

*To consider*

## Review and appeal options for CESR/CEGPR applicants

### Issue

- 1 CESR/CEGPR applicants who are refused entry to the Specialist or General Practitioner Registers are currently entitled to apply for a review of the decision within three months, or to reapply within three years of the decision date. Some changes to this approach are proposed.

### Recommendations

- 2 The Strategy and Policy Board is asked to:
  - a Approve removing the current reapplication option for CESR/CEGPR applicants, meaning that a further application will be treated as a new application attracting the full fee.
  - b Approve extending the review period for CESR/CEGPR applicants refused entry to the Specialist or General Practitioner Registers to twelve months, and, at present, maintaining the review fee at its current level.
  - c Agree that there should continue to be a statutory right of appeal against a decision to refuse an application.

# Review and appeal options for CESR/CEGPR applicants

## Issue

### *Current options for unsuccessful applicants*

- 3 If an applicant is unsuccessful in applying to the specialist or GP register through the Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for General Practitioner Registration (CEGPR) route, they currently have the following three options:
  - a Apply for a review within 90 days. They can choose this option if they have new relevant documentary evidence that addresses the shortfalls set out in our decision, or they believe there has been a flaw in the way we have processed the application or made our decision.
  - b Reapply within three years. An applicant would usually do this after completing any top up training recommended or by providing documentary evidence that addresses the shortfalls set out in our decision. The applicant would also have to show how they have kept their knowledge, skills and experience up to date across the whole curriculum since the previous application decision.
  - c A statutory option of appeal against any decision to reject an application. This can be exercised at any stage. We do not propose changing this.
- 4 The first two options are not set out in any legislation and simply exist as a result of custom and practice at the Postgraduate Medical Education and Training Board (PMETB), which merged with us in 2010.

### *Proposal to remove the reapplication option*

- 5 There are a number of reasons why we wish to remove the current reapplication option.
  - a Data from January 2011 to December 2013 showed only a 60% success rate. We would expect the success rate to be higher given that applicants have up to three years to meet any recommendations resulting from the original application.
  - b Similar levels of resources are needed for reapplications as for original applications, placing an administrative burden on the GMC and medical Royal Colleges.
  - c The fee for an initial application is £1500 and we pay £1005 of this to the relevant college. The remainder covers our administrative costs. The charge for a reapplication is £645 and we pay this full fee to the college. The colleges have told us that this does not cover their administrative costs

associated with assessing the reapplication. This represents a financial loss to both them and us.

- d** In the last round of contract negotiations with the medical Royal Colleges in February 2013, we agreed that the whole fee charged to applicants for reapplications (£645) and reviews (£645) would be paid to colleges. This was on the understanding that we would review the process in 2013 and look at removing the reapplication option. Before February 2013, the fee paid to colleges for both reviews and reapplications was £360, with us retaining £285 to cover administrative costs.
  - e** Removal of the reapplication option does not mean that the applicant can't reapply at any stage. It simply means that that application would be considered as a fresh application rather than a reapplication and would need to pay the full fee. As far as the applicant is concerned, the work and preparation associated with a fresh application is the same as that associated with a reapplication.
- 6** To determine the most effective course of action for future reapplications and review processes, we consulted with the medical Royal Colleges and the BMA Staff Grade and Associate Specialist Committee – a body that represents those doctors that are likely to be affected by any changes. We presented the range of options below.
- a** Remove the reapplication option entirely, leaving applicants with only the option of a three-month review.
  - b** Remove the reapplication process and extend the review period to twelve months. We would allow reviews for reasons other than procedural flaws or additional existing evidence.
  - c** The same as option 'b' but additionally give applicants the opportunity of two reviews during the twelve month review window.
  - d** Increase the fee so that the applicant (ie, the beneficiary) pays a fee sufficient to cover the administrative cost of the re-application.
  - e** Do nothing.
  - f** Any other options.
- 7** The colleges suggested adopting option 'b' in principle. They requested that any review application submitted more than three months after the original decision

date was accompanied by an additional structured report<sup>1</sup> that could support the evidence. They also requested that an appraisal should be carried out to cover the interval between the decision date of the first application and the subsequent review submission.

- 8** The BMA Staff Grade and Associate Specialist Committee suggested a hybrid of options 'b' and 'c' in principle. They suggested two reviews in a twelve month period could be offered to applicants; one up to six months and one up to twelve months. They also requested that the reapplication option remain open.
- 9** Our proposal to replace the reapplication process with an extended review timeframe has been supported by the list of bodies at Annex A.

### *Proposal*

- 10** The favoured option was both to remove the existing opportunity to reapply and to extend the review period (paragraph 6b). We therefore propose to extend the current three month review window to twelve months. Applicants would be entitled to apply for only one review during the twelve month window.
- 11** This proposal has been shared with other relevant groups, such as Associate Deans for Staff Grade and Associate Specialist doctors, and they supported the proposal.

