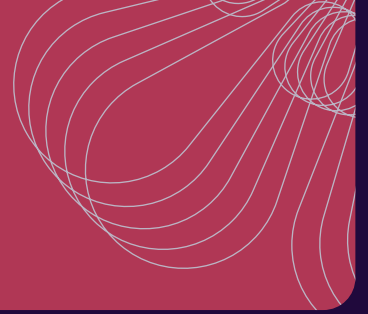


Common reasons for unsuccessful applications



In our experience unsuccessful applications are commonly submitted with **inadequate or poor evidence** in the areas below. You are encouraged to read the Specialty Specific Guidance carefully before submitting your application to the GMC as this contains detailed information about what evidence you require.

Recent and personally generated radiology reports covering the breadth of the radiology-specific content of the CCT curriculum. Your reports must be from within the last five years and preferably as recent as possible.

Please check you include the minimum number of reports required. Your role in generating the report, for example, primary reporter/secondary reporter/responsible for carrying out a procedure rather than observing it, should be clear for this to be considered helpful evidence.

Evidence of clinical governance and service improvement activity, particularly multidisciplinary team (MDT) meetings and activity. This evidence should include examples of cases discussed, reflective activity and minutes of meetings attended.

Evidence that you have been trained in basic image-guided procedures such as performing biopsies and inserting tubes and drains, as well as performing diagnostic procedural work such as fluoroscopy.

You should also submit evidence that you have recent knowledge of IR strategies when investigating common presentations and conditions – for example, by recommending relevant investigations in your reporting and in the emergency setting, by arranging procedures as appropriate, or discussing them in clinical correspondence and at MDT.

Primary evidence of completed clinical audit activity to demonstrate your individual clinical effectiveness and completion of the audit cycle (i.e. re-audit), and/or evidence of quality improvement projects which have led to changes in practice.

Formal appraisal information including personal development plans and evidence of reflection. At least one formal multi-source feedback from colleagues and patients, from the last two years of your clinical practise should be included.

Evidence that you can safely manage the imaging and the image-guided intervention needed to support emergency care or trauma reporting. You must provide a range of activity and reporting reflecting imaging examinations and/or procedures that radiologists may encounter in the acute, unselected take – for example, ultrasound, CT, MR, plain film and performing and/or arranging intervention procedures in a range of neuroradiology, cardiac, GI, thoracic and musculoskeletal presentations in adults.

It doesn't necessarily matter if these were done in an on-call setting if it reflects the range of activity a radiologist might encounter there.

Evidence of teaching and learner feedback that relates personally to you should be provided together with evidence of the teaching session/presentation.

