflict, develop good working relationships and support team development and possess the qualities and behaviours necessary to lead but also to follow, when necessary, in dealing with difficult situations and conflicting attitudes

Descriptors		
<p>Knowledge</p> <ul style="list-style-type: none"> ● Has awareness of own leadership style and how this impacts on others ● Recognises own limitations and comprehends situations where others are better equipped to lead or where delegation is appropriate ● Recognises the need to adapt their communication approach according to the audience ● Has awareness of the strength of a multi-professional team and recognises the contributions of all its members (medical, clinical and allied professionals) in delivering excellence for patients 	<p>Skills</p> <ul style="list-style-type: none"> ● Effectively leads a multi-professional team, allowing all voices to be heard and considered, and fosters an atmosphere of collaboration ● Critically appraises performance of colleagues, peers and systems, appropriately escalating concerns and promoting an open and transparent culture of learning and development 	<p>Experience</p> <ul style="list-style-type: none"> ● Promotes and actively participates in multidisciplinary and interprofessional team working, communicates effectively and recognises and respects the roles of all members of the team ● Demonstrates flexibility in behaviour and is able to adapt techniques and approaches within the multi-professional team to improve engagement in difficult situations ● Supervises, challenges and mentors colleagues and peers to enhance performance ● Has the ability to effectively undertake correspondence with clinical teams involving patient management, including reference to organising

		procedures/conveying crucial findings to clinical teams within radiology reports
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Suggested evidence

- Multidisciplinary team (MDT) meeting activity, as set out in [CiP 12](#) (note you should **only** provide MDT evidence in CiP 12)
- Management and leadership activity, such as:
 - rota management
 - responsibility for finances/budgets
 - assessment of others (e.g. WBPA's completed on junior colleagues)
- Clinical correspondence with clinicians, nurses and other staff regarding patient management, follow up imaging, clarification of the significance of findings, or recommendations for further management. You could include correspondence about rota management or managing difficult conversations
- Multisource feedback, as set out on [page 11](#)

Desirable (but not essential) evidence

- Evidence of involvement in various teams in clinical radiological reporting, such as references to organising procedures or conveying crucial findings to clinical teams within radiology reports
- Evidence of participation in providing feedback to colleagues, peers and escalating concerns about unsafe practices
- Courses and CPD activity relevant to CiP 6, such as:
 - communication skills
 - management qualifications
 - team working

- conflict resolution
 - mentoring
 - Evidence of assessment on others (i.e. WPBAs)
 - Referral letters detailing your participation in management/leadership roles, or involvement in conflict resolution
 - Feedback provided to others (e.g. referral letters or MSF completed for others)
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CiP 7 – Appropriately select and tailor imaging to patient context and the clinical question(s)

Consultant radiologists will discuss clinical cases with referrers and allied imaging professionals and advise on appropriate imaging according to the individual patient, clinical background and the clinical question posed. Imaging investigations have varying health and safety risks that need to be considered. Consultant radiologists weigh up the relative clinical risk/benefit when advising on imaging according to clinical information provided by referrers

Descriptors		
Knowledge <ul style="list-style-type: none">● Understands the role of all modalities of radiology and their application in clinical patient management	Skills <ul style="list-style-type: none">● Exercises evidence-based practice by utilising relevant guidelines, such as iRefer, and current peer-reviewed literature to inform imaging selection for all patient groups● Safeguards all patients, including paediatric patients and people of childbearing age● Acts in accordance with current safety guidelines and legislation in respect of ionising radiation and other imaging techniques/equipment● Has the ability to advise referrers and patients regarding radiation exposure tailored to individual clinical contexts to facilitate informed decision-making	Experience <ul style="list-style-type: none">● Collaborates effectively with referrers and imaging department non-medical staff to determine the most appropriate imaging pathway for a given presentation● Has the ability to protocol radiology investigations appropriately

Suggested evidence	
Applicant holds FRCR	Applicant does <u>not</u> hold FRCR
<ul style="list-style-type: none"> ● Provide evidence from a radiology information system (RIS) regarding protocolling or clinical correspondence advising colleagues 	<ul style="list-style-type: none"> ● Evidence required for 'applicant holds FRCR' <p><u>AND</u></p> <ul style="list-style-type: none"> ● Relevant training/CPD in radiation protection. You must include evidence of: <ul style="list-style-type: none"> ● attendance at an iRefer course <p>or</p> <ul style="list-style-type: none"> ● Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training certificate or local equivalent
Desirable (but not essential) evidence	
<ul style="list-style-type: none"> ● Highlight any instances where you have contributed to changes or improvement in guidelines, including by audit, as set out in CiP 3 	Not applicable

