Applications to the GP and Specialist Registers

2014

General Medical Council

Introduction

This is our second annual report, which gives an overview of decisions we made on applications for specialist or GP registration in 2014.

It covers decisions about:

- Certificates of Completion of Training (CCT)
- Certificate of Eligibility for Specialist Registration (CESR)
- Certificate of Eligibility for GP Registration (CEGPR)
- CESR combined programme (CESR (CP))
- CEGPR combined programme (CEGPR (CP)).

The findings and data in this report will be particularly useful for potential applicants and medical royal colleges.

What this report shows

- How a doctor's name is added to the Specialist or GP Register.
- What happened in 2014.
- Where applicants have worked and where they gained their primary medical qualification.
- How we're giving applicants better support and information.
- What we've learnt from previous applications.
- An update on our review of routes to the Specialist and GP Registers.

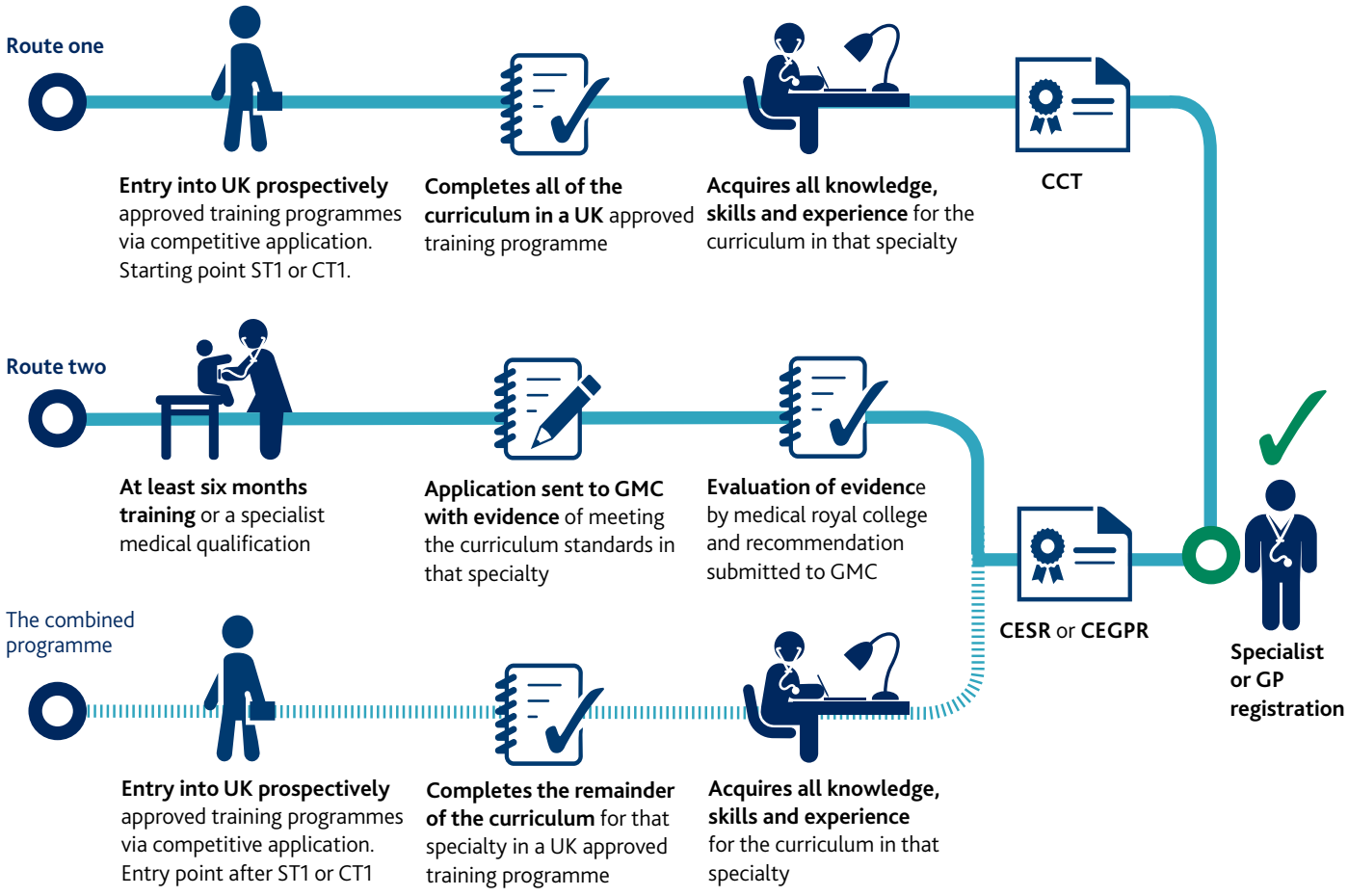
How a doctor's name is added to the Specialist or GP Register

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

This report focuses on the following ways of qualifying for entry to the Specialist or GP Registers.

- The Certificate of Completion of Training (CCT).
- The Certificate of Eligibility for Specialist Registration (CESR)
- The Certificate of Eligibility for GP registration (CEGPR).
- The combined programme – CESR (CP) or CEGPR (CP).

