



Equivalence applications 2013:

alternative routes to the GP and Specialist Registers

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

Introduction

This report gives an overview of decisions we made in 2013 on Certificates of Eligibility for Specialist Registration (CESR) and Certificates of Eligibility for GP Registration (CEGPR).

This is our first annual report on applications for CESR and CEGPR. We hope that it will be useful for potential applicants, and help to inform others with an interest in this. The report covers decisions that we made in 2013.

What this report shows

- What are CESR and CEGPR and how are they awarded?
- What happened in 2013.
- How we've improved the process.
- Useful points for applicants.
- Issues highlighted through the application process.
- Our plans to update the CESR and CEGPR processes.

What are CESR and CEGPR and how are they awarded?

Doctors who are appointed to honorary, fixed-term or substantive consultant posts in UK health services must be on the Specialist Register. Doctors who practise as GPs in UK health services, other than doctors in training, must be on the GP Register.

79[%] of CEGPR applications were successful in 2013*

48% of CESR applications were successful in 2013*

Before a doctor can be added to the Specialist or GP Register, we check that they have the training, qualifications and experience needed for their specialty.

Most doctors demonstrate that they have such training through successfully completing specialist training curricula designed by the relevant medical royal college. We issue these doctors with a Certificate of Completion of Training (CCT), which entitles them to specialist or GP registration.

Doctors who haven't completed approved training programmes, but who have gained the equivalent qualifications, knowledge, skills and experience can apply for a CESR or CEGPR. We will work with the relevant medical royal college to review a range of evidence and make sure that the doctor has the equivalent qualifications, knowledge, skills and experience for that specialty.

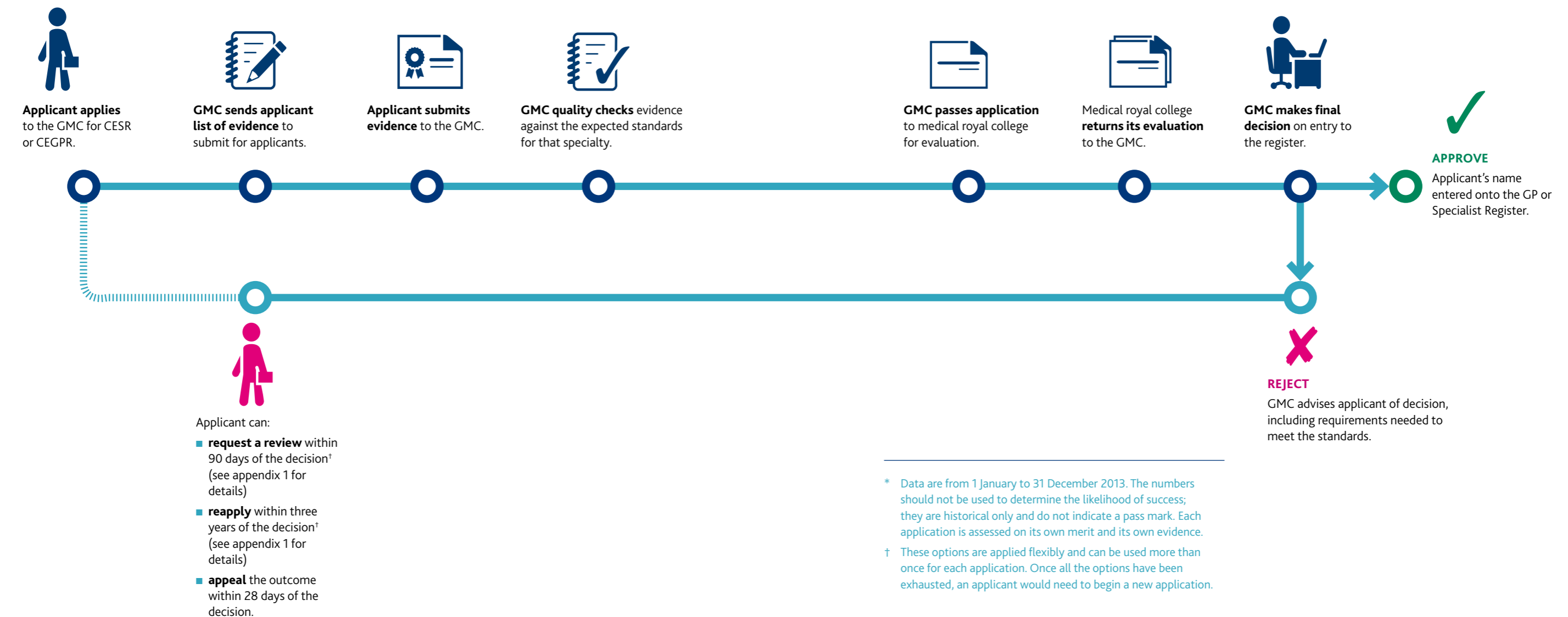


* Data are from 1 January to 31 December 2013. The numbers should not be used to determine the likelihood of success; they are historical only and do not indicate a pass mark. Each application is assessed on its own merit and its own evidence.

The CESR/CEGPR process

90% of delegates on training courses run by the GMC would be likely to recommend the event to a colleague*

Whole process from start to decision can take **nine months**. Decision must be returned to applicant **within three months** from point at which application is sent to royal college or faculty.



What happened in 2013

“ 4/5

applicants gained their primary
medical qualification from outside
the EEA ”

Number of applications

“ In 2013
523
applications were submitted* ”

In 2013, we received 473 CESR applications and 50 CEGPR applications. This is a slight increase from 2012, when we received 459 CESR and 42 CEGPR applications.

The number of applications by type and specialty in 2012 and 2013 are shown in appendix 2. We received applications in 57 specialties in 2012 and 62 in 2013. The ten most common specialties accounted for 64% of applications in 2012, and 60% of applications in 2013.

In 2012, the most common specialties were:

- general surgery (50 applications)
- trauma and orthopaedics (44)
- general practice (42).