CiP 8 – Provide timely, accurate and clinically useful reports on imaging studies

Consultant radiologists provide actionable reports on imaging studies that are performed on patients. They will discuss findings with referrers as required. They will be able to report investigations for common presenting complaints. In addition, they will be able to report more complex investigations as appropriate to their special interest. This may include recommendations regarding onward imaging investigations, imaging follow up and/or other clinical management based on their expert knowledge

Descriptors		
Knowledge <ul style="list-style-type: none">● Understands that the practice of clinical radiology requires the generic and specialty-specific knowledge, skills, attitudes and procedural competency to diagnose, and sometimes manage, patients referred for imaging to investigate a wide range of symptoms and conditions and perform image-guided procedure. It involves particular emphasis on diagnostic reasoning, communicating uncertainty and working with referrers to ensure the appropriate specialty opinion or care is sought when required.	Skills <ul style="list-style-type: none">● Contributes to the reporting of imaging studies in a wide range of clinical scenarios, to include in-patient care, emergency lists and routine out-patient work● Formulates a clinically useful written report targeted appropriately to the referrer, providing, where appropriate, a refined differential diagnosis, demonstrating clinical judgement and providing recommendations for further investigation and/or management● Communicates pertinent imaging findings to referrers and, where appropriate to patients, in a time-appropriate manner, including significant, unexpected or incidental findings	Experience <ul style="list-style-type: none">● Combines a sound knowledge of radiological anatomy, physiology and pathology and adopts a safe, systematic approach to interpretation of imaging● Demonstrates insight into level of personal expertise and appropriately refers/seeks second opinion● Identifies and appropriately responds to imaging findings that raise safeguarding concerns

Suggested evidence

Applicant holds FRCR

- Wide selection of imaging reports across the full range of body systems and modalities, as set out in [Annex A](#). You must ensure that your reports:
 - are indexed, making it clear why they have been included and which area they are supporting
 - cover a broad spectrum – large numbers of identical reports on basic imaging will be considered a negative indicator of your insight into working in the UK as a radiologist
 - must be identifiable as being from the institution where they occurred – copied text in isolation will not be considered without certificated authenticity; the reports' origins must match your CV
- Summarised personal reporting numbers from the last 3 years of clinical practise, for all your work. You must ensure your reporting numbers:
 - are indexed and clearly presented, making it clear which body systems and modalities they refer to
 - make it clear where you are the joint or secondary reporter

You are strongly advised to consider the experience needed to

Applicant does not hold FRCR

- Evidence required for 'applicant holds FRCR'

AND

- Evidence of training programme followed and/or specialist medical qualification, as set out on [pages 7-9](#)

evidence all body systems and modalities. Omission of some of these sections is one of the most common reasons applications are unsuccessful

- Describe the processes for formal review of your work that exist within your department. These should cover a range of modalities and could include:
 - using formal RCR assessment tools
 - peer review of your reports
 - formal internal review processes
- Rota information, as set out on [page 10](#)

CiP 9 – Appropriately manage imaging examination lists/procedures according to clinical need and professional expertise

Consultant radiologists will be able to directly examine a patient in real time with imaging such as ultrasound and perform image-guided procedures

Descriptors		
Knowledge	Skills	Experience
<ul style="list-style-type: none"> Understands the role of all modalities of radiology and their application in clinical patient management Shows insight in reports or vetting for appropriate management of patients Maintains an up-to-date knowledge of cardiopulmonary resuscitation (CPR) techniques Understands and safely prescribes medication relevant to imaging and procedures 	<ul style="list-style-type: none"> Follows local imaging guidelines (such as NICE or local hospital guidelines) appropriately Has the ability to manage and prioritise patient lists effectively according to local resources and clinical need Has the ability to explain imaging examinations, risks and findings, facilitating informed patient choice Obtains informed consent for relevant imaging examinations and/or procedures from all patients, including vulnerable groups, showing sensitivity to issues of equality and diversity Implements current health and safety and infection control techniques in the context of imaging examinations/ procedures 	<ul style="list-style-type: none"> Delivers high-throughput patient-facing lists Demonstrates insight into level of personal expertise and appropriately refers/seeks second opinion Manages adverse reactions (including anaphylaxis) to administered contrast and drugs