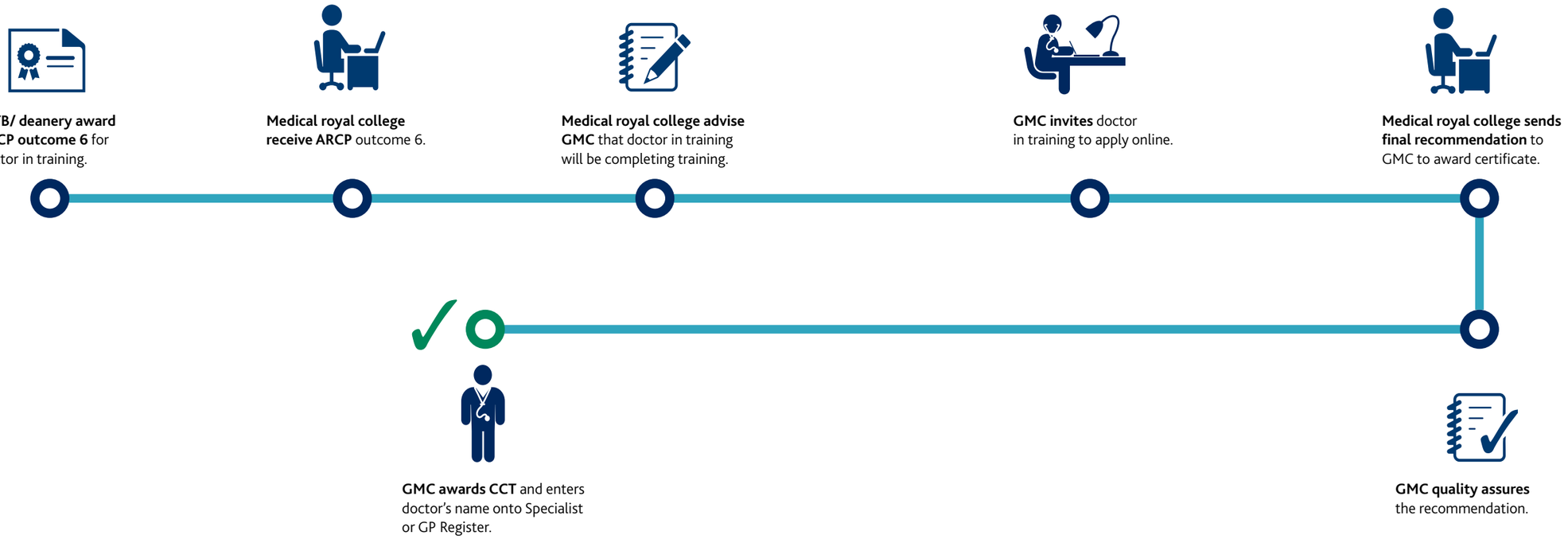
Routes to specialist or GP registration



Getting specialist or GP registration with a CCT

Most doctors demonstrate that they meet the Specialist or GP Register requirements by completing a full UK training programme – from competitive entry through to completing specialty curricula designed by the relevant medical royal college. We issue these doctors with a CCT, which entitles them to specialist or GP registration.

The CCT process



Getting specialist or GP registration with a CESR or CEGPR certificate

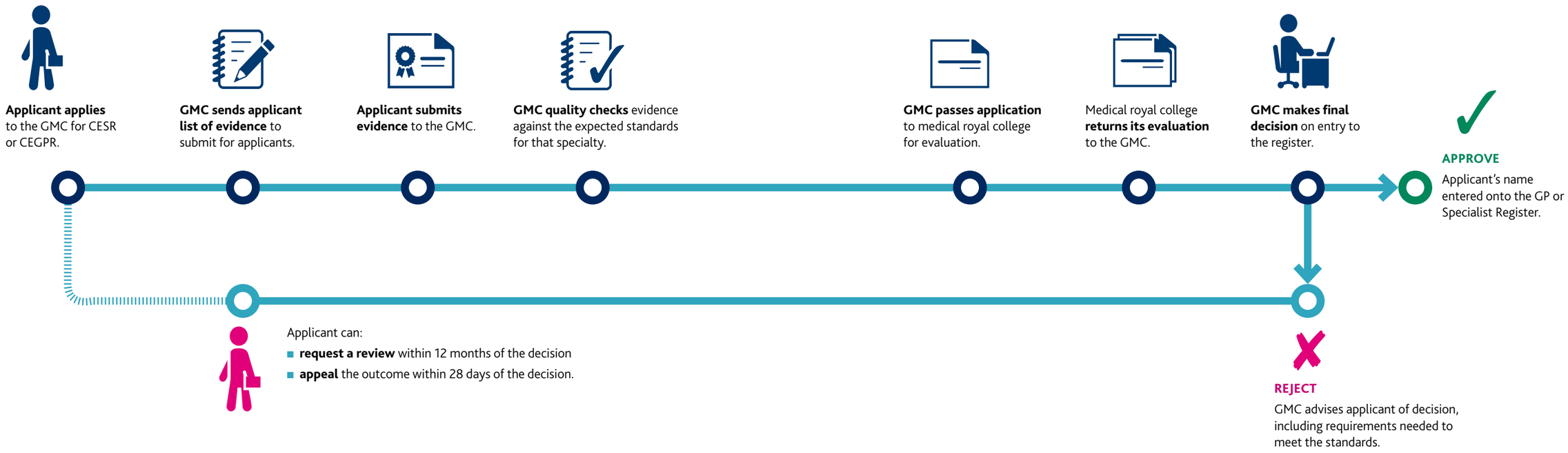
For doctors who gained their skills through training or experience outside the UK, there are two ways to get a CESR or CEGPR certificate.

- Full application to the GMC for specialist registration through CESR or GP registration through CEGPR.
- Through combined programme CESR (CP) or CEGPR (CP).

Full application to the GMC for CESR or CEGPR

If a doctor hasn't completed a UK approved training programme, they can still show that they have the full skills, knowledge, qualifications and experience required by the relevant curriculum by getting a CESR or CEGPR certificate. The figure below shows the CESR/CEGPR process.

