# Guidance on suggested evidence types

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 and how to present it, orwhat 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.

Applicants are required to show how they have instigated, collated and presented a piece of work, as well as how they have reflected on 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 audit or quality improvement project**, **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 is also useful.**

You can refer to [the audit and quality improvement pages on the RCR website](https://www.rcr.ac.uk/clinical-radiology/audit-overview) – this includes the “[AuditLive](https://www.rcr.ac.uk/clinical-radiology/audit-and-qi/auditlive)” section, which is a collection of templates providing a framework identifying best practice in key stages of the audit cycle.

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 (e.g. audit proposal, audit, presentation, re-audit)**
* **Call this “Audit and Quality Improvement projects – institution name”. Upload it under CiP3**

**Multisource feedback (MSF)**

This is a method used to assess common skills, including behaviours, team working and communication skills. It is sometimes called 360-degree feedback.

You should supply evidence of feedback from colleagues of all levels (senior doctors and consultants, doctors in training, radiographers, nurses/allied health professionals, clerks, secretaries and auxiliary staff), preferably as part of a structured, unselected MSF package completed at the relevant time. This evidence must be as recent as possible and at least within the last five years of practice. The MSF must be conducted anonymously. **One round of formal MSF is the minimum** **you should submit.**

Personal reflection on this MSF and self-assessment are also useful.

Evidence in the format of letters, references for posts applied for and so on is useful, but may not be given as much weight as structured, unselected MSF. Selections of invited testimonials are not accepted and selections of personal greetings/thank you notes from patients are not relevant here.

MSF may not be offered in all workplaces. If you do not have any MSF available, please provide the following instead:

* Anonymised colleague feedback – the GMC’s guidance on [collecting colleague feedback](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/revalidation-resources/collecting-colleague-and-patient-feedback-for-revalidation) includes a useful feedback questionnaire.
* Personal reflection on, and your contribution to, collaborative working. This must include:
  + 6–10 examples of work output, including rotas/timetables
  + coverage of all specialties, with clarity on how you use radiology reports to enable clinical colleagues to handle or manage patients, and comments on image quality and studies.
* **Call this “MSF – institution name”. Upload it under CiP1**

**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. For example, you can include evidence relating to correspondence with radiographers/PACS team alerting them on issues such as missing images, incorrect marker, inadequate coverage, recalls and similar safety and quality issues and correspondence relating to emergency/  
on-call findings. Please refer to the CiP descriptors for more information as to what your correspondence should demonstrate.

* **Clinical correspondence: please group together emails and letters and upload them as one file per institution. You can subdivide within the file as set out in the SSG. For example, clearly indicate that it relates to safety and quality, emergency/on-call findings and so on.**
* **Call this “Clinical correspondence – institution name”. Upload it under CiP7**

**Clinical governance activity**

Minutes of relevant meetings or other relevant activity in which you have participated – for example:

* clinical governance meetings
* discrepancy/Radiology Events and Learning meetings (REALMs)
* radiology department meetings
* morbidity and mortality (M&M) meetings

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

* **Clinical governance activity - relevant meeting attendance and reflection on it can be grouped together and uploaded as one file per institution. Call this “Clinical governance activity - institution name”. Upload this under CiP2**

**Complaints and significant incidents**

Candidates often worry whether their application will be turned down if they provide examples of actual complaints. However, we know that incidents do happen and complaints are made. For a CESR application, what we are interested in is how you **respond** to these and how you have used them as a learning opportunity. 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.

* **Complaints and significant incidents - Please upload in one file per institution your evidence about handling complaints and any reflective activity or CPD that resulted.**
* **Call this “Complaints and significant incidents – institution name”. Upload it under CiP1**

**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, including in AI and new technological developments
* courses relevant to equality and diversity, consent, data protection/information governance, equal opportunities, ethics, probity and so on
* courses relevant to maintaining knowledge and skills in procedural activity, such as infection prevention, life support, radiation protection and so on
* teaching
* research
* management and leadership
* communication

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 in CiP 3. You can subdivide into sections within the file – for example, you might list data protection etc courses relating to CiP4 and teaching related courses relating to CiP5.**
* **Call this “Courses and CPD”. Upload it under CiP3**

**Management and leadership activity**

Evidence of relevant activity – for example:

* rota management,
* responsibility for finances/budgets
* assessments on others, such as WpBAs (these are particularly useful)
* relevant courses and qualifications
* leading MDTs (required for CiP 12)
* chairing other meetings
* acting as audit lead
* setting up new services/service mapping, participation in wider trust consultations, protocol or pathway development, or where you helped to address a service problem or new demand etc. or evidence of course organisation and so on
* **Management and leadership activity - Relevant activity such as listed in the SSG should be uploaded into one file per institution.**
* **Call this “Management and leadership activity – institution name”. Upload it under CiP6**

**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 evidence of activity, such as logbooks or a rota of MDT attendance. This evidence should include:

* + your attendance and exact role
  + dates or frequency of meetings
  + examples of numbers and type of imaging relevant detail, including outcome decisions

You should also include your reflective activity on MDTs, especially on your personal contribution. We need to see not only that you are a core member of one or more MDT meetings, but also evidence of your leading the discussions.

An assessment of your performance at MDTs should also be submitted – for example, in your structured reports or by way of a letter or assessment from the MDT lead or person in a similar capacity.

In the absence of formal MDT/tumour board setting, clinical correspondence discussing radiological reports must be provided, showing specific patient care.

