ZIRCADIAN CONSULTING

Final Report to the General Medical Council

Perceptions of CESR/CEGPR Routes to Registration Research Project

Version 2.0 FINAL

2nd August 2011

Contact: Dr Deborah Kendall
Email: Deborah.kendall@zircadianconsulting.com

CONTENTS

EXECUTIVE SUMMARY

We are pleased to submit this final report to the General Medical Council (GMC).

The **aims** of this research project were to investigate perceptions of the Certificate of Eligibility for Specialist Registration (CESR) for entry to the Specialist register and the Certificate of Eligibility for General Practice Registration (CEGPR) for entry to the GP register; to investigate if the standards are considered to be equivalent to those for a Certificate of Completion of Training (CCT) or a Consultant in the NHS (dependent on the specialty of application); and to investigate perceptions of the current processes for awarding CESR and CEGPR.

The project **methods** included four on-line questionnaire surveys and a series of interviews with the Royal Colleges/Faculties involved in certification to gather the opinions of the profession and the wider NHS.

Surveys:

1. *Executive employers* (Medical Directors and HR Directors) in NHS organisations across the country. Sample size: 400, responses: 52, response rate: 13%;
2. *Certificate holders* (doctors on the GP and Specialist registers who already have their CCT or CESR/CEGPRs). Sample size: 3123, responses: 648, response rate: 21%;
3. *Trainees* (junior doctors in training). Sample size: 3124, responses: 535, response rate: 17%; and
4. *SAS doctors* (Staff Grade and Associate Specialist doctors). Sample size: 3000, responses: 187, response rate: 6%.

Interviews:

In addition we conducted twenty two telephone or face to face interviews with senior representatives from the Royal Colleges/Faculties that undertake certification evaluations for CESR or CEGPR and recommend the award of CCTs.

The **results** highlighted some **key messages**:

1. **Relationship between GMC and Royal Colleges/Faculties:**

    - There are some tensions between the GMC and the Royal Colleges/Faculties regarding the CESR/CEGPR evaluation processes particularly regarding discrepant decisions, border-line cases and the type of evidence required.

2. **Application and Evaluation Process:**

- The CESR/CEGPR application and evaluation process is viewed as difficult, overly complex and bureaucratic by the profession (N.B. some of the responses to this question refer to PMETB processes rather than GMC). Only 46% of CESR holders and 28% of CEGPR holders responded that they had found the CESR/CEGPR application process to be relatively straightforward, compared with almost three-quarters (74.5%) of CCT holders regarding the CCT application process. Overall, there is a view that the CESR/CEGPR process needs to be streamlined, the quality of evidence gathering and presentation needs to be simplified and improved, and the submission methods need to be updated.

- Some of the Royal Colleges have expressed an opinion that CESR/CEGPR applicants should be required to sit a test of clinical competence or be interviewed to validate their experience. In addition some of the Royal Colleges expressed an opinion that a CESR/CEGPR applicant who has not worked in the UK should be required to work for six months with some element of supervision, review and assessment of competence;

- The Royal College and Faculty evaluators are essentially unpaid volunteers who often perform evaluations in their own time. There is a need to professionalise this cadre of senior doctors and recognise further their contribution.

3. **Awareness of Certification Routes:**

- Many doctors are unaware, or do not understand all the routes to certification. Only 30.2% of certificate holders, 21.4% of trainees and 13.5% of SAS doctors responded that they are fully aware of all the routes. There was a clear link between awareness of all routes to certification with advancing years of training (32% of final year's trainees were aware of all routes, 27.5% of intermediate years, 12.7% of early years and only 8.2% of Foundation). Just under half of Foundation year doctors were only aware of the CCT route compared with one fifth of final year's trainees

Overall, 31% of all doctors were only aware of the CCT route to certification and only 22% were aware of all the routes. Foundation trainees are particularly unaware of the routes to certification.

4. **Views of the Different Routes to Certification:**

- The Colleges universally stated the view that they regard the CESR/CEGPR certificate as equivalent to the CCT certificate.

- The views of the profession largely support the equivalence of CESR/CEGPR to CCT, however some preference for CCT over and above CESR/CEGPR was expressed.

- The CCT is widely regarded as a robust certificate by most doctors, with 84.6% of trainees, 78.5% of certificate holders and 74.7% of SAS doctors responding that they 'agree' or strongly 'agree' with the robustness of CCT. It is the personally preferred route to certification for 70.4% of trainees, 51.3% of SAS doctors and 46.2% of certificate holders (56% overall). The responses indicated the view that CCT holders benefit from being: selected for training through a competitive process; younger and 'on the ladder' at an earlier stage; able to build better networks (via UK training and 'knowing the system'); better equipped to progress; probably more competitive and ambitious; and, as a result favoured by employers for the best jobs with the best career opportunities.

  80% of all doctors agreed that CCT is a robust certificate to ensure a doctor's competence to practice as a Consultant or GP without supervision. CCT is the personally preferred route for 56% of all doctors.

- In contrast to the views on CCT, CESR/CEGPR certificates were regarded as a robust certificates by less doctors: 55.7% of certificate holders, 51.9% of SAS doctors and 43.4% of trainees. CESR (CP) / CEGPR (CP) were regarded as robust by 38% of certificate holders, 45.5% of SAS doctors and 35.7% of trainees. However, responses indicated that CESR/CEGPR holders can be viewed as highly skilled and competent due to the nature of their service responsibilities and often longer experience (as opposed being a trainee in the same department).

49% of all doctors agreed that a CESR/CEGPR is a robust certificate to ensure a doctor's competence to practice as a Consultant or GP without supervision.

- The view of the profession regarding overall capability of a doctor is that it is the same or unrelated to certificate route: view held by 67% of trainees, 72% of certificate holders and 78% of SAS doctors. However there was a clear relationship between advancing years of training and view that a CCT holder is more capable, with only 5.6% of foundation doctors selecting CCT holders compared with 32.1% of final year trainees. The views of the profession (uniform questions) regarding clinical capability (74%), communication and team-working (81%), management and leadership (74%) and teaching, supervision and appraisal (73%) were again in favour of these competences being the same or unrelated to certification route.

- The employer's view is that the CCT is the gold standard and that the CESR/CEGPR gives less assurance in the standard of a doctor with over 75% of employers stating a 'preference or strong preference' towards CCT holders, regarding them as generally more capable due to the nature of their UK training and the quality assurance of this training.

- There is a view that CCT holders are more likely to operate to a uniform standard, whereas CESR/CEGPR holders operate to variable standards. This variation is seen by employers as linked to the disparate training and experiences of CESR/CEGPR doctors.

- There is some evidence linking degree of awareness of the routes with the survey question responses. There is evidence that doctors who are unaware of all the routes to certification were more likely to respond 'neither agree nor disagree' to the questions than those that knew of all the routes. In addition, respondents who only knew of CCT were most likely to respond in favour of CCT. However over three quarters of doctors responded that doctors are all of the same standard or standards are unrelated to route of certification, regardless of knowledge of certification routes. Analysis of preference for certification route by knowledge of equivalence routes showed that the CCT was more preferable for all, regardless of knowledge of the routes.

There is some bias in the results according to awareness of certification routes. This is an expected finding and confirms the requirement to improve awareness of routes to certification amongst the profession.

5. **Career Progression:**

   - There is no formal tracking of how any of the certificates may or may not uniquely help doctors in their future appointments and career progression. Overall from the responses to the uniform questions (all doctors), 55% of doctors hold the view that career progression is unrelated to certification route or that all routes are the same. However less than 1% responded that CESR/CEGPR holders would progress further compared with 42% of responses in favour of CCT holders progressing further. There is a strong preference for CCT as a route of certification in final years trainees (81.5%) compared with only just over one third of Foundation doctors.

     The overall perception is that CCT holders may fair better than CESR/CEGPR holders when in competition for a desirable position and that the latter are more likely to be appointed to the less popular jobs with less career opportunities.

6. **Change in view since the GMC assumed responsibility from PMETB:**

   - The GMC has not made a measurable impact on the views of the profession and employers, since taking over responsibility of CCT/CESR/CEGPR. No change has taken place in the opinion of 73.2% of employers, 45.4% of certificate holders, 35.7% of trainees and 39% of SAS doctors.

The main **recommendations** for the GMC to consider include:

1. Establishment of a more collaborative approach with the Royal Colleges/Faculties to some of the processes involved in CESR/CEGPR evaluations including management of cases where there are discrepant opinions between the Royal Colleges/Faculties and the GMC , joint review meetings for 'borderline/grey applications' and the setting of clear evaluation standards for applications;

2. Development of an approach, together with the Royal Colleges and Faculties, to further recognise, respect and develop the role of the college evaluators including establishment of a specific professional development programme and recognition in terms of time, CPD points or other means of credit;
3. Undertake a review of the evidence required for alternative route applications;
4. Improving awareness in the profession and executive employers regarding the alternative routes to certification and the evaluation processes that are involved; and
5. Consideration of a further research project to evaluate career progression of doctors following certification via all routes.

In **conclusion**, there are diverse views in the profession and wider NHS regarding the equivalence routes to certification. There is a lack of awareness regarding these routes that inevitably leads to some misgivings regarding their robustness. Despite this, the overall perception of the profession is that the capability of a doctor is variable and unrelated to route of certification or the same regardless of certification route. However there is a perception, particularly amongst employers, that the CCT can confer better quality assurance and standardisation of capability due to the nature of UK training, thus leading to a preference for this route. In addition the profession shows a preference towards CCT as a certificate or qualification over and above CESR/CEGPR and holds the view that CCT holders may progress further in their careers. A number of areas for further work have been identified in order to improve both the processes involved in alternative route evaluations and to increase the confidence of the profession and wider NHS in these routes.

BACKGROUND

The objective of this research was to investigate if the current arrangements for awarding a CESR, for entry to the Specialist register, and a CEGPR, for entry to the GP register, are both fair and sufficiently robust to ensure the standards are equivalent to those for a Certificate of Completion of Training.

The GMC is the independent regulator for doctors in the UK and its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The GMC is now responsible for awarding CCTs, CESRs and CEGPRs and for registering doctors on the specialist/GP registers as appropriate.

This project was concerned with two of the main functions of the GMC:

1. Setting standards for and quality assuring the delivery of medical education and training and co-ordinating all stages of medical education; and
2. Maintaining the list of registered and licensed medical practitioners.

The recent merger with the Postgraduate Medical Education Training Board (PMETB) in April 2010 grants the GMC full responsibility to regulate the profession, not only in terms of medical practice, but also in terms of medical education from undergraduate to postgraduate and post entry to the GP or Specialist register. This responsibility covers all grades of doctor, from Foundation to Consultant/GP.

The merger with PMETB has allowed the review of a number of functions and a report commissioned by the GMC has recommended that:

'Following merger, the GMC should review the processes leading to the award of CESRs and CEGPRs to ensure they are fair, efficient and fit for purpose, and that the processes continue to ensure standards are maintained.'[1]

To work in the UK as a doctor, an individual must be both registered and licensed. All doctors must be on the main register of medical practitioners. In addition it is essential for a doctor to gain entry

[1] Final report of the Education and Training Regulation Policy Review: Recommendations and Options for the Future Regulation of Education and Training, GMC Council papers, 31 March 2010, item 4, Recommendation 15 http://www.gmc-uk.org/about/council/6479.asp

to the specialist/GP register in order to be eligible for appointment as an honorary, fixed term or substantive Consultant or GP in the NHS. There are a number of ways to gain entry to the GP register or Specialist register: the main route is for a doctor to follow an approved postgraduate training programme in one of the UK Deaneries and, providing the standard is met, to subsequently be awarded a CCT.

There is an alternative route of entry to the GP register or Specialist register for doctors who have not followed an approved postgraduate training programme in the UK or wish to apply for certification in a non-CCT specialty. These doctors may have trained abroad or have worked for considerable time in the UK as a Staff Grade or Associate Specialist (SAS) doctor. In order to gain entry to the GP/Specialist register, they are required to show equivalence in terms of knowledge, training, qualifications, experience and skill compared to a doctor that has followed a CCT curriculum, or to the standard of an NHS Consultant for a non-CCT specialty (clearly dependent on specialty of application). To ensure that the standards are achieved, doctors pursuing this route are required to provide documentary evidence to this effect and the evidence is scrutinised by the relevant Royal Colleges or Faculties. Doctors who are considered to have met the equivalent standard are then awarded a CESR or CEGPR by the GMC and entered onto the GP or Specialist register.

A further route is the Combined Programme (CP) route for doctors who have been appointed part way through a GMC approved training programme, having first undertaken training that was not GMC approved, and have then subsequently successfully completed the training programme. Applicants through the equivalent CESR(CP)/CEGPR(CP) are required to demonstrate that the content of their training, qualifications and experience, and competences attained, during their non-training posts are equivalent to that part of the Foundation training, core or specialty training curricula.