The CESR/CEGPR process



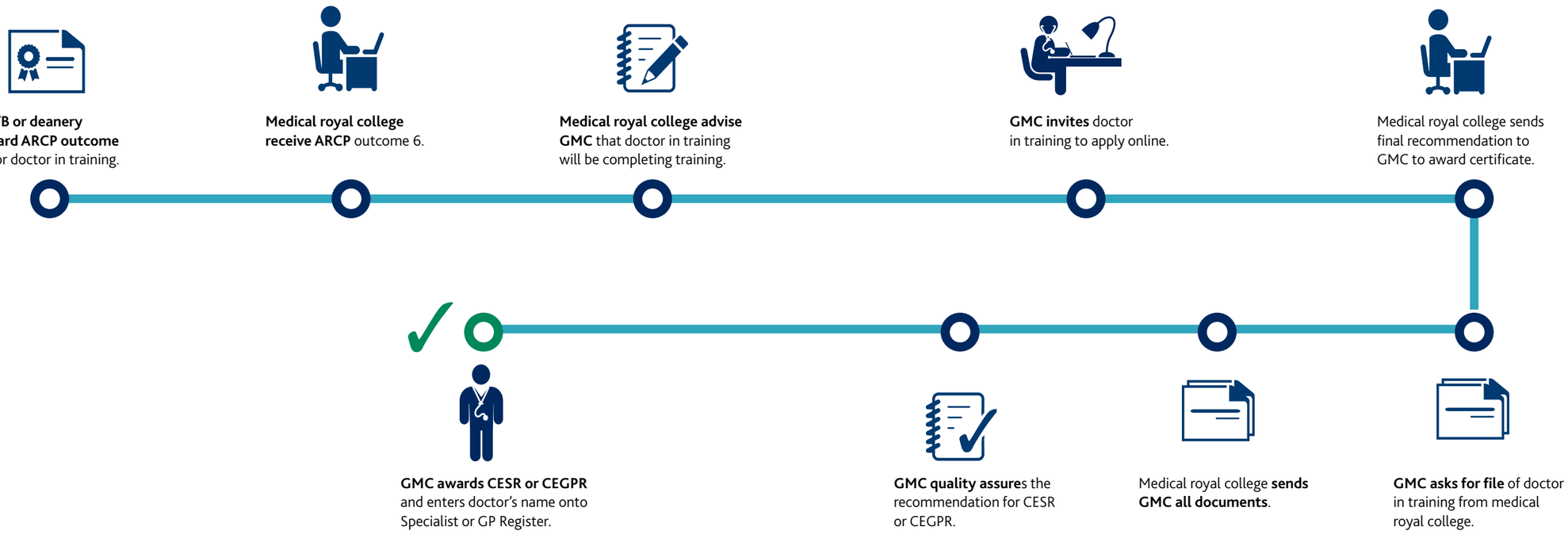
Combined programme – CESR (CP) and CEGPR (CP)

Some doctors already have non-UK approved training or experience before they apply to enter a UK training programme. This enables them to demonstrate they have already acquired some of the curriculum competencies, so they will need less time to complete the relevant curriculum. This means that they can start their training programmes at a higher level in the curriculum.

When these doctors complete the remainder of the curriculum we issue them with a CESR or CEGPR, which entitles them to specialist or GP registration.

We recently improved our information about combined programmes on the applications section of our website (**www.gmc-uk.org/doctors/24631.asp**). We're also streamlining this process for doctors and medical royal colleges and we will be continuing to do this throughout 2015 (see pages 18–21).

The combined programme process



> "We review all the evidence a doctor submits"

All CESR and CEGPR certificates

When determining who is eligible for specialist or GP registration, we work with the relevant medical royal college and training programme providers. We review all the evidence a doctor submits to make sure the entry requirements for Specialist or GP Registers have been met.

What happened in 2014

How many applications for CCT were approved?

In 2014, we granted 6,418 CCT applications based on recommendations from medical royal colleges across all specialties. This is slightly more than 2013 when we granted 6,281 certificates. A full breakdown of applications by specialty for 2014 is shown in appendix 1, and by organisation in appendix 4.

“We granted **6,418** CCT applications”

How many combined programme applications were granted?

“We granted

92

combined programme applications”

In 2014, we granted 92 combined programme applications – the same total number as in 2013. A full breakdown of applications by specialty for 2014 is shown in appendix 2, and by organisation in appendix 4.

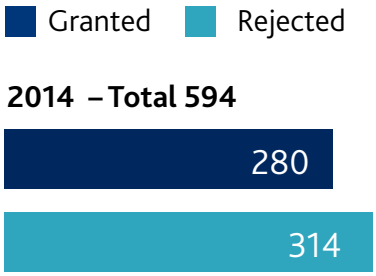
The figures we report for CCT and combined programme applications are those that were successful. But just because we only report successful outcomes, it doesn’t mean that all doctors appointed to training programmes necessarily complete their training programme. UK training programmes and standards are robust and there is an attrition rate for doctors in training for various reasons.

If a doctor in training is performing below the expected standard, they are offered remedial support at their Annual Review of Competence Progression (ARCP). This is known as an unsatisfactory ARCP outcome.

If a doctor in training continues to perform below the expected standard, they can be removed from the training programme. This is known as an ARCP outcome 4. In 2014, 585 doctors in training were removed from their training programmes.

How many applications for CESR and CEGPR were approved?