### *Benefits*

- 12** There is no legislative change required as this is a non-statutory arrangement.
- 13** The proposed option will bring the following benefits:
  - a** Reduction in administrative burden on the Specialist Applications Team.
  - b** Reduction in financial cost to us, representing efficiency savings.<sup>2</sup>
  - c** Improved partnership working with medical Royal Colleges by:
    - i** Removing a process where the current fee is insufficient to cover the administrative costs for them.
    - ii** Reducing the operational pressure on our college partners. All applications require input from Royal Colleges. For this, they use a minimum of two evaluators per application. These evaluators are senior

<sup>1</sup> In a first application, applicants need to submit at least five structured reports, with one being the medical director in their existing place of work

<sup>2</sup> On the basis that administrative costs for first applications are £495 and re-applications are at least 70% of the work involved in first applications, the cost calculates as £350-400.

clinicians with demanding workloads. Fewer applications will reduce the burden on evaluators.

iii Making a decision they support.

d Reducing the number of non-statutory options available to unsuccessful applicants but, at the same time, increasing the likelihood that a review application will be successful.

**14** Reviews are much less time consuming for applicants, evaluators and administrative staff, as they are about a third of the size of original applications. By increasing the time available for submitting a review application from three months to twelve months, the unsuccessful applicant will have a far greater opportunity to gather their evidence, or address the deficiencies in their original application. This increases the likelihood of the review being successful without increasing the volume of evidence submitted. Data collected between January 2011 and December 2013 showed that 67% of reviews were successful.

**15** Extending the review period to twelve months is consistent with the time limiting of applications for a Certificate of Completion of Training (CCT), as agreed by the [Postgraduate Board](#) at its meeting on 19 September 2012. CCTs are awarded to doctors who have completed all of their training in a GMC approved training programme and completed the curriculum for that specialty. These curricula are the same standards by which CESR applicants are assessed. Doctors must apply for their CCT certificate within twelve months of completing their training.

## Supporting information

### How this issue relates to the corporate strategy and business plan

- 16** Strategic aim 2 (in 2014-2017 Corporate Strategy) to 'help raise standards in medical education and practice': Ensuring confidence to patients and employers that when a doctor's name is entered on the specialist or GP register, they have met the standards expected.
- 17** Strategic aim 5 (in 2014-2017 Corporate Strategy) to 'work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions'; maintaining key relationships with the medical Royal Colleges and reducing pressure on their resources; removing an ineffective process that costs us over £25,000 a year. This will allow us to use our resources more efficiently.

### What equality and diversity considerations relate to this issue

- 18** Equality and diversity issues have been duly considered in light of 80% of applicants for CESR and CEGPR being International Medical Graduates<sup>3</sup> (IMG). The issues are addressed by the process that deals with first applications.
- 19** IMG applicants don't demonstrate statistically significant differences in their success rates with CESR compared with European Economic Area (EEA) doctors. Doctors with primary medical qualifications (PMQs) from India constitute the largest proportion of CESR applicants, with 71 out of 123 (58%) being successful<sup>4</sup>. This is higher than the average success rate for the same period for all CESR applications (55%). The success rate for all IMGs across CESR and CEGPR in the same period was 56%.
- 20** We aim to make sure that access to CESR and CEGPR applications is fair, consistent and open. In the event of an unsuccessful application, we aim to make sure that the follow-up process is fair, consistent and open. From the data we have analysed, there is no increased likelihood of being unsuccessful in a CESR or CEGPR application by virtue of holding a PMQ outside of the EEA.

**If you have any questions about this paper please contact: Clare Barton, Assistant Director – Revalidation and Specialist Applications, [CBarton@gmc-uk.org](mailto:CBarton@gmc-uk.org), 0161 923 6589.**

<sup>3</sup> Based on data from 1 October 2011 to 30 September 2012

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## Annex A

### List of organisations supporting the proposed amendment to the options for CESR and CEGPR applicants

1 The following is a list of those organisations that have expressed support for the GMC proposal to replace the current re-application process in favour of an extended review process.

- Associate Deans for SAS doctors for England, Scotland and Wales
- College of Emergency Medicine
- Faculty of Intensive Care Medicine
- Faculty of Occupational Medicine
- Health Education England KSS GP department
- Joint Committee on Surgical Training
- Joint Royal Colleges of Physicians' Training Board
- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Obstetricians and Gynaecologists
- Royal College of Ophthalmologists
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Psychiatrists
- Royal College of Radiologists

#### *Alternative suggestions*

2 The BMA Staff Grade and Associate Specialist committee submitted an alternative option that combined two proposals. They suggested more than one option to review within the 12-month window, and to keep the re-application option open just in case it might be needed.