In 2013, the most common specialties were:

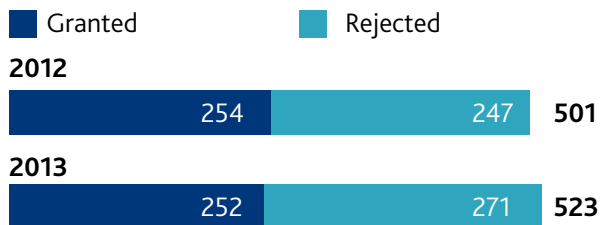
- general practice (50)
- general psychiatry (42)
- general surgery (39).

* Data are from 1 January to 31 December 2013. The numbers should not be used to determine the likelihood of success; they are historical only and do not indicate a pass mark. Each application is assessed on its own merit and its own evidence.

Half of first applications are successful

The graph below shows the number of applications that were granted and refused. This is broken down by specialty and medical royal college in appendix 3.

In both years, about 50% of first applications were successful.



“ In 2013, the highest proportion of applications were in surgical specialties ”

Where applicants gained their primary medical qualification

Table 1 shows where recent CESR and CEGPR applicants gained their primary medical qualification. Numbers for each country for the two periods are shown in appendix 4.

Table 1: Where our applicants gained their primary medical qualification*

	1 January–31 December 2012			
	CESR	CEGPR	Total	% success
UK	59	12	71	63%
EEA	25	7	32	50%
Rest of the world	370	29	399	51%
Total	454	48	502	

	1 January–31 December 2013			
	CESR	CEGPR	Total	% success
UK	53	13	66	59%
EEA	37	2	39	44%
Rest of the world	422	36	458	48%
Total	512	51	563	

EEA=European Economic Area

Four out of five applicants gained their primary medical qualification from outside the EEA. We received a substantial number of applications from doctors with a primary medical qualification from India (288 out of 1065 in total over both periods) and from Pakistan (165).

“In 2012 and 2013
288
applicants had a primary
medical qualification
from India”

* This data reflects numbers of applications rather than those on which we have made a decision. The numbers also include those applying for CESR or CEGPR as well as applying for registration and licence to practise.

How we've improved the process

“ In January 2013, we made

100[%]

of decisions within
the legal deadline ”

Streamlining the evaluation process

To make the evaluation process as smooth and quick as possible, our Specialist Applications team has worked closely with medical royal colleges to train evaluators. This means we don't have to spend time querying information or asking for additional information at this point in the process.

During 2013, we trained over 150 evaluators. Feedback has been encouraging.

- Evaluators gave their training session facilitators an average rating of 90%.
- 91% of evaluators who attended a training session said they would recommend the course to their colleagues.

These training sessions have helped to improve the quality of evaluators' written assessments. We have been able to measure these improvements by tracking the decrease in the number of evaluations that we returned to the medical royal colleges to ask for further information or clarification. In 50% of evaluations in 2012, we did not need to request any further information. This rose to 76% in 2013.



“ During 2013,
we trained over

150
evaluators”

Better support and information for applicants



We have updated our guidance on CESR and CEGPR applications to help applicants to supply the right information at the right time. Our Specialist Applications team has also run training sessions for over 100 prospective CESR and CEGPR applicants, advising them on how to structure their evidence.

“Over **100** potential applicants attended our training sessions in 2013”

Meeting the legal deadline for more applications

The three-month deadline for decisions begins when the application is given to the medical royal college for evaluation, and ends when we send our decision to the applicant.

We have substantially reduced the turnaround time for CESR and CEGPR applications. In 2012, we made fewer than 40% of decisions within the three-month deadline. In January 2013, we made 100% of CESR and CEGPR decisions within deadline for the first time since the CESR/CEGPR application process was established in 2005. Since then, we have met the deadline for over 95% of decisions every month.



“ In 2013, we received applications in **62** specialties ”

Useful points for applicants

“Applicants must demonstrate all competencies in the curriculum”

Common errors to avoid

From processing hundreds of applications, we have observed some common errors that applicants make.

- **Sending documents we can't accept**

Both a hospital stamp and signature from someone in a medical supervisory role are needed to authenticate and validate clinical evidence submitted as part of a CESR or CEGPR application. If clinical evidence is not countersigned by someone in a medical supervisory role, this means the evidence can't be considered in the evaluation. When this happens, we remind applicants about the guidance on our website (www.gmc-uk.org/certevidence). Our specialty specific guidance also addresses this topic (www.gmc-uk.org/ssg).

We do not give evidence that is incorrectly validated or is not authenticated to the evaluators because we cannot be certain that it is a true and accurate reflection of the doctor's training and experience. This can compromise the applicant's chances of success.

- **Not reading the curriculum in full**

The application will always be assessed against the current version of the curriculum.

Curricula are competency based and applicants must demonstrate all of the competencies within them. Each curriculum has unique areas that need to be fully addressed with relevant evidence.

We suggest that applicants read the curriculum in full before they apply, and again once they have compiled their evidence. This will help to make sure it covers all curriculum competencies.

“ Nearly all specialty curricula require audit to be fully demonstrated ”



■ **Failing to complete or demonstrate completing the full audit loop**

Applicants need to give us evidence of their experience in clinical audit. The National Institute for Clinical Excellence (NICE) defines a clinical audit as ‘a tool for improving practice, patient care or services provided... It is used to measure current practice and care against a set of explicit standards or criteria, identify areas for improvement, make changes to practice and re-audit to ensure that improvement has been achieved. The findings of the clinical audit provide evidence of the quality of practice and care.’

Our guidance breaks clinical audits down into five stages:

- defining criteria and standards for investigating an area of practice
- collecting and analysing data from the investigation
- assessment of performance against criteria and standards
- presenting data in a peer review and making recommendations
- closing the audit loop by evaluating recommendations against original guidelines and commenting on any improvements.

“An application won’t be successful unless it includes evidence of the mandatory core element of the curriculum”

All stages of audit must be demonstrated in an application. However, these stages don’t necessarily need to be shown by the same audit. For example, applicants can demonstrate that they have closed the loop on someone else’s audit work as part of general quality improvement activity in order to meet the curriculum requirements.