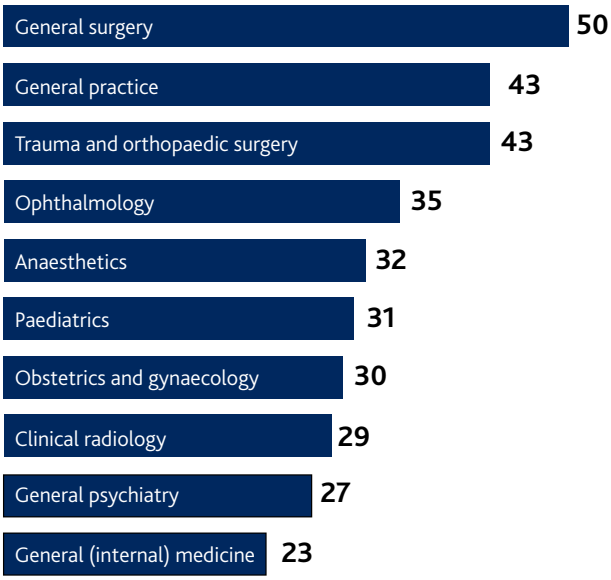
In 2014, we made decisions on 551 CESR applications and 43 CEGPR applications. This is an overall increase compared with 2013, when we made decisions on 473 CESR and 50 CEGPR applications. The table below shows the numbers of applications that were granted and rejected.



The full breakdown of numbers of decisions by organisation and specialty in 2014 is shown in appendix 3.

We made decisions on applications in 74 specialties. The ten most common specialties accounted for 58% of all applications.

The ten most common specialties were:



Parallels with training programmes and CESR and CEGPR processes

As noted, if doctors in UK training perform below the expected standard, they are offered remedial support.

This echoes our CESR and CEGPR processes, in which we give unsuccessful applicants specific recommendations on how they might demonstrate the standards for specialist or GP registration if they wish to apply again in future.

> “We granted **280** CESR and CEGPR applications”

Where applicants have worked and where they gained their primary medical qualification

Where did our 2014 applicants get their most recent experience before they applied for CESR and CEGPR?*

All doctors who obtain specialist or GP registration through CCT and combined programme routes will be in a UK training programme, so their most recent experience will have been in the UK.

Table 1: Where applicants were based for majority of time during the three years before applying for CESR or CEGPR – for decisions made in 2014

	CESR	CEGPR	Total
UK	82%	74%	**82%**
EEA	3%	5%	**3%**
Rest of the world	15%	21%	**16%**

EEA=European Economic Area

The vast majority of CESR and CEGPR applicants have already worked in the UK for the majority of time during the three years before they made their applications. Many applicants will have cared for UK patients in non-consultant grade roles while preparing their application for specialist or GP registration.

Table 2: Success rate by region base – for decisions made in 2014

	CESR	CEGPR	Total
UK	47%	88%	**50%**
EEA	25%	50%	**28%**
Rest of the world	36%	56%	**38%**

This table demonstrates that applicants who have been based in the UK for the majority of their most recent three years of clinical practice have substantially higher success rates.

* Based on place of employment validated as part of application.

Where did our 2014 applicants get their primary medical qualification?

The table below shows the number of CCT and CESR (CP) applications, compared with region of primary medical qualification. There were no CEGPR (CP) applications in 2014.

Table 3: Where doctors who completed UK training postgraduate training programmes gained their primary medical qualification

	CCT	CESR (CP)
UK	70%	19%
EEA	4%	5%
Rest of the world	26%	76%
Total number of doctors	**6,418**	**92**

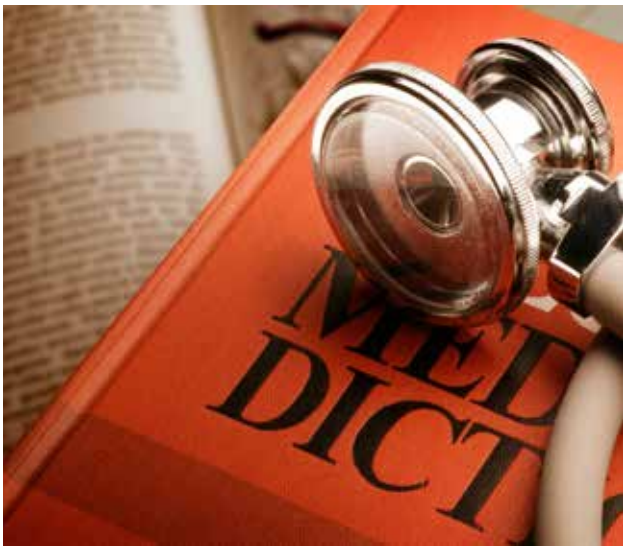
This shows that the region where the primary medical qualification is awarded is not a barrier to entering and successfully completing a UK training programme. More detailed breakdowns are available in appendices 5 and 6.

> “8 out of 10 applicants have recent UK experience”

The following table shows the region where applicants got their primary medical qualification, and the success rates within those regions of primary medical qualification.

Table 4: Where doctors applying for CESR and CEGPR gained their primary medical qualification

	Proportion of region by primary medical qualification	Success rate by primary medical qualification region
UK	13%	53%
EEA	6%	37%
Rest of the world	81%	47%
Total number of doctors	**594**	**280**



While we can see that most applications through CESR and CEGPR are from international medical graduates, table 1 indicates that 8 out of 10 applicants have recent UK experience prior to applying.

A more detailed breakdown is in appendix 7.

How we're giving applicants better support and information

We've improved our guidance for applicants

In 2014, we updated and restructured our web pages on specialist and GP registration to help applicants understand how to supply the right information at the right time.

Identifying whether an applicant is in a combined programme

We don't know if an applicant is participating in a combined programme until their medical royal college tells us they are due to complete their training. This can cause difficulties for some applicants because we need time to check the recommendations of the medical royal college and to review any accompanying evidence at this stage. This can delay a doctor's entry to the Specialist or GP Register, which in turn delays them in securing a job as a consultant or GP.

