**Radiotherapy evidence, SACT evidence and Brachytherapy evidence**

**General advice**

***All evidence must be anonymised in accordance with the GMC guidance***

You must provide a range of your radiotherapy plans, SACT prescriptions and associated clinical documents. Each .pdf document should be clearly readable. Radiotherapy and Brachytherapy plans should be in full colour and of a size/resolution that can be readily assessed.

When choosing which clinical cases to submit as set out below, you should focus on the following tumour types, reflected in the range of those tested in the Final FRCR Examination: respiratory, urology, head and neck, skin, central nervous system, gynaecology, breast, lower gastrointestinal, upper gastrointestinal, haematology. You may also choose to include examples of your plans and prescriptions for less common tumour sites.

This is your main opportunity to demonstrate to your evaluators that you have the range of clinical knowledge, skills and experience in the management of cancer patients of those who have completed training according to the CCT curriculum.

In addition to your ability to safely plan, deliver and manage radiotherapy and systemic therapy, other areas that will be assessed are indicated in the descriptors in the relevant CiPs. Please refer to these to see the range of clinical contexts your evidence should demonstrate.

Your assessors would like to see a wide range of cases, in terms of tumour sites, treatment intent (both radical and palliative) and complexity. This will be a reflection of the diversity of cases you are expected to be competent to manage as an NHS consultant.

Workload statistics or logbooks may be useful to demonstrate the breadth and depth of your recent practice across the range of the oncology-specific content of the CCT curriculum. These should be generated from your department’s information system and be summarised by an annual summary of the total numbers of patients and show your role in their care. If you maintained a logbook for any post during the last five years, you can submit that.

**Radiotherapy evidence** *relevant to CiPs 9, 11, 13, 14, 15, 16, 17, 18*

Please submit radiotherapy plans as specified for the required number of patients and range of tumour sites.

Each case should be submitted as a separate .pdf document. Ensure that the file name for each case references a) the case number, b) the site being treated, c) the intent (radical or palliative). An example would be ‘Case 1 Prostate Radical’. Each case should be completed using the case evidence template.

For each case, make sure you include the following:

* A concise summary of each case, containing the history, the relevant investigation results, your recommended treatment and your personal reflection on the case. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision
* Patient letters and letters between referring clinicians (referral, patient history, follow-up)
* Evidence of consent and toxicities discussed
* Radiotherapy prescription containing the prescription dose, prescription point/isodose, dose per fraction, treatment days, modality (including energy) and any concurrent treatments
* Where you have modified the dose or the PTV, or where the prescription falls outside the general RCR recommendations on dose/fractionation, explain why you have done this
* Your reflection and personal summary are essential to support this evidence

Formally Computer Planned Cases

* The radiotherapy plan should include three representative trans-axial slices (upper, central, lower) through the treatment volume and one coronal slice that best represent the treatment volume. Each slice should clearly show the GTV, CTV, PTV and Organ At Risk outlines. Isodoses should be clearly shown. Do not include beam arrangements on the plans. Legends should be provided, which clearly identify the isodoses, organs at risk and treatment volumes. The legend should be visible on each page that includes an image of the plan.
* Provide Dose Volume Histograms for the PTV and Organs at Risk.

Non-computer Planned Cases (Simulator, V-Sim etc)

* Provide representative simulator images or V-Sim CT slices as appropriate. Include a short description of your methodology in planning the case. Include as much information as possible to enable assessment of the case.

**SACT Evidence** *relevant to CiPs 9, 11, 12, 13*

Please submit SACT cases as specified for the required number of patients and range of tumour sites.

Each case should be submitted as a separate .pdf document. Ensure that the file name for each case references a) the case number, b) the site being treated and c) the intent (curative, adjuvant, neoadjuvant or palliative). An example would be “Case 1 Colorectal Adjuvant”. Each case should be completed using the case evidence template.

For each case, make sure you include the following:

* A concise summary of each case, containing the history, the relevant investigation results, your recommended treatment and your personal reflection on the case. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision
* Patient letters and letters between referring clinicians (referral, patient history, follow-up)
* Evidence of consent and toxicities discussed
* Systemic therapy prescription containing the drug(s), dose calculation, dose modifications and any concurrent/ supportive treatments.
* Where you have modified the dose or the regimen, explain why you have done this
* Your reflection and personal summary are essential to support this evidence

Clinical oncologists in the UK train and practise in both radiotherapy and systemic therapies. If your systemic therapy competencies 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.

**Brachytherapy evidence** *relevant to CiP 18*

Please submit plans as specified for the required number of patients.

It is recognised that applicants might have experience in gynaecological brachytherapy only and therefore it is acceptable to submit a limited range of cases. However, where applicants have a wider experience of brachytherapy, they should submit cases to illustrate this.

Each case should be submitted as a separate .pdf document. Ensure that the file name for each case references a) the case number, b) the site being treated and c) the intent (radical or adjuvant). An example would be ‘Case 1 Cervical cancer, adjuvant’. Each case should be completed using the case evidence template.

For each case, please indicate if the procedure was performed independently or with minimal supervision.

For each case, make sure you include the following:

* A concise summary of each case, containing the history, the relevant investigation results, your recommended treatment and your personal reflection on the case. You should explain the reasons for your recommendations and evidence to support these. If there was a variation from standard clinical practice, you need to provide a reason to justify your decision.
* Patient letters and letters between referring clinicians (referral, patient history, follow-up).
* Evidence of consent and toxicities discussed.
* Brachytherapy prescription containing the prescription dose, prescription point/isodose fractionation and details of applicators or implant used and doses to organs at risk.
* Where you have modified the dose, or where the prescription falls outside the general RCR recommendations on dose/fractionation, explain why you have done this.
* Your reflection and personal summary is essential to support this evidence.

Formally Computer Planned Cases

The brachytherapy plan should include a representative trans-axial, sagittal and coronal slice (where appropriate). Plans should include the treatment volume and, where appropriate, organs at risk. Legends should be provided, which clearly identify the isodoses, organs at risk and treatment volumes. The legend should be visible on each page that includes an image of the plan.