

Faculty of Radiologists

Training Programme in Radiology

Training Programme in Radiology

Commencing xth July xxxx

APPLICATION FORM

Closing Date: xxxxx

Please read the enclosed guidelines carefully prior to completing the application form.

This application must be submitted unbound and stapled but in the correct order as per page numbers

GUIDELINES (read carefully)

General:

Administration Fees:	€50.00 (Non-refundable)
Commencement Date:	xxxx
Title of Post:	Specialist Registrar (SpR) in Radiology
Duration of Programme:	Five Years (<i>subject to satisfactory continuous assessments</i>)
Curriculum:	www.radiology.ie

Approved Hospitals:

- Beaumont Hospital, Dublin
- St. Vincent's University Hospital, Dublin
- St. James Hospital, Dublin
- Adelaide / Meath Hospital, Tallaght
- Mater Misericordiae University Hospital, Dublin
- Galway University Hospital
- Cork University Hospital, Cork
- Mercy University Hospital, Cork
- Waterford University Hospital

Additional hospitals throughout Ireland may be accredited during the course of your training. Successful candidates may be required to rotate between training hospitals.

Entry Requirements:

- For Radiology, all applicants must have, as a minimum, at least 2 years clinical experience.
 - One year as an intern and 1 year as an SHO is the minimum acceptable pre-Radiology training.
- All candidates must be registered or eligible for registration with the Irish Medical Council (www.medicalcouncil.ie)
- Candidates must meet the English Language requirements as detailed on our website before applying for the training scheme (<https://www.radiology.ie/images/uploads/2012/02/HR-Circular-022-2018-re-English-Language-requirements-for-NCHDs.pdf>)

Salary:

In accordance with approved Department of Health scales (www.doh.ie/publications)

Application Conditions & Procedures:

A complete application consists of the following: 1 credit card form submitted in a sealed envelope, 3 sealed references, 2 passport photos, 4 application packs each including an application form, applicant declaration form and all supporting documentation and a full curriculum vitae.

Applications must include all of the following together by post:

- 4 copies of completed application form (**unbound and stapled in correct order as per page numbers**)
- 4 copies of applicant declaration form
- 4 copies of your full curriculum vitae
- Two passport size photographs
- Original Structured reference forms X 3 (*form attached*)
- 4 copies of Transcripts of Medical School Results
- 4 copies of Verification of your decile /centile place within graduating class
- 4 copies of Verification of other relevant Degree(s) / Diplomas / Professional Examinations
- 4 copies of Verification of Publications, Reviews, Case Reports, Book Chapters to include PubMed reference page and copy of front page of published work. Publications accepted for publication but not published require a letter from the editor confirming acceptance for publication of the piece. The acceptable letter should reference the author's position on the paper and title of work. *Work in progress is not accepted.*
- 4 copies of Verification of presentations and research prizes.
- Please provide evidence of your eligibility to be on the Trainee Specialist Division of the Irish Medical Council (Please refer to guideline documents on our website). Evidence includes:
 - Certificate of experience from Irish Medical Council
 - Registration certificate
 - Email from Irish Medical Council attesting your eligibility for Trainee Specialist Division

- If you were previously registered for Trainee Specialist Division then a copy of that registration certificate is acceptable.
- English Language Competency
All applicants are required at the time of application to demonstrate their English language competency either by means of submitting the required IELTS Certificate or by declaring themselves exempt under one of the exemptions outlined in the guidance document and providing the required documentary evidence of same (Please refer to guidelines on our website).
- All applicants will be required at the time of application to submit a colour scanned copy of their passport and, as appropriate, a colour scanned copy of the current immigration stamp held by the applicant from the Irish Naturalisation and Immigration Service and / or a scanned copy of the applicant's current Certificate of Registration from the Garda National Immigration Bureau (GNIB card). (See statement by INIS outlining recent changes to immigration arrangements for doctors working in the public hospitals on our website)
- €50.00 administration fee in separate sealed envelope (payable to Faculty of Radiologists by cheque, bank draft or credit card - authorisation form enclosed). Please note this fee is non-refundable. Applications will not be accepted without payment.

Structured Reference Forms: It is the responsibility of the candidate to ensure that the structured reference forms(x3) are submitted to the Faculty of Radiologists on or before the closing date:

Verification of the above items are required for awarding points for the selection process. Failure to submit these items with your application form will result in you losing out on points you may be entitled to otherwise. Under no circumstances will marks be given after the shortlisting.

Applications or parts of applications are not accepted by email or fax. Any such documents received by this method will be discarded.