It can also be difficult to identify whether a doctor has participated in a combined programme – this is because meeting entry criteria for training posts and being eligible for CCT are often seen as being one and the same thing. However, they are not.

- Entering a training post relies on the applicant meeting the standards required to join a training programme at a particular level.
- Being eligible for a CCT requires all training to have been undertaken in a UK approved training programme and meeting all relevant entry requirements.

In 2014, we began making changes to improve this process. As soon as a doctor is appointed to combined programme training and enrolled with their relevant medical royal college, the local education and training board (LETB) tells us. By starting this process at the beginning rather than the end, any delays should be minimised.

> "Changes to the process should minimise delays"

We're testing whether applications should be mapped to curriculum competencies

Our core guidance for doctors, *Good medical practice*, is embedded into the curriculum for each specialty. At present, CESR applicants structure their evidence using the four domains of *Good medical practice*.

However, CESR applicants are assessed against all specialty curriculum competencies.

In October 2014, we launched a pilot in general psychiatry and ophthalmology to see if the application process could be made simpler by asking CESR applicants to structure their evidence by curriculum competencies.*

> "We launched a pilot to see if the application process could be made simpler"

* We plan to run the pilot until we have enough data to evaluate. Due to the variable nature of CESR application volumes, we can't yet determine when this will be.

What we've learnt from previous applications

Specialty specific errors

We've identified some common reasons why applications are rejected in the most common application specialties.

General surgery

In 2014, we rejected 37 applications (74%).

While applicants tend to supply records of what they have done through logbooks and consolidation sheets, they don't always supply sufficient numbers of workplace based assessments (or equivalent) to demonstrate competence in procedures required by the curriculum. This is clearly detailed in the general surgery curriculum.

Applicants also fail to submit sufficient audit evidence. Often, applicants don't submit enough audit evidence and occasionally the audit loop is incomplete.

Applicants sometimes focus on a particular area of practice. This can mean that they are often unable to demonstrate maintaining competencies across the breadth of the curriculum. In general surgery, an area of special interest needs to be demonstrated, but not at the expense of the breadth of the curriculum.*

Applications are also rejected when the research requirements haven't been met. The curriculum is prescriptive about the number of publications and presentations required to demonstrate the standards, and the level of that involvement.†

* See page 302 of the general surgery curriculum, available at www.gmc-uk.org/general_surgery_curriculum_2013.pdf_59413012.pdf (accessed February 2015).

† See page 45, section 14.3 of the general surgery curriculum, available at www.gmc-uk.org/general_surgery_curriculum_2013.pdf_59413012.pdf (accessed February 2015).

> “Applicants often submit insufficient evidence of audits”

Trauma and orthopaedic surgery

In 2014, we rejected 32 applications (74%).

Applicants often use logbooks as evidence of what they've done, but don't adequately demonstrate all the procedures to meet the curriculum requirements. The trauma and orthopaedic surgery curriculum gives information on procedure based assessment validation, showing how applicants can demonstrate the breadth of procedures in the curriculum.

Applicants often submit insufficient evidence of audits that have been undertaken, particularly on closing the audit loop. Failure to demonstrate the required level of involvement in research also accounts for applicants not demonstrating the full curriculum requirements.

Trauma and orthopaedic surgery applicants often fail to demonstrate the required evidence of index procedures, such as paediatric orthopaedic surgery or spine surgery.

Ophthalmology

In 2014, we rejected 18 applications (51%).

The most frequent reason for rejections for ophthalmology applicants is a failure to adequately demonstrate the knowledge base that underpins their clinical skills.

The curriculum requires that the applicant passes the Fellowship Exam of the Royal College of Ophthalmologists (the FRCOphth exam) – this would fully demonstrate the knowledge base needed. Using alternative exams is acceptable as long as they are equivalent to the knowledge base demonstrated by the FRCOphth exam.*

* You can find full guidance on alternative exams in the CESR section of the Royal College of Ophthalmologists website at www.rcophth.ac.uk/professional-resources/certificate-confirming-eligibility-for-specialist-registration (accessed February 2015).

> “Candidates need to submit primary evidence”

Paediatrics

In 2014, we rejected 20 applications (64%).

Doctors in paediatrics typically specialise in one area of practice. A successful paediatrics applicant needs to demonstrate competency in acute general paediatrics, neonatal medicine and community child health. Unsuccessful applicants often demonstrate extensive experience in one of these areas, but insufficient experience in others in the previous five years.

The Royal College of Paediatrics and Child Health recommends applicants take a six month placement in each of their less recently experienced areas and make sure they match their evidence specifically to the curriculum requirements before they apply.

General psychiatry

In 2014, we rejected 18 applications (66.7%).

Often, applicants don’t submit sufficient evidence to show that they have met the full psychotherapy or research curriculum requirements.

The Royal College of Psychiatrists suggests that applicants use the Structured Assessment of Psychotherapy Exercise (SAPE) workplace based assessment tool. The curriculum requires a minimum of one of these workplace based assessment tools per year in the final three years of training – applicants will be well placed to meet the full curriculum requirements if they can submit three successful examples, preferably signed off by different supervisors. This experience should cover at least two different modalities of therapy in two different situations.

Candidates need to submit primary evidence, such as papers and presentations, and the Royal College of Psychiatrists recommends using the Direct Observation of Non-Clinical Skills (DONCS) workplace based assessment tool to support meeting research competencies. The research element of a candidate’s application will be strengthened if they use DONCS to evaluate an original research paper in a specialist area, as well as supplying supervisor reports and copies of applicable publications.

> “Applicants sometimes fail to show evidence of their involvement in managing complaints”

Obstetrics and gynaecology

In 2014, we rejected 13 applications (43%).

Applicants who fail to meet the requirements in obstetrics and gynaecology often lack sufficient evidence of management and leadership experience.

The Royal College of Obstetricians and Gynaecologists (RCOG) recommends that applicants use minutes of meetings they have chaired, submit certificates of attendance at approved management or leadership courses, or demonstrate evidence of leading projects.

Applicants sometimes fail to show evidence of their involvement in managing complaints. The curriculum requires evidence of experience in the satisfactory management of complaints.

The Royal College of Obstetricians and Gynaecologists recommends that applicants show evidence of responding to complaints or submit a certificate showing course attendance relating to complaint handling. In the event that no complaints have been received in the previous three years, applicants should demonstrate evidence of what they would do in hypothetical situations.

Anaesthetic

In 2014, we rejected 15 applications (47%).

Anaesthetics applicants often fail to provide sufficient evidence relating to domain 1 of *Good medical practice* (our core guidance for doctors, on which all curricula are based). We often see applications where insufficient clinical evidence is given for intensive care, pain medicine and cardiothoracic competencies.

Failure to provide sufficient evidence of experience in neuro-anaesthesia, paediatric anaesthesia and obstetric anaesthesia is also common, as is insufficient evidence of audit.

The Royal College of Anaesthetists recommends applicants demonstrate what they have done through clear summary logbooks, which show cumulative totals of higher level training and experience backed up with detailed logbooks. Most importantly, they must demonstrate competency acquisition to the curriculum standard through appropriate forms of assessments.

> The Royal College of Radiologists recommends applicants have at least 40 radiology reports

Clinical radiology

In 2014, we rejected 10 applications (34.5%).

Applicants rejected in clinical radiology most commonly fail to fully demonstrate the clinical skills required across the breadth of the curriculum in one or more areas. Examples include interventional radiology, radionuclide radiology, radiological procedures, ultrasound and mammography.

Based on the rejections in 2014, applicants who don't demonstrate the curriculum's clinical requirements in one of these areas will also fail in other clinical areas.

The Royal College of Radiologists recommends applicants have at least 40 radiology reports covering the breadth of the curriculum. These reports should be supported by workload statistics from the hospital radiology information system, with supporting references from supervisors or trainers.

90% of applicants that were rejected in 2014 also failed to adequately show they met audit and quality improvement requirements. And over half of rejections showed insufficient evidence of clinical governance, teaching experience, management activity or involvement in appraisal. Often, applicants failed in multiple areas. Failed applications frequently relied too heavily on secondary evidence in areas including teaching and clinical governance activity.

The Royal College of Radiologists recommends having two examples of clinical audit activity including a re-audit to complete the audit loop. Alternatively, evidence of completed quality improvement projects demonstrating a change in practice could be submitted. For other areas, applicants could show evidence of attendance at management meetings, multidisciplinary team meetings or leadership courses. They could also submit evidence of management and teaching activity, appraisal activity and of activity in improving services.

An update on our review of the routes to the Specialist and GP Register

“We had **402** responses to our consultation”

> Some of the recommendations aimed to improve the transparency of our processes

In March 2010, Lord Naren Patel published a series of recommendations* for how we should regulate medical education and training in the future. One of the recommendations was that we should review how doctors can be granted GP or specialist registration when they have not completed GP or specialist training in the UK.

We carried out a consultation on the routes to the GP and Specialist Registers† from March to June 2012. From the 402 responses, 13 proposed recommendations were submitted to GMC Council and approved in October 2012. For a full list of the recommendations, go to **www.gmc-uk.org/routereview**.

* See *Outcome of Consultation on the Review of the Future Regulation of Medical Education and Training – Annex B*, available at www.gmc-uk.org/4___Annex_B___Outcome_of_Consultation_on_the_Review_of_the_Future_Regulation_of_Medical_Education_and_Training.pdf_31275463.pdf (accessed February 2015).

† See *Report of the Consultation on the Routes to the GP and Specialist Registers*, available at www.gmc-uk.org/07___Report_on_the_Consultation_on_the_Routes_to_GP.pdf_49969059.pdf (accessed February 2015).

What progress has been made on the recommendations?

Some of the 13 recommendations were short-term and medium-term adjustments in order to improve transparency of our processes.

Recommendations 8–12 focus specifically on the role of college evaluators, use of specialist applications panels, and making sure decisions are fully supported by evidence. We have published approved terms of reference for applications panels on our website in response to these recommendations. Go to **www.gmc-uk.org/doctors/24630.asp**.

Recommendation 13 asked for an annual report to be published. We published the first report in May 2014. This is the second such report.

Remaining recommendations

We've established an Equivalence Advisory Group (EAG) to help us implement the remaining recommendations. This group is chaired by Professor Malcolm Lewis and consists of representatives from:

- the Academy of Medical Royal Colleges
- LETBs and deaneries from each of the four UK countries
- NHS employers
- the BMA's Staff Grade and Associate Specialists Committee.

The EAG will advise on recommended changes, including:

- requiring CESR and CEGPR applicants to have a licence to practise and a minimum of 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 a workplace based evaluation in the UK
- amending legislation to allow CEGPR applicants to spend time working in GP practices in the UK
- how we include individuals of high international renown in the process without them needing acclimatisation or evaluation of performance.

The EAG met for the first time in July 2014. It will continue to meet throughout 2015. So far, it has reviewed proposals on how we test specialist knowledge. There is strong support for making the knowledge test that underpins specialist or GP registration the same as the test set out in the relevant curriculum.

The EAG is now focusing on the workplace based evaluation for CESR and CEGPR applicants in the UK.

Appendices

Appendix 1:

CCT awarded 2014 by specialty

Some doctors undertake training in more than one specialty which means that there are more CCTs award than number of individual doctors applying.

In 2014, 6,418 CCTs were awarded covering 7,128 specialties.

Awarded specialty	Number of applications
Acute internal medicine	38
Allergy	5
Anaesthetics	472
Cardiology	94
Cardiothoracic surgery	12
Chemical pathology	8
Child and adolescent psychiatry	64
Clinical genetics	11
Clinical neurophysiology	6
Clinical oncology	56
Clinical pharmacology and therapeutics	5
Clinical radiology	200
Dermatology	42
Emergency medicine	121
Endocrinology and diabetes mellitus	78
Forensic psychiatry	28
Gastroenterology	94
General (internal) medicine	593
General practice	2,849
General psychiatry	206
General surgery	169
Genitourinary medicine	24
Geriatric medicine	145
Haematology	84
Histopathology	54
Immunology	8
Infectious diseases	19
Intensive care medicine	125
Medical microbiology	6
Medical microbiology and virology	32

Awarded specialty	Number of applications
Medical microbiology and virology	32
Medical oncology	33
Medical psychotherapy	10
Neurology	47
Neurosurgery	30
Obstetrics and gynaecology	190
Occupational medicine	10
Old age psychiatry	62
Ophthalmology	79
Oral and maxillofacial surgery	17
Otolaryngology	43
Paediatric surgery	21
Paediatrics	295
Palliative medicine	32
Pharmaceutical medicine	30
Plastic surgery	45
Psychiatry of learning disability	30
Public health medicine	31
Rehabilitation medicine	8
Renal medicine	65
Respiratory medicine	126
Rheumatology	50
Trauma and orthopaedic surgery	161
Urology	53

Specialties numbering fewer than five – total number of applications across these specialties = 12
Audio vestibular medicine
Medical ophthalmology
Paediatric cardiology
Sport and exercise medicine
Tropical medicine
Total number of CCTs awarded in 2014: 6,418

Appendix 2:

CESR (CP) awarded by specialty 2014

Some doctors undertake training in more than one specialty, which means that there are more CESRs awarded than number of individual doctors applying. In 2014, 92 doctors were awarded a CESR through a combined programme over 111 specialties.

Specialties with two or fewer applications have been grouped to minimise risk of identification.

Awarded specialty	Number of applications
Obstetrics and gynaecology	20
General (internal) medicine	17
Emergency medicine	11
Geriatric medicine	9
Sport and exercise medicine	6
Endocrinology and diabetes mellitus	4
Intensive care medicine	3
Nuclear medicine	3
Pharmaceutical medicine	3

Specialties numbering two or fewer – total number of applications across these specialties = 35	
Acute internal medicine	Haematology
Anaesthetics	Histopathology
Cardiology	Medical oncology
Child and adolescent psychiatry	Neurology
Clinical neurophysiology	Occupational medicine
Clinical pharmacology and therapeutics	Old age psychiatry
Community sexual and reproductive health	Paediatrics
Dermatology	Palliative medicine
Forensic psychiatry	Psychiatry of learning disability
Gastroenterology	Renal medicine
General psychiatry	Rheumatology
Genitourinary medicine	
Total number of doctors awarded a CESR through combined programme: 92	

Appendix 3:

Breakdown of CESR and CEGPR decisions by organisation and specialty 2014

Any specialties of application with low numbers have been grouped to minimise risk of identifying applicant.

Organisation and specialty	Registration granted	Application rejected	Total
Joint Committee on Surgical Training (JCST)	**48**	**107**	**155**
Cardiothoracic surgery	4	2	**6**
General surgery	13	37	**50**
Neurosurgery	1	6	**7**
Otolaryngology	4	7	**11**
Plastic surgery	1	4	**5**
Transplant surgery	1	4	**5**
Trauma and orthopaedic surgery	11	32	**43**
Urology	4	8	**12**
Vascular surgery	4	1	**5**
Other JCST specialties of application – grouped to avoid identification			
Breast and oncoplastic surgery	5	6	**11**
Breast surgery			
Cardiac surgery			
Oral and maxillofacial surgery			
Paediatric orthopaedic surgery			
Paediatric surgery			
Thoracic surgery			
Trauma surgery			
Upper gastrointestinal surgery			
Joint Royal Colleges of Physicians' Training Board (JRCPTB)	**57**	**68**	**125**
Acute internal medicine	1	3	**4**
Cardiology	7	8	**15**
Dermatology	5	6	**11**
Gastroenterology	7	3	**10**
General (internal) medicine	10	13	**23**
Geriatric medicine	1	1	**2**
Haematology	3	1	**4**

Organisation and specialty	Registration granted	Application rejected	Total
Joint Royal Colleges of Physicians' Training Board (JRCPTB)	**57**	**68**	**125**
Medical oncology	1	4	**5**
Paediatric cardiology	3	1	**4**
Palliative medicine	3	2	**5**
Rehabilitation medicine	3	3	**6**
Renal medicine	1	2	**3**
Respiratory medicine	2	4	**6**
Rheumatology	2	1	**3**
Sport and exercise medicine	2	6	**8**
Other JRCPTB specialties of application – grouped to avoid identification			
Bone marrow transplantation	6	10	**16**
Clinical genetics			
Clinical neurophysiology			
Clinical pharmacology and therapeutics			
Coagulation and transfusion medicine			
Diarrhoeal diseases			
Echocardiography			
Endocrinology and diabetes mellitus			
Medical ophthalmology			
Neurology			
Scleroderma and connective tissue disease			
Transfusion medicine			
Royal College of Psychiatrists (RCPsych)	**19**	**28**	**47**
Child and adolescent psychiatry	3	6	**9**
General psychiatry	9	18	**27**
Old age psychiatry	5	1	**6**
Other RCPsych specialties of application – grouped to avoid identification			
Forensic psychiatry	2	3	**5**
Medical psychotherapy			
Psychiatry of learning disability			
Royal College of General Practitioners	**34**	**9**	**43**
General practice	34	9	43

