ADVICE for those applying for a CESR in Clinical radiology

Please note that in providing you with any advice and guidance in respect of your CESR application, the RCR 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 radiology [GMC specialty specific guidance (SSG)] and the current Clinical radiology curriculum [www.rcr.ac.uk/radiology/curriculum]

You must demonstrate that your specialist training and/or specialist qualification and experience are at least equivalent to all the requirements of the current CCT curriculum in Clinical radiology. 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 curriculum. This includes all generic competencies (communication, audit and quality improvement, teaching, research and others as set out in the curriculum) as well as the radiology 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.

"Secondary” evidence such as references, letters and testimonials is given less weight than “primary” evidence such as appraisals, multisource feedback, audit and QI projects and reports, etc. More weight is given to evidence obtained within the last five years – so 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 should consider updating 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 cause you some difficulty – please make sure that you can demonstrate recent competence across the breadth of the curriculum.

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

- **Training curriculum** – the version in force at time you trained, (which won’t necessarily be the current version) and evidence relating to your training such as appraisals, workplace based assessments, etc..

- **Specialist qualification** – if you don’t 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, even if you have subsequently passed a different examination.

- **Workload statistics** from the relevant department’s radiology information system 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 reporting that you submit.

- **Radiology reports** - 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 (see below) and covering the appropriate range of techniques. 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. 40 reports is the absolute minimum you should submit, but you should consider submitting more ensure that the breadth of the radiology CCT curriculum is covered. Our publication *Standards for interpretation and reporting of imaging investigations* sets out the standards that should be attained by those providing a report on an imaging investigation in the NHS.

The curriculum sets out a range of common and uncommon presentations and diagnoses in each specialty specific area to which you can refer. Teleradiology reports of practical procedures not performed by you should not be submitted.

**Please include a summary list of the reports you have submitted, in the order that they are submitted. Please submit your reports in order of system as set out in the CCT curriculum as follows:** 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).
• Clinical audit/quality improvement/clinical governance activity – this is one of the most common areas in which applicants fail. This evidence is very important to your application. You must look at Domain 2 in the GMC specialty specific guidance (SSG) for more detail.

It is most straightforward to submit clinical audit reports 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 quality improvement projects and at least one of these should show completion of the audit cycle through re-audit or evidence of implementation of recommended changes.

Our Audit and Quality Improvement pages include our AuditLive resource with examples of templates for audit formats which can be adapted.

You should submit evidence of your participation in multidisciplinary team meetings (or equivalent activity such as grand rounds) including notes of cases discussed, reflective activity and details of meetings attended.

You should submit evidence of clinical governance activity and relevant meeting attendance such as discrepancy meetings, radiology department meetings, etc. Please submit evidence of other safety and quality activity such as relevant courses, reflective activity and so on.

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

• Appraisal information including multi source feedback, workplace based assessment where available, patient feedback. 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 covers management, teaching, equality and diversity, communication etc. CPD dating from more than five years ago is unlikely to be given as much weight;

• Research activity which might include research projects, publications, courses etc.

• Teaching activity evidence including student feedback, timetables and examples of presentations;
• **Management activity** – this might include rota management, budget management, participation in management meetings, chairing of meetings, appraisals and assessments conducted by you etc.

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 [GMC specialty specific guidance (SSG)](https://www.gmc-uk.org). For further advice please email the RCR at specreg@rcr.ac.uk and attach your CV.

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