■ **Omitting sufficient evidence of core elements of curricula**

Applications are considered against the latest version of the curriculum. These may be broken down into core and higher specialty standards that the applicants have to meet.

An application won’t be successful unless it includes evidence of the mandatory core elements, even if the applicant has evidence that they are meeting the higher specialty standards.

Similarly, having a previous appointment to a higher training position can’t in itself be used to show the applicant is meeting current curriculum standards.

■ **Relying on secondary evidence**

Applicants often over-rely on secondary evidence, such as testimonials and CVs.

To be successful in the CESR and CEGPR processes, applicants must give robust evidence to support domains one, two and three of *Good medical practice* before any secondary evidence can be considered. Primary sources include:

- current or recent appraisals
- workplace-based assessments
- exam results
- continuing professional development credits from appropriate schemes
- verified clinical data and referral letters from practice.

“We must make a decision on the application within three months of its referral to the relevant medical royal college”

- **Relying on older evidence**

Often evidence from earlier practice will be necessary as part of an application. However, it is important not to rely too heavily on evidence that is more than five years old.

- **Not translating documents into English**

If an applicant is from a non-English speaking country and is using documents that are not in English, they must translate all documents into English. Both the original and translation must be submitted together, and we must be able to verify the translating organisation. Guidance on this is on our website at www.gmc-uk.org/translations.

- **Submitting evidence that doesn't demonstrate a connection to the applicant**

For example, we can't accept presentation slides if they don't indicate the applicant's role in the presentation, or the analysis of an audit without reference to the applicant's input.

It is vital that the applicant's role is clear and that the evidence is relevant to the curriculum in which the application is made.



Allow plenty of time to prepare an application

On average, applications are about 1,000 pages long, so it can take weeks to make sure that the evidence is ordered logically, addresses the appropriate requirements of the domains and gives evaluators the best chance of successfully evaluating the application.

Once an application is submitted to us, it usually takes between three and six months to prepare it for evaluation by our medical royal college partners. We normally work closely with the applicant during this time, lining up all the evidence with the checklist of requirements so it meets the curriculum standard.

In our experience, applications are much less likely to succeed when there seems to be substantial evidence gaps. However, it is ultimately the applicant's decision on whether an application is sent for evaluation to the relevant medical royal college.

We must make a decision on the application within three months of its referral to the relevant medical royal college. This includes time for the evaluators to construct their evaluation and submit the report, and for us to review to ensure its consistency and quality. This time also allows for us to make our final decision. This means that an application will usually take about nine months from start to finish.



Issues highlighted through the application process

“ In 2013,
82

applications were
withdrawn by applicants
”

Some common errors that lead to applications being withdrawn

In 2013, 75 (out of 578) CESR applications, and seven (out of 56) CEGPR applications, were withdrawn by applicants. This compares with 83 (out of 554) CESR applications and 11 (out of 59) CEGPR applications in 2012. Applications were withdrawn by applicants at our quality checking stage before they were passed onto the medical royal college to evaluate.

The most common reasons for withdrawals were:

- the applicant had not covered the entirety of the curriculum in which they were applying and couldn't supply additional evidence in order to do so
- a substantial proportion of the applicant's evidence had not been validated (see page 15)
- an applicant had not intended to apply for the CESR or CEGPR.

In each case, the applicant will have already paid the fee before the application is withdrawn. We refunded a proportion of the fee depending on the stage at which the application was withdrawn. The closer the application was to being sent to the college for evaluation, the lower the refund.

We updated all our website guidance on CESR and CEGPR applications during 2013 to clarify our requirements. We have improved the information for applicants on how to authenticate their documents, validate their evidence and make sure patient confidentiality is maintained. You can read the refreshed guidance at www.gmc-uk.org/doctors/cesr_page_1.asp.

“ We updated all our website guidance on CESR and CEGPR applications during 2013 ”

There has been a rise in appeals

Between 2012 and 2013, we saw a large increase in appeals against unsuccessful CESR and CEGPR applications (table 2). This increase has meant that we, along with medical royal colleges, have had to use more resources to support the process.

During 2013, we received 23 written and oral appeals out of 271 unsuccessful applications. In five cases, after lodging an appeal, the doctor gave further evidence to meet the steps outlined in their original rejection. It was this additional evidence after the original decision that demonstrated their eligibility for entry onto the Specialist Register. This meant we didn't contest these appeals and the doctors were granted their CESR and specialist registration.

Of those that were actually heard as appeals, only two out of 15 doctors were successful, as they had submitted additional evidence for the appeal hearing that addressed the requirements from their original rejection.

Table 2: Outcome of appeals against rejected CESR and CEGPR applications (2012 and 2013)

	2012	2013
Appeals initiated	3	23
Appeals as proportion of unsuccessful applications	1.2%	8.5%
Appeals not defensible	1*	5*
Appeals heard	2†	15§
Appeals withdrawn	0	3¶
Successful heard appeals as a proportion of unsuccessful applications	0%	0.7%

* Granted entry onto the Specialist Register.

† Rejected.

§ 2 adjournments, 1 new CESR evaluation ordered, 2 granted entry onto the Specialist Register, 10 appeals rejected.

¶ Withdrawn by doctor before the hearing.

The shortage of evaluators can impact on our chances of making decisions on time

We rely on medical royal colleges to evaluate CESR and CEGPR applications. They have a pool of clinicians – known as evaluators – from each specialty who do this.

When a doctor appeals our decision, they usually supply extensive additional information. We have to reassess their original application and the additional information in partnership with the relevant medical royal college. This is very time consuming, so the increase in both applications and appeals has exacerbated the shortage of evaluators in some specialties. The number of evaluators per application and the number of applications per evaluator are shown in appendices 5 and 6.

Decisions on CESR and CEGPR applications must be made within three months, so this shortage affects our ability to meet the deadline if a backlog develops. We have worked with medical royal colleges to plan ahead for these instances, by giving earlier notice of pending applications to their administrative teams. This gives the colleges more time to find evaluators who are available to assess the application, increasing the likelihood that we will issue the decision within three months.



