

## Clinical Radiology

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Clinical Radiology. You will also need to read the [Clinical Radiology Curriculum documentation](#)

### Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Specialist Applications team for advice before you apply. You are strongly advised to contact The Royal College of Radiologists (RCR) for guidance BEFORE you submit an application or a review. You should look at the [clinical radiology specialist registration page](#) on the RCR's website, which includes additional advice for applicants and useful links. If you have any queries, you can e-mail the Curriculum and Equivalence Officer at the RCR at [sprecg@rcr.ac.uk](mailto:sprecg@rcr.ac.uk).

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

The indicative period of training for a CCT in Clinical Radiology is five years following completion of at least two years of Foundation Training and it is very unlikely that an applicant would achieve the competencies required for a CCT in a significantly shorter period of time.

The structure of the programme (in indicative timescales) is three years in Core Training (during which core competence **must** be achieved in order to progress through training) and two years in Higher training (during Higher training, competence is expected to be achieved at Level 1 or Level 2 which indicates the greater degree of expertise to be achieved by those intending to practise in one or more special interest areas). Therefore applicants need to demonstrate that they have achieved the competencies required for independent practice for all of these stages. You should look at the [Clinical Radiology Curriculum documentation](#) before you make your application to ensure that you can demonstrate the required competencies.

### Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

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

### How much evidence to submit

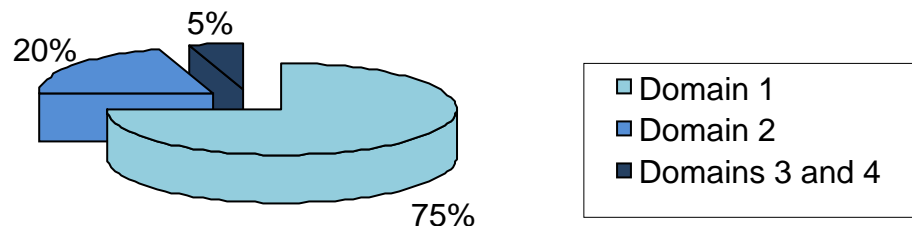
This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required competencies in all areas of the [Clinical Radiology Curriculum documentation](#). If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list

under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

### Evidence breakdown



It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it. As a general guide, we would usually expect to see around 800 - 1000 pages of evidence.

Types of evidence are divided into four different domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain 1: 75%

Domain 2: 20%

Domains 3 and 4: 5%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

### Key evidence requirements – advice from the RCR's Equivalence Committee

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

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

In summary, you are expected to demonstrate competence across the core requirements of the radiology specific content of the curriculum - breast, cardiac, emergency radiology, gastro-intestinal, general and non-vascular intervention, head and neck, molecular imaging, musculoskeletal, neuroradiology, oncological, paediatric imaging, radionuclide radiology, thoracic, uro-gynaecological and vascular radiology, in the relevant technique based areas (plain film including mammography, CT, US, MRI, non-vascular interventional procedures, fluoroscopy).

You are also expected to demonstrate the equivalent Level 1 and/or Level 2 competencies required for Higher training, in one or more areas of special interests.

### Key documents to submit with your application

This list is not exhaustive; see more information about what you need to submit in this SSG below. However, the RCR's Equivalence Committee advises that your application is less likely to succeed if you do not submit these documents as part of your application. All documents **MUST** be appropriately verified as set out in the GMC's [guidance](#).

- Your training curriculum applicable to the time that you trained

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

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

- Personal logbooks/personal workload statistics
- At least 40 recent and personally generated radiology reports covering the breadth of the radiology specific content of the CCT curriculum. Your reporting evidence should be submitted in the order of the radiology specific components of the curriculum - breast, cardiac, emergency radiology, gastro-intestinal, general and non-vascular intervention, head and neck, molecular imaging, musculoskeletal, neuroradiology, oncological, paediatric imaging, radionuclide radiology, thoracic, uro-gynaecological radiology, vascular radiology – and cover all the relevant modalities plain film including mammography, CT, US, MRI, non-vascular interventional procedures, fluoroscopy). **Please include at the start a summary list of the reports you have submitted.** Do not submit Teleradiology reports of practical procedures that you have not performed.
- Evidence of clinical audit activity to demonstrate individual clinical effectiveness and completion of the audit cycle (re-audit), and/or evidence of quality improvement projects which have led to changes in practice. A list of audits or projects undertaken will not be accorded sufficient weight in this application; you must provide the complete audits or projects.
- Evidence of service improvement activity which should include MDT type activity
- Evidence of your specialty qualification or equivalent
- Formal appraisal information which could include multi source feedback, workplace based assessment, patient feedback where available, reflective learning diaries and personal development plans
- CPD certificates or equivalent **from within the last five years**
- Research activity
- Evidence of teaching and teaching feedback
- Evidence of management activity