Shortlisted applicants will be required to bring their official logbook and certificates along to the interview.

Please be aware that all references and verifications documentation will be made available to interview panel.

It is the responsibility of the applicant to ensure that all documentation is provided at the time of submission.

Selection Process:

Applicants shortlisted for interview will be notified in writing and any additional information required will be requested at that time. Please ensure accurate and full completion of the application form as scoring will be based solely on this. Your Curriculum Vitae will only be reviewed at the interview stage.

Dates for your diary:

Closing Date: **xxxxx**
 Provisional Interview Date: **xxxxx**

Completed applications to:

**Faculty of Radiologists
 Royal College of Surgeons in Ireland**
 123 St. Stephens Green
 Dublin 2
 Ireland

Queries to:

Email: radiology2@rcsi.ie
 Phone: 01-4022476

Hospital Coordinators

Applicants are encouraged to visit the above hospitals and to discuss the training programme with the Hospital Coordinators.

- Adelaide/ Meath Hospital, Tallaght (Dr. Emily Ward) Ph: +353-1- 4143752
- Beaumont Hospital (Dr. Mark Given) Ph: +353-1-8093001
- Cork University Hospital (Dr. Sean McSweeney) Ph: +353-21-4922256
- Mercy University Hospital (Dr. Marie Staunton) Ph: +353-21-4271971
- Galway University Hospital (Dr. AnnaMarie O’Connell) Ph: +353-91-544491
- Mater Misericordiae University Hospital (Dr. Michelle McNicholas) Ph: +353-1-8032274
- St. James’s Hospital (Dr. Susannah Harte) Ph: +353-1-4537941
- St. Vincent’s University Hospital (Dr. Jeffrey McCann) Ph: +353-1-2213895
- Waterford University Hospital (Dr Lorna Hanlon) Ph: +353-51 848 000

- National Training Coordinator (Dr. Ian Murphy, Tallaght Hospital)

Should you be successful in obtaining a position on the Faculty of Radiologists Training Programme, you will be required to formally write to both the Faculty and your employing hospital (Human Resources Department or Medical Manpower) within one month of the offer to confirm that you are accepting the training post. If you have not notified both the the Faculty and to your employing hospital (Human Resources Department or Medical Manpower) within the month, the offer will be withdrawn.

Any attempt to provide misleading or false information to improve your score in shortlisting or interview will result in automatic disqualification.

SECTION N - SIGNATURE

I declare that to the best of my knowledge and belief that all the particulars furnished in connection with this application are true and accurate. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my Application Form. I understand that any false or misleading information submitted by me may render any offer of a training position and associated employment offers as null and void.

Signature

Date

Section One: Personal Details

APPLICANT DETAILS

Name	
Title:	
First Name:	
Surname:	

Personal Details	
Date Of Birth:	
Age:	
Place Of Birth:	
Nationality:	

Contact Details (Telephone & Email)	
Home:	
Work:	
Mobile:	
Email:	

Current Mailing Address	

REGISTRATION (VERIFICATION REQUIRED)

(PLEASE REFER TO WEBSITE FOR GUIDELINES ON ELIGIBILITY FOR TRAINEE SPECIALIST DIVISION)

Registration	General	Trainee Specialist	Registration Number
Irish Registration (IMC):	<input type="checkbox"/>	<input type="checkbox"/>	
UK Registration (GMC):	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	

ENGLISH LANGUAGE COMPETENCY (PLEASE REFER TO GUIDELINES ON OUR WEBSITE)

All applicants are required at the time of application to demonstrate their English language competency either by means of submitting the required IELTS Certificate or by declaring themselves exempt under one of the exemptions outlined in the guidance document and providing the required documentary evidence of same (Please refer to guidelines on our website)

Do you qualify under any of the exemption grounds – **YES** or **NO**
If Yes, which ground?

	Tick appropriate box
Country of Graduation	
Registered with Medical Council prior to 1 st January 2015	

Have you attached documentary evidence of the above ground ?– YES or NO

If you do not qualify for exemption have you attached the required IELTS results?