Suggested evidence

- Radiology reports, including those relating to relevant procedures. Some of this evidence may have already been provided in [CiP 8](#)

- Clinical correspondence, including protocolling, vetting and tailoring imaging examinations to meet clinical needs. This can be cross referenced with the correspondence in [CiP 6](#)
- Courses and CPD relevant to CiP 9, such as:
 - patient safety related training
 - basic life support (this must be valid at the point of application)

Desirable (but not essential) evidence

- Patient consent forms / prescriptions
 - Reference to your case mix and the kind of work you handle, as set out in [CiP 8](#)
 - Evidence of peer reviewed radiological reports, as set out in [CiP 8](#)
-

CiP 10 – Evaluate image quality and utilise the knowledge of imaging sciences to optimise image quality

Consultant radiologists need to be able to evaluate image quality and utilise knowledge of imaging physics to maximise the diagnostic certainty of an imaging test

Descriptors		
Knowledge <ul style="list-style-type: none">● Has training in basic imaging sciences and radiological techniques	Skills <ul style="list-style-type: none">● Appropriately refers to image quality within written reports when there is impact on diagnostic certainty	Experience <ul style="list-style-type: none">● Evaluates image quality across all modalities● Feeds back to the imaging team appropriately to facilitate maintenance of equipment● Develops guidance to improve practice

Suggested evidence

- Examples of timetables and work schedules to demonstrate experience in managing workflow
- Radiology reports – please see [Annex A](#) for specific guidance on the types and numbers of reports required
- Clinical correspondence, including examples relevant to technical recalls, improving image quality and incident reports
- Reflective activity

Desirable (but not essential) evidence

- New standard operating procedures you have developed

- Curriculum/syllabus for your specialist medical qualification, as set out on [pages 7-9](#)
 - Relevant meeting participation (e.g. governance)
 - Courses and CPD activity relevant to this CiP, such as:
 - training in radiation protection
 - IR(ME)R modules
 - Dosage and image quality audits (e.g. breast screening/technical recalls)
-

CiP 11 – Safely manage the imaging and image-guided intervention needed to support emergency care

Imaging is required to support the 24/7 emergency service provided by the NHS. Consultant radiologists will be competent in interpreting and performing imaging examinations and/or procedures that are required in the emergency context and where appropriate will suggest use of image-guided intervention or onward referral

Descriptors		
Knowledge	Skills	Experience
<ul style="list-style-type: none">● Understands the role of all modalities of radiology and their application in clinical patient management in an emergency setting● Maintains knowledge of appropriate indications and applications for image-guided biopsies and drains	<ul style="list-style-type: none">● Maintains skills required to interpret, report appropriate imaging in an emergency setting and advise on, direct and facilitate interventional procedures when necessary● Produces reports in a timely manner according to clinical need in the context of emergency care● Shows insight in reports or vetting for appropriate management of patients	<ul style="list-style-type: none">● Performs or arranges (as appropriate) any clinically urgent image-guided interventional procedures● Has the ability to make appropriate clinical recommendations in the body or conclusion of reports

Suggested evidence

- Radiology reports in the emergency/on-call setting and review of emergency reports. These must cover a broad spectrum of presentations and clinical problems, as well as examples of recommendations on the need for interventional radiology management
- Clinical correspondence relevant to CiP 11, for example:

- arranging an interventional radiology procedure in practice
- communicating critical or emergent findings
- On-call rotas, as set out on [page 5](#). This evidence must:
 - specifically indicate the case mix
 - frequency of on-call commitments
 - whether on-call was supervised/independent
- Workplace based assessments or evidence of supervised training of procedures you have performed

Desirable (but not essential) evidence

- Personal logbook of urgent and emergency work, these should log interventional procedures (e.g. US guided drainage, CT guided procedures and non-vascular interventional work). The logbooks should demonstrate ongoing progression and maintenance of skill and competence. Your logbooks must include:
 - the date of procedure
 - full name of procedure
 - exact role you played in procedure
 - detail of procedure
- Letters to/from clinicians, or reports, giving appropriate imaging or management advice
- Relevant CPD for urgent and acute imaging (either by attendance or in teaching)
- CPD or reflective activity to demonstrate experience of the above procedures