Organisation and specialty	Registration granted	Application rejected	Total
Royal College of Paediatrics and Child Health	**17**	**26**	**43**
Paediatrics	11	20	**31**
Other RCPCH specialties of application – grouped to avoid identification			
Community child health	6	6	**12**
Neonatal medicine			
Paediatric dermatology			
Paediatric neurology			
Paediatric oncology			
Royal College of Ophthalmologists			
Specialties:	18	18	**36**
■ Ophthalmology			
■ Oculoplastic, orbit, and lacrimal surgery			
Royal College of Anaesthetists			
Specialties:	18	15	**33**
■ Anaesthetics			
■ Cardiothoracic anaesthesia			
Royal College of Obstetricians and Gynaecologists	**18**	**14**	**32**
Obstetrics and gynaecology	17	13	**30**
Royal College of Radiologists			
Specialties:	19	12	**31**
■ Clinical radiology			
■ Clinical oncology			
College of Emergency Medicine	**11**	**7**	**18**
Emergency medicine	11	7	**18**
Royal College of Pathologists	**11**	**3**	**14**
Histopathology	9	1	**10**
Faculty of Sexual and Reproductive Healthcare	**4**	**4**	**8**
Community sexual and reproductive health	4	4	**8**

Organisation and specialty	Registration granted	Application rejected	Total
Faculty of Intensive Care Medicine	**2**	**2**	**4**
Intensive care medicine	2	2	**4**
Other small numbers of applications – grouped to avoid identification			
Maternal and fetal medicine	7	4	**11**
Medical microbiology			
Medical microbiology and virology			
Occupational medicine			
Public health medicine			
Total	**280**	**314**	**594**

Appendix 4:

All specialist and GP registration applications by organisation 2014

Organisation	CCT	CESR (CP)/CEGPR (CP)	CESR/CEGPR
College of Emergency Medicine	121	11	18
Faculty of Intensive Care Medicine	125	3	4
Faculty of Occupational Medicine	10	2	2
Faculty of Public Health	31	0	3
Faculty of Sexual and Reproductive Healthcare	0	2	8
Joint Committee on Surgical Training	551	0	155
Joint Royal Colleges of Physicians' Training Board	1,649	63	125
Royal College of Anaesthetists	472	2	33
Royal College of General Practitioners	2,849	0	43
Royal College of Obstetricians and Gynaecologists	190	20	32
Royal College of Ophthalmologists	79	0	36
Royal College of Paediatrics and Child Health	100	1	43
Royal College of Pathologists	295	1	14
Royal College of Psychiatrists	400	6	47
Royal College of Radiologists	256	0	31

Appendix 5:

Country of primary medical qualification for CCT in 2014

Primary medical qualification country	Number of CCTs awarded	% total
UK	**4,510**	**70.3%**
EEA	**228**	**3.6%**
Ireland	39	0.6%
Germany	32	0.5%
Czech Republic	26	0.4%
Poland	23	0.4%
Greece	19	0.3%
Malta	19	0.3%
Romania	17	0.3%
Spain	12	0.2%
All other EEA	41	0.6%
Rest of the world	**1,680**	**26.2%**
India	876	13.6%
Pakistan	276	4.3%
Nigeria	120	1.9%
Iraq	41	0.6%
South Africa	34	0.5%
Sri Lanka	33	0.5%
Iran	27	0.4%
Egypt	23	0.4%
Syria	22	0.3%
Sudan	20	0.3%
Ukraine	18	0.3%
Russia	17	0.3%
Myanmar	15	0.2%
Bangladesh	13	0.2%
Libya	12	0.2%
Australia	11	0.2%
Jamaica	11	0.2%
Jordan	11	0.2%
All other rest of the world	100	1.6%

Appendix 6:

Country of primary medical qualification for combined programme in 2014

Region	Number of CESRs awarded through the combined programme	% total
UK	**17**	**18.5%**
EEA	**5**	**5.4%**
Rest of the world	**70**	**76.1%**
India	28	30.4%
Pakistan	10	10.9%
Nigeria	5	5.4%
Egypt	4	4.3%
All other rest of the world	23	25.0%
Total	**92**	**100%**

Appendix 7:

Country of primary medical qualification for CESR and CEGPR decisions in 2014

All countries with fewer than five total applications have been grouped to avoid identification.

Primary medical qualification country	CESR/CEGPR approved	CESR/CEGPR rejected	Total	% success
UK	**40**	**35**	**75**	**53%**
EEA	**14**	**24**	**38**	**37%**
Romania	3	4	7	43%
Ireland	1	6	7	14%
Spain	3	3	6	50%
Italy	2	4	6	33%
All other EEA	5	7	12	42%
Rest of the world	**226**	**255**	**481**	**47%**
India	72	72	144	50%
Pakistan	45	48	93	48%
Egypt	20	24	44	45%
Iraq	14	11	25	56%
Australia	14	10	24	58%
Nigeria	5	15	20	25%
Syria	7	10	17	41%
South Africa	7	8	15	47%
Sri Lanka	8	6	14	57%
Sudan	4	9	13	31%
USA	5	6	11	45%
All other rest of the world	25	36	61	41%

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