During the five year period September 2005 to September 2010, there were 5244 applications for CESR/CEGPR with 3179 doctors achieving successful entry to the Specialist register (1853) or GP register (1326). The number of applications per specialty varies significantly, with variable success rates. Recently there has been an increase in applicants to the CESR route. Historically CEGPR has been a popular route for GPs, although less so now with increased numbers in training programmes that lead to CCT. CESR and CESR (CP) applications occur in specialty training, with some unapproved training posts contributing to certification e.g. SHO posts undertaken in another country prior to

starting specialty training at ST3 for CESR(CP). Once started on a training programme, the CESR(CP)/CEGPR(CP) candidate completes exactly the same training and assessments as a CCT candidate.

During the same time period between 2005 and 2010 there were a total of 21,807 successful CCT awards with 37% of these in General Practice and the remainder in the other specialties (see table 1).

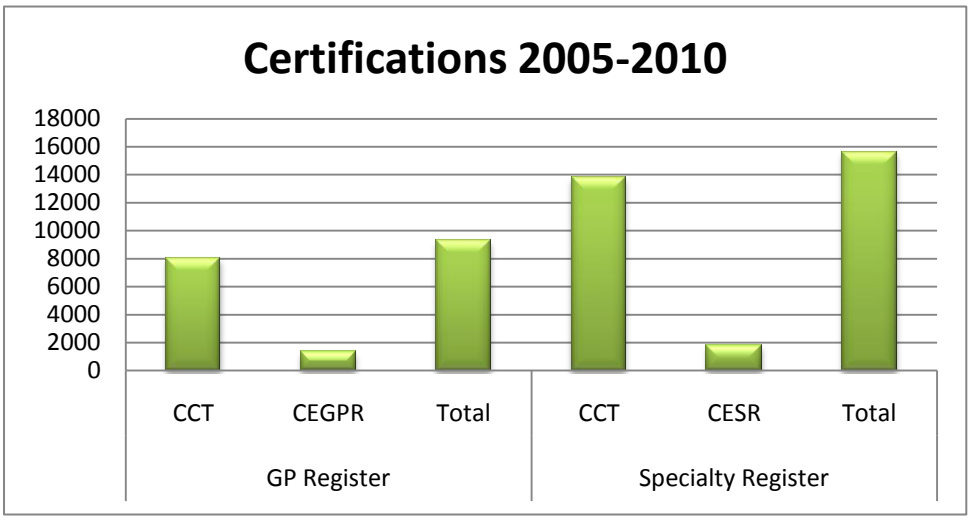
CEGPR certificates accounted for 14% of the registrations on the GP register between 2005 and 2010 and CESR certificates accounted for 12% of the registrations on the Specialist register in the same time period (see figure 1).

Therefore the CESR/CEGPR routes account for a smaller but significant number of entries onto the GP and Specialty registers, compared with the CCT route. In the future it is likely that there will always be demand for CESR, CESR(CP) and CEGPR and CEGPR(CP) due to changes in training, changes in career aspirations and the cross-over of competences between specialties.

Table 1: Successful CCT awards 2005 -2010 (data from GMC web-site)

Year	GP	Specialties	Total
2005-2006	659	1256	1915
2006-2007	1920	3110	5030
2007-2008	1954	3580	5534
2008-2009	1923	3784	5707
2009-2010	1542	2079	3621
TOTAL	**7998**	**13809**	**21807**

Figure 1: Route of Certificate Awards 2005-2010 (data from GMC web-site)



Due to these different routes of entry to the GP and Specialist registers via CCT and CESR or CEGPR, there is almost inevitably a question around the equivalence of the two routes. It could be argued that the rigorous selection, training and assessment methods used for postgraduate training programmes in UK Deaneries are the gold standard for entry to the GP and Specialist registers and that no other route can assure the same outcome in terms of professional knowledge, training, qualifications, experience and skill. An alternative view could be that the doctors who have CESR or CEGPR certificate may indeed have more experience in their specialist area, have often worked for longer and at a more senior level than doctors in a UK postgraduate training programme and could therefore be considered as highly qualified individuals who are more than eligible for the GP or Specialist register.

The GMC wishes to establish how the CESR/CEGPR certificates are regarded by the profession and wider NHS compared to the CCT certificate.

The main objective of this research is to compare the two routes of entry to the GP and Specialist registers in terms of:

- The views of all grades of doctor (including CESR/CEGPR/CCT holders, SAS doctors and trainees) regarding the value and assurance of quality that a CESR/CEGPR confers;
- The views of those doctors with CESR/CEGPR with regard to their preparedness to take up employment at GP/Consultant level including the identification of any common deficient areas;
- The views of the Royal Colleges and Faculties regarding the robustness of the CESR/CEGPR certification process compared with the CCT process; and
- The views of the employers and members of Advisory Appointments Committees (AACs) regarding the value of a CESR/CEGPR compared with a CCT (survey to medical directors and HR directors).

As the independent regulator it is particularly important that the GMC is confident that the processes used to approve CESR/CEGPR are sufficiently robust to ensure that the doctors gaining these certificates are able to work safely and effectively at the Consultant or GP grade.

METHODOLOGY

The aim of this review is to investigate whether the CESR and CEGPR routes command the same level of confidence to key stakeholders as the CCT route to certification.

This project will provide salient information and evidence regarding the relative value of the CESR/CEGPR route as compared with CCT.

In order to deliver this project we have worked closely with the GMC to ensure that we follow the specifications closely and achieve the desired outcomes.

The project was divided into three phases:

Phase 1 - Project Start up

In this phase we had an initial briefing meeting with the GMC on 7th March 2011, to agree the finer details of the project plan.

The aims and objectives of this meeting were:

- To develop the key objectives of the project;
- To agree the target outcomes desired;
- To set the key milestones and reporting deadlines;
- To agree the time-scale and dates for review meetings;
- To identify sources and/or copies of existing relevant data and reports;
- To gain agreement regarding the key stakeholders groups/individuals whose contribution is felt to be essential for completion of the project;
- To agree the communications protocol; and
- To refine methodology.

At the meeting it was clarified that the main objectives for the GMC were:

- To determine and understand perceptions of CESR/CEGPR routes to certification in comparison to CCT; and
- To investigate how the CESR/CEGPR certificate affects career progression compared to CCT.

We clarified that Review of Central Returns (ROCR) approval would be required for the employer's survey and the GMC agreed to apply for this, following development of the questionnaire.

The three doctors' questionnaires and the employers' questionnaire were developed and approval of the questions was given by the GMC. The questionnaires were then transferred into Survey Monkey and the URLs obtained.

The samples for the doctor surveys were defined in association with the GMC registration and IT departments. The samples included all doctors who were licensed with the GMC, had an e-mail address and a home address resident in the UK. The e-mail invitations for the doctor's surveys were sent from the GMC.

The sample sizes were calculated with the aim to achieve 95% confidence levels with a <5% confidence interval.

The final sample sizes were:

1. Employers survey: 400 (200 HR Directors and 200 Medical Directors);
2. Certificate holders: 1054 CESR, 1069 CCT (on Specialist register), 500 CEGPR, 500 CCT (on GP register). Total: 3123;
3. Trainees survey: 3124; and
4. SAS doctors: 3000.

The employers contact database was extracted from Binleys online and from our own contact database. Human Resource Directors (or their equivalent) and Medical Directors from UK NHS organisations including Primary Care Trusts, Health Boards, NHS Hospitals and NHS Foundation Trusts were identified. We extracted the e-mail addresses of 200 HR directors (or equivalents) and 200 medical directors. The e-mail invitations for the employer's survey were sent by Zircadian Consulting. We anticipated a return rate for the surveys in the region of 15 to 20%.

Phase 2 - Questionnaire Surveys and Interviews

CESR and CEGPR offer an equivalent opportunity to those doctors not in a UK specialist training programme to gain certification as a Consultant or GP to work in the NHS. The intention is that these alternative routes hold the same value, if the individual is able to demonstrate equivalent training, qualifications, knowledge and experience.

The relative perceived "worth" of CESR and CEGPR as compared with CCT was ascertained by means of qualitative research methods.

The views of stakeholders concerned were collected. The stakeholder groups whose views we

gathered include those of representatives of the Royal Colleges and Faculties involved in evaluating CESR/CEGPR applications, executive employers of doctors, CCT, CESR and CEGPR holders, junior doctors and SAS doctors who may or may not have applied through the CESR/CEGPR process.

We collected the information via a series of online surveys using Survey Monkey and telephone interviews.

The data arising from these exercises was then analysed in phase three. The outline of these surveys is detailed below.

Royal College/Faculty Interviews

In order to understand perceptions of the CESR/CEGPR route to certification fully, we conducted a series of semi-structured telephone or face to face interviews with a representative from each of the Royal Colleges/Faculties that undertake evaluation of applications for CESR or CEGPR and from the Academy of Royal Colleges. We interviewed the president or their nominated representative from the CESR/CEGPR departments.

We initially approached each president by e-mail and then by telephone follow up to schedule an appointment.

The Royal Colleges/Faculties that were interviewed are listed below in table 2:

Table 2: Royal College/Faculty interview list

Royal College/Faculty
Royal College of Physicians
Royal College of Occupational Medicine
Royal College of Pathologists
Royal College of Obstetricians & Gynaecologists
Royal College of Surgeons Edinburgh
Faculty of Pharmaceutical Medicine
Royal College of Physicians Edinburgh
Royal College of Obstetricians & Gynaecologists
Royal College of Physicians and Surgeons of Glasgow
Royal College of General Practitioners
College of Emergency Medicine
Faculty of Dental Surgery
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Radiologists
Royal College of Anaesthetists
Royal College of Surgeons England
Royal College of Psychiatrists
Faculty of Public Health

The semi-structured interviews were conducted by our Medical Director/Senior Consultant, lasting up to one hour and covered:

- Questions regarding perceptions of the CESR/CEGPR route related to that particular specialty;
- How common the CESR/CEGPR route of certification is in the College and anticipated use of equivalence routes in the future and why;
- Any recent work the College has done around the CESR/CEGPR route process, any problems identified and any ways to improve the process;
- Questions regarding the College views of the CESR/CEGPR route as a robust certificate and a true equivalent to the CCT route of certification, to ensure a doctors ability to work as a Consultant or GP;
- Questions to investigate if there is any difference in the College view of doctors with CESR/CEGPR compared to those with CCT with regards to clinical competency and the

common competencies such as teaching and training, management and leadership, communication and team-working;

- Questions around employability and career progression of doctors with a CESR/CEGPR compared to doctors with a CCT; and
- A question asking how the GMC can further work with Colleges and Faculties to improve the CESR/CEGPR process.

The interviews were recorded in writing and the main themes discussed are summarised in this report.

Surveys

The results of the four surveys are presented below.

Survey of Executive Employers

This survey was sent to a diverse selection of Medical Directors and HR Directors (200 of each) in the NHS, covering all regions of the UK to establish perceptions of the CESR route to certification by employers. The survey was anonymous.

The survey contained questions in the following categories:

- Demographics: organisation type, role of individual, role in advisory appointment committees;
- Views on the relative robustness of CCT and CESR as certificates;
- Views on the abilities (clinical ability and common competencies such as management, teaching and communication) of doctors with CCT compared with CESR;
- Views on time differences to gain substantive employment and career progression depending on route to certification; and
- Change in views since the GMC took over from PMETB in April 2010.

Survey of CESR, CEGPR and CCT (Certificate) holders

This survey invitation was sent to a random selection of doctors on the two registers.

The survey was anonymous and contained questions in the following categories:

- Demographic and appointment information: gender, country of primary qualification, type of appointment (substantive, locum, fixed term), country and Deanery location of appointment;

- Specialist registration/GP certification information: year and type of specialist or GP certification, number of applications before appointment, ease of application process;
- Personal view on the robustness of the various certification routes and personal preference for certification route;
- Preparedness of the doctors to take up employment at the level of a GP or Consultant depending on route to certification: clinical skills/management skills/ teaching skills/personal qualities including communication skills etc;
- Career progression: questions regarding career progression e.g. appointment as Clinical Director/Medical Director/Royal College representative/teaching responsibility/service responsibility/continued professional development; and
- Change in perception of CESR/CEGPR route since the GMC assumed responsibility in April 2010.

The questionnaire results were analysed and a comparison made between:

1. GP register: doctors with a CCT and doctors with a CEGPR; and
2. Specialist register: doctors with a CCT and doctors with a CESR.

Survey of trainee doctors who have not yet applied for certification

The group of doctors to whom the relative worth of CCT and equivalent routes is perhaps of the greatest significance are those doctors who have not as yet attained a CCT or equivalent certificate, including trainee doctors. This survey was circulated to a random sample of doctors in GMC approved training posts. The survey was anonymous.