“The increase in applications and appeals has exacerbated the shortage of evaluators”

Our plans to update the CESR and CEGPR processes

“Current applications include around

1,000

pages of evidence”

Based on the recommendations endorsed by our Council in October 2012, we have begun a programme of change to review and improve the CESR and CEGPR processes. We will focus on two main aims.

- To reduce the administrative burden on all parties involved in the equivalence application process.
- To develop a process for applying for CESR and CEGPR that more closely mirrors the CCT entry route to the Specialist and GP Registers.

For a full list of the recommended changes we are making, visit www.gmc-uk.org/routerreview.

Some changes are short-term and medium-term adjustments to our processes, which should have no major effect on applicants or on other parties involved in CESR and CEGPR processes.

The long-term changes, which will not be in place until 2016 at the earliest, will substantially change the way we handle CESR and CEGPR applications.

Changes recommended include:

- requiring CESR and CEGPR applicants to have a licence to practise and 12 months' experience of working in the UK over the past three years
- having a way to test the applicant's knowledge in the relevant specialty
- evaluating the applicant's performance in the relevant specialty in the UK.

We will set up a process in which an applicant is assessed in UK practice, enabling them to produce evidence by way of a performance assessment. Current applications usually include around 1,000 pages of documentary evidence which show how the applicant meets the standards. Our recommended changes would mean that such extensive documentary evidence will no longer be needed.

As we begin to deliver these changes, we will ask interested parties for advice and expertise.

Appendices

Appendix 1:

Some key terms

Standards

The standards doctors have to meet reflect the curriculum of the specialty in which they are applying. These standards are based on our core guidance for doctors, *Good medical practice*.

A review

If an applicant is unsuccessful, they can apply for a review within 90 days of receiving our decision if:

- they have extra evidence that addresses the shortfalls in our decision, which they had not previously submitted, or
- they believe that there has been a defect in our procedure or other unfairness in the way that we processed their application or made our decision.

A reapplication

Applicants can reapply within three years of receiving our decision. An applicant usually reapplies:

- after completing the top-up training/experience outlined in our decision
- if they are able to provide evidence that addresses the shortfalls set out in our decision, which they had not previously submitted.

An applicant will be evaluated against the curriculum in place at the time their reapplication is submitted.

They therefore need to consider any differences between the curriculum that was in place for their original application, and the curriculum in place when they submit their reapplication and submit evidence to cover these differences.

When someone reapplies, we will review the additional evidence they provide against the requirements we outlined in their original application decision.

Further information on reviews and reapplications can be found at www.gmc-uk.org/certfurtheroptions.

Appendix 2:

CESR and CEGPR applications by type and specialty

Table 3: CESR and CEGPR applications by type (1 January –31 December 2012)

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
College of Emergency Medicine	3	0	2	0	0	0	0	0	5	0
Emergency medicine	3	0	2	0	0	0	0	0	5	0
Faculty of Occupational Medicine	3	2	0	0	0	0	0	0	3	2
Occupational medicine	3	2	0	0	0	0	0	0	3	2
Faculty of Public Health	1	1	0	0	1	0	1	1	3	2
Public health medicine	1	1	0	0	1	0	1	1	3	2
Faculty of Sexual and Reproductive Healthcare	2	0	1	1	0	0	0	0	3	1
Community sexual health and reproduction	2	0	1	1	0	0	0	0	3	1
Joint Committee on Surgical Training	89	33	24	12	21	10	3	2	137	57
Breast surgery (non-CCT specialty)	1	1	1	0	1	0	0	0	3	1
Cardiothoracic surgery	4	1	1	1	0	0	0	0	5	2
General surgery	30	10	10	5	9	4	1	1	50	20
Neurosurgery	5	2	1	0	1	1	0	0	7	3
Otolaryngology	1	0	0	0	0	0	1	1	2	1
Paediatric surgery	1	0	1	1	0	0	0	0	2	1
Plastic surgery	4	1	0	0	0	0	0	0	4	1
Transplant surgery (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Trauma and orthopaedic surgery	30	12	6	3	9	5	1	0	46	20
Urology	12	5	4	2	1	0	0	0	17	7
Joint Royal Colleges of Physicians' Training Board	66	20	16	12	15	10	3	3	100	45

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
Acute internal medicine	2	2	0	0	0	0	0	0	2	2
Allergy	1	1	0	0	0	0	0	0	1	1
Cardiology	8	0	2	1	3	1	0	0	13	2
Dermatology	9	2	2	1	2	2	0	0	13	5
Forensic and legal medicine (non-CCT specialty)	2	1	0	0	0	0	0	0	2	1
Gastroenterology	4	0	1	0	0	0	0	0	5	0
General (internal) medicine	8	2	2	2	3	1	2	2	15	7
Genitourinary medicine	1	0	0	0	1	1	0	0	2	1
Geriatric medicine	5	3	1	1	0	0	0	0	6	4
Haematology	4	2	1	1	0	0	0	0	5	3
Multiple sclerosis (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Neurology	3	1	1	1	2	2	0	0	6	4
Nuclear medicine	0	0	0	0	1	1	0	0	1	1
Ophthalmological genetics (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Paediatric cardiology	2	0	0	0	0	0	0	0	2	0
Palliative medicine	3	1	1	1	1	1	0	0	5	3
Rehabilitation medicine	3	1	0	0	0	0	0	0	3	1
Renal medicine	1	1	0	0	0	0	0	0	1	1
Respiratory medicine	4	1	1	1	0	0	0	0	5	2
Rheumatology	0	0	1	1	1	0	1	1	3	2
Sport and exercise medicine	3	0	3	2	1	1	0	0	7	3
Transfusion medicine (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Royal College of Anaesthetists	23	9	7	6	3	2	1	1	34	18
Anaesthetics	17	7	5	4	3	2	1	1	26	14
Cardiothoracic anaesthesia (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Intensive care medicine	5	1	2	2	0	0	0	0	7	3
Royal College of General Practice	36	31	1	0	5	4	0	0	42	35
General practice	36	31	1	0	5	4	0	0	42	35

