**MEDICAL TRAINING INITIATIVE - CLINICAL RADIOLOGY**

**APPLICATION FORM**

To be completed by the MTI applicant

**Please read the RCR’s MTI guidance and** [**eligibility criteria**](https://www.rcr.ac.uk/clinical-oncology/careers-recruitment/medical-training-initiative-mti/eligibility-criteria) **to ensure you meet the criteria for this scheme. You should not apply if you have failed any part of the PLAB test (without a subsequent pass in that part) or if you cannot meet the minimum eligibility requirements for GMC registration, for the RCR MTI scheme and for the Tier 5 visa.**

It’s important to note that the MTI is not a means to seek permanent employment in the UK. Please refer to the UK government website for [Tier 5 Overview and application](https://www.gov.uk/tier-5-government-authorised-exchange/overview) processes.

If any section does not apply to you, please fill in “NOT APPLICABLE”.

If you have any queries about this form, please contact [workforce@rcr.ac.uk](mailto:workforce@rcr.ac.uk)

**Section ONE: Personal details**

*It is very important that you are consistent in the spelling and order of your names, and that these reflect what is set out in your passport and medical qualifications.*

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| **Surname/Family name** | |
|  | |
| **First/Given names** | |
|  | |
| **Non-UK Postal address (current at time of this application)** | |
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| **Telephone number** |  |
| **Email address** |  |
| **Nationality** |  |

**Section TWO: Details of present appointment (where you are working now)**

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| **Title/Grade of post** |
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| **Name and full address of hospital** |
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| **Name of supervising consultant/Head of Department** |
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**Section THREE: Details of the post offered in UK**

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| **Title/Grade of post** | |
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| **Name and full address of UK hospital** | |
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| **Name of supervising consultant** | |
|  | |
| **Email address** |  |
| **Telephone number** |  |
| **Duration of post** |  |
| **How is the post funded? (e.g., salary, official funding)** *Please note you cannot self-fund* | |
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| **What do you hope to achieve during this period of training?** | |
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| **In what ways do you think your training will have a positive impact on the healthcare system in your home country once you return after your placement?** | |
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| **Please confirm the country you intend to reside in when you finish your post in the UK** | |
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**Section FOUR: Employment History**

***You must have been engaged in medical practice for a minimum of three years from the last five years, including the 12 months immediately preceding the date of an application for GMC registration. Observerships and clinical attachments are not recognised by the GMC as medical practice for this purpose.***

* ***Please list all posts held since primary medical qualification including pre-oncology intern years, medical work, non-medical work, study leave, clinical attachments or observerships, career breaks, maternity or parental leave, unemployment and career breaks. Information on internships accepted by the GMC can be found*** [***here***](https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/check-if-your-practical-training-internship-is-acceptable)
* ***All dates must be recorded as dd/mm/yyyy***
* ***If there are any gaps in your work history, please include these. Do not leave any gaps in employment.***

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| **Start date** | **End date** | **Name and location of medical employer or details when not engaged in clinical practice** | **Country** | **Grade/Title of post** | **Specialty** | **PT/FT** | **Hours of clinical practice per week** |
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**Section FIVE: Qualifications**

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| **Title of PRIMARY (undergraduate) medical qualification** | **Date of qualification** | **Where obtained** |
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| --- | --- | --- |
| **Title of POSTGRADUATE qualification, if obtained** | **Date of qualification** | **Where obtained** |
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| **Title of any other relevant qualification** | **Date of qualification** | **Where obtained** |
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| --- | --- | --- |
| **Title of any other relevant qualification** | **Date of qualification** | **Where obtained** |
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| **Title of any other relevant qualification** | **Date of qualification** | **Where obtained** |
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**Section SIX: Other information**

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| **Publications, posters, presentations, research** *Please provide details of publications in peer reviewed journals and of presentations and/or posters accepted at conferences, congresses or other local/national/international meetings, including author details* |
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| **Audit/Quality Improvement Activity** *Please provide a list of the audit projects and/or quality improvement projects with which you have been involved. For at least two audits and/or quality improvement projects, set out what have been the consequences of the activity for the department(s)* |
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**Section SEVEN: Competencies**