The survey included questions regarding:

- Demographic information including specialty of training;
- Views on relative ease to attain CCT versus equivalent routes;
- Personal view on the robustness of the various certification routes and personal preference for certification route;
- Preparedness of the doctors to take up employment at the level of a GP or Consultant depending on route to certification: clinical skills/management skills/ teaching skills/personal qualities including communication skills etc;
- Career progression: questions regarding career progression e.g. appointment as Clinical Director/Medical Director/Royal College representative/teaching responsibility/service responsibility/continued professional development;

- Views on relative robustness of CCT versus equivalent routes;
- Views on barriers to CESR/CEGPR/CCT application; and
- Change in perception of CESR/CEGPR route since the GMC assumed responsibility in April 2010.

Survey of SAS doctors

The other group of doctors to whom the relative worth of CCT and equivalent routes is perhaps of the greatest significance are those doctors who have not as yet attained a CESR/CEGPR, including SAS doctors. This survey was circulated to doctors in Trust-Grade, Staff Grade or Associate Specialist posts who may or may not have applied previously for certification, but are not currently registered on the GP or Specialist register. The survey was anonymous.

The survey included questions regarding:

- Demographic information including specialty;
- Views on relative ease to attain CCT versus equivalent routes;
- Views on relative robustness of CCT versus equivalent routes;
- Views on wider NHS opinion on CCT and equivalent routes;
- Intention to apply or re-apply for CESR/CEGPR;
- What is the benefit of CESR/CEGPR as compared with remaining in service posts? and
- Views on the application process for CESR/CEGPR.

Phase 3 – Analysis of data and final report preparation

The methods used in ordering, analysing, and illustrating the opinions of the survey respondents are discussed below. The primary aim of the surveys was to observe the population views of the CESR and CEGPR routes certification compared to the UK training route of certification (CCT).

The four questionnaires provided multiple choice and free text qualitative feedback from participants. The surveys were carefully designed and constructed to ensure ethical questioning and to encourage full and balanced feedback from participants. Within all three of the doctor's surveys, there were two sections that contained homogenous questions.

The method of distribution was to use Survey Monkey[2], an electronic survey mechanism. This involved uploading the completed surveys onto the secure platform from which they were distributed in e-mail correspondence with the contact database obtained from the GMC IT department.

Completed responses were then received anonymously and were made available in a number of formats. These include SPSS files, Excel files and summary documents (this is automatically generated providing a broad perspective for each question).

Data was ordered and scrutinised with significance of the results, in terms of response rate, examined for each survey[3]. This involved the derivation of the confidence interval/margin of error based on a 95% confidence level. In all cases where this investigation was carried out, results suggested that there was an acceptable level of statistical significance.

Following this, raw data were then populated into separate excel files[4] for further examination and analysis to enable observation of any potential trend/bias in the data. All doctor (Certificate holders, SAS and trainees) surveys include the disaggregation of the sample population by region and specialty (the certificate holders questionnaire results have also been derived by certification route). The results of this analysis were then collated and illustrated in tabular format for each individual question (where relevant), along with aggregate results, in order to provide comparables with which to structure results by specialty/region.

The next stage was then to aggregate the findings to provide overall figures for homogenous questions found in three of the surveys (The doctors surveys). This was done in the workbook titled 'Uniform questions' and provides a duplicate of the analysis sheets found in each individual survey workbook, the key difference being that it provides figures totalled as a percentage from all other workbooks. These summative figures are also shown as raw data in the various results sheets located within the uniform questions workbook.

[2] This is a subsidiary of the IBM corporation and considered to set industry standard in electronic survey distribution.

[3] This excludes the survey for employers as the population size is undetermined.

[4] This excludes the survey for employers as no significance levels were able to be derived due to incomplete information and participant numbers were too low to conduct any meaningful additional analysis.

To further supplement the analytical overview provided by the spreadsheets, various tables have also been inserted into each sheet. These are directly linked to the qualitative inputs and therefore automatically update with any changes. The tables seek to disaggregate the overall data for each individual section. They also illustrate descriptive statistics to provide the user with a more accurate interpretation of the nature and structure of the data samples they are dealing with. These descriptive statistics include mean, median, standard deviation, maximum, minimum and kurtosis.

The tables provide percentage information relating to all of the individual questions for both the overall findings and the findings by region and specialty. These sheets are constructed to automatically update should the client wish to conduct a survey again to observe any changes in the current implied opinions. All data contained in worksheets were tested for rigour, bias and accuracy via manual reproduction of the calculation tables and comparison of the output results with those of the formal works. The data from the worksheets has then been extracted and presented in this final report for each of the surveys and for the uniform questions in the three doctor's surveys.

The free text answers were also assessed for themes and a summary was compiled for each of the questions. The main results and themes arising from the surveys are presented in this final report.

PROJECT DELIVERY PLAN

The project plan and schedule of work followed for this project is illustrated below.

- We commenced work on this project on 7th March 2011 with a project start up meeting;
- There was an initial review meeting on 29th March 2011;
- Further reviews and communication have taken place by e-mail and telephone consultation between Zircadian Consulting and the GMC;
- We prepared an interim report for 19th May 2011;
- The draft final report was delivered on 4th July 2011 and revised as the final report for 29th July.

Table 3: Gant Timeline

Project Phase	Activities	Dates week commencing														
		7.3.11	14.3.11	21.3.11	28.3.11	4.4.11	11.4.11	18.4.11	2.5.11	9.5.11	16.5.11	23.5.11	6.6.11	13.6.11	20.6.11	27.6.11
Phase 1	Client briefing meeting: Development of questionnaires, sample definition, scheduling of interviews and development of contact database															
Phase 2	Questionnaire set up, distribution, return, interviews and interim report															
Phase 3	Analysis of data and development of final report															
Phase 1-3	Project Management															

RESULTS

Interviews with Royal Colleges and Faculties

The common themes from the transcripts of the interviews are presented here in this final report.

1. Number of applications to CESR/CEGPR

Applications to the equivalence routes are clearly less than those to CCT, and the initial bulge of applications experienced when the CESR/CEGPR route was first opened by PMETB has now settled resulting in a steadier and more predictable application rate. Change in the number of applications depends on the current job market, perception of ease in application and cost of application. The recent reduction in cost may result in increased applications.

However, the number of applications for CESR is highly variable depending on the specialty the success rate is also variable (clearly there is some dependence on total number of applications). The number of applications for CEGPR over the five years 2005 to 2010 is 1326 with a 94% success rate, compared to 3000 applications for CCT per year.

Some of the Royal Colleges and Faculties are not expecting any increase in application numbers to CESR. However some have stated that there may be a further increase in applications as there are now a significant number of doctors who have been unable to gain entry to a training programme due to the strict entry criteria imposed by MMC. These doctors are currently working in FTSTA posts, Locum Appointment for Training posts (LATs) or service posts and may want to apply for the equivalence route in order to practice in their favoured specialty. Those applying have usually moved through a succession of locum junior posts, or may be filling the locum Consultant posts. Some significant questions were raised regarding the quality of these doctors who, for the most part, have 'failed' to achieve entry to a national training programme.

In contrast to this potential increase, there may be a reduction in numbers of overseas doctors applying via the equivalence routes due to changes in immigration regulations that have reduced the numbers of doctors from overseas entering the UK to work.

Depending on change in numbers applying to CESR/CEGPR in the future, this may have implications for work-force planning both at a local and national level.

2. Application and review process

Most of the Colleges and Faculties involved in the evaluation for applications via the equivalence routes reported that they believe they have a structured, objective and independent process. Many have a number of trained evaluators who are highly experienced in the GMC approved CCT curriculum for that specialty and are able to review the applications and make objective recommendations about the applicant against set criteria and competences. Most of the Colleges also have an equivalence committee that is chaired by a senior doctor with considerable experience in postgraduate medical education e.g. Council member/Head of School/Regional Advisor. Secretarial and administrative support is given to the evaluators and in most cases a template is used that is bench-marked against outcomes from the current curriculum. Some of the colleges have 2-3 assessors reviewing each application and then a consensus is reached during the committee meeting.

All of the colleges have specialty specific guidance published by the GMC on the GMC web-site and some have FAQ documents published on their own web-sites.

The problems identified with the application and review process were:

- *Maintaining the skill set for reviewing applications if the assessors are only doing a few evaluations per year;*
- *Difficulty in accurately reflecting what the GMC requires. The evaluation process is an onerous and time consuming process associated with very little reward and only done for altruistic reasons. There is little appreciation by the GMC of the effort that is put in to each application;*
- *A huge amount of data is required and there is some redundant documentation that could be stream-lined. Domains 2 -4 can be nebulous and it can be difficult to extract the relevant evidence and relate this to the relevant sections in the domains. Professional issues can be very difficult to assess. The evaluation form itself could be improved as there is some duplication;*
- *Timescale for delivery to the GMC is too short .There is no incentive to process applications quickly. The assessors are all volunteers who discharge their duties in addition to other employment, therefore there is no time set aside to undertake the evaluation process. Evaluation, often of reams of paperwork, gets tucked into the margins of other work or on evenings or weekends;*
- *Administrative problems (one application lost in the College);*

- *High volumes of applications can lead to problems with Quality Assurance;*
- *There are GMC fines for late returns;*
- *Resources for evaluation are difficult to identify;*
- *The college doesn't have any input until the point when the application is submitted to the GMC. There is no right to reply and no opportunity to request supporting evidence. A common issue is in borderline cases. The evidence submitted is "almost there" and the college feels sure that if it could ask a few questions for clarification that it would mitigate the need to send back an application, thereby necessitating the applicant, GMC and college to repeat the process again. This is costly for the applicant and takes up a lot of college time. Also, by the time the application comes round again, those involved do not have the issues at the forefront of their minds and so have to completely start again. This can be really frustrating. Under the previous system, the applications went to the college who could police how much and what evidence was being submitted by an applicant. Furthermore the applicant would be in touch with a member of college staff who was more likely to be apprised of the standards and peculiarities of the specialty, or at least have access to someone who did. Now the application is submitted to the GMC (as previously there were long delays in the process). There has been some turnover of staff at the GMC and so they may not be able to give the same level of advice. This is most pertinent to those applicants where the college is almost certain that they meet the standard, but there is nowhere in the process that it is allowed to communicate with them or the GMC;*
- *There are serious concerns raised when the GMC overrules a College decision. In one case a doctor who failed his College exit exam repeatedly and therefore was ineligible for CCT was successful via CESR despite being turned down by the college;*
- *There is some difficulty in assessing applicants from overseas as the evidence they present and references may not be valid for work in the NHS (depends on referees having knowledge of NHS working practices and the standard required); and*
- *The more sophisticated curricula that have now been developed mean that there is more difficulty in assessing the applications, due to the increased number of competencies that now need to be evidenced.*

In response to the question regarding the ease or difficulty of the application process, the Colleges mostly considered the process to be highly complex and in need of simplification. Some of the responses are given below:

- *9/10 difficulty. Very hard process;*
- *Applicants can find it a difficult process despite very good advice on the College and GMC web-sites, and submit incomplete applications with missing evidence;*
- *Difficult process;*
- *Straightforward in principle but the work involved is pretty complex, as the evidence submitted is variable in volume, content and quality;.*
- *Complex process;*
- *8/10 complex process;*
- *Very difficult process for both applicants and assessors;*
- *Applicants 9/10 difficulty, Assessors 6/10 difficulty;*
- *It is the most complicated process in medicine. BUT it is difficult to see where it could be simplified;*
- *It depends on the background of the applicant. If they are an overseas applicant then it may not be so straightforward. Face to face advice for applicants may be helpful. Prior to CESR the colleges did deal with the whole thing. There was a perception that the colleges were delaying it. Perhaps previously it was better; more involvement from the college point of view earlier in the application process. Previously there was also a closer relationship with the competent authority. Getting the right advice relies on the GMC staff. In recent years there has been high staff turnover at the GMC, whereas college staff are more stable and might have a better idea about the process;*
- *It is a very complex process. Lists of patients and log-books are difficult to validate and to make sense of; and*
- *Application process is VERY complex. Almost too much info is required. Applicants find it difficult.*

3. Views of robustness of the CESR/CEGPR as a certification route

Most of the Colleges and Faculties view the equivalence routes as reproducible, objective and fair evaluations against the standard bench-marked curriculum. Occasional individual cases can be considered unfair e.g. Paediatric Cardiac Anaesthetic doctor working as a Locum Consultant with very good track record was not awarded a CESR in Anaesthetics (the only specialty he could apply in) as he did not have any Obstetric Anaesthesia. The evaluation process is a difficult task and it is often complex for the evaluators to match up how the competences are demonstrated from the

paperwork and references. This is often due to the volume of evidence that is submitted. Ideally evidence should follow a similar pattern as that for CCT applicants, in that trainees keep a log book. However, this is often not the case. In addition the referees do not always give the right information. The Colleges and Faculties are aware that this is a costly process for applicants and they wish to give the applicant the best possible chance. Some of these issues would be easily resolved if there was an element of face-to-face interview.