**PLEASE SPECIFY ANY POSTGRADUATE QUALIFICATIONS / MEMBERSHIP YOU HAVE OBTAINED
(VERIFICATION REQUIRED)**

Qualification	Date	College

EMPLOYMENT HISTORY (PLEASE PLACE IN CHRONOLOGICAL ORDER AND ENTER ANY PERIODS OF TIME NOT EMPLOYED)

Hospital:	Specialty Interest and Grade	Consultants:	Duties undertaken	Dates: (From – To)

Section Two:

A.1 Educational & Academic Achievements

MEDICAL SCHOOL ACHIEVEMENTS (*EVIDENCE REQUIRED TO BE SUBMITTED)

	Date	College	Course
Honours Degree* <i>Please specify 1st or 2nd Class</i>			
Direct or Graduate Entry <i>(Mandatory Field)</i>			
Are you a CAO/HEA graduate of an Irish Medical School? <small>A CAO/HEA graduate is defined as a trainee who was entitled to free fees in an Irish Medical School and accessed the programme through the CAO process. Any student who was required to pay fees to access their degree is not considered a CAO/HEA graduate.</small>	Yes		No
Decile / Centile Place within Graduating class* <i>(Evidence required)</i>			
Honours in Clinical Subjects*	Subject		Yes
	Medicine		
	Surgery		
	Paediatrics		
	Obstetrics & Gynaecology		
Honours in Pre-Clinical Subjects* <i>Please list subjects</i>			
Undergraduate Prizes*			

POSTGRADUATE ACHIEVEMENTS (*EVIDENCE REQUIRED TO BE SUBMITTED)

Qualification	Yes/No	Level Achieved	Date	College
MRCPI*				
AFRC SI*				
BSc*				
USMLE*				

Qualification	Yes/No	Level Achieved	Date	College
MSc/PDip in Multidisciplinary Radiology				
Other*				

SAMPLE

PLEASE INDICATE IF YOU HAVE COMPLETED A BST PROGRAMME (OR WILL COMPLETE IF APPOINTED)

Speciality	
Commencement date	
Completion (expected completion) date	
Where	

PLEASE SPECIFY ANY OTHER RELEVANT DEGREE/S YOU HAVE OBTAINED (EVIDENCE REQUIRED TO BE SUBMITTED)

Qualification	Date from:	Date to:	College

PLEASE SPECIFY ANY RELEVANT DIPLOMA/S YOU HAVE OBTAINED (EVIDENCE REQUIRED TO BE SUBMITTED)

Qualification	Date from:	Date to:	College

Skill Courses e.g. ACLS, ATLS, BLS etc		
Name of Course	Location & Provider of Course	Date

Academic Distinctions
Please give details i.e. name and brief description, of any prizes, medals or scholarships received

A.2 RESEARCH / EXTRACURRICULAR

1. PUBLICATIONS / PRESENTATIONS / RESEARCH

PUBLICATIONS

ORIGINAL PUBLISHED PEER-REVIEWED SCIENTIFIC PAPERS

(EVIDENCE REQUIRED TO BE SUBMITTED, IF THE ARTICLE IS NOT IN PRINT THEN A LETTER OF FINAL ACCEPTANCE FROM THE JOURNAL IS REQUIRED, OTHERWISE DO NOT ENTER REFERENCE)

Name of Journal (International)	Impact Factor	Title of Paper	Reference	PMID Number	Author Status (i.e. 1 st , Senior, 2 nd)
Name of Journal (National)	Impact Factor	Title of Paper	Reference	PMID Number	Author Status (i.e. 1 st , Senior, 2 nd)

ORIGINAL PUBLISHED NON PEER-REVIEWED SCIENTIFIC PAPERS

(EVIDENCE REQUIRED TO BE SUBMITTED, IF THE ARTICLE IS NOT IN PRINT THEN A LETTER OF FINAL ACCEPTANCE FROM THE JOURNAL IS REQUIRED, OTHERWISE DO NOT ENTER REFERENCE)

Name of Journal (International/National)	Impact Factor	Title of Paper	Reference	PMID Number	Author Status (i.e. 1 st , Senior, 2 nd)



BOOK CHAPTERS (EVIDENCE REQUIRED TO BE SUBMITTED. NO LEAFLETS OR HOSPITAL AND PATIENT INFORMATION IS ACCEPTED)

Chapter Title	Book Title	Publisher	Author/s (In order)	Date & Pages	ISBN

INVITED REVIEW ARTICLES IN PEER REVIEW JOURNALS (EVIDENCE REQUIRED TO BE SUBMITTED)

Review Title	Journal	Reference	Impact Factor	PMID No.	Author Status

CASE REPORTS (EVIDENCE REQUIRED TO BE SUBMITTED)

Title	Journal	Reference	Impact Factor	PMID No.	Author Status

PRESENTATIONS - POSTER

INTERNATIONAL (EVIDENCE REQUIRED TO BE SUBMITTED)

Name of Meeting	Date	Venue	Title of Presentation

PRESENTATIONS – POSTER

NATIONAL (EVIDENCE REQUIRED TO BE SUBMITTED)

Name of Meeting	Date	Venue	Title of Presentation

PRESENTATIONS – ORAL

INTERNATIONAL (EVIDENCE REQUIRED TO BE SUBMITTED)

Name of Meeting	Date	Venue	Title of Presentation	Did you present the paper or presentation?