CiP 12 – Effectively contribute a clinical/imaging opinion to a multidisciplinary (MDT) meeting

Imaging is often central to decision making regarding patient management and onward investigation. Consultant radiologists review imaging of cases to be discussed at MDT meetings and presents relevant findings pertinent to clinical decision making. They will provide explicit recommendations regarding onward imaging investigations and/or image-guided procedures based on their expert knowledge

Descriptors		
Knowledge	Skills	Experience
<ul style="list-style-type: none">● Maintains knowledge of local and national guidelines alongside current peer-reviewed literature to ensure recommendations are evidence-based, clinically relevant and safe	<ul style="list-style-type: none">● Has the ability to review imaging studies to provide an answer to a clinical question posed by the MDT● Has the ability to integrate clinical, pathological and radiological information to refine a differential diagnosis	<ul style="list-style-type: none">● Contributes to/leads the decision making of the MDT by clearly articulating a clinical opinion

Suggested evidence

- 6 consecutive months of multidisciplinary team (MDT) meeting activity, such as logbooks or a rota of MDT attendance. This evidence should include:
 - your attendance and exact role
 - date of meeting
 - number and type of imaging
 - relevant detail, including outcome decisions
- In the absence of formal MDT/tumour board setting, clinical correspondence discussing radiological reports must be provided, showing specific patient care

Desirable (but not essential) evidence

- CPD courses relevant to CiP 12, such as:
 - Leadership
 - MDT
 - Communication
 - Team working
 - Teaching you have given at specialist MDTs
 - Letters or communication regarding MDT cases or work, or emails dealing with clinical queries
 - Workplace based assessments and/or trainer's reports describing clinical capabilities in MDT cases
 - Reflections on MDT cases and discussions illustrating an understanding of the relevance of imaging findings to the patient pathway
-

Annex A – submission of radiology reports (CiPs 7, 8, 9, 10, 11)

What we're looking for in your reporting is covered in the CiP definition and descriptors. Please refer to the relevant CiP to help you decide what reporting best demonstrates this. For example, CiP 7 includes 'protocol CT and MRI scans appropriately' and CiP 10 includes 'appropriately refer to image quality within written reports where there is impact on diagnostic certainty' (you might be able to demonstrate some of this through your communications and clinical correspondence with referrers and colleagues, so ensure you submit a range of this too).

CiP 9 and CiP 11 require competence in a range of modalities and practical procedures, including basic interventional procedures. You should include a wide variety of the range of modalities and techniques within each body system.

- Plain film, mammography, CT, US, fluoroscopy (Table 1 in the [curriculum](#))
- Practical procedures – image-guided biopsy, drainage and vascular access and basic catheter/wire manipulation, contrast studies of lines and tubes and contrast studies of the adult and paediatric GI and GU tract (Table 3 in the [curriculum](#))
- Radionuclide studies (Table 3 in the [curriculum](#) and [RCR guidance](#) on radionuclide radiology)

You must submit your reports in order of system, as below. Refer to Table 1 in the [curriculum](#) to get an idea of the presentations, conditions and modalities you can submit in each system-based area

- | | |
|-------------------------|--|
| a) Breast | g) Obstetrics and gynaecology |
| b) Cardiac | h) Paediatric |
| c) GI and hepatobiliary | i) Thoracic uro-radiology |
| d) Head and neck | j) Vascular (basic) |
| e) MSK | k) Haematology and oncology |
| f) Neuroradiology | l) All systems (incidental findings, post-op appearances, iatrogenic, post-mortem) |

Emergency context reports:

For CiP 11, you must submit evidence that you can safely manage the imaging and the image-guided intervention needed to support emergency care. You must provide a range of activity and reporting reflecting imaging examinations and/or procedures that radiologists may encounter in the acute, unselected take – for example, ultrasound, CT, MR, plain film and performing and/or arranging intervention procedures in a range of neuroradiology, cardiac, GI, thoracic and musculoskeletal presentations in adults and children (see Table 1 and Table 8 in the [curriculum](#)). It doesn't necessarily matter if these were done in an on-call setting if it reflects the range of activity a radiologist might encounter there.

You can upload these in CiP 11 or with the rest of your reporting if it is clearly identified.