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
Royal College of Obstetricians and Gynaecologists	20	8	5	4	4	4	1	1	30	17
Obstetrics and gynaecology	20	8	5	4	4	4	1	1	30	17
Royal College of Ophthalmologists	16	10	6	6	3	1	1	1	26	18
Ophthalmology	16	10	6	6	3	1	1	1	26	18
Royal College of Pathologists	3	2	0	0	0	0	0	0	3	2
Histopathology	3	2	0	0	0	0	0	0	3	2
Royal College of Paediatrics and Child Health	18	10	2	1	3	3	0	0	23	14
Community child health	1	1	0	0	0	0	0	0	1	1
Community paediatrics (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Neonatal medicine	0	0	1	1	0	0	0	0	1	1
Paediatric dermatology (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Paediatric neurology	1	0	0	0	0	0	0	0	1	0
Paediatrics	14	8	1	0	3	3	0	0	18	11
Royal College of Psychiatrists	30	7	11	6	9	3	2	1	52	17
Child and adolescent psychiatry	4	1	2	0	1	1	0	0	7	2
Forensic psychiatry	0	0	0	0	1	1	0	0	1	1
General adult psychiatry (non-CCT specialty)	0	0	1	0	1	0	0	0	2	0
General psychiatry	19	4	6	5	6	1	2	1	33	11
Old age psychiatry	2	0	2	1	0	0	0	0	4	1
Psychiatry of learning disability	5	2	0	0	0	0	0	0	5	2
Royal College of Radiologists	34	21	3	3	3	2	0	0	40	26
Clinical oncology	4	1	0	0	0	0	0	0	4	1
Clinical radiology	30	20	3	3	3	2	0	0	36	25
Total	344	154	78	51	67	39	12	10	501	254

Table 4: CESR and CEGPR applications by type (1 January–31 December 2013)

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
College of Emergency Medicine	16	6	2	2	2	2	0	0	20	10
Emergency medicine	16	6	2	2	2	2	0	0	20	10
Faculty of Occupational Medicine	2	1	0	0	0	0	0	0	2	1
Occupational medicine	2	1	0	0	0	0	0	0	2	1
Faculty of Public Health	1	0	0	0	0	0	0	0	1	0
Public health medicine	1	0	0	0	0	0	0	0	1	0
Faculty of Sexual and Reproductive Healthcare	2	0	1	1	0	0	0	0	3	1
Community sexual health and reproduction	2	0	1	1	0	0	0	0	3	1
Joint Committee on Surgical Training	79	21	27	13	18	11	1	1	125	46
Cardiac Surgery (non-CCT specialty)	1	0	0	0	1	1	0	0	2	1
Cardiothoracic surgery	9	3	4	4	1	0	0	0	14	7
General surgery	23	5	7	3	8	6	1	1	39	15
Neurosurgery	0	0	0	0	1	0	0	0	1	0
Otolaryngology	9	3	1	1	1	0	0	0	11	4
Paediatric surgery	3	2	0	0	1	0	0	0	4	2
Plastic surgery	4	0	1	0	0	0	0	0	5	0
Thoracic surgery (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Trauma and orthopaedic surgery	16	1	11	3	5	4	0	0	32	8
Upper gastrointestinal surgery (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Urology	9	6	3	2	0	0	0	0	12	8
Vascular surgery	3	0	0	0	0	0	0	0	3	0
Joint Royal Colleges of Physicians' Training Board	62	15	18	14	16	11	3	3	99	43

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
Allergy	1	1	0	0	0	0	0	0	1	1
Cardiology	13	2	0	0	2	1	2	2	17	5
Clinical neurophysiology	1	1	0	0	0	0	0	0	1	1
Coagulation and transfusion medicine (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Dermatology	4	1	4	2	1	1	0	0	9	4
Dermatology and venereology (non-CCT specialty)	2	0	0	0	1	1	0	0	3	1
Diarrhoeal diseases (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Endocrinology and diabetes mellitus	3	0	0	0	1	1	0	0	4	1
Forensic and legal medicine non-CCT specialty)	0	0	1	1	0	0	0	0	1	1
Gastroenterology	7	1	2	1	0	0	0	0	9	2
General (internal) medicine	8	1	5	5	3	2	1	1	17	9
Genitourinary medicine	2	1	0	0	1	1	0	0	3	2
Geriatric medicine	1	0	1	1	1	1	0	0	3	2
Haematology	1	0	1	1	1	1	0	0	3	2
Infectious diseases	2	2	0	0	0	0	0	0	2	2
Medical oncology	2	1	0	0	0	0	0	0	2	1
Medical ophthalmology	1	0	0	0	0	0	0	0	1	0
Neurology	2	0	0	0	1	0	0	0	3	0
Palliative medicine	2	2	0	0	0	0	0	0	2	2
Rehabilitation medicine	2	0	1	1	1	0	0	0	4	1
Respiratory medicine	2	0	2	1	1	1	0	0	5	2
Rheumatology	1	0	0	0	0	0	0	0	1	0
Sport and exercise medicine	3	2	1	1	1	1	0	0	5	4
Royal College of Anaesthetists	22	10	2	2	6	5	0	0	30	17
Anaesthetics	20	10	2	2	4	4	0	0	26	16
Cardiothoracic anaesthesia (non-CCT specialty)	0	0	0	0	1	1	0	0	1	1
Intensive care medicine	2	0	0	0	1	0	0	0	3	0