PRESENTATIONS – ORAL

NATIONAL (EVIDENCE REQUIRED TO BE SUBMITTED)

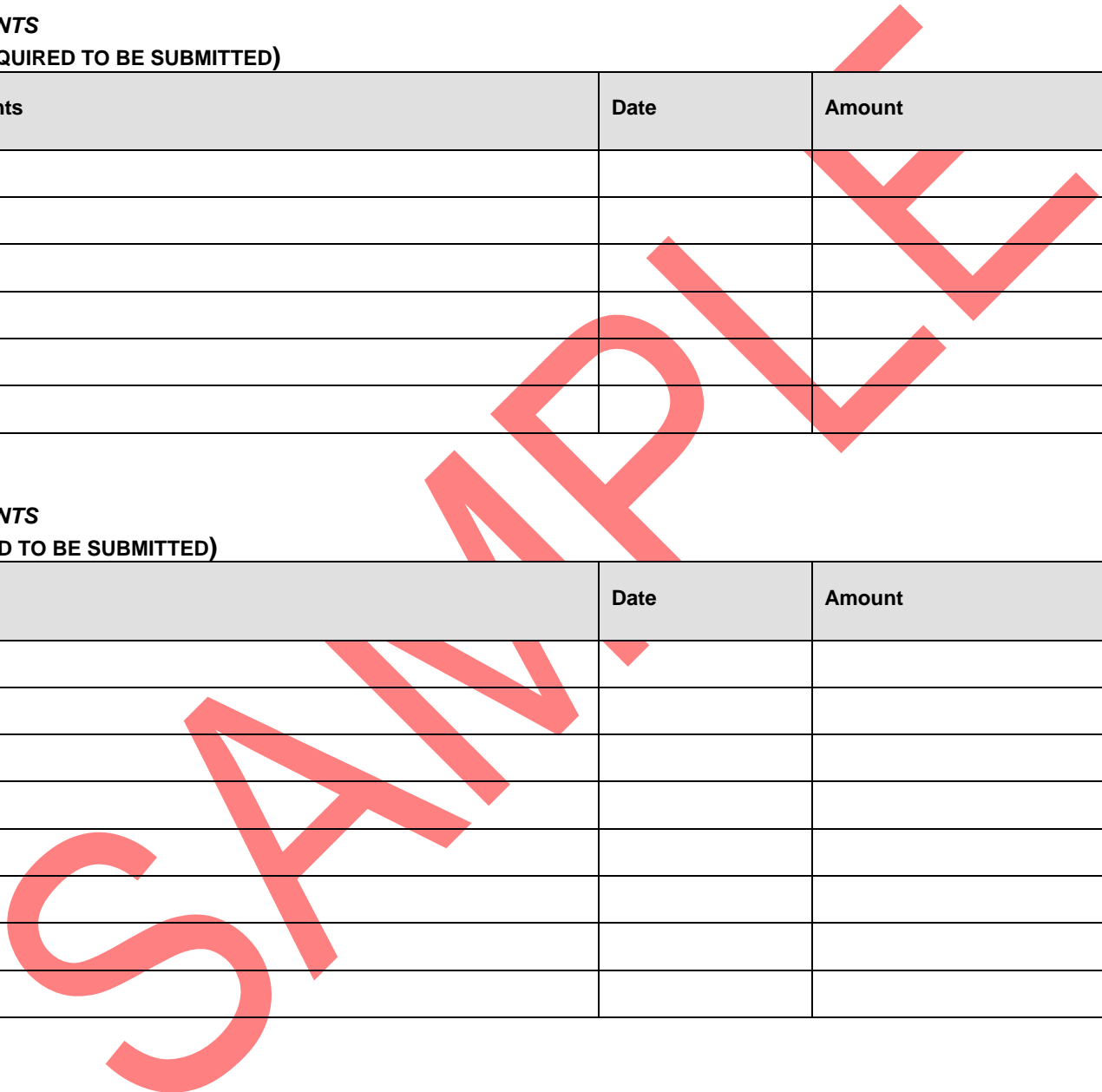
Name of Meeting	Date	Venue	Title of Presentation	Did you present the paper or presentation?