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| **Doctors applying for this scheme must have the skills, competencies and understanding to allow them to practise safely in an approved practice setting under full registration.**  **The RCR expects doctors in this scheme to be competent to the level expected of a trainee who has completed at least 30 months of clinical radiology training in the UK.**  **Please submit the following:**   * A consolidated annual summary of your workload statistics from the last 30 months. Written confirmation from a supervisor or head of department (preferably one of your referees) that these are your personal workload statistics should also be provided. * A range of at least forty ANONYMISED radiology reports from the last 30 months which should cover as much as possible of the core radiology specific content in the specialty training curriculum – breast, cardiac, emergency, GI, general and non-vascular intervention, head and neck, musculoskeletal, neuroradiology, oncology radiology, paediatric, radionuclide, thoracic, urogynaecological and vascular radiology. The current curriculum can be seen here [Clinical radiology curriculum](http://www.rcr.ac.uk/content.aspx?PageID=2421) Written confirmation from a supervisor or head of department (preferably one of your referees) that these are examples of your reporting should also be provided. |

**Section EIGHT: Other criteria**

***It is your responsibility to ensure that you meet the minimum requirements for GMC registration.***

**8a PLAB test (Professional and Linguistic Assessments Board)**

*If you have failed any part of the PLAB test without a subsequent pass (e.g. in Part 1) you are not eligible for sponsorship under the MTI.*

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| **Have you ever attempted any part of the PLAB test?** |
| *Double click on the appropriate box and click “checked”* **YES**  **NO** |
| **If yes, please state year(s) and result(s)** |
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**8b IELTS (International English Language Testing system) or OET (Occupational English Test)**

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| **You must have achieved the GMC’s current minimum required scores in the academic version of the IELTS test (a minimum score of 7 in each category and an overall score of no less than 7.5) or OET test (a minimum grade of ‘B’ in each testing area). The GMC’s current English language requirements can be found on the following pages of the GMC website:**  [**http://www.gmc-uk.org/doctors/registration\_applications/language\_proficiency.asp**](http://www.gmc-uk.org/doctors/registration_applications/language_proficiency.asp)  **If you have not done so yet, you should address this as a matter of urgency. Without an acceptable IELTS or OET pass, we cannot approve your application.** |
| **Do you currently hold the GMC’s minimum required score in the IELTS test or OET test?** |
| *Double click on the appropriate box and click “checked”* **YES  NO** |
| **If yes, please state the year this test was taken and the overall result** |
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**Section NINE: Referees’ details**

*Please provide us with the details of three referees. Your first referee must be the Head of Department, training programme director or equivalent in respect of your clinical radiology training, who can give direct information from their personal knowledge about your radiology training and progression through training.*

*Your other two referees must be clinical supervisors from your current and previous employment who have* ***worked with you within the last five years****. They must be able to give direct information from their personal knowledge about your radiology training or subsequent practice if you have completed training.* ***If references provided are outside of the last five years additional references and/or information may be required***

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| **FIRST REFEREE - in relation to your clinical radiology training** | |
| **Name** | |
|  | |
| **Name and full address of hospital** | |
|  | |
| **Position and place of work when working with the referee** |  |
| **Email address** |  |
| **Telephone number** |  |

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| **SECOND REFEREE** | |
| **Name** | |
|  | |
| **Name and full address of hospital** | |
|  | |
| **Position and place of work when working with the referee** |  |
| **Email address** |  |
| **Telephone number** |  |

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| **THIRD REFEREE** | |
| **Name** | |
|  | |
| **Name and full address of hospital** | |
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| **Position and place of work when working with the referee** |  |
| **Email address** |  |
| **Telephone number** |  |