* **Multidisciplinary team (MDT) meeting activity – Please group together minutes, patient histories, reflective activity and whatever else is relevant into one file per institution.**
* **Call it “MDT activity – institution name”. Upload it under CiP12**

**On-call/weekly activity rotas**

You can submit a range of these as objective confirmation that you are participating in on-call activity and of your other timetabled activity. It is usually sufficient to provide 2–3 months of these from your recent employment. It must be clear what any rota activity involved, such as elective, emergency, adult, paediatric, procedural, cross-sectional, fluoroscopy. Organisation-specific but unclear terminology (e.g. “reporting on 5th floor”) must be explained to allow assessors to know what these involved.

* **On-call/weekly rotas - Upload these in one file in date order per institution.**
* **Call it “on-call/weekly rotas – institution name”. Upload it under CiP 11**

**Reflective activity**

This is extremely important to your application. You should submit a range of your reflective activity - for example, on CPD, learning events, teaching, research, audit and QI activity, discrepancies, complaints and significant events, appraisal and feedback, MDT activity.

Throughout the evidence listed, reflective practice is requested. 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 reflection should be included in the file next to the item on which you have reflected – for example, CPD, clinical governance, audit/QI and so on – or grouped together.

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

You may find it helpful to use the RCR’s reflection template to help with structuring your activity. A generic reflective template can be found in the [CPD section](https://www.rcr.ac.uk/clinical-oncology/cpd/reflecting-your-cpd) of the RCR website.

* **Reflective activity - Your reflection can be included in the file for other relevant sections – for example, attached to the relevant CPD, clinical governance, audit and QI, etc.**
* **Or you can include it all in one file in date order called “Reflective activity”. Upload this under CiP2.**

**Research activity**

For example:

* publications
* posters
* abstracts
* literature reviews and/or examples of how you have identified and appraised literature to inform practice such as correspondence with colleagues
* clinical correspondence that refers to relevant activity
* applications for research projects
* Ethics Committee participation
* patient consent forms
* Good Clinical Practice (GCP) certificate or other relevant course or qualification, such as duty of candour, AI and other activity relating to emerging technologies, research/ethics courses or qualifications

Publications available in the public domain can be uploaded into one file as they do not need to be verified.

* **Research activity - Publications, posters, a thesis and other things such as listed in your SSG should be uploaded into one file per institution.**
* **Call this “Research activity – institution name”. Upload this under CiP4**

**Safety and quality activity**

For example:

* clinical governance activity
* 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.

* **Safety and Quality activity - Much of your evidence may be included in other files but anything that has not can be uploaded into one file per institution here.**
* **Call it “Safety and quality activity – institution name”. Upload this under CiP3**

**Teaching activity**

For example:

* formal learner feedback – this is extremely important; it is the impact of your teaching activity that is being evaluated here, not just what you say by way of your presentation content.
* example presentations (PowerPoint etc). Two of these are usually sufficient for this CiP. You can submit two more if you feel they are particularly clinically or otherwise relevant to other CiPs.
* confirmation that you delivered these by way of invitations, timetables etc. or other evidence to show how teaching is delivered

You can also include:

* relevant courses or qualifications in teaching
* assessments of your teaching

Please ensure that your evidence is consistent and triangulates together – for example, if you provide a PowerPoint presentation, that it is consistent with any timetable or invitation if you’re submitting those, and that you submit learner feedback relevant to that presentation.

* **Teaching activity - Everything you submit here – such as presentations (only two or three needed), timetables/invitations, learner feedback, assessments etc. – can be uploaded in one file per institution.**
* **Call this “Teaching activity – institution name”. Upload this under CiP 5**

**Workload statistics**

This is required to demonstrate the breadth and depth of your recent radiology-specific practice. This can be from the relevant department’s radiology information system (RIS) to show your range of practice, particularly over at least the last five years. This should also support the range of reporting that you submit.

This evidence can be modality based, but **please make sure the examination types (for example, Cardiac CT, CTPA, MRI Liver, etc.) are clear in the totality of your evidence, as well as which examinations were performed in the paediatric population. A breakdown of total number of each type of examination reported/procedures undertaken should be summarised in a table**.

If you maintained a logbook for any post during the last five years you can submit that.

Even if you have been working recently in a limited special-interest area, the evaluators need to be satisfied that, within the last five years, you can demonstrate competence in all modalities, body systems and basic image guided procedures. Limited general ultrasound workload and limited cross-sectional non-neurological studies (body CT and MRI and musculoskeletal studies, for example) are among the most common reasons for unsuccessful applications. Special interest/subspecialty level is not required in all complex modalities, but limited evidence of activity and low workload numbers (particularly in common and acute general radiology) may reduce your chance of success.

* **Workload statistics - This can also include logbooks. Please upload these in one file per institution, in date order. Include a summary of the numbers in front of each section.**
* **Call this “Workload statistics – institution name”. Upload it under CiP 7**

**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 job.

WpBAs are not generally expected for clinical activity you have undertaken recently, which is confirmed by your radiology reports and other evidence. However, assessments such as Rad-DOPs or Mini-IPX can be useful if they support a particular range of procedures (such as intervention) or a period of additional training you have had, or for a clinical activity in which you participate less regularly.

Assessments of your MDT activity (MDTA) teaching and audit (TO) and quality improvement (QIPAT) activity might be useful. Evidence of appraisal/assessment completed retrospectively will not be given as much weight as one that was completed at the relevant time.

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

Structured, unselected multisource feedback and patient feedback is the most effective way to evidence your communication and teamworking skills.

* **Appraisal and Workplace-based assessments (WpBAs) - Please upload in one file per institution your appraisals, WpBAs and any other assessments, in date order.**
* **Call this “Workplace Assessments 20XX-20XX – institution name”. Upload it under CiP1**