**PRIZES AND RESEARCH GRANTS
INTERNATIONAL (EVIDENCE REQUIRED TO BE SUBMITTED)**

International Research Prizes / Grants	Date	Amount

**PRIZES AND RESEARCH GRANTS
NATIONAL (EVIDENCE REQUIRED TO BE SUBMITTED)**

National Research Prizes / Grants	Date	Amount



ADDITIONAL INFORMATION (EVIDENCE REQUIRED TO BE SUBMITTED)

If you wish to include any additional information relating to your application please use the space provided below

(i.e. teaching experience, membership of societies, audit experience, management experience, IT experience)

EXTRA-CURRICULAR INTERESTS, HOBBIES

SAMPLE

STRUCTURED REFERENCES

Applicants are required to submit three structured referee assessment forms (attached) with their application. Reference forms must relate to recent appointments (i.e. no more than three years old).

<i>REFEREES</i>	
Please give the name, job title and address of the three referees who will provide you with a reference. One of these referees must be your present or most recent supervising consultant.	
Please note that all referees must use the standard reference template provided by the training body. All references must be supplied in an enclosed envelope which the referee has signed across the seal.	
Referee Number One	Referee Number Two
Name:	Name:
Title:	Title:
Clinical Site:	Clinical Site:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:
Referee Number Three	
Name:	
Title:	
Clinical Site:	
Phone:	
Fax:	
E-mail:	

Any attempt to provide misleading or false information to improve your score in shortlisting or interview will result in automatic disqualification.

I certify that all information provided in this application is, to the best of my knowledge true and accurate.

Signature: _____ Date: _____

NOTES	
Please read the following notes carefully and confirm your understanding of each and every one.	
Please confirm that you understand that if your application is successful, that this application form in its entirety and your appraisal / reference forms will be made available to the relevant employers / clinical sites who facilitate the delivery of this specialist training programme.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you understand that if your application is successful, that in addition to meeting the requirements of the training body, participation in this programme throughout its duration is dependent on you meeting the relevant employers' requirements. Such requirements include formal Garda and Police clearance as required, induction, satisfactory completion of occupational health assessments and provision in a timely manner of the relevant documentation required by employers for employment purposes. Failure to meet the requirements of any relevant employer may result in your removal from the programme as you will be unable to assume training slots required for participation in this programme.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you understand that any information supplied by you in this form may be held on computer.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATIONS																					
Please read the following three declarations carefully and sign and date your agreement with the text of each of the declarations.																					
Declaration One - Garda/Police																					
<p>• I declare that I have not at any time been convicted (i.e. <i>probation, fine, sentence, penalty</i>) of a criminal offence (e.g. <i>assault, public order, sexual assault</i>) in the Republic of Ireland and/or in any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.</p> <p>Signed: _____ Date: _____</p> <p style="text-align: center;">OR</p> <p>• I declare that I have been convicted (i.e. <i>probation, fine, sentence, penalty</i>) of a criminal offence (e.g. <i>assault, public order, sexual assault</i>) in the Republic of Ireland and/or in any other jurisdiction. I have been the subject of a Caution or Bound over order. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 20%;">Court</th> <th style="width: 20%;">Country</th> <th style="width: 20%;">Offence</th> <th style="width: 25%;">Court Outcome</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Signed: _____ Date: _____</p>		Date	Court	Country	Offence	Court Outcome															
Date	Court	Country	Offence	Court Outcome																	

Declaration Two - Training Organisation / Programme

• I declare that I currently am not nor was I the subject of an investigation by any professional medical training body or its equivalent in the Republic of Ireland and/or in any other jurisdiction. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Signed: _____

Date: _____

OR

• I declare that I currently am or was the subject of an investigation by a professional medical training body or its equivalent in the Republic of Ireland and/or in any other jurisdiction. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Date	Organisation	Offence	Status/Outcome

Signed: _____

Date: _____

Declaration Three - Medical Council/Licensing Body

• I declare that I am not nor have I been the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I have not been suspended from registration, nor had any restrictions on practice nor had my registration or licence cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject of any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Signed: _____

Date: _____

OR

• I declare that I am or was the subject of an investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I am or have been suspended from registration, have/had restrictions on practice and/or my registration or licence cancelled or revoked by a medical registration or licensing body or authority in any jurisdiction and/or am the subject of any current suspension and/or have any restrictions on practice. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Date	Country	Medical Council/ Licensing Body	Offence	Status/ Outcome