**Section TEN: Declarations of fitness to practice**

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| Have you ever been convicted of an offence in a court of law, or been cautioned, in the UK or another country? You must include  *- Any convictions in the.UK that have been spent under the Rehabilitation of Offenders Act 1974*  *- Any road traffic convictions*  *- Any offences for which you have been convicted in a military court or tribunal.* | *Double click on the appropriate box and click “checked”*  **YES  NO** |
| Have you ever been issued with a fixed penalty notice in the UK or another country?  *(You do not need to declare any road traffic offences where you have accepted the option of paying a fixed penalty notice)* | **YES  NO** |
| Have you ever been issued with a penalty notice for disorder, or harassment notice, in the UK or another country? | **YES  NO** |
| Have you ever been suspended from duty, or had a complaint upheld or your registration or licence to practise removed while working as a medical practitioner, or health or social care professional, in the UK or another country? | **YES  NO** |
| Have you ever been refused registration or a licence to practise by any medical, health or social care regulator in the UK or another country? | **YES  NO** |
| Have you ever been fined, given a warning or reprimanded by any medical, health, social care or any other regulator in the UK or another country? | **YES  NO** |
| Are you aware of anything about your physical and/or mental health that might raise a question about your fitness to practise as a doctor in the UK? | **YES  NO** |
| Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness to practise as a doctor in the UK? | **YES  NO** |
| Have you ever entered into a settlement as a result of medical malpractice or a negligence claim? | **YES  NO** |
| Has a medical school or university ever taken any form of disciplinary action and/or fitness to practise procedures against you? | **YES  NO** |
| Has an employer ever taken disciplinary action against you? | **YES  NO** |
| Do you know of any reason why the medical regulatory authority in any of the countries where you have worked since qualifying as a doctor would refuse to grant you a certificate of good standing? | **YES  NO** |
| Are there, or do you know of, any current or future proceedings or other matters that might lead to your registration or licence to practise in any country being removed, suspended or restricted in any way? | **YES  NO** |

**Section ELEVEN: Checklist of documents to be supplied**

*Please indicate beside each item to confirm its inclusion with this application. You will have to provide some or all of these documents (and others) in the format specified by the GMC when you formally apply to the GMC for registration. The GMC will require some documents to be less than three months old when your GMC application is approved. Please see the GMC website for what you will need to provide. The RCR cannot advise or confirm whether or not your documents will be acceptable to the GMC for their GMC application, nor on eligibility for the Tier 5 visa.*

[*http://www.gmc-uk.org/doctors/registration\_applications/img\_sponsorship\_p1.asp*](http://www.gmc-uk.org/doctors/registration_applications/img_sponsorship_p1.asp)

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| --- | --- |
| **Letter from UK hospital confirming offer of post and provisional start date** | *Double click on the appropriate box and click “checked”*  **YES  NO** |
| **A copy of your Primary Medical Qualification** | **YES  NO** |
| **A copy of your Postgraduate Qualification or any part of it acquired to date** | **YES  NO**  **Not applicable** |
| **Letter confirming receipt of funding (e.g. offer of salary)** | **YES  NO** |
| **CV** | **YES  NO** |
| **Copy of passport** | **YES  NO** |
| **At least forty ANONYMISED radiology reports from within the last 30 months as set out in section seven above** | **YES  NO** |
| **A consolidated annual summary of your workload statistics from within the last 30 months** | **YES  NO** |
| **Confirmation from a Head of Department or similar that the reports and workload relate to your personal activity** | **YES  NO** |
| **IELTS or OET certificate** | **YES  NO** |
| **Payment for application fee of £200.00**  **Payment can be made via** [**PayPal**](https://www.paypal.com/webapps/hermes?token=7H320331LP255320E&useraction=commit&wpsFlowRedirectToXorouterSkipHermesStartTime=1710846198022&flowType=WPS&mfid=1710846197707_0a500b33639a3) **and a screenshot sent as evidence of payment** | **YES  NO**  ***This payment is non-refundable*** |
| **NB - Certificate of good standing - *you must provide this to the GMC when you make your application for registration. It must be less than three months old at the point of your formal GMC application.*** | |

**Section TWELVE: Declaration**

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| **I confirm that the information provided in my application is correct. I understand that any false statement or declaration may result in a refusal of the application, and the General Medical Council being informed. I understand that the College may also contact the GMC in respect of any false or misleading information found at a later date.**  **I understand that the Royal College of Radiologists reserves the right to refuse to support my application, and/or may request further documentation and information in respect of this application if considered necessary. I understand that the College’s decision is final in respect of this application under this MTI.**  **I consent to the College processing and retaining the personal information contained in my application in accordance with its Data Processing responsibilities.** | |
| **FULL NAME:** |  |
| **DATE:** |  |

**Please return this form and accompanying documents by email to** [**workforce@rcr.ac.uk**](mailto:workforce@rcr.ac.uk)