There were some anxieties expressed regarding the robustness of the CEGPR process in the evaluation of training not done in the UK. E.g. being a GP in India is very different to being a GP in the UK and the knowledge and skills attained in India may not be entirely transferrable to the UK.

Some of the responses are given below:

- *Some deserving doctors do not get through due to lack of one piece of evidence for example;*
- *Sometimes a lack of sufficient evidence causes applicants to fail. There is a high threshold for applicants that get through;*
- *The reference sections of the applications can be weak unless references come from the UK (Do overseas referees understand the purpose of the reference and the rigour that is needed in giving a reference?);*
- *The internal College evaluation process assures that it is a robust review of the evidence. This is more related to the evaluation process than how the GMC manages the application process;*
- *There are inconsistencies with the purpose and legality of the statute as not all the CCT specialties are included and are therefore invalid in other European countries;*
- *It is robust if the information submitted is complete;*
- *College view is to agree but the profession view is to disagree – there is a perception that a true blue CCT is the gold standard and belief that all Consultants should have the college exam. No difference between CCT and CESR in college view;*
- *The perception of the profession is different – CESR viewed as a lesser certificate. May stop doctors being short-listed for interview;*
- *The CESR holder may be quite a different animal to CCT. In many cases, due to the nature of this work, they may well have been working independently for some time. Inclusion on the specialty register gives the rubber stamp of approval and may result in better work/better*

money. It is a "quality control" measure for prospective employers, and necessary to operate as an NHS Consultant;

- *College view is, yes it is robust but professions view is still that CESR is a lesser certificate;*
- *Lack of understanding in profession as to how rigorous the process is;*
- *CESR is dependent on the assessor's rigour. A CESR SHOULD be the same as a CCT but it is not always;*
- *The College is confident about the evaluation process – however the perception is that CESR graduated trainees are not as good, and these individuals have not been good enough to get into a recognised training programme. A key factor in success relates to communication skills, particularly language skills, and commitment to the specialty. People that succeed in training programmes are those with good language skills. Those without language skills don't usually do well. Usually trainees are articulate and relate well to others and in the multidisciplinary setting. Those applying via CESR route may not have these skills, as has been determined when applying for run through training and so are not as capable in these particular areas;*
- *It is robust for those already working in the NHS as there are strong governance arrangements. It is not robust for those from overseas as the variability in standard is much greater; and*
- *More robust now that GMC has taken over. PMETB would sometimes overturn college decisions but this is not happening so much now.*

4. Views of CESR(CP)/CEGPR(CP)

The CESR(CP) and CEGPR(CP) were viewed universally as robust. Some comments included:

- *Cost of application to CESR CP is too high;*
- *No difference between CESR (CP) and CCT;*
- *Much happier with CESR (CP) as a certificate than CESR; and*
- *Applicants have had an NTN and been on specialist training programme. Is there a case for changing the nomenclature to CCT(CP)?*

5. Views of clinical capability and capability in common competencies (management, leadership, communication, teaching and research)

Some of the questions in the interviews related to the clinical capability and capability in the other common competencies of doctors with a CESR/CEGPR compared to doctors with a CCT. These questions were to determine if there were any specific differences in the competences between doctors with a CCT or CESR/CEGPR. Many of the Colleges viewed the CESR/CEGPR to be equivalent to the CCT due to the robust application process. However some had the view that due to the process of training and the necessity to complete a clinical examination throughout training, the competence of CCT holders is more likely to be quality assured. In addition doctors with CESR/CEGPR who have other previous clinical exams and who have worked in the UK may be of same clinical standard as CCT holders, but otherwise standards for CESR/CEGPR doctors can be variable.

Some of the comments are below:

- *The profession is worried that CESR route allows doctors through who are not up to standard;*
- *Often clinical skills will be good but experience of teaching and research may be less than those with a CCT;*
- *CCT is held in higher esteem than CESR or CESR (CP);*
- *CESR route doctors may not have done as much research or audit or teaching as CCT doctors;*
- *CESR doctors should not assume that entry onto Specialist register means that they are guaranteed of a job. Applicants for Consultant posts often need something over and above even CCT, such as fellowship experience or research;*
- *Difficult to answer. With the new curricula it is now becoming more difficult to demonstrate equivalence particularly for the common competences. It is no longer sufficient to just say 'I do teaching' or to give the name of an audit they have done – they need to be able to submit a teaching observation or complete an audit effectiveness tool. They also need WPBA's for clinical skills. It is very difficult to demonstrate competence across the whole curriculum. CESR doctors are often highly skilled in one specialist area at Consultant level but they are not usually generalists. CESR holders may not be competent for emergency situations;*
- *There is still a perception 'in the field' that CESR is not as good as CCT. This is due to the doctor not having been through a QA training programme and there is less certainty about the quality of the training they have received;*
- *Some Appointment Advisory Committees (AACs) try to specify CCT but the colleges do not allow this – the specification has to say 'on Specialist register';*
- *Even if an individual is on the Specialist register they still then have to get a Consultant job and go through that application process; and*

- *CESR and CESR (CP) are not transferable to Europe and this is a barrier for specialties such a sports and exercise medicine.*

6. ***Views of the CESR/CEGPR with regards to appointment to a substantive post and career progression***

Many of the Colleges do not hold information regarding the progress of CESR holders or indeed CCT holders in terms of appointment to substantive post or career progression after appointment.

Some of the comments are below:

- *Appointment depends on location: In some places of the country where there is a shortage of doctors there will not be a problem for CESR/CEGPR in securing employment. In other areas jobs will go first to UK trained CCT holders;*
- *There is wide variation in time to appointment. Some CESR holders who are already in locum posts will get appointed very quickly, but some may take a long time if they are competing with CCT holders;*
- *The College is currently looking at this issue;*
- *The College is aware that AACs may have the perception that CESR is not as good as CCT;*
- *CESR applicants are often already working in a locum or trust post and so they may gain employment faster;*
- *CESR doctors take longer from start to finish, and those coming through CCT get jobs very quickly. We don't know many CESR that have got Consultant posts, whereas most CCT holders go straight to a job. Unless applying for CESR from UK programme then they have to apply for jobs that come up through national press. Units will advertise when they expect people to be coming out so it is an advantage for local graduates;*
- *No information is held at the college. There is a current research project to see what happens to recently appointed CCT holders but not CESR;*
- *JCRPTB concerned there may be a surplus of CCT holders in the future which will be exacerbated by any increase in CESR but may also make it more difficult for CESR holders to secure employment;*
- *Once appointed to a substantive post, career progression is not related to route to certification;*
- *CCT holders are more likely to progress further in their careers as they are more likely to get the better jobs with more prospects; and*

- *CESR holders often end up in posts that are difficult to fill with UK trained doctors and the posts themselves may not hold so much potential for career development.*

7. Suggestions for improvement in the CESR/CEGPR application process

There were several suggestions for improvements in the application process:

1. College Evaluators:
    - *Funding/recognition for the volunteers who do the evaluations;*
    - *Invest in improving skills of assessor;*
    - *Formal recognition of the role of college evaluators: CPD points, reward in some way; and*
    - *Each college could have a panel of reviewers that are paid for their time by the GMC to review applications.*
2. Relationship between College/Faculty and GMC:
    - *A yearly meeting between Colleges and GMC would be useful. Possibly also a meeting/workshop this year to discuss CESR process;*
    - *Meet with Colleges individually +/- as a group to open a dialogue – this is currently significantly lacking and it feels like GMC issues dictates on what it wants the Colleges are to do without any right to reply. Would be helpful to have annual (or less frequent) symposium for those responsible for CESR. Workshop for colleges and GMC to further develop how the CESR process can be improved;*
    - *Relationship with GMC could be better with a better interface between the two organisations;*
    - *The College is aware that the GMC is doing work in this area. There was a recent meeting with the different Colleges. Some Colleges have good independent processes and are happy with CESR as a certificate. Other Colleges want applicants to pass exam in UK and have a period of supervised practice with a report at the end to ensure competence; and*
    - *Create a platform for more discussion between GMC and Academy/JCST regarding the evaluations (currently very high level meetings, perhaps not focussing on details).*
3. Views of the profession:
    - *Many doctors generally do not understand what a CESR or CESR(CP) certificate is. The information is hard to find and not easy to understand. Many do not understand what a thorough process it is and perceive it as a back door route for doctors who*

have failed to gain a training number or who have been passed over many times before;

- *As the CESR route may become more common in the future it would be good to do a PR exercise to publicise the route and what it really means. Examples could be shown of doctors who have benefited from the route and gone on to have successful careers. The BMA could also help change perceptions. There is a need to portray CESR route as a useful service with good doctors who have certified via the route (e.g. females who had a career break);*
- *The younger generation may view CESR as a lesser certificate as they have had to work so hard and be assessed so rigorously to gain a CCT – they may have the view that why should there be another route that is perceived as easier?*
- *Need to show that CESR is not an 'easier' or 'back door' route;*
- *CESR needs clarity and education to the wider NHS about what is means;*
- *Complex European directive that protects rights of EU doctors to move between countries rather than quality of patient care. The legislation is not 'fit for purpose';*
- *The current system of reviewing applications via a paper-based system is difficult. Evaluation of competencies is best done with a test of knowledge and a test of knowledge application. More stringent evaluation is needed – not just paper based. Essential to have doctors involved – cannot just be an administrative process. Three to six months with a trainer is this country would be best way to ensure competences are of sufficient standard for work in the NHS.*

4. Evidence:
    - *Supporting the applicants to submit better quality information/evidence;*
    - *Access to on-line documents so that 'cut and paste' is available;*
    - *The quality of the evidence presented is important and not just the volume;*
    - *The evidence could be presented in a clearer and more structured way. Are the GMC asking for too much evidence? – could we have a summary of the log book with examples rather than the whole log book or diary;*
    - *Each college could provide examples of 'good evidence' or develop an on-line tutorial to go through the process of application;*
    - *Evidence could also be directly mapped across to the GMP domains and presented in this way. Greater guidance from the GMC to applicants regarding the evidence to be*

submitted – to escape from the vast reams of low quality evidence that must be sifted through, with more guidance to referees also. More guidance from the GMC - currently provide examples of "this is the way we like it doing" but would like clearer guidance of what is compatible with expectation. A review of evidence is needed – sometimes this is too stringent;

- *Develop a prospective system for SAS doctors to apply for CESR so they can gather evidence as they progress; and*
- *Review evidence required: diversity, quality and quantity of evidence for each specialty and review evaluation form. Present evidence better. Develop example of what a good application may look like.*

5. Process and outcome of process of application:
    - *Small number of doctors that cannot get CESR in non-CCT specialty as they do not have a relevant certificate, although they are highly experienced in their field and functioning competently at Consultant level e.g. bone marrow transplantation;*
    - *GMC and Colleges should get to know each other better and show mutual respect for each other's functions. There should be a genuine and open sharing of views and commitment to partnership working. Introduce a more collaborative way of working. Open dialogue about how to improve things;*
    - *Case conference on every college decision that is over-turned by the GMC. Sensible feedback on why the decision is changed and opportunity for dialogue;*
    - *Less subjectivity and variability in the GMC response to college recommendations;*
    - *UK exam as a pre-requisite for application (now against European law);*
    - *Administrative process and communication could be improved;*
    - *Introduce opportunity for face to face interview with applicant – could be via teleconference or Skype if necessary;*
    - *A practical evaluation would be highly valuable – perhaps akin to the assessments used for selection into training;*
    - *Develop a team approach to evaluation that is inclusive of both College and GMC, acknowledging that GMC is final decision maker;*
    - *Process could be simplified considerably. Some doctors fail if they miss a small part of evidence – and there is no chance to request further evidence. Allow Colleges to*

ask for clarification on points in the application – this can make the difference between a yes and a no;

- *Involve Colleges from beginning of the application process. Some applications can immediately be dismissed by the College, but the GMC still puts them through for evaluation (law states that if an applicant has 6 months UK training or an equivalent certificate they are eligible to apply). "There is no harm in letting the College have a look at the application before it is complete." There could be a pre-submission stage where the application could be briefly assessed by the College, or allow for applicant interviews as necessary. This would be better for borderline cases and should mean fewer applications;*
- *Increased flexibility for doctors who are currently working in the NHS and have strong UK NHS references but who perhaps do not have a totally broad-based training;*
- *The GMC could develop standards for evaluation of applications, particularly for applicants via the research or academic routes; and*
- *More opportunity for two-way dialogue between GMC and College in assessing the applications where there may be grey areas. The college needs the opportunity to ask for clarification or further information before returning a decision.*