Signed: _____

Date: _____

NOTES TO ASSIST IN THE COMPLETION OF STRUCTURED REFERENCE REPORT

Faculty of Radiologists
The Royal College of Surgeons in Ireland

1. The Assessment Form is CONFIDENTIAL once completed, and must be handled accordingly.
2. The following guidelines are for referees completing the form:
 - A. Complete as fully as possible the candidate's details in the first section, circling the appropriate period of assessment.
 - B. Where more than one supervisor was involved with candidate a consensus opinion should be expressed on the form.
 - C. Complete the main assessment by placing an 'X' in one box against each criterion. The following guidelines should be used when assessing each category.
 - D. Please note that, if requested by the candidate, a copy of this reference may be given to the candidate.

A. Clinical Skills	Poor / Deficient	Satisfactory	Above Average / Excellent
History taking	Incomplete, Inaccurate, Poorly recorded.	Usually complete, orderly and systematic	Precise, perceptive, 'can spot the rarity'
Physical Examination	Lacks basic skills	Can elicit correct signs. Recognises most significant findings	Thorough, accurate. Knows and elicits specialist signs
Diagnostic Investigations	Haphazard or inappropriate ordering of diagnostic tests. Unaware of significance of appropriate testing.	Orders laboratory and imaging investigations appropriately.	Very good awareness of most appropriate and efficient diagnostic pathway.
Diagnostic Skills	Fails to interpret and synthesise symptoms, signs and investigations	Competent clinician. Good knowledge with an orderly logical approach to differential diagnosis.	Outstanding diagnostician. Excellent clinical memory.
Clinical Judgement	Deficient assessments of patient status. Does not recognise own limitations. Does not call for help.	Sound patient assessments. Recognises the sick patient.	Outstanding clinician who is aware of his / her limits. Always knows when to call for help.
Operative Skills	Clumsy, rough with tissues. Totally lacking in self-confidence technically	Competent. Handles tissues well	Promises to develop into an excellent technical surgeon
Postoperative Management	Uninterested. Fails to notice complications and act appropriately. Only follows up patients when pressed to do so.	Conscientious. Good awareness for complications. Knows patients well.	Excellent on wards. Notices problems early
B. Professional Development	Poor / Deficient	Satisfactory	Above Average / Excellent
Teaching Activities	Uninterested and avoids teaching. Contributes little to the education of students or interns.	Competent and conscientious in teaching others.	Excellent enthusiastic teacher who inspires others.
Clinical Audit	Little interest in auditing clinical activity. Poor knowledge of audit process.	Participates actively in regular audit.	Very good understanding of role of audit. Plays active role in collection and storage of audit data.
Presentations	No interest in giving papers or making presentations within the hospital or at clinical meetings.	Keen to give presentations which are well illustrated and well delivered.	Fully researched original ideas. Enthusiastic presenter. Answers questions lucidly.
Research	Has neither inclination nor ideas. Unable to carry out "directed" projects.	Keen to do research but needs direction.	Flare for original research and ability to carry it out independently. Good grasp of statistics and research methods.

C. Personal Skills	Poor / Deficient	Satisfactory	Above Average / Excellent
Communication	Does not communicate satisfactorily with patients, relatives or other team members.	Good communicator.	Pays great attention to importance of good communications skills. Regularly seeks feedback that his / her message has been understood.
Teamwork	Poor team player. Works alone. Does not contribute to team performance.	Good team player. Understands importance of teamwork.	Good understanding of team roles of his / her role on team. Works harmoniously with all other team members.
Leadership	Very limited. 'Switches people off'. Colleagues and other staff confused by his / her instructions	Competent but lacks inspiration. Gives clear instructions.	Outstanding team leader with exceptional ability to motivate others
Self Awareness and Insight	Little or no understanding of own limitations or deficiencies.	Aware of his / her strengths and weaknesses.	Very secure person. Recognises own deficiencies and prepared to make appropriate changes.
Motivation and Drive	No inclination to organise work. Needs to be 'pushed' constantly	Able to organise working routine without supervision. Looks for opportunities to learn	Constantly pro-active, always prepared to accept additional opportunities to advance.
Disposition and Appearance	Sloppy in appearance and work manner. Does not inspire confidence in others.	Good overall attitude. Presents himself / herself well.	Highly motivated enthusiastic and ambitious.
Management of Stress and Workload	Constantly disorganised. Does not identify priorities. Always behind in workload.	Manages priorities well in face of excessive workloads.	Very good handling of stress and workload. Prioritises appropriately. Delegates or seeks help when necessary.
Management of Crises	Falls apart at times of crises. Unable to deal satisfactorily with emergencies.	Remains calm and organised at time of crises.	Handles crises situations very well. Calm demeanour. Inspires other team members.
Reliability	Unreliable, scatterbrained. Forgets to do things to the possible detriment of patients	Dependable. Does not need reminding. Conscientious in patient care	Highly conscientious. Anticipates problems.
D. Relationships	Poor / Deficient	Satisfactory	Above Average / Excellent
Medical Colleagues	Fails to get on with seniors, contemporaries or juniors. May even undermine them. Refuses to help them out	Good rapport with colleagues. Usually willing to help in a crisis. Trusted, easy to work with.	Always willing to help even if personally inconvenient. Able to diffuse problems in the surgical team. 'An excellent colleague'.
Nursing & Paramedical Staff	Treats them with disdain. Generates as opposed to solving problems. Rude	Sound and professional yet approachable. Treats others with respect and is respected in return	Inspires enthusiasm. Exceptional communication skills.
Patients and Relatives.	Increases patient's and relatives anxieties. Rude. Patients do not want him / her as their doctor. Bad listener & communicator	Sound caring attitude. Can allay fears of patients and relatives. Takes time. Listens well. Explains well. Trusted by the patients and relatives.	Inspires confidence. Establishes excellent rapport. Excellent communicator. Patients delighted to be looked after by him / her

TRAINING PROGRAMME IN DIAGNOSTIC RADIOLOGY

xxxx Intake

Structured Reference Report

**Faculty of Radiologists
The Royal College of Surgeons in Ireland**

This is an important and official document, which will be used as part of the selection process for the training programme in Diagnostic Radiology. Following completion you should forward it to the Faculty of Radiologists, Royal College of Surgeons, RCSI House 123 St. Stephens Green Dublin 2.

Candidate name:

Referee Name

Hospital / Specialty:

Rotation Start Date:

End Date:

Notes:

- Complete the form by placing an 'X' in one box against each assessment. A "satisfactory" grade indicates that the candidate performed according to reasonable expectations but was no better and no worse than average. The majority of candidates would be expected to score "satisfactory"
- **Supervisors who award a "Poor" or "Excellent" grade should clarify why this grade is being awarded in the overall comments section below**
- This form is accompanied by a list of grading descriptors to assist supervisors in grading the candidates.
- When assessing candidates the supervisor should consider the candidate's performance in all of the domains in which he or she works, i.e. elective work on the wards, emergency work (on-call) in the Emergency Medicine department, and work in the out-patients clinic, operating theatre, and specialist areas.

<u>A. Clinical Skills</u>	Poor	Deficient	Satisfactory	Above Average	Excellent
History Taking					
Physical Examination					
Diagnostic Investigations (Lab / Imaging)					
Diagnostic Skills					
Clinical Judgement					
Operative Skills					
Post-operative Management					
<u>B. Professional Development</u>	Poor	Deficient	Satisfactory	Above Average	Excellent
Teaching Activities					
Clinical Audit					
Presentations					
Research					

C. Personal Skills	Poor	Deficient	Satisfactory	Above Average	Excellent
Communication					
Teamwork					
Leadership					
Self Awareness and Insight					
Motivation and Drive					
Disposition and Appearance					
Management of Stress and Workload					
Management of Crises					
Reliability					
D. Relationships	Poor	Deficient	Satisfactory	Above Average	Excellent
Medical Colleagues					
Nursing and Paramedical Staff					
Patients and Relatives					

Comments

Did this doctor perform well in his / her post with you? _____

Do you think he / she is suitable for a career in Radiology? _____

Has he / she any outstanding characteristics? _____

Overall Comments:

Final Assessment

Please indicate on scale of 1-5 your overall assessment of this trainee's suitability for Training Programme in Diagnostic Radiology (5 = strongest possible support; 1 = very little support)	
---	--

Signature: _____

Date: _____

Please return completed form with Application by xxxxx

Faculty of Radiologists, Royal College of Surgeons in Ireland,
 RCSI House, 123 St. Stephen's Green, Dublin 2

Any attempt to provide misleading or false information to improve your score in shortlisting or interview will result in automatic disqualification.

TRAINING PROGRAMME IN DIAGNOSTIC RADIOLOGY

xxxxx Intake

Structured Reference Report

**Faculty of Radiologists
The Royal College of Surgeons in Ireland**

This is an important and official document, which will be used as part of the selection process for the training programme in Diagnostic Radiology. Following completion you should forward it to the Faculty of Radiologists, Royal College of Surgeons, RCSI House 123 St. Stephens Green Dublin 2.