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
Royal College of Obstetricians and Gynaecologists	23	14	6	4	4	4	0	0	33	22
Obstetrics and gynaecology	21	14	6	4	4	4	0	0	31	22
Reproductive health (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Reproductive medicine (non-CCT specialty)	1	0	0	0	0	0	0	0	1	0
Royal College of General Practitioners	48	38	2	2	0	0	0	0	50	40
General practice	48	38	2	2	0	0	0	0	50	40
Royal College of Ophthalmologists	24	15	4	3	2	2	2	2	32	22
Ophthalmology	23	14	4	3	2	2	2	2	31	21
Orbital, ocular plastic, and lacrimal disease and surgery (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Royal College of Pathologists	3	3	0	0	0	0	0	0	3	3
Histopathology	3	3	0	0	0	0	0	0	3	3
Royal College of Paediatrics and Child Health	15	4	3	2	1	1	1	1	20	8
Community child health	1	1	0	0	0	0	0	0	1	1
Paediatric allergy, immunology and infectious diseases (non-CCT specialty)	1	1	0	0	0	0	0	0	1	1
Paediatric infectious diseases (non-CCT specialty)	1	0	1	1	0	0	0	0	2	1
Paediatrics	12	2	2	1	1	1	1	1	16	5
Royal College of Psychiatrists	39	3	15	9	18	8	3	2	75	22
Child and adolescent psychiatry	6	0	2	1	4	1	1	1	13	3
Forensic psychiatry	1	0	0	0	0	0	0	0	1	0
General adult psychiatry (non-CCT specialty)	0	0	0	0	1	1	0	0	1	1
General psychiatry	24	2	10	6	6	3	2	1	42	12

Medical royal college specialty	First application		Review		Reapplication		Reapplication review		Total	
	Number	Granted	Number	Granted	Number	Granted	Number	Granted	Number	Granted
Learning disability (intellectual disability) forensic psychiatry	1	0	0	0	0	0	0	0	1	0
Old age psychiatry	7	1	1	0	3	1	0	0	11	2
Psychiatry of learning disability	0	0	2	2	4	2	0	0	6	4
Royal College of Radiologists	20	9	6	4	2	2	0	0	28	15
Clinical oncology	1	0	2	1	0	0	0	0	3	1
Clinical radiology	19	9	4	3	2	2	1	1	26	15
Total	357	140	86	56	69	46	11	10	523	252

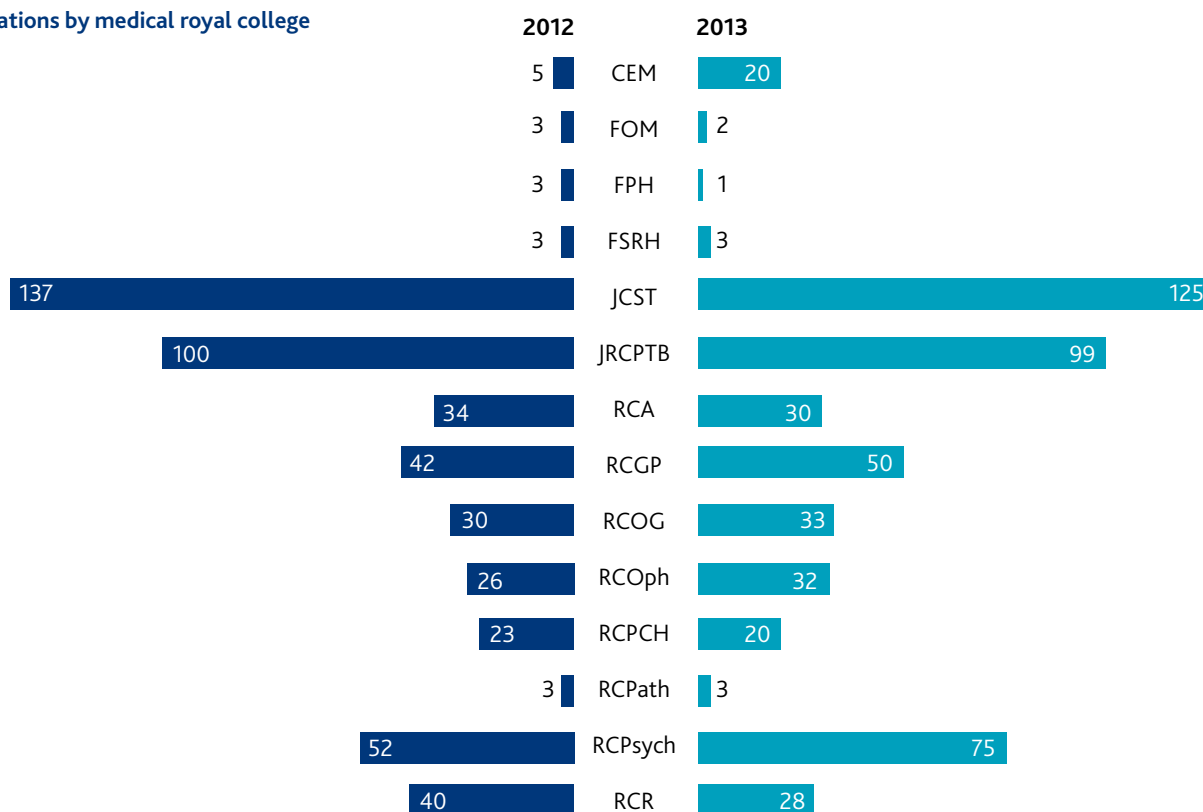
Appendix 3:

Outcome of applications

Table 5: Applications by college or faculty

Organisation Name	2012			2013		
	Applications	Granted	Rejected	Applications	Granted	Rejected
College of Emergency Medicine	5	0	5	20	10	10
Faculty of Occupational Medicine	3	2	1	2	1	1
Faculty of Public Health	3	2	1	1	0	1
Faculty of Sexual and Reproductive Healthcare	3	1	2	3	1	2
Joint Committee on Surgical Training	137	57	80	125	46	79
Joint Royal Colleges of Physicians' Training Board	100	45	55	99	43	56
Royal College of Anaesthetists	34	18	16	30	17	13
Royal College of General Practitioners	42	35	7	50	40	10
Royal College of Obstetricians and Gynaecologists	30	17	13	33	22	11
Royal College of Ophthalmologists	26	18	8	32	22	10
Royal College of Paediatrics and Child Health	23	14	9	20	8	12
Royal College of Pathologists	3	2	1	3	3	0
Royal College of Psychiatrists	52	17	35	75	22	53
Royal College of Radiologists	40	26	14	28	15	13
Total	501	254	247	523	252	271

Applications by medical royal college



Appendix 4:

CESR and CEGPR applicants by country of primary medical qualification

Table 6: Applicants by country of primary medical qualification (1 January–31 December 2012)