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas. We also strongly recommended that all your referees should be fully conversant with the current curriculum and able to provide detailed support for your competence across all or most areas. Please remember that most weight is placed upon evidence from the last five years. If you have specialised in a limited area for a number of years, you may have difficulty in demonstrating clinical competence across the breadth of the CCT curriculum to the appropriate standard. If you have not been in active clinical practice for some time, please consider whether and how you can demonstrate that you have maintained your clinical competencies.

### **Anonymising your evidence**

**It is important that you anonymise your evidence before you submit it to us. You must remove:**

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

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### **This is the specialty specific guidance for Clinical Radiology**

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

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details don't need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

## Domain 1 - Knowledge, skills and performance

### Qualifications

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| Primary medical qualification (PMQ) | <p>If you hold full registration with us, you do <u>not</u> need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p><b>If you do not hold registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise.</b></p> <p>You can find out more about <a href="#">primary source verification</a> on our website.</p> <p>You only need to get your primary medical qualification verified by ECFMG. The rest of your evidence should be verified in line with <a href="#">our guidance</a>.</p> |
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Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold from outside of the UK.

If your specialist medical qualification(s) was awarded in the UK, please provide a **copy**.

Examples of evidence to be provided in this section include:

- Fellowship of the Royal College of Radiologists (FRCR)  
or
- specialist qualification(s) obtained by examination or assessment in the specialty, supported by diploma/syllabus/contemporaneous curriculum/ training programme/logbooks/regulations detailing standards for its award, to show that these applied to your training.

The FRCR is the required test of knowledge for the CCT; applicants who do not have the FRCR **must** demonstrate an equivalent test of knowledge and therefore should 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](#).

The FRCR is taken at the end of the third year of CCT specialty training; examinations taken at an earlier stage of training than this are unlikely to demonstrate equivalence to the FRCR.

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. Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.

It is useful to submit evidence of a qualification that has been passed as part of a structured training programme but you should submit evidence of all specialist qualifications that you have.

For College examinations the College may confirm details of any examinations you have taken.

It will be difficult for applicants without such a test of knowledge (or who have been unsuccessful at an examination without a subsequent pass) to demonstrate equivalence to this element of the CCT curriculum. Applicants without evidence of such a test of knowledge **must** submit very robust and clear alternative evidence of their knowledge and skills which covers [the syllabus for the First and Final Examinations](#) and that they have been assessed in their specialty. 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.

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|  | <p>There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p>  |
| <p>Curriculum or syllabus (if undertaken outside the UK)</p> | <p>If you have undertaken training outside the UK please provide your curriculum or syllabus. This should be the radiology curriculum/training programme <b>which applied at the time that you trained</b>, including any sub-specialty/special interest curricula. You should not submit a curriculum/syllabus that came into force after your training time.</p> <p>More weight is placed upon the last five years of your practice but it will be useful as relevant background information if you submit as much information as possible about your training, even if this was more than five years ago.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none"> <li>• Evidence of supervision and completion of radiology training from the relevant authority</li> <li>• where the curriculum covers areas of the CCT curriculum</li> <li>• the complexity of the work undertaken</li> <li>• how examinations are evaluated or quality assured (external assessment).</li> </ul> |
| <p>Specialist registration outside the UK</p>                | <p>Please provide <b>an authenticated copy</b> of details of the registration requirements of that authority.</p> <p>You <b>must</b> provide <b>authenticated</b> copies of current certificates of specialist registration from all bodies with whom you are registered as a specialist</p> <p>This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p>   |

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| Honours and prizes                             | <p>These are only relevant if the honour/prize was competitively awarded or awarded following assessment, examination or evaluation.</p> <p>Please provide <b>copies</b> of certificates or letters showing what the prize or honour was for, including the selection and eligibility criteria and pool of eligible individuals.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |
| Other relevant qualifications and certificates | <p>Please provide <b>copies</b> of certificates.</p> <p>For example: degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.</p>  |



## Assessments and appraisals

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| Appraisals and assessments | <p>You should submit a current appraisal from within the last year prior to application. Where possible, you should provide evidence of regular appraisal over the last five years, but you should submit at least two sets of appraisal evidence including personal development plans and how these were met.</p> <p>For non training posts over the last five years, you should provide evidence of ongoing evaluation of your performance. This may take the format of regular formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>In the UK, a revalidation or appraisal portfolio would be appropriate.</p> <p>If you underwent appraisal during your training and can submit evidence of it, you should do so. If you do not supply formal assessment documents, you must provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would assist.</p> <p>If areas for development were highlighted please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>Evidence of appraisal/assessment completed retrospectively will not be given as much weight as appraisal/assessment that was completed at the relevant time.</p> <p>Evidence of career progression will be useful if there is no evidence of formal appraisal activity. Letters commenting on your performance written at the time will also be useful.</p> <p>Evidence of self-assessment may also be relevant, although external appraisal and assessment carries more weight; you can see the RCR's advice document <b>Standards for Self-assessment of Performance</b> at <a href="https://www.rcr.ac.uk/standards-self-assessment-performance">https://www.rcr.ac.uk/standards-self-assessment-performance</a></p> <p>There are many different forms of assessment which form part of the various CCT curricula. Many of these tools are available for those not in training to use. The various workplace based assessment (WPBA) forms may be accessed from the <a href="#">RCR's website</a>. WPBAs or other assessments completed retrospectively will hold little value.</p> |
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| RITAs, ARCPs and training assessments   | <p><b>Approved training in the UK</b></p> <p>RITAs and ARCPs are only relevant if you have undertaken training in the UK. If you have undertaken approved training in the UK you should provide a copy of your formal records. In addition if you held any of these approved training posts (except locum posts), please provide evidence of your training number.</p> <p>Applicants who have undertaken formal training in the UK should provide copies of their RITA/ARCP forms and of their portfolio appraisals relating to each period of training.</p> <p><b>Training outside the UK</b></p> <p>If you have undertaken training recognised by relevant authorities outside the UK you <b>must</b> provide evidence of formal periodic assessment during your training. This evidence <b>must</b> have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, you <b>must</b> provide the curriculum to demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would assist.</p> |
| 360° and multi-source feedback          | <p>You should supply evidence of feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management), preferably as part of a formal MSF package completed at the time, but may be in the format of letters, references for posts applied for etc.. This evidence must be as recent as possible and at least within the last five years.</p>  |
| Awards and discretionary points letters | <p>This may be applicable to those who have worked in UK consultant posts.</p> <p>You should provide copies of certificates and letters.</p>   |
| Personal development plans (PDP)        | <p>For details of what to include please see <a href="#">NHS appraisal information</a></p> <p>UK consultants undergo formal appraisal annually which results in objective setting and agreeing a personal development plan; any evidence from recent, similar appraisals may be submitted.</p> <p>You <b>must</b> also provide evidence of review of your PDP at appraisal. PDPs normally form part of your annual appraisal system and you should submit them with appraisal documentation.</p>   |

## Logbooks, records of daily clinical practice and portfolios

The evidence you supply here **must** demonstrate that you have achieved **all** the requirements and competencies as set down in the CCT curriculum for your specialty.

Where you have, for a substantial period of time, worked in a specialised area, you should submit evidence that at one stage in your career you achieved the requirements and competencies of the curriculum for your specialty and that have maintained these skills. You will also need to provide evidence that your current specialised practice allows you to meet all of the requirements of [Good Medical Practice](#).

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| Logbooks  | <ul style="list-style-type: none"><li>• Logbooks should be <b>anonymised</b> and include details of procedures you personally performed, whether each procedure was supervised or unsupervised, and date and type of procedure.</li><li>• If you maintained a logbook during training you should submit it as part of your application</li><li>• If you maintained a logbook subsequent to training you should submit it. Logbooks subsequent to training should be submitted for the last five years, and previously if this reflects a greater range of procedures.</li><li>• If you did not or do not maintain logbooks it is particularly important to submit evidence obtained from your department's radiology information system and include the full list of reporting that you have personally performed, along with a summary (see "caseload statistics" set out below)</li></ul> <p><b>All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.</b></p> |
| Consolidation, cumulative data sheets, summary lists and annual caseload statistics | <p>You should provide accurate and personal workload figures. This should cover a range of examinations and reports. These should be generated from your department's radiology information system and be summarised by a <b>summary from your current post and at least the last five years, and earlier if this reflects a broader range of practice</b></p> <p><b>It is important that this covers the full range of the curriculum demonstrating the breadth and depth</b> of the specialty. This may mean that you have to go back further than five years.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>  |

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| <p>Medical reports</p> | <p>You <b>must</b> submit at least 40 examples of personally generated, dated and <b>anonymised</b> radiology reports, in the order of the radiology-specific content set out in the CCT curriculum (see below) and covering the appropriate range of techniques. This will help you to ensure that you have sent an appropriate range of reporting activity. These must be from within the last five years and preferably as recent as possible. These form part of the evidence assessed to establish your competence across the breadth of the CCT curriculum, so the range of reports should be varied and include examples of normal and abnormal reporting. You may need to submit more than 40 reports to ensure that the breadth of the radiology CCT curriculum is covered.</p> <p><b>Please submit your reports in order of system as set out in the CCT curriculum as follows:</b> breast, cardiac, emergency radiology, gastro-intestinal, general and non-vascular intervention, head and neck, molecular imaging, musculoskeletal, neuroradiology, oncological, paediatric imaging, radionuclide radiology, thoracic, uro-gynaecological radiology and vascular radiology, and cover the appropriate range of techniques (plain film including mammography, CT, US, MRI, non-vascular interventional procedures, fluoroscopy). <b>Please include at the start a summary list of the reports you have submitted.</b></p> <p>Please do not submit Teleradiology reports of practical procedures that you have not performed.</p> <p>You can refer to the RCR publication "<a href="#">Standards for the Reporting and Interpreting of Imaging Investigations</a>" which gives guidance as to the standard expected for radiology reporting in the UK.</p> <p>You may find it useful to read <a href="#">Standards for the clinical structure and content of patient records</a></p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> |
| <p>Case histories</p>  | <p>This section does not relate specifically to clinical radiology other than as relates to MDT activity; you should submit letters to and from other clinicians as set out below under 'Referral letters'.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>   |

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| Referral letters discussing patient handling                               | <p>Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> <li>• requesting a second opinion</li> <li>• advising clinical colleagues or answering particular questions regarding patient management</li> <li>• from clinical colleagues regarding applicants involvement in patient management.</li> </ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> |
| Patient lists  | <p>This is not relevant to clinical radiology but you should supply logbooks/caseload information from your department(s) Radiology Information Systems.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>   |
| Departmental (or trust) workload statistics and annual caseload statistics | <p>It is essential that you provide personal workload and caseload figures and clearly separate these from any general departmental workload figures that you submit.</p>   |
| Rotas, timetables and job plans  | <p>Evidence relating to the last five years is most likely to be relevant; such information will assist in confirming the range of activity with which you have been involved and it is essential that you include evidence about your on-call activity.</p> <p>Where you have undertaken a number of roles provide details for each post or role.</p>  |
| Courses relevant to curriculum   | <p>This section is not applicable to clinical radiology; there are no specific courses required by the CCT curriculum.</p>  |
| Portfolios (electronic or revalidation)                                    | <p>If you have undertaken formal training in the UK you should submit a copy of your training portfolio.</p> <p>If you maintained a similar portfolio during training outside the UK you should submit a copy of it. A paper copy of an e-portfolio should be submitted with a statement from the head of training or department confirming its authenticity. You will not necessarily need to submit your whole portfolio; only the sections relevant to the CESR assessment.</p>  |

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

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| Employment letters and contracts of employment | <p>The evaluation is less concerned with evidence about terms and conditions than it is about dates of employment, grades and duties.</p> <p>This information <b>must</b> be consistent with what is stated in your application form and CV. Letters are most useful if they confirm that you held the post in question, the dates you held the post, the grade at which you were employed and the duties undertaken.</p> <p>You should also provide such evidence of any non-specialist clinical training or experience</p> <p>The information in these letters and contracts <b>must</b> match your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• dates you were in post</li><li>• post title, grade, training</li><li>• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li></ul> |
| Job descriptions                               | <p>These <b>must</b> match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• your position within the structure of your department</li><li>• your post title</li><li>• your clinical and non clinical commitment</li><li>• your involvement in teaching or training.</li></ul>   |
| Job plans                                      | <p>In the UK, a job description is the basis of the contract between the employer and the employee. The job plan is a detailed description of the duties and responsibilities of a consultant and of the facilities available to carry them out. It incorporates a work programme.</p> <p>For the purposes of this assessment, a job plan which includes information about the general hospital services, the specific clinical radiology services including staffing, workload and facilities, on-call commitments and the work programme, will be of most use.</p>  |

## Research, publications and presentations

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| Research papers, grants, patent designs | <p>Please include any research relevant to your current practice.</p> <p>If the research is published - please submit the first page of the published paper.</p> <p>If the research is not published - please provide a summary or abstract of the research.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"><li>• the types and complexity of cases you are involved in</li><li>• triangulation with logbook information</li><li>• working with colleagues (where research is joint or multi disciplinary)</li><li>• Continuing Professional Development (CPD).</li></ul> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |
| Publications within specialty field     | <p>Include a <b>copy</b> of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none"><li>• the applicant is first author</li><li>• the publication has a high impact factor.</li></ul> <p>You <b>must</b> not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge:</p>  |

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| Presentations, poster presentations | <p>You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |
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## CPD and CME

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| <p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p> | <p>Please provide these for the last five years. Such evidence – indeed all evidence relating to the maintenance of knowledge, skills and performance - is expected to be regular and wide-ranging, with particular focus on maintenance of knowledge in the specialty of clinical radiology. This is particularly important if your training concluded more than five years ago.</p> <p>Certificates provided for courses and meetings which took place more than five years ago are likely to be given less weight.</p> <p>You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised, the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> |
| <p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>   | <p>If you are registered in the RCR CPD scheme you should provide evidence of your enrolment and most recent CPD certificate; the RCR will be able to attest such evidence</p> <p>If you are enrolled in a College or similar scheme outside the UK please provide evidence of your enrolment and most recent confirmation of CPD points acquired.</p> <p>Evidence from more than five years ago is likely to be given less weight.</p>  |



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| Membership of professional bodies and organisations | Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge. |
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## Teaching and training

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| Teaching timetables                            | <p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p>   |
| Lectures                                       | <p>Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme.</p> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> |
| Feedback or evaluation forms from those taught | <p>It is essential that student feedback is provided where formal or informal teaching activity is undertaken.</p> <p>Please provide copies of feedback from teaching events you have participated in. If you don't have this information already you should consider acquiring it before making an application.</p>  |
| Letters from colleagues                        | <p>Although feedback within a formal appraisal setting is most useful, you can use copies of letters from colleagues to demonstrate similar information to feedback forms (see above).</p>  |
| Attendance at teaching or appraisal courses    | <p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p>  |

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| Participation in assessment or appraisal and appointments processes | <p>This relates to activity in which you have participated as an assessor, reviewer, manager, etc. Evidence you could consider supplying includes:</p> <ul style="list-style-type: none"><li>• attendance at appraisal/assessment courses</li><li>• evidence of participation in ARCP or RITA processes, or in completing other assessments</li><li>• evidence of participation in appointments for trainees including attendance at interview and appointment related courses.</li></ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual trainee data.</p> |
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## Domain 2 – Safety and quality

### Participation in audit, service improvement

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| Audits undertaken by applicant | <p>Clinical audit is designed to improve quality of care and healthcare outcomes by comparison against agreed standards, and measuring the success of interventions.</p> <p>Quality Improvement is designed to improve quality of care and healthcare outcomes by trialling interventions, using repeated measures to assess success.</p> <p>A CCT trainee is expected to participate in clinical audit or quality improvement activity and this evidence is vital to your application.</p> <p>This is separate from service audits which comment on departmental efficiency (see below in “service improvements”)</p> <p>For further details please refer to <a href="#">the audit and quality improvement pages on the RCR website</a> – this includes the “AuditLive” section which is a collection of templates providing a framework identifying best practice in key stages of the audit cycle.</p> <p>You should provide evidence of the five stages of the audit process:</p> <ol style="list-style-type: none"><li>1. Definition of criteria and standards</li><li>2. Data collection</li><li>3. Assessment of performance against criteria and standards</li><li>4. Identification of changes (alterations to practice)</li><li>5. Re-evaluation</li></ol> <p>It is often most straightforward to demonstrate equivalence to this curriculum requirement by submission of clinical audit activities. As an alternative you may submit evidence of quality improvement projects which address preparation and planning, measuring performance, implementing change and sustaining improvement. You must show that you have completed the audit cycle.</p> <p>You must supply <b>at least two</b> clinical audits or quality improvement projects <b>from the last five years</b>; at least one of which should show completion of the audit cycle through re-audit, or evidence of the implementation of change through quality improvement projects.</p> |
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**This is the specialty specific guidance for Clinical Radiology**

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

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|  | <p><b>You should submit the complete audits or projects</b>, including outcomes - not simply a list of these activities. If you don't have this evidence to hand you should delay your application until you do.</p> <p>Additional, secondary evidence you could supply in addition to the actual project includes:</p> <ul style="list-style-type: none"> <li>• publications</li> <li>• submissions to ethics committee</li> <li>• presentations of audit work at audit meetings</li> <li>• Audit assessment form</li> <li>• letter from audit or clinical governance lead confirming participation in audit or governance activities</li> <li>• guidelines produced to reflect lessons learned within audit</li> <li>• notes from self-reflective diaries.</li> </ul> |
| Reflective diaries                                   | <p>This is usually completed in connection with reflection on interesting cases, reflection on CPD activity, or as part of an appraisal process and discrepancy meetings.</p> <p>As this evidence is self produced for its content to be given weight it <b>must</b> be supported or triangulated by other evidence.</p>  |
| Service Improvement and clinical governance meetings | <p>You should include evidence about service audits demonstrating departmental efficiency, with which you have been involved and evidence of any service improvement activity which has led to a change in practice will be very valuable. Ensure that objective evidence is provided of your individual contribution. This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"> <li>• minutes of meetings demonstrating your attendance and participation in the meeting</li> <li>• attendance at discrepancy meetings</li> </ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>   |

## Safety

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

### Communication

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| Colleagues | <p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none"><li>• multisource feedback (this is the best evidence)</li><li>• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)</li><li>• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams</li><li>• management – including organising staff rotas</li><li>• presentations</li><li>• copies of appraisals or references written for colleagues (these <b>must</b> be <b>anonymised</b> with relation to colleague data).</li></ul>  |
| Patients   | <p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"><li>• patient feedback where available</li><li>• thank you letters and cards from patients</li><li>• letters from colleagues (examples of cases shared or “To whom it may concern letters” / testimonials)</li><li>• multisource feedback</li><li>• complaints and responses to complaints.</li></ul> <p>This may include complaints received against your department or a colleague where you have been involved in the resolution. This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. <b>You must anonymise colleague information from this evidence.</b></p> <p>You can include a hypothetical complaint scenario and reflection on it,</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> |

## Partnership and teamwork

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| Working in multidisciplinary teams     | <p>You should submit evidence of your participation in multidisciplinary team meetings (or equivalent activity such as grand rounds) along with anonymised cases discussed from the MDT list. You could also submit</p> <ul style="list-style-type: none"><li>• minutes of meetings demonstrating your attendance and participation in the meeting</li><li>• appraisals which include this information</li><li>• multisource feedback.</li></ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>  |
| Management and leadership experience   | <p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"><li>• minutes of meetings demonstrating your attendance and participation as lead or Chair in the meeting</li><li>• appraisals which include this information</li><li>• relevant courses.</li></ul> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>   |
| Chairing meetings and leading projects | <p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"><li>• minutes of meetings demonstrating your attendance and participation in the meeting</li><li>• appraisals which include this information</li><li>• project reports</li><li>• letters from colleagues</li><li>• appointments to committees or management or chair positions</li><li>• publications or presentations.</li></ul> <p>Where you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> |



## Domain 4 – Maintaining trust

### Acting with honesty and integrity

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

## Relationships with patients

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| Testimonials and letters from colleagues              | <p>You may include "To whom it may concern letters".</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>   |
| Thank you letters, cards from colleagues and patients | <p>Please ensure that these are <b>anonymised</b> (for individual patient data). Formal patient feedback (where available) could also be submitted.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p>  |
| Complaints and responses to complaints                | <p>This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</p> <p>You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution.</p> <p>You may provide a reflective diary of how you would handle a hypothetical complaint.</p> <p>All evidence in this area <b>must</b> be <b>anonymised</b> for individual patient data.</p> |