Basic practical procedural activity:

UK trained Clinical radiology consultants received training in basic image-guided procedures such as performing biopsies and inserting tubes and drains, as well as performing diagnostic procedural work such as fluoroscopy. It is expected that all Clinical radiologists will have knowledge of appropriate interventional radiology strategies when investigating the range of common presentations and conditions given in Table 1 (in the [curriculum](#)) and demonstrate the ability to select and use basic interventional radiology techniques (see Table 1 and Table 3 in the [curriculum](#)).

You should submit evidence that you have at some point been trained in those areas (through your training curriculum and/or training assessments). You should also submit evidence that you have recent knowledge of IR strategies when investigating common presentations and conditions – for example, by recommending relevant investigations in your reporting and in the emergency setting, by arranging procedures as appropriate, or discussing them in clinical correspondence and at MDT. There is a requirement to maintain CPR knowledge in CiP 9, and other CPD activity relevant to basic procedures will also be useful to support CiPs 9 and 11. If you have performed a range of basic practical procedures within the last few years you should submit evidence of that reporting. You can submit evidence of other procedural activity such as joint injections, aspirations, and so on.

You can include this reporting within the relevant system, and/or you can include or add a separate section in CiP 9 reflecting your knowledge, selection and use of basic practical procedures set out in Table 3.

Summary list of reports:

Please include a summary list of the reports in the order that they are submitted. An example is included below – you do not have to use this, but you need to ensure your summary list is in the order of system and is clear what evidence you’ve submitted

Body system	Number of reports	Imaging modality/technique	Presentation/condition	Your comments <i>(e.g. CiP covered / emergency cases)</i>
GI and HPB		Ultrasound abdomen		
		Barium swallow		
		Image-guided drainage		
		Image-guided biopsy		
		Etc.		
MSK		CT Hip		
		MRI spine		
		Image-guided injection		
		Fluoroscopic procedure		
		Aspiration		
		Etc.		
Paediatric		CT thorax with contrast		
		Plain film knee		
		Contrast procedure GI tract		

	Etc.		
Thoracic	Plain film		
	Image-guided drainage		
	CTPA		
	Etc.		
Vascular	Catheter / guidewire manipulation		
	Plain film		
	Etc.		

General notes:

- This is your main opportunity to demonstrate that you have a range of clinical competencies required of a Clinical Radiology specialist in the UK. You must submit sufficient examples of personally generated, dated and anonymised radiology reports, in the order of the radiology-specific content set out in the CCT curriculum and covering the appropriate range of techniques
- **You must look at the presentations and conditions in Table 1 in the curriculum for information about the presentations, conditions and modalities in each system-based area.** The proficient areas give you examples of skills that all trainees must demonstrate, and so gives you a minimum baseline for what you should be including. You should also submit some reports covering areas at experience or specialist level in one or two areas. You don't have to submit a report covering every presentation and feature in the curriculum, but you should submit as good a range as possible, by body system

- Your reports must be from within the last five years and preferably as recent as possible. The range of reports should be varied and include examples of normal and abnormal reporting. **60 reports are a minimum to submit**, but you can submit more to ensure that the breadth of areas are covered. **It is not usually necessary to submit more than 150 reports**. We will be cross-referencing your reporting activity with your workload statistics over the last five years. Your reporting output evidence should demonstrate to the evaluators that you have a range of radiological experience, across the spectrum of acute and routine work. This will be best presented by modality subdivided by organ system, or specialist area as stated above
- The reporting should be your personally generated, independent reporting activity and confirmed appropriately by a head of department or similar. A significant amount of reporting completed under supervision, or indeed which you have signed off as a supervisor, is unlikely to be given as much weight as your personal reporting activity. If it is not clear what your role in generating the report was (for example - primary reporter, secondary reporter, responsible for carrying out a procedure rather than observing it), this will not be considered helpful evidence. Reports should be identifiable from the institution where they were performed
- If there is one area in which you cannot submit evidence of performing the relevant imaging procedure, you must submit evidence to show that you have appropriate knowledge of its role, indications, contra-indications and limitations and that you can advise on how and when to refer for these procedures (for example through discussions at MDTs, your clinical correspondence, your reflective activity)
- Teleradiology reports especially of practical procedures that you have not performed may not be accorded the same weight as activity undertaken in an NHS hospital or comparable clinical environment
- The RCR publication '[Standards for interpretation and reporting of imaging investigations](#)' sets out the standards that should be achieved by those providing a report on an imaging investigation in the NHS