Country	CEGPR	CESR	Total	Country	CEGPR	CESR	Total
India	11	132	143	Spain	0	5	5
Pakistan	6	69	75	Libya	0	4	4
UK	12	59	71	Romania	0	4	4
Egypt	0	26	26	Canada	1	2	3
Australia	2	18	20	Germany	1	2	3
Nigeria	1	15	16	Iran	0	3	3
Iraq	1	13	14	Czech Republic	2	0	2
United States	1	11	12	Netherlands	1	1	2
Sudan	0	11	11	Ukraine	1	1	2
South Africa	1	9	10	Brazil	0	2	2
Sri Lanka	1	9	10	China	0	2	2
Syria	0	7	7	Colombia	0	2	2
Bangladesh	1	5	6	Greece	0	2	2
Republic of Ireland	1	5	6	Poland	0	2	2
Russia	1	5	6	Turkey	0	2	2
New Zealand	0	6	6	Austria	1	0	1
Myanmar	0	5	5	Grenada	1	0	1

Country	CEGPR	CESR	Total
Malta	1	0	1
Algeria	0	1	1
Argentina	0	1	1
Bosnia and Herzegovina	0	1	1
France	0	1	1
Ghana	0	1	1
Hungary	0	1	1
Israel	0	1	1
Italy	0	1	1

Country	CEGPR	CESR	Total
Jamaica	0	1	1
Japan	0	1	1
Jordan	0	1	1
Serbia	0	1	1
Slovenia	0	1	1
Sweden	0	1	1
Trinidad and Tobago	0	1	1
Total	48	454	502

Table 7: Applicants by country of primary medical qualification (1 January–31 December 2013)

Country	CEGPR	CESR	Total
India	7	138	145
Pakistan	11	79	90
UK	13	53	66
Egypt	1	32	33
Nigeria	5	19	24
Australia	2	19	21
Sri Lanka	0	20	20
Iraq	1	17	18
Syria	0	17	17
South Africa	0	12	12
Sudan	0	10	10
United States	3	6	9
Republic of Ireland	1	7	8
Spain	0	8	8
Italy	0	6	6
New Zealand	0	6	6
Bangladesh	0	5	5
Iran	0	5	5
Romania	0	5	5
Brazil	0	4	4
Libya	0	4	4
Turkey	0	4	4
China	0	3	3
Germany	1	2	3
Jamaica	2	1	3
Jordan	0	3	3
Myanmar	0	3	3

Country	CEGPR	CESR	Total
France	0	2	2
Greece	0	2	2
Israel	0	2	2
Lebanon	0	2	2
Afghanistan	0	1	1
Argentina	0	1	1
Barbados	0	1	1
Belarus	0	1	1
Bulgaria	0	1	1
Czech Republic	0	1	1
Hungary	0	1	1
Nepal	0	1	1
Netherlands	0	1	1
Poland	0	1	1
Thailand	0	1	1
Tunisia	0	1	1
Uganda	0	1	1
Ukraine	0	1	1
Zambia	0	1	1
Zimbabwe	0	1	1
Canada	1	0	1
Cuba	1	0	1
Grenada	1	0	1
Latvia	1	0	1
Total	51	512	565

Appendix 5:

Number of evaluators for each specialty

Table 8: Number of evaluators for each specialty (July–August 2013)*

Medical royal college specialty	Evaluator numbers	Medical royal college specialty	Evaluator numbers
Joint Royal Colleges of Physicians' Training Board		Joint Committee on Surgical Training	
Acute (internal) medicine	1	Cardiothoracic surgery	10
Allergy	7	General surgery	18
Audiovestibular medicine	3	Neurosurgery	2
Cardiology	11	Oral and maxillofacial surgery	2
Clinical neurophysiology	4	Otolaryngology	4
Clinical genetics	4	Paediatric surgery	2
Clinical pharmacology and therapeutics	2	Plastic surgery	10
Dermatology	10	Trauma and orthopaedic surgery	14
Endocrinology and diabetes mellitus	3	Urology	5
Gastroenterology	5	Vascular surgery	2
General (internal) medicine	7	Royal College of Anaesthetists	
Genitourinary medicine	5	Anaesthetics	10
Geriatric medicine	15	Intensive care medicine	10
Haematology	4	Royal College of Obstetricians and Gynaecologists	
Infectious diseases	5	Obstetrics and gynaecology	8
Immunology	7	Royal College of Ophthalmologists	
Medical oncology	9	Ophthalmology	26
Medical ophthalmology	2	Royal College of Pathologists	
Neurology	6	Histopathology	34
Nuclear medicine	6	Chemical pathology	8
Paediatric cardiology	2	Diagnostic neuropathology	2
Palliative medicine	7	Forensic histopathology	2
Pharmaceutical medicine	3	Medical microbiology	10
Rehabilitation medicine	14	Medical virology	3
Renal medicine	5	Paediatric and perinatal pathology	3
Respiratory medicine	5	Royal College of Paediatrics and Child Health	
Rheumatology	9	Paediatrics	30
Sport and exercise medicine	10	Royal College of Psychiatrists	
College of Emergency Medicine		Child and adolescent psychiatry	6
Emergency medicine	9	Forensic psychiatry	10
Faculty of Occupational Medicine		General psychiatry	58
Occupational medicine	6	Old age psychiatry	15
Faculty of Public Health		Psychiatry of learning disability	12

* Evaluator numbers are from royal college and faculty teams.