8. Views on change in view of CESR/CEGPR since GMC assumed responsibility for certification

Most of the Colleges and Faculties had not noticed any significant changes since the GMC has taken over from PMETB. Some of the comments are listed below:

- *Initial confusing change in documents and personnel but all settled down now;*
- *The GMC is looking at ways to improve process which is good;*
- *GMC are better than PMETB;*
- *Possibly GMC is more bureaucratic now;*
- *The GMC has not been very open to dialogue. The GMC seems to give orders and even though there is likely to be some basis for the order, there is no feeling of collaboration with the College. In addition, email communications are very wordy. It seems that the changes that have been made are purely for the benefit of the GMC;*
- *Understand the need for the regulatory body to act as a regulator, but in administrative matters may be more appropriate to handle more flexibly;*

- *There is a need for more of a collaborative approach and not just to pay lip service to this. The College still feel that they are being told rather than asked to do things.*
- *Not enough time has lapsed to comment; and*
- *There has been significant improvement since the GMC took over BUT there is still a lack of confidence in CESR and it still regarded as a second class certificate.*

9. Additional comments

At the end of the interviews we asked for some final comments and they are detailed below:

- *There is a breadth of individuals who apply and application standards vary considerably in quality. The College is aware of the costly nature of applying for CESR and its importance so it wants to give the applicants the best chance of submitting the best evidence they can to demonstrate their competences. The College would like to be able to offer telephone advice and to be able to interview the candidates where clarification is required. Also, the College needs the GMC to give the clearest possible advice, perhaps appealing to other media modalities than written materials;*
- *The college would like the GMC to ensure that the applicants submit the right quality and quantity of evidence as large volumes of evidence are submitted which are difficult to sift through;*
- *The internal evaluation process is subject to on-going work and we are tightening up evaluation using the logbook and WPBA standards;*
- *Information to referees should be clear in order to ensure their submissions are useful;*
- *We would like more applications via the CESR route and the need for revalidation may drive this;*
- *Why should Australian doctors NOT have automatic entry to Specialist register in UK when they have excellent training and yet some EU countries have automatic entry to Specialist register, but their training is not up to UK or Australian standard?*
- *Why not get rid of CESR? – make them all the same. This removes the perception that CESR are 2nd class; and*
- *For CP – this is largely waste of time and those that have come in with previous LAT's or FTSTA's should get a CCT. On point of entry into the training program previous experience is assessed to ensure it is suitable. CESR (CP) is simply repeating this process due to admin and legislative peculiarities – and it is not dealt with similarly across all specialties.*

SURVEY RESULTS

The returns from the surveys are summarised below:

Table 4: Survey returns

Survey	Sample size	Return	% Return Rate
Employers	400	52	13%
Certificate holders	3123	648	21%
Trainees	3124	535	17%
SAS doctors	3000	187*	6%

*Initially there were 459 returns (15%) but 217 were subsequently found to be from trainees (177) or ticked the 'other' category and were excluded. A further 55 did not respond to the question regarding to job-title and were also excluded leaving a return of 187 (6.2% return rate)

We have obtained enough responses to achieve 95% confidence levels with a <5% confidence interval for the certificate holders and trainees surveys.

The results for each of the surveys are given below with the answers to each question and any free text responses are both summarised in terms of themes and a selection of the verbatim answers are given. A separate addendum to this report includes all of the free text answers.

Executive Employers Questionnaire: Results

There were fifty-two responses to the employer's questionnaire. The sample size was four hundred, giving a response rate of 13%.

Individual Question Responses

Q1: What is your country of work?

It is clear that the majority of those that responded to the survey work in England (94.2%).

Table 5: Country of work

Please indicate which country you work in:		
Answer Options	Response Percent	Response Count
England	94.2%	49
Scotland	3.8%	2
Wales	0.0%	0
Northern Ireland	1.9%	1
answered question		52
skipped question		0

Q2: Which Deanery region is your organisation located in?

London has the highest number of participants in this survey (17.3%). In contrast there are some regions that have no representation (i.e. East Midlands, South West & Wales).

Table 6: Deanery region

Answer Options	Response Percent	Response Count
East Midlands	0.0%	0
East of England	7.7%	4
Kent, Surrey and Sussex	11.5%	6
London	17.3%	9
Mersey	3.8%	2
NHS West Midlands	11.5%	6
North Western	15.4%	8
Northern	1.9%	1
Northern Ireland	1.9%	1
Oxford	3.8%	2
Scotland East	1.9%	1
Scotland North	1.9%	1
Scotland South East	0.0%	0
Scotland West	0.0%	0
Severn	1.9%	1
South West	5.8%	3
Wales	0.0%	0
Wessex	5.8%	3
Yorkshire and Humber	7.7%	4
	answered question	52
	skipped question	0

Q3: What type of organisation do you work for?

The vast majority of respondents either work in NHS Foundation Trusts (46.2%) or NHS Trusts (32.7%).

Table 7: Type of organisation

Answer Options	Response Percent	Response Count
NHS Board	3.8%	2
NHS Health and Social Care Board	0.0%	0
NHS Health and Social Care Trust	3.8%	2
NHS Hospital	7.7%	4
NHS Foundation Trust	46.2%	24
NHS Trust	32.7%	17
NHS Primary Care Trust	5.8%	3
Other (please specify)	0.0%	0
	answered question	52
	skipped question	0

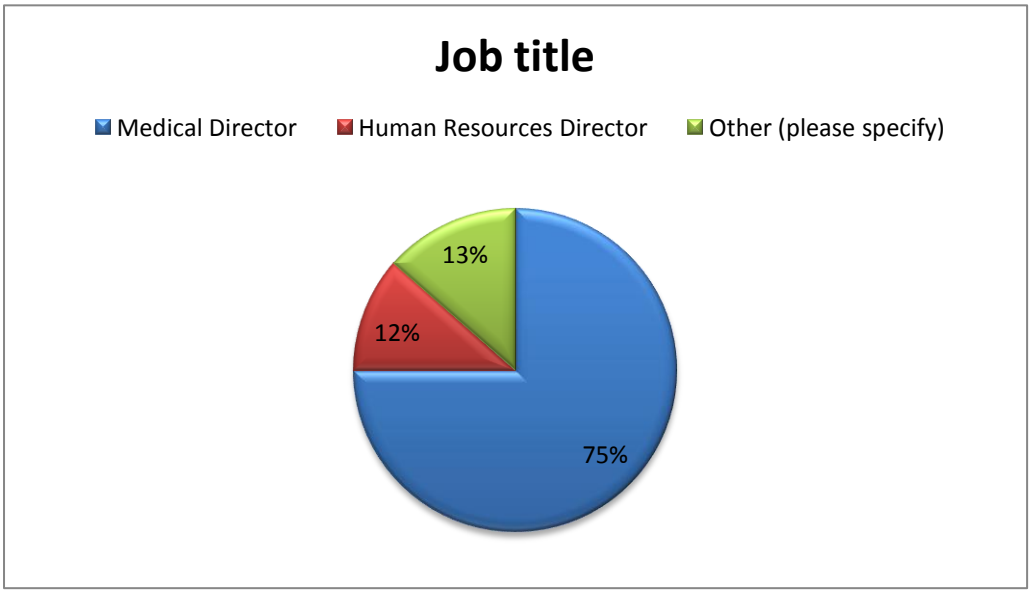
Q4: What is your role?

When asked about their job title three quarters stated that they are Medical Directors, implying any general figures taken from this survey will hold heavy weighting towards their opinions.

Table 8: Job title

Answer Options	Response Percent	Response Count
Medical Director	75.0%	39
Human Resources Director	11.5%	6
Other (please specify)	13.5%	7
	answered question	52
	skipped question	0

Figure 2: Job title



Q5: Are you a member of an Advisory Appointment Committee (AAC) or equivalent, for selection and appointment of GP's or Consultants in your organisation?

When asked if they were a member of an AAC or equivalent nearly 85% responded that they were.

Table 9: AAC membership

Answer Options	Response Percent	Response Count
Yes	84.3%	43
No	15.7%	8
	answered question	51
	skipped question	1

Q6: Are you involved with the short-listing of candidates for GP or Consultant posts in your organisation?

The majority of respondents are involved the short-listing process in the recruitment of candidates for Consultant or GP posts (over 80%).

Table 10: Involvement in short-listing candidates

Answer Options	Response Percent	Response Count
Yes	80.4%	41
No	19.6%	10
	answered question	51
	skipped question	1

Q7: Are you involved with interviewing candidates for GP or Consultant posts in your organisation?

Again a large majority (88.2%) are involved in the actual interviewing process following short-listing.

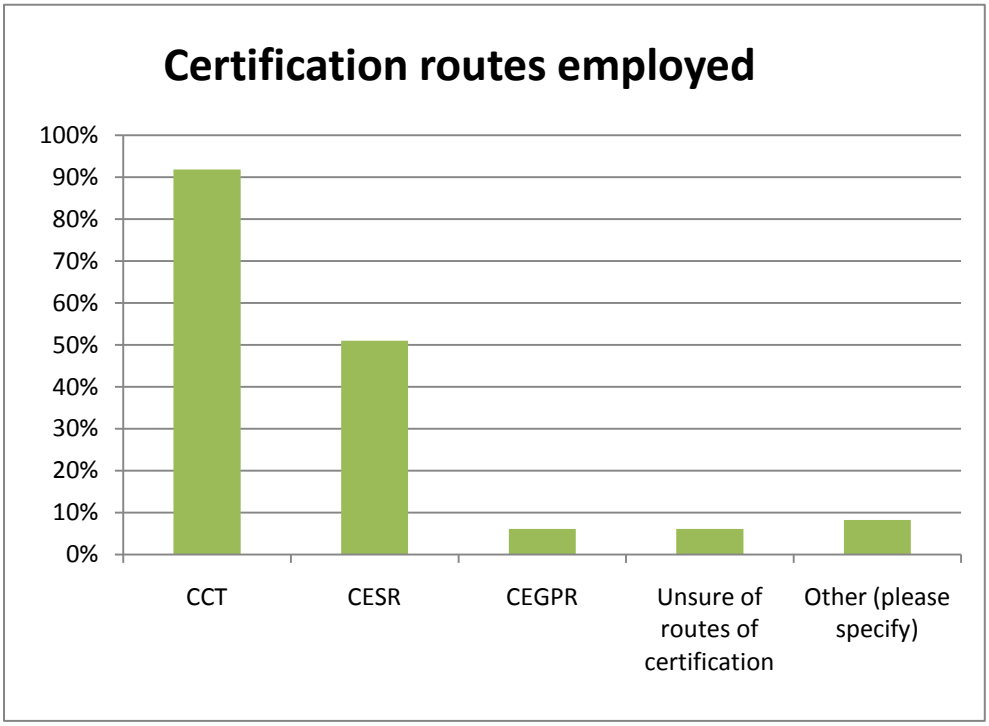
Table 11: Involvement in interviewing candidates

Answer Options	Response Percent	Response Count
Yes	88.2%	45
No	11.8%	6
	answered question	51
	skipped question	1

Q8: What are the certification routes of doctors employed in your organisation at GP or Consultant level in the last 5 years?

The majority appear to employ CCT holders (90%) with just over half also employing CESR holders. CEGPRs appear to have very low levels of employments in this sample.

Figure 3: Certification routes employed



Q9: Please indicate your view on the following statement:

'A CCT is a robust certificate for application to Consultant or GP posts.'

The vast majority of the sample either agree or strongly agree with the preceding statement, with a percentage of 59.2% and 16.3% respectively. There is a minority of just over 12% who either disagree or strongly disagree with the statement.

Figure 4: Robustness of CCT

Answer Options	Response Percent	Response Count
Strongly agree	16.3%	8
Agree	59.2%	29
Neither agree or disagree	12.2%	6
Disagree	8.2%	4
Strongly disagree	4.1%	2
answered question		49
skipped question		3

Q10: Please indicate your view on the following statement:

'A CESR/CEGPR is a robust certificate for application to Consultant or GP posts.'

When compared with the previous question focussing on CCT holders, the figures imply a lesser level of certainty regarding the CESR/CEGPR certificate with 55% choosing to neither agree nor disagree. In slight contrast, a fifth either disagree or strongly disagree with the statement.

Figure 5: Robustness of CESR/CEGPR

Answer Options	Response Percent	Response Count
Strongly agree	2.0%	1
Agree	22.4%	11
Neither agree or disagree	55.1%	27
Disagree	12.2%	6
Strongly disagree	8.2%	4
answered question		49
skipped question		3

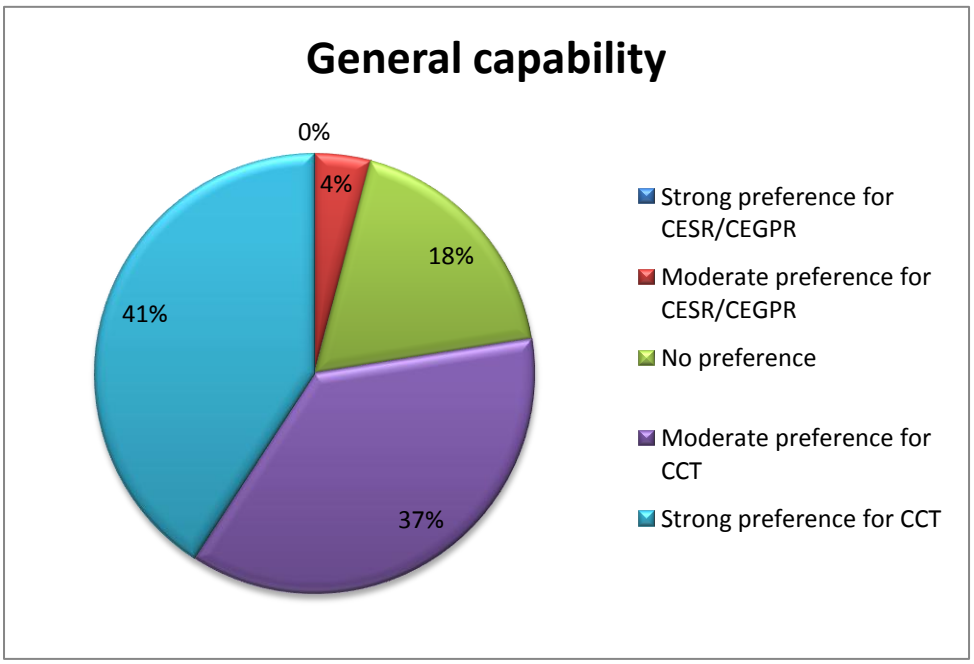
Q11: Which route of certification, if any, gives you more confidence in the general capability of an individual to work at GP or Consultant level?

When asked which route gives more confidence in the general capability of a doctor nearly a fifth (18.4%) stated no preference, with over three quarters stating either a preference or strong preference towards CCT holders (77.5%).

Table 12: General capability

Answer Options	Response Percent	Response Count
Strong preference for CESR/CEGPR	0.0%	0
Moderate preference for CESR/CEGPR	4.1%	2
No preference	18.4%	9
Moderate preference for CCT	36.7%	18
Strong preference for CCT	40.8%	20
answered question		49
skipped question		3

Figure 6: General capability



Q12: In the first year post-appointment to Consultant or GP posts in your organisation, are there any differences between certification routes in the ability of an individual to settle into the post?

When asked about varying certificate holder's abilities to settle into a post the large majority stated there are no differences (78.3%), with around a fifth of participants stating fewer problems with CCT holders.

Table 13: Certification route preference

Answer Options	Response Percent	Response Count
Yes, significantly less problems with CCT holders	8.7%	4
Yes, slightly less problems with CCT holders	13.0%	6
No difference	78.3%	36
Yes, slightly less problems with CESR/CEGPR holders	0.0%	0
Yes, significantly less problems with CESR/CEGPR holders	0.0%	0
answered question		46
skipped question		6

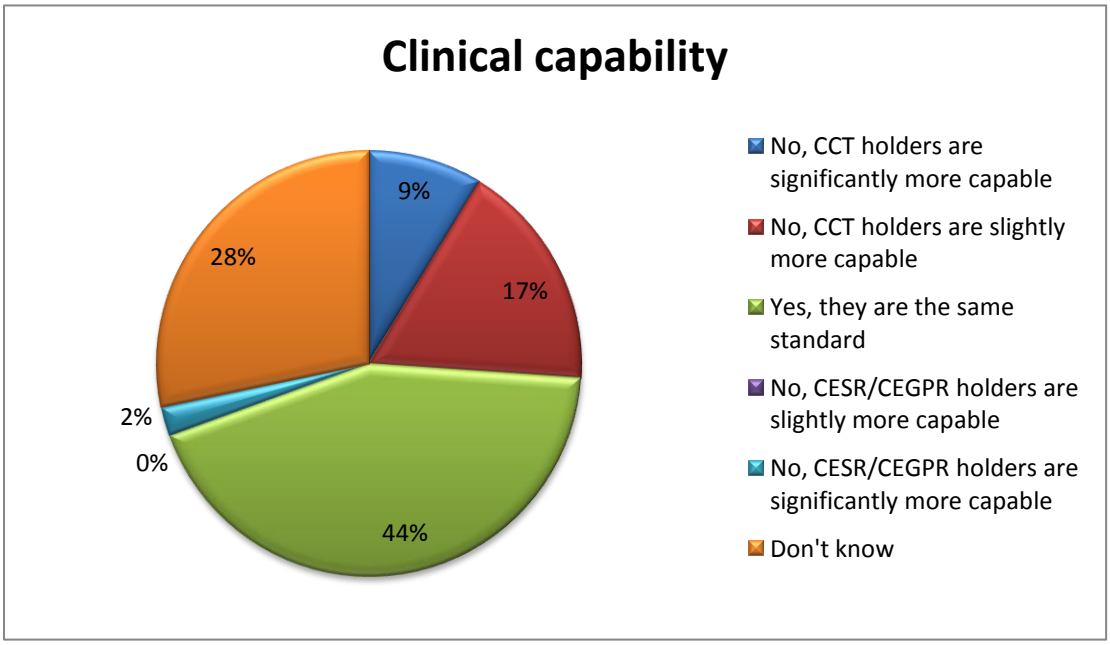
Q13: Free text answers for certificate preference

There were 10 responses but no clear themes were identified.

Q14: Do you regard doctors who have CCT or CESR/CEGPR certificates to be of the same standard for employment in your organisation, with regards to clinical capability?

When asked about certificate holding preference regarding clinical capability, 44% responded that they are all the same standard, 26% responded in favour of CCT holders and 28% responded don't know. Only 2% responded that CESR/CEGPR holders were more capable.

Figure 7: Certification preferences clinical capability



Q15: Free text answers clinical capability

There were thirteen responses. There was a perception expressed that CCT holders may be more capable due to the nature of their UK training and the quality assurance of this training.

Selection of free text answers:

- *CCT holders are generally more proactive and involved in supporting professional activities (SPA), but very obvious exceptions to this generalisation are employed in our trust;*
- *CESR holders have more extensive clinical experience, and they expect to be working independently as a Consultant rather than under continuing close supervision;*
- *There is a conflict here. CCT holders have a more complete training but CESR often are older and have more experience. So given time, CCT will usually be more capable;*
- *This is an impression rather than based on fact. A CCT holder is likely to have gone through a standard training that we all understand. A CESR holder will have had a range of different experiences they may therefore be brilliant but could be awful; and*
- *CCT holders are UK trained and familiar with NHS patients and protocols.*

Q16: Do you regard doctors who have CCT or CESR/CEGPR certificates to be of the same standard for employment in your organisation, with regards to capability in the common competencies of management and leadership?

In slight contrast to the previous question a higher proportion see CCT as either significantly more capable (15.6%) or slightly more capable (28.9%). Nearly a third answered that all are the same and approximately a quarter are unsure. There were no responses in favour of CESR/CEGPR holders.

Table 14: Management and leadership

Answer Options	Response Percent	Response Count
No, CCT holders are significantly more capable	15.6%	7
No, CCT holders are slightly more capable	28.9%	13
Yes, they are the same standard	31.1%	14
No, CESR/CEGPR holders are slightly more capable	0.0%	0
No, CESR/CEGPR holders are significantly more capable	0.0%	0
Don't know	24.4%	11
answered question		45
skipped question		7

Q17: Free text answers Management and Leadership

There were twenty responses. There was an overall perception expressed that CCT holders may be more capable due to the management and leadership training that is now incorporated into approved training programmes.

Selection of free text answers:

- *CCT holders may have more understanding of NHS structures and the expectations of Consultants in this health system;*
- *CCT holders have exposure to structured training and development;*
- *Leadership skills, management skills, inter-personal skills, assertiveness skills and team working may be a problem as many of CESRs have not had any training in these softer skills of being a good doctor. But, I have one excellent CESR holder who is doing a brilliant job as Consultant and I am very proud of him;*
- *CCT holders receive training in this area which CESR holders tend not to have done; and*
- *CCT holders are UK trained and understand NHS better.*

Q18: Do you regard doctors who have CCT or CESR/CEGPR certificates to be of the same standard for employment in your organisation, with regards to ability in the common competencies of communication and team-working?

When asked the same question around communication and teamwork the majority view certification routes as equal (53.3%), with just over a quarter being unsure (26.7%).

Table 15: Certification preferences communication and team-work

Answer Options	Response Percent	Response Count
No, CCT holders are significantly more capable	4.4%	2
No, CCT holders are slightly more capable	13.3%	6
Yes, they are the same standard	53.3%	24
No, CESR/CEGPR holders are slightly more capable	2.2%	1
No, CESR/CEGPR holders are significantly more capable	0.0%	0
Don't know	26.7%	12
answered question		45
skipped question		7

Q19: Free text answers Communication and Team-work

There were nine responses. There were no clear themes that emerged.

Q20: Do you regard doctors who have CCT or CESR/CEGPR certificates to be of the same standard for employment with regards to ability in the common competencies of teaching, supervision and appraisal?

With regard to teaching, supervision and appraisal close to thirty percent saw CCT holders as either significantly (8.9%) or slightly (20%) more capable. The most common answer was that they are the same standard (37.8%), with the rest of the participants being unsure (33.3%). There were no responses in favour of CESR/CEGPR holders.

Table 16: Teaching, supervision and appraisal

Answer Options	Response Percent	Response Count
No, CCT holders are significantly more capable	8.9%	4
No, CCT holders are slightly more capable	20.0%	9
Yes, they are the same standard	37.8%	17
No, CESR/CEGPR holders are slightly more capable	0.0%	0
No, CESR/CEGPR holders are significantly more capable	0.0%	0
Don't know	33.3%	15
answered question		45
skipped question		7

Q21: Free text answers teaching, supervision and appraisal

There were thirteen responses. There was a perception expressed that CCT holders may be more capable as they have been through the UK training system and will therefore have more experience and knowledge in this area.

Selection of free text answers:

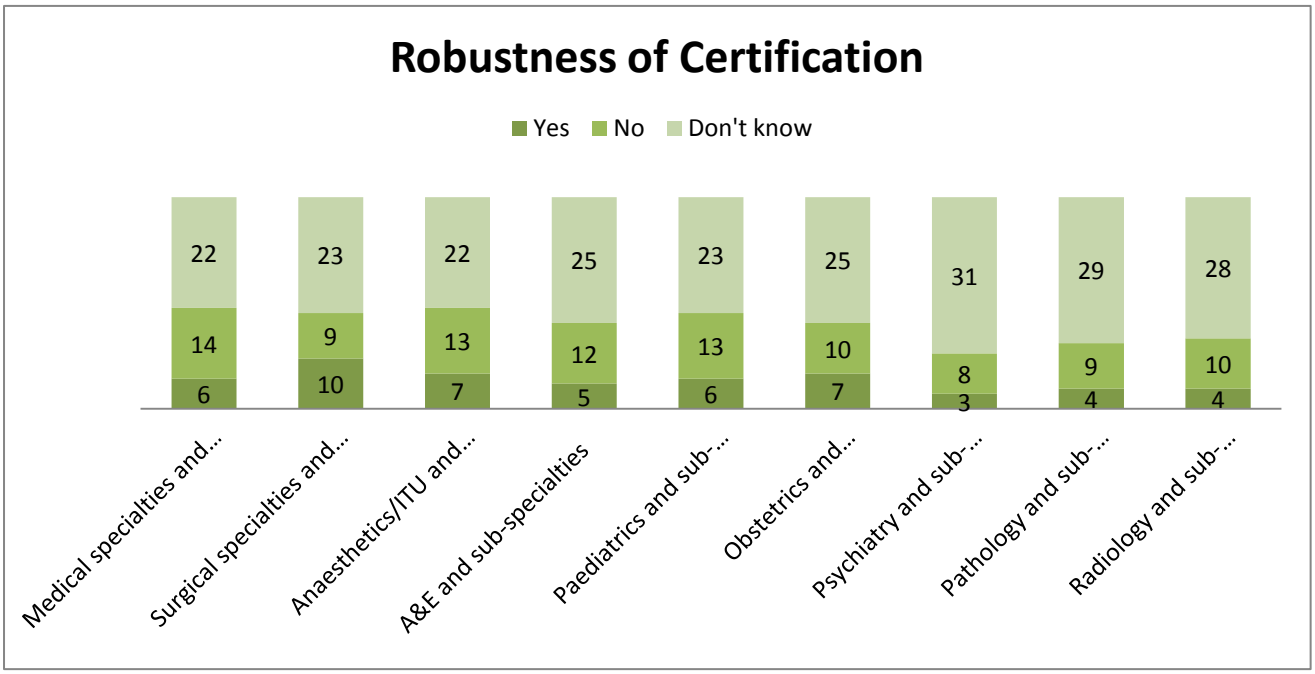
- *It is my experience that only those who have the CCT have had any previous significant experience of teaching, training and appraisal. This is not a major issue but means that we have needed to put extra training in place after appointment to support them in this aspect of a Consultants work;*
- *CCT holders are better prepared for these tasks by dint of the structured training they have had;*

- *Most of the CESR holders have been either trained outside UK and/or have been specialty doctors and they have not been trained in many aspects of softer skills and teaching and training and have a way of working which is different from that of CCT holders;*
- *I would be less certain of appraisal competence in a CESR holder but this is likely to be variable; and*
- *Having been trained in UK they understand processes better.*

Q22: Are there any differences in your perception of the CESR route vs. the CCT route in terms of robustness of the certificate, according to specialty?

The majority of participants in this question answered that they didn't know of any differentiation of robustness of certificate between specialities.

Figure 8: Perceived robustness of certification



Q23: Free text answers specialties

There were fourteen responses. A difference was highlighted in the surgical specialties where a rigorous training programme and assessment method were documented as being especially important.

Selection of free text answers:

- *From personal experience there are a number of examples of less satisfactory Consultants within surgical specialties, and examples of very good appointments within A&E. No experience of the others; and*
- *To deliver all these services to specialist level there has to be a robust training programme which is delivered for CCT certification.*

Q24: Have you observed any differences in the time it takes for doctors with CCT certificates to secure substantive employment at GP or Consultant level in your organisation, compared to doctors with CESRs or CEGPRs?

When asked about their observations as to how long it takes different certificate holders to obtain substantive employment the majority say there are no difference (57.1%). Although, notably the rest of the sample said CESR/CEGPR holders take slightly (21.4%) or significantly (21.4%) longer to obtain substantive employment.

Table 17: Time taken to secure substantive employment

Answer Options	Response Percent	Response Count
Yes, significantly longer for CCT holders	0.0%	0
Yes, slightly longer for CCT holders	0.0%	0
No difference	57.1%	24
Yes, slightly longer for CESR/CEGPR holders	21.4%	9
Yes, significantly longer for CESR/CEGPR holders	21.4%	9
answered question		42
skipped question		10

Q25: Free text answers time to secure employment

There were seventeen responses. There was a perception expressed that CESR holders may take longer to gain substantive appointment as trusts tend to favour CCT holders first.

Selection of free text answers:

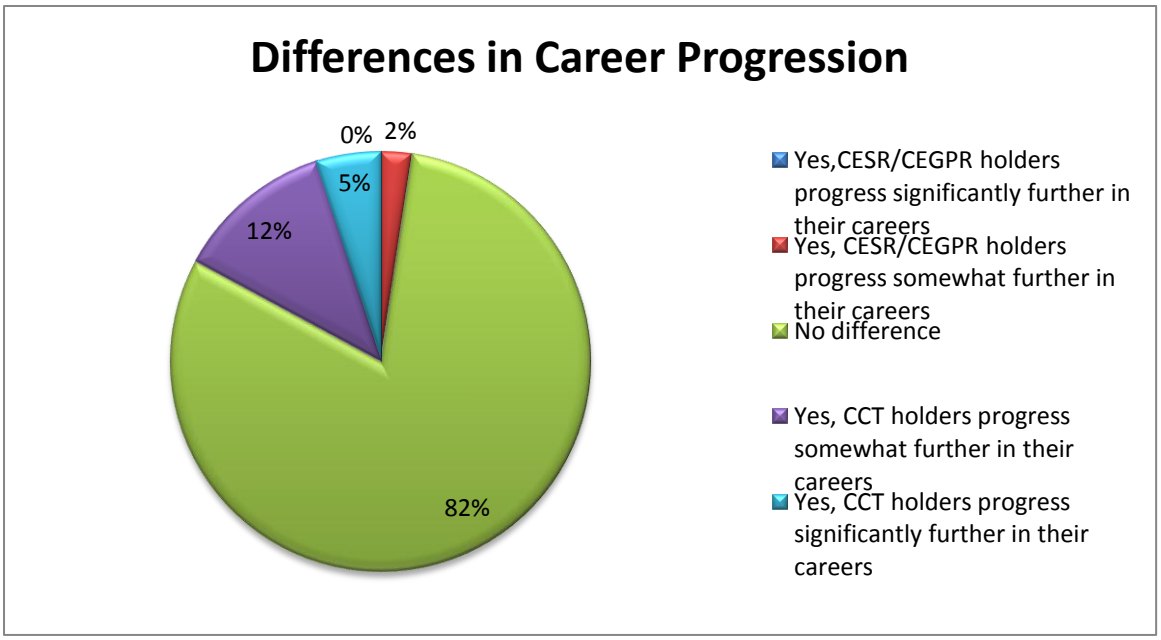
- *What I see from application forms, CESR applicants are usually longer in locum Consultant positions;*
- *I think many trusts favour CCT holders;*
- *In my opinion at interviews CCT trained doctors are often given precedence over CESR;*
- *CESR candidates are usually in non-career grade jobs with long term contracts and unless clearly the best candidate will struggle to be appointed in a field of CCT candidates; and*

- *I have hardly any doctors going through the CESR route but my impression is that there is a reluctance to appoint CESR doctors compared to CCT doctors and so it is likely they will wait longer.*

Q26: Have you observed any difference in the career progression of doctors with CESR/CEGPR compared with CCT in your organisation, following substantive appointment to GP or Consultant posts?

When asked if they have observed any differences in career progression between the certification routes, participants mostly stated no difference (over 80%). The next most common perspective was that CCT holders are more likely to enjoy career progression (12.2%).

Figure 9: Differences in career progression



Q27: Free text answers career progression

There were 6 responses and no clear themes emerged.

Q28: Has there been a change in your view of the CESR/CEGPR since the GMC assumed responsibility for them from PMETB in April 2010?

Since the GMC assumed responsibility from the PMETB in 2010 the majority view of CESR/CEGPR having not changed (73.2%) with the remaining participants unaware of the change or not having a view.

Table 18: Changes in view since GMC assumed responsibility

Answer Options	Response Percent	Response Count
Yes, CESR/CEGPR is significantly superior now	0.0%	0
Yes, CESR/CEGPR is somewhat superior now	0.0%	0
No, my view has not changed	73.2%	30
Yes, CESR/CEGPR is somewhat inferior now	0.0%	0
Yes, CESR/CEGPR is significantly inferior now	0.0%	0
Not aware of the change in responsibility	7.3%	3
I do not have a view	19.5%	8
	answered question	41
	skipped question	11

Q29: Free text answers change in responsibility

There were no responses to this question.

Trainee Doctors Questionnaire: Results

The sample size was 3124 and the sample return for this survey was 535, giving a return rate of 17%. There is a total population of 47,000 trainees in the UK and based on the sample return rate relative to the population it can be assumed that when a general consensus is illustrated there is a 95% confidence level with a margin of error of 4.21%[5]. Thus, suggesting an acceptable level of statistical significance.

Section A: Demographic Information

There is a slight majority of male respondents with a 54.7% share of the overall sample population. Of the 535 surveyed the majority gained their primary medical qualification either in the UK, India or Pakistan (with 66.5%, 16% and 4.3% respectively). In terms of year of primary medical qualification the range is broad with a high level of concentration in the time period 1998-2009. Most are employed in England and there is a broad dispersion in terms of current Deanery (London with the highest number of returns and Scotland North and Scotland East with the lowest).

In assessing the views of the sample there could be a small bias within the population with reference to the country in which they currently work (predominantly England). Also, the level of representation for the London Deanery is a little high compared with other Deanery regions, at over 20%. However the bias is likely to be minimal as there is a larger distribution of doctors in England and in London, so this is likely to be a truly representative sample.

Q1: Gender

Table 19: Gender

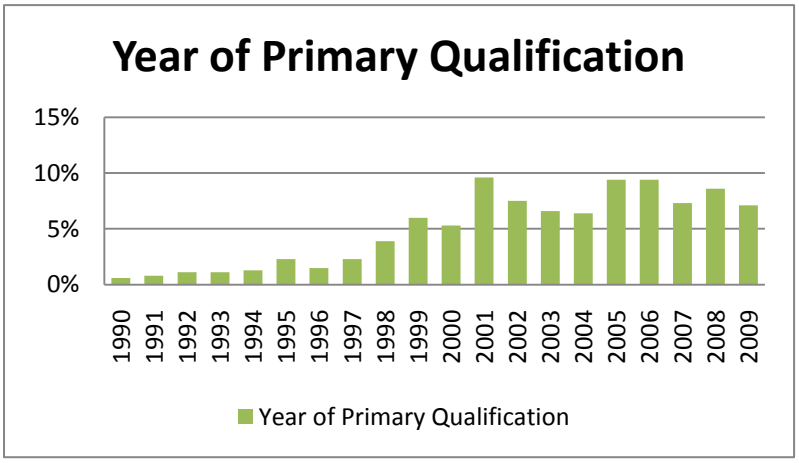
Gender:

Answer Options	Response Percent	Response Count
Male	54.7%	291
Female	45.3%	241
	answered question	532
	skipped question	3

[5] This is based on a conservative percentage of fifty. Also, these figures cannot be used as a significance guideline when answers are disaggregated (IE by specialty or region) or when questions have received a limited number of responses.

Q2: Year of primary qualification

Figure 10: Year of primary qualification

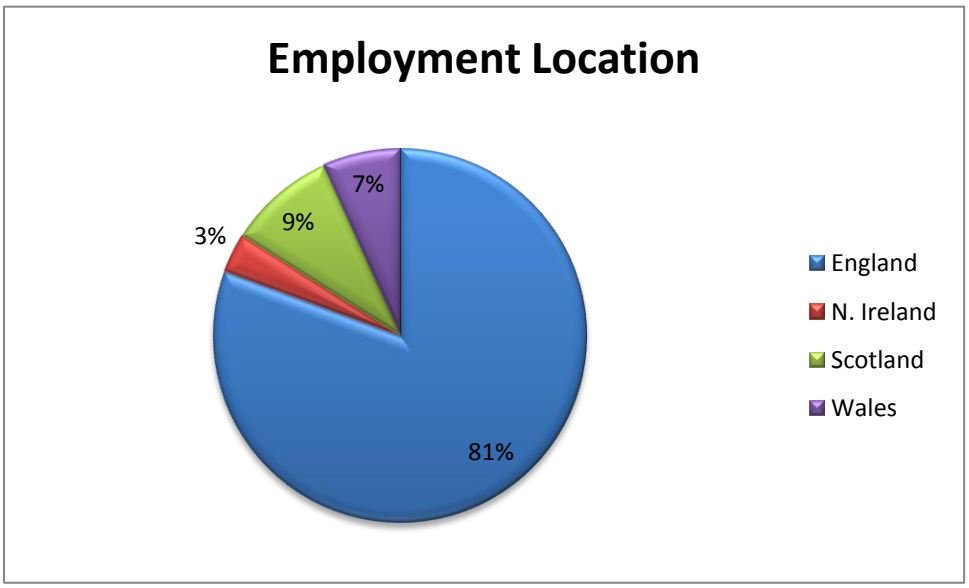


Q3: Country of Primary Medical Qualification

The three highest countries that represent 87% of the sample are as follows: UK: 354, India: 85 and Pakistan: 23.

Q4: Employment location

Figure 11: Employment location



Q5: Deanery location

Table 20: Deanery location

Answer Options	Response Percent	Response Count
East Midlands	4.4%	23
East of England	4.6%	24
Kent, Surrey and Sussex	2.7%	14
London	20.9%	110
Mersey	2.3%	12
NHS West Midlands	9.7%	51
North Western	8.2%	43
Northern	3.4%	18
Northern Ireland	3.4%	18
Oxford	4.0%	21
Scotland East	1.3%	7
Scotland North	1.1%	6
Scotland South East	2.1%	11
Scotland West	4.8%	25
Severn	4.2%	22
South West	3.2%	17
Wales	6.7%	35
Wessex	3.4%	18
Yorkshire and Humber	9.7%	51

Section B: Training information

The majority of the respondents are on GMC approved training programmes (92.2%). There is a reasonable dispersion in the respondents by year of training. The two largest groups are 'early' and 'intermediate' years with a 24.6% and a 23.6% share of the sample population respectively.