Candidate name:

Referee Name

Hospital / Specialty:

Rotation Start Date:

End Date:

Notes:

- Complete the form by placing an 'X' in one box against each assessment. A "satisfactory" grade indicates that the candidate performed according to reasonable expectations but was no better and no worse than average. The majority of candidates would be expected to score "satisfactory"
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<u>A. Clinical Skills</u>	Poor	Deficient	Satisfactory	Above Average	Excellent
History Taking					
Physical Examination					
Diagnostic Investigations (Lab / Imaging)					
Diagnostic Skills					
Clinical Judgement					
Operative Skills					
Post-operative Management					
<u>B. Professional Development</u>	Poor	Deficient	Satisfactory	Above Average	Excellent
Teaching Activities					
Clinical Audit					
Presentations					
Research					

C. Personal Skills	Poor	Deficient	Satisfactory	Above Average	Excellent
Communication					
Teamwork					
Leadership					
Self Awareness and Insight					
Motivation and Drive					
Disposition and Appearance					
Management of Stress and Workload					
Management of Crises					
Reliability					
D. Relationships	Poor	Deficient	Satisfactory	Above Average	Excellent
Medical Colleagues					
Nursing and Paramedical Staff					
Patients and Relatives					

Comments

Did this doctor perform well in his / her post with you? _____

Do you think he / she is suitable for a career in Radiology? _____

Has he / she any outstanding characteristics? _____

Overall Comments:

Final Assessment

Please indicate on scale of 1-5 your overall assessment of this trainee's suitability for Training Programme in Diagnostic Radiology (5 = strongest possible support; 1 = very little support)

--

Signature: _____

Date: _____

Please return completed form with Application by xxxxx

Faculty of Radiologists, Royal College of Surgeons in Ireland,
RCSI House, 123 St. Stephen's Green, Dublin 2

Any attempt to provide misleading or false information to improve your score in shortlisting or interview will result in automatic disqualification.

TRAINING PROGRAMME IN DIAGNOSTIC RADIOLOGY

xxxxx Intake

Structured Reference Report

**Faculty of Radiologists
The Royal College of Surgeons in Ireland**

This is an important and official document, which will be used as part of the selection process for the training programme in Diagnostic Radiology. Following completion you should forward it to the Faculty of Radiologists, Royal College of Surgeons, RCSI House 123 St. Stephens Green Dublin 2.

Candidate name:

Referee Name

Hospital / Specialty:

Rotation Start Date:

End Date:

Notes:

- Complete the form by placing an 'X' in one box against each assessment. A "satisfactory" grade indicates that the candidate performed according to reasonable expectations but was no better and no worse than average. The majority of candidates would be expected to score "satisfactory"
- **Supervisors who award a "Poor" or "Excellent" grade should clarify why this grade is being awarded in the overall comments section below**
- This form is accompanied by a list of grading descriptors to assist supervisors in grading the candidates.
- When assessing candidates the supervisor should consider the candidate's performance in all of the domains in which he or she works, i.e. elective work on the wards, emergency work (on-call) in the Emergency Medicine department, and work in the out-patients clinic, operating theatre, and specialist areas.

<u>A. Clinical Skills</u>	Poor	Deficient	Satisfactory	Above Average	Excellent
History Taking					
Physical Examination					
Diagnostic Investigations (Lab / Imaging)					
Diagnostic Skills					
Clinical Judgement					
Operative Skills					
Post-operative Management					
<u>B. Professional Development</u>	Poor	Deficient	Satisfactory	Above Average	Excellent
Teaching Activities					
Clinical Audit					
Presentations					
Research					

C. Personal Skills	Poor	Deficient	Satisfactory	Above Average	Excellent
Communication					
Teamwork					
Leadership					
Self Awareness and Insight					
Motivation and Drive					
Disposition and Appearance					
Management of Stress and Workload					
Management of Crises					
Reliability					
D. Relationships	Poor	Deficient	Satisfactory	Above Average	Excellent
Medical Colleagues					
Nursing and Paramedical Staff					
Patients and Relatives					

Comments

Did this doctor perform well in his / her post with you? _____

Do you think he / she is suitable for a career in Radiology? _____

Has he / she any outstanding characteristics? _____

Overall Comments:

Final Assessment

Please indicate on scale of 1-5 your overall assessment of this trainee's suitability for Training Programme in Diagnostic Radiology (5 = strongest possible support; 1 = very little support)	
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Signature: _____

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