ADVICE for those applying for a CESR in Clinical Oncology

Please note that in providing you with any specialty specific advice and guidance in respect of your CESR application, the Royal College of Radiologists cannot give guarantees or opinions as to the likelihood of your application being successful; nor can any such advice guarantee success in any application to the GMC.

In addition to this summary advice document, please read the Specialty Specific Guidance (SSG) for clinical oncology GMC specialty specific guidance and the current curriculum www.rcr.ac.uk/oncology/curriculum

You must demonstrate that your training and/or specialist qualification and experience are at least equivalent to all the requirements of the current CCT curriculum in clinical oncology. All CESR applications are evaluated to the same standard no matter where you trained, qualified and/or currently practise. Your evidence must demonstrate competence across the breadth and depth of the CCT curriculum. This includes all generic, common competencies as well as the clinical oncology specific competencies. If there is any part of the curriculum in which you cannot demonstrate your recent competence, you should consider delaying your application until you have achieved the required competencies.

More weight is given to PRIMARY evidence than secondary evidence such as structured reports, letters and testimonials. More weight is given to evidence from within the last five years. If you obtained a competency more than five years ago, it may not be given sufficient weight in your CESR application to help you demonstrate equivalence and you may want to update your skills and competence where necessary before applying. If you have practised in a narrow area of the curriculum for more than the last five years, this may affect the success of your application.

Your evidence must be appropriately verified and anonymised in accordance with the GMC guidance and all patient identifiable information must be removed.
Key documents to submit include:

- Training curricula – applicable to the time that you trained, which will not necessarily be the current version;

- Details of your specialist qualification – if you do not have the FRCR Examination you must demonstrate an equivalent test of knowledge. 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.

- You must also demonstrate equivalence to the MRCP Examination. If you do not hold the MRCP you must demonstrate that you have the competencies which this tests, the appropriate level of non-oncology expertise and that you can appropriately manage acutely unwell patients. Evidence you might consider submitting includes evidence of your general emergency exposure, including evidence of managing the acutely unwell patient routinely and on medical unselected take and understanding the co-morbidities of patients and their treatments; participation in the oncology on-call rota (including evidence of cases seen/managed); any other tests of those knowledge and skills.

- Workload statistics and/or logbooks, including a summary of the numbers, to show your range of practice particularly over the last five years and to support the range of planning and prescriptions that you submit;

- Radiotherapy plans and systemic therapy prescriptions – most of these should be from your most recent posts but you can submit reports from earlier if these cover additional areas of the curriculum (more weight is given to practice within the last five years). Please see the specialty specific guidance and the guidance for submission of clinical cases which you must follow when submitting your evidence.

Clinical oncology is differently structured in the UK than in many other countries. Clinical oncologists train and practise in both radiotherapy and systemic therapies. If your systemic therapies have been acquired outside a programme of structured training, you should be sure to submit evidence that demonstrates how you obtained those competencies and that you have been assessed in them. You must show that you recommended, delivered and managed the relevant therapy.

- Clinical audit/service improvement/clinical governance activity – by this we mean examples of clinical audit that show re-audit, with significant information about service improvement activity, or quality improvement projects with significant information about how this contributed to service improvement. You should submit at least two examples of clinical audit and/or a quality improvement project and at least one of these should show completion of the audit cycle through re-audit or evidence of implementation of recommended changes which clearly shows your role in the activity.
You should also submit evidence of your participation in MDT activity, clinical governance activity and relevant meeting attendance.

Please do not provide simply a list of audits undertaken or meetings attended, or letters confirming this; this will not be accorded the weight which is given to primary evidence such as the audit or QI project itself or minutes of relevant meetings;

- Appraisal information including patient feedback (and other evidence of the quality of your interactions with patients), multi source feedback and workplace based assessment where available. You should include personal development plans, objective setting and how objectives have been achieved and examples of reflective activity;

- Specialty focussed CPD from within the last five years; and CPD which might cover management, teaching, equality and diversity etc.

- Research activity which might include research projects, a thesis, publications, courses etc. must also be submitted along with a current Good Clinical Practice certificate or equivalent;

- Teaching activity evidence such as including student feedback, timetables and examples of presentations;

- Management activity – this might include rota management, budget management, participation in management meetings, appraisals and assessments conducted by you etc

- MDT activity – preferably the notes of recent meetings attended, along with the case histories discussed

This list is not exhaustive, but your application is less likely to succeed if you do not submit this information as part of your application. You’ll also need to submit other documents as required by the GMC – please look carefully at the specialty specific guidance.

**Useful links** – for additional guidance

Audit and quality improvement pages [Audit at the RCR](http://Audit at the RCR) – including the Audit Library with suggestions for basic templates for audit formats which can be adapted.

January 2019