Medical royal college specialty	Evaluator numbers	Medical royal college specialty	Evaluator numbers
Public health medicine	6	Medical psychotherapy	1
Faculty of Sexual and Reproductive Healthcare		Royal College of Radiologists	
Community sexual health and reproduction	20	Clinical oncology	7
Royal College of General Practitioners		Clinical radiology	7
General practice	8		

Appendix 6:

Ratios between evaluators and applications

Table 9: Number of evaluators per application in each specialty (1 January 2012–31 December 2013)*

Medical royal college specialty	Evaluators per application	Medical royal college specialty	Evaluators per application
Joint Royal Colleges of Physicians' Training Board		Joint Committee on Surgical Training	
Acute (internal) medicine	0.5	Cardio-thoracic surgery	0.45
Allergy	3.5	General surgery	0.20
Audiovestibular medicine	NA	Neurosurgery	0.29
Cardiology	0.37	Oral and maxillofacial surgery	NA
Clinical neurophysiology	4	Otolaryngology	0.31
Clinical genetics	4	Paediatric surgery	0.33
Clinical pharmacology and therapeutics	NA	Plastic surgery	1.11
Dermatology	0.4	Trauma and orthopaedic surgery	0.18
Endocrinology and diabetes mellitus	0.75	Urology	0.17
Gastroenterology	0.36	Vascular surgery	0.67
General (internal) medicine	0.22	Royal College of Anaesthetists	
Genitourinary medicine	1	Anaesthetics	0.19
Geriatric medicine	2.14	Intensive care medicine	1
Haematology	0.4	Royal College of Obstetricians and Gynaecologists	
Infectious diseases	1.67	Obstetrics and gynaecology	0.13
Immunology	NA	Royal College of Ophthalmologists	
Medical oncology	4.5	Ophthalmology	0.44
Medical ophthalmology	2	Royal College of Pathologists	
Neurology	0.67	Histopathology	5.67
Nuclear medicine	6	Chemical pathology	NA
Paediatric cardiology	1	Diagnostic neuropathology	NA
Palliative medicine	1	Forensic histopathology	NA

* Evaluator numbers are from royal college and faculty teams and the application data are from the GMC.

NA Not applicable because no applications were received during the period. The lower the number, the more demand on the evaluators in that specialty. For example, there are 0.2 evaluators for each application in general surgery compared with renal medicine which has five evaluators per application.

Medical royal college specialty	Evaluators per application	Medical royal college specialty	Evaluators per application
Pharmaceutical medicine	NA	Medical microbiology	NA
Rehabilitation medicine	2	Medical virology	NA
Renal medicine	5	Paediatric and perinatal pathology	NA
Respiratory medicine	0.5	Royal College of Paediatrics and Child Health	
Rheumatology	2.25	Paediatrics	0.73
Sport and Exercise Medicine	0.83	Royal of College of Psychiatrists	
College of Emergency Medicine		Child and adolescent psychiatry	0.3
Emergency medicine	0.36	Forensic psychiatry	5
Faculty of Occupational Medicine		General psychiatry	0.77
Occupational medicine	1.2	Old age psychiatry	1
Faculty of Public Health		Psychiatry of learning disability	1.09
Public health medicine	1.5	Medical psychotherapy	NA
Faculty of Sexual and Reproductive Health		Royal of College Radiologists	
Community sexual health and reproduction	3.33	Clinical oncology	1
Royal College of General Practitioners		Clinical radiology	0.11
General practice	0.09		

Table 10: Numbers of applications per evaluator in each specialty (1 January 2012–31 December 2013)*

Medical royal college specialty	Applications per evaluator	Medical royal college specialty	Applications per evaluator
Joint Royal Colleges of Physicians' Training Board		Joint Committee on Surgical Training	
Acute (internal) medicine	2	Cardiothoracic surgery	2.2
Allergy	0.29	General surgery	4.94
Audiovestibular medicine	NA	Neurosurgery	3.45
Cardiology	2.73	Oral and maxillofacial surgery	NA
Clinical neurophysiology	NA	Otolaryngology	3.25
Clinical genetics	0.25	Paediatric surgery	3
Clinical pharmacology and therapeutics	NA	Plastic surgery	0.9
Dermatology	2.5	Trauma and orthopaedic surgery	5.57
Endocrinology and diabetes mellitus	1.33	Urology	5.8
Gastroenterology	2.8	Vascular surgery	1.5
General (internal) medicine	4.57	Royal College of Anaesthetists	
Genitourinary medicine	1	Anaesthetics	5.4
Geriatric medicine	0.47	Intensive care medicine	1
Haematology	2.5	Royal College of Obstetricians and Gynaecologists	
Infectious diseases	0.6	Obstetrics and gynaecology	7.88
Immunology	NA	Royal College of Ophthalmologists	

* Evaluator numbers are from royal college and faculty teams and the application data are from the GMC.

NA Not applicable because no applications were received during the period. The lower the number, the more demand on the evaluators in that specialty. For example, there are 0.2 evaluators for each application in general surgery compared with renal medicine which has five evaluators per application.

Medical royal college specialty	Applications per evaluator	Medical royal college specialty	Applications per evaluator
Medical oncology	0.22	Ophthalmology	2.27
Medical ophthalmology	0.5	Royal College of Pathologists	
Neurology	1.5	Histopathology	0.18
Nuclear medicine	0.17	Chemical pathology	NA
Paediatric cardiology	1	Diagnostic neuropathology	NA
Palliative medicine	1	Forensic histopathology	NA
Pharmaceutical medicine	NA	Medical microbiology	NA
Rehabilitation medicine	0.5	Medical virology	NA
Renal medicine	0.2	Paediatric and perinatal pathology	NA
Respiratory medicine	2	Royal College of Paediatrics and Child Health	
Rheumatology	0.44	Paediatrics	1.37
Sport and exercise medicine	1.2	Royal College of Psychiatrists	
College of Emergency Medicine		Child and adolescent psychiatry	3.33
Emergency medicine	2.78	Forensic psychiatry	0.2
Faculty of Occupational Medicine		General psychiatry	1.29
Occupational medicine	0.83	Old age psychiatry	1
Faculty of Public Health		Psychiatry of learning disability	0.92
Public health medicine	0.67	Medical psychotherapy	NA
Faculty of Sexual and Reproductive Healthcare		Royal College of Radiologists	
Community sexual health and reproduction	0.3	Clinical oncology	1
Royal College of General Practitioners		Clinical radiology	8.86
General practice	11.5		

Email: gmc@gmc-uk.org
Website: www.gmc-uk.org
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Join our conversation

 [@gmcuk](https://twitter.com/gmcuk)  facebook.com/gmcuk
 linkd.in/gmcuk  youtube.com/gmcuktv

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

Published March 2014

© 2014 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Code: GMC/AFER/0314

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice