# Evidence requirements

Please refer to the current SSG for guidance on what evidence is required for each of the CiPs. The following guide will help to clarify what the evaluators are looking for or what an unfamiliar term means.

For any further assistance, email specreg@rcr.ac.uk

**Audit and Quality Improvement projects**

Clinical audit is designed to improve quality of care and healthcare outcomes by comparison against agreed standards and measuring the success of interventions. Quality Improvement is designed to improve quality of care and healthcare outcomes by trialling interventions, using repeated measures to assess success. For example, a CCT trainee is required to show how they have instigated, collated and presented a piece of work, as well as reflected upon any changes in clinical management as a result of work completed.

Completion of clinical audit and/or Quality Improvement projects is a specific curriculum requirement. You should submit **1-3 clinical audits or quality improvement projects**, **at least one** of which should show **completion of the audit cycle** either through re-audit or evidence of the implementation of change through Quality Improvement projects – make sure you clearly show how and whether improvements or changes have been made.

The strongest evidence is the report and action plan, any re-audit or changes in practice and a presentation.

Reflection on audit and quality improvement activity should also be submitted.

Letters stating that you have participated in these activities are useful background but will not be sufficient evidence on their own.

* **Audit and Quality Improvement projects – Please upload your projects and related evidence in one file per institution. These should be in order of project grouping together everything related to each project (for example, audit proposal, audit, presentation, re-audit, reflection).**

**Case-based discussion (CbD)**

A CbD provides an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about and presentations of cases.

The CbD should include discussion about a written record (such as written case notes, outpatient letters or discharge summaries).

You can see under each CiP, where relevant, when a CbD is most useful.

**Clinical correspondence**

You should submit a range of letters and emails to and from referring clinicians; you can also include patient consent forms and other correspondence you consider relevant.

Evidence of your clinical correspondence can support a number of CiPs, including those relating to communication, patient management and clinical competence. You can include evidence relating to correspondence with referring clinicians and/or other professionals (for example, physics, radiographers, clinical radiologists, etc.) alerting them on issues such as missing images, inadequate coverage, recalls and similar safety and quality issues and particularly correspondence relating to emergency/Acute Oncology events, ceiling of care and end of life.

You can see under each CiP the areas where relevant correspondence is most useful.

**Clinical governance activity**

You should provide minutes of relevant meetings in which you have participated. For example:

* clinical governance meetings
* discrepancy meetings
* department meetings
* MDT meetings (see below)
* Morbidity and mortality (M&M) meetings

Invitations to meetings or agendas for meetings will be given less weight without the minutes or outcome.

Your MDT activity should be uploaded separately but other activity such as relevant meeting attendance and reflection on it can be grouped together and uploaded as one file per institution.

**Complaints and significant incidents**

We know that incidents happen and complaints are made; for a Portfolio application, we are interested in how you respond to these. Evidence relating to **two examples should be sufficient**.

You may include complaints received against you, the department within which you worked or one against a colleague where you have been involved in the resolution. You can provide evidence of your response to any complaint or untoward incident and evidence of reflective activity. If you have raised a concern, you could provide relevant evidence of that. Complaints can be formal or informal.

Please be sure to provide evidence of how the situation was resolved and reflection or any CPD that resulted.

**Courses and CPD activity relevant to the CiP**

Evidence of participation in courses and learning events relevant to the curriculum is useful supporting evidence in respect of a number of CiPs, particularly in respect of:

* clinical courses to show you are making efforts to maintain good practice
* courses relevant to equality and diversity, consent, data protection/information governance, equal opportunities, ethics, probity, infection control, safety and so on
* teaching
* research
* management and leadership
* communication
* GCP

CPD activity and courses are given less weight if they were completed more than five years ago, so **please make sure that you demonstrate such activity from within the last five years**. Invitations to meetings or agendas for meetings will be given less weight without the certificate or similar confirmation of participation.

* **Courses and CPD activity relevant to the CiP –** Please group these together and upload them from the last five years as one file. You can subdivide into sections within the file – for example, you might list ethics and similar courses under CiP 2 and teaching-related courses under CiP 6.

**Management and leadership activity**

Evidence of relevant activity includes rota management, responsibility for finances/budgets, assessments on others such as WpBAs, relevant courses and qualifications, leading MDTs, chairing other meetings, acting as audit lead or head of department, setting up new services/service mapping, participation in wider trust consultations, protocol or pathway development, or examples where you helped address a service problem or new demand etc.

**Multidisciplinary team (MDT) meeting activity**

MDT meeting-related activity may be referred to outside the UK as grand rounds, tumour boards, etc.

You should submit minutes and records of your participation in MDT meetings covering a period of at least six months, with patient histories and any notes.

Include your reflective activity on MDTs, especially on your personal contribution. Evidence of you leading the MDT is also useful.

Workplace-based assessment of your MDT contribution will also be useful through a Case-based Discussion.

**On-call activity**

A range of on-call rotas covering a period of at least six months will support evidence of your ability to perform in the emergency context as well as support your general activity.

**Reflective activity**

Reflecting on your experience is important to your development as a doctor and in improving the quality of patient care.

We want to see specific examples of your own experiences and how a particular situation has impacted you and what you have learnt, such as:

* How the activity contributed to the development of your knowledge, skills or professional behaviours
* Ways in which your own behaviour may change as a result of reflecting on the event
* What difference this will make to patient safety and quality

If you are unfamiliar with reflective practice, you should read the [GMC guidance on reflection](https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students) to help you understand the principles behind it and how to demonstrate it.

Your evidence should demonstrate reflective activity as a regular feature of your practice, not all completed on one day.

Reflective activity includes notes and diaries, for example, on CPD and learning events, teaching, research, audit and QI activity, discrepancies, complaints and significant events, appraisal and feedback and MDT activity.

* **Reflective activity -** Your reflection can be included in the file next to the item on which you have reflected – for example, CPD, clinical governance, audit and QI, etc. Or you can include it all in one file in date order called “Reflective activity”.

**Research activity**

For example:

* participation in clinical trials
* evidence of literature searches and critical appraisal of research
* participation in journal clubs
* development of guidance and protocols
* publications, posters and abstracts
* applications for research projects
* ethics committee submissions and/or participation
* patient consent forms
* Good Clinical Practice (GCP) certificate or other relevant courses or qualifications
* case-based discussion
* submissions to RTTQA or equivalent, or reflection on RTTQA in service delivery
* research training and/or qualifications

**Safety and quality activity**

For example:

* participation in a review of patient leaflets
* development of standard operating procedures and protocols
* participation in clinical trials
* relevant publications
* evidence of presentations at audit meetings
* reflective activity
* CPD related to safety and quality

Letters stating that you have participated in these activities are useful supporting evidence but are insufficient evidence on their own.

**Teaching activity**

Evidence may include:

* example presentations (PowerPoint etc.)
* confirmation that you delivered these by way of invitations, timetables etc. or other evidence to show how teaching is delivered
* formal learner feedback
* relevant courses or qualifications in teaching
* assessments of your teaching
* evidence of supervision of others and giving feedback, for example in their management of patients or carrying out practical procedures and/or being a clinical supervisor (for example, through assessments completed in the workplace)

**Workplace-based assessments (WpBAs)**

CCT trainees complete a range of assessments in the workplace regularly in each year of their training (see section 4.5.3 of the curriculum for what these are).

We understand that training outside the NHS will not feature these assessments in the same way and, for those who have finished training and are working in non-training jobs, that you will not necessarily undergo similar assessment in your current post.

However, structured, unselected multisource feedback and patient feedback are the most effective way to evidence your communication and team-working skills. Assessments of your MDT, teaching and audit and quality improvement activity are also useful.

WpBAs are not generally expected for clinical activity you have undertaken recently that is confirmed by your planning and prescriptions and other evidence, but, of course, if you have them, please submit them. Assessments such as mini-CEX, DOST or DORPS can be useful if they support a particular range of procedures or a period of additional training you have had, or for a clinical activity in which you participate less regularly. Acute Care Assessments (ACAT) may also help with CiP 8.

If you have completed training within the last five years, you should submit evidence of how you were assessed during your training.

Appraisals or assessments completed retrospectively will not be given as much weight as ones that were completed at the relevant time.