In terms of the population by specialty there is also a broad dispersion (standard deviation of 5.5% or 28 sample members) in the number of responses, with GPs and surgeons the highest. Amongst those who answered other, there are no apparent themes.

Q6: Are you on a GMC approved training programme?

Table 21: Training programme

Answer Options	Response Percent	Response Count
Yes	92.2%	472
No	7.8%	40
	answered question	512
	skipped question	23

Q7: Year of training

Table 22: Year of training

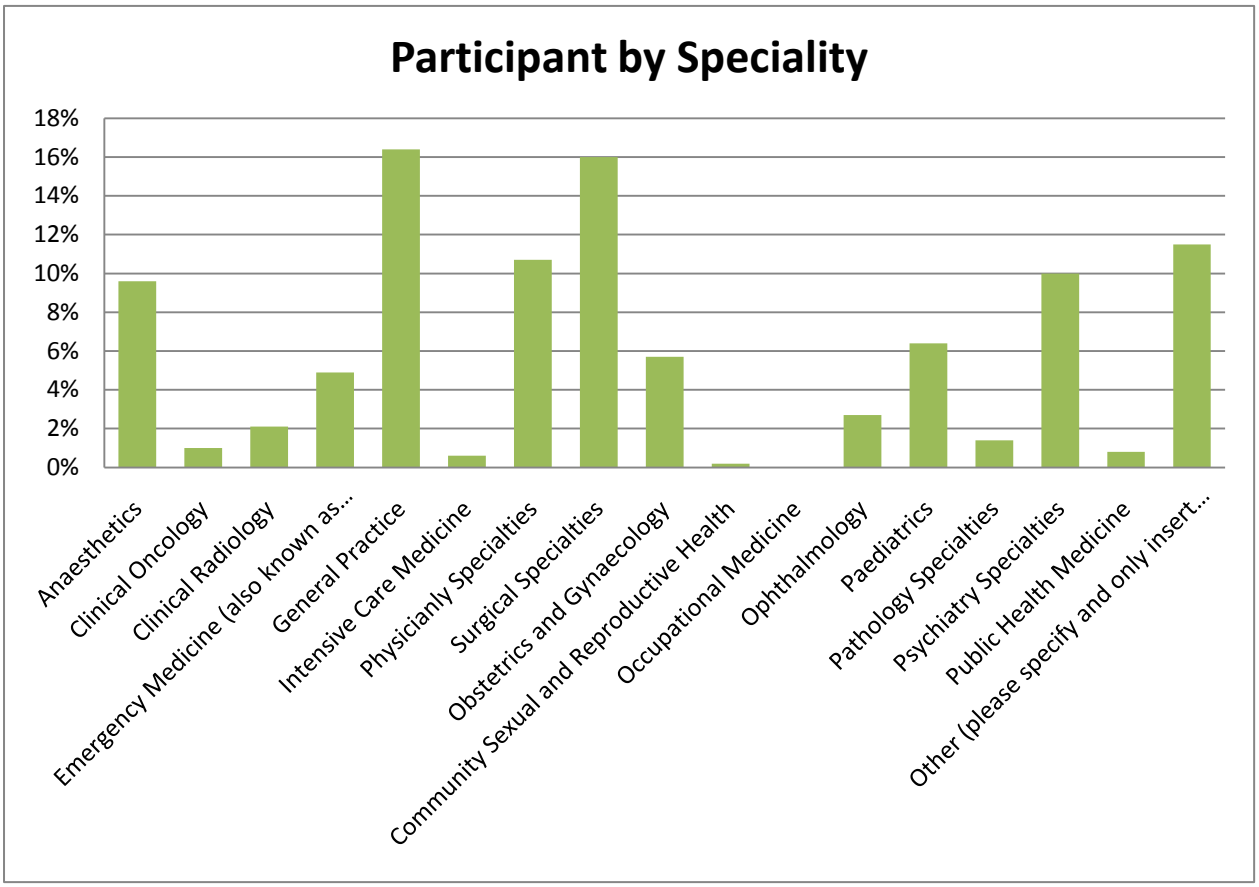
Answer Options	Response Percent	Response Count
Foundation	9.6%	49
Early Years (CT1-3 or ST1-2)	24.6%	126
Intermediate Years (ST3-4, including ST3 in GP)	23.6%	121
Final Years (ST5+ or ST4+ in GP)	18.9%	97
Out of Program	9.8%	50
Other (e.g. SPR, FTSTA, LAT)	13.5%	69
answered question		512
skipped question		23

Q8: Specialty

Table 23: Specialty

Answer Options	Response Percent	Response Count
Anaesthetics	9.6%	49
Clinical Oncology	1.0%	5
Clinical Radiology	2.1%	11
Emergency Medicine	4.9%	25
General Practice	16.4%	84
Intensive Care Medicine	0.6%	3
Physicianly Specialties	10.7%	55
Surgical Specialties	16.0%	82
Obstetrics and Gynaecology	5.7%	29
Community Sexual and Reproductive Health	0.2%	1
Occupational Medicine	0.0%	0
Ophthalmology	2.7%	14
Paediatrics	6.4%	33
Pathology Specialties	1.4%	7
Psychiatry Specialties	10.0%	51
Public Health Medicine	0.8%	4
Other	11.5%	59
answered question		512
skipped question		23

Figure 12: Specialty



Section C: Routes to certification

Q13: Were you previously aware of the different routes to attain certification?

The most common answer here shows that just over one third of trainees were only aware of the CCT route. Just under one third were aware of CCT and CESR/CEGPR routes, but only just over one fifth were aware of all three routes. The response rates surrounding CESR (CP)/CEGPR (CP) imply that trainee doctors have the least awareness of this certification route (less than a quarter).

Table 24: Awareness of routes to certification

Answer Options	Response Percent	Response Count
Yes, all three	21.4%	109
No, only CCT	33.9%	173
No, only CESR / CEGPR	2.7%	14
No, only CESR (CP) / CEGPR (CP)	0.2%	1
No, only CCT and CESR / CEGPR	31.0%	158
No, only CCT and CESR (CP) / CEGPR (CP)	0.6%	3
No, only CESR / CEGPR and CESP (CP) / CEGPR (CP)	0.0%	0
Not sure	10.2%	52
answered question		510
skipped question		25

Q14: Please indicate your view on the following statement:

'A CCT is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

The majority of our sample is in agreement with the statement, with 84.6% agreeing strongly or agreeing. This provides evidence of strong support within the sample population in favour of the CCT certification being seen as a robust certificate, with only a small minority of approximately 3%, disagreeing with the statement.

Table 25: Views of CCT

Answer Options	Response Percent	Response Count
Strongly agree	30.6%	147
Agree	54.0%	259
Neither agree nor disagree	12.3%	59
Disagree	2.1%	10
Strongly disagree	1.0%	5
answered question		480
skipped question		55

Figure 13: Views of CCT

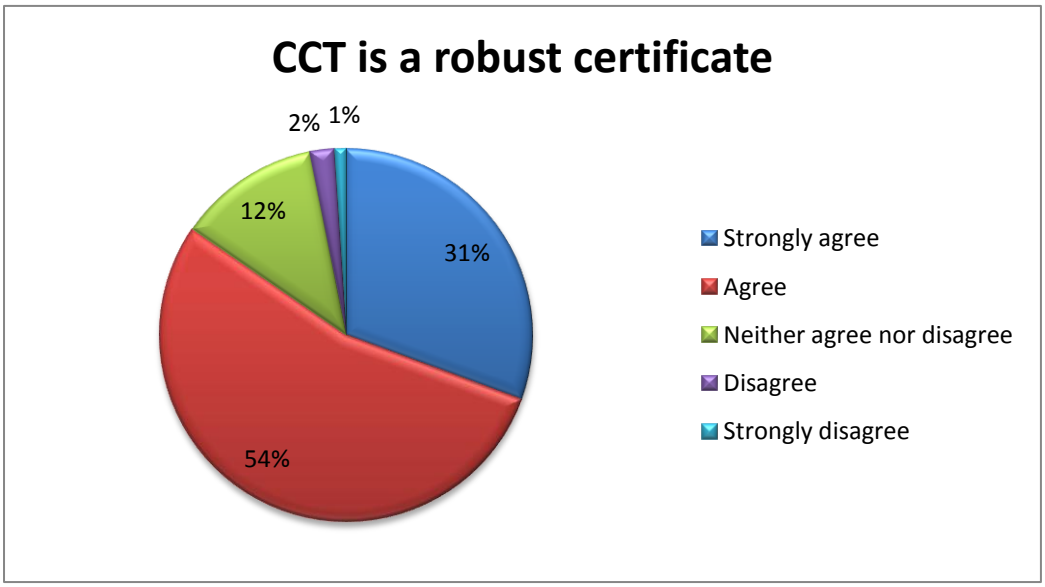


Table 26: Views of CCT by specialty

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Anaesthetics	39%	45%	8%	4%	0%
Clinical Oncology	40%	40%	0%	0%	0%
Clinical Radiology	27%	64%	9%	0%	0%
Emergency Medicine	25%	50%	17%	0%	0%
General Practice	17%	61%	8%	1%	1%
Intensive Care Medicine	0%	100%	0%	0%	0%
Physicianly Specialties	29%	45%	18%	0%	0%
Surgical Specialties	37%	43%	11%	5%	1%
Obstetrics and Gynaecology	28%	55%	10%	3%	0%
Community Sexual and Reproductive Health	0%	100%	0%	0%	0%
Ophthalmology	36%	57%	0%	0%	0%
Paediatrics	24%	52%	18%	0%	3%
Pathology Specialties	0%	86%	0%	0%	14%
Psychiatry Specialties	30%	52%	12%	0%	0%
Public Health Medicine	75%	25%	0%	0%	0%
Other	31%	47%	16%	3%	2%

When we look at the answers in terms of specialty of certification (table above), we can see that there is little deviation from that of the aggregate sample population. This is evident as the majority

answered the question within two quintiles of agree & strongly agree (100% in some cases). The only major deviation from this trend is pathology (14.3% disagree & strongly disagree), although this is based on a small portion of our sample population.

Q15: Please indicate your view on the following statement:

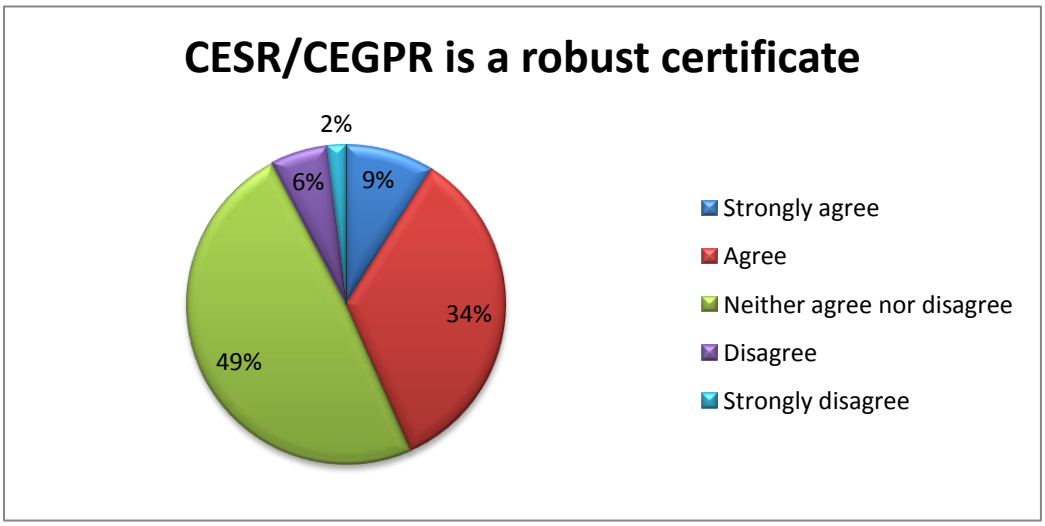
'A CESR / CEGPR is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

When asked the same question about CESR/CEGPR holders the response pattern was different with the highest number choosing to neither agree nor disagree (49%). Over 40% did agree or strongly agree, although the level of agreement was far less when compared to the same question asked about the CCT route.

Table 27: Views of CESR/CEGPR

Answer Options	Response Percent	Response Count
Strongly agree	9.0%	43
Agree	34.4%	165
Neither agree nor disagree	49.0%	235
Disagree	5.8%	28
Strongly disagree	1.9%	9
	answered question	480
	skipped question	55

Figure 14: Views of CESR/CEGPR



Q16. Please indicate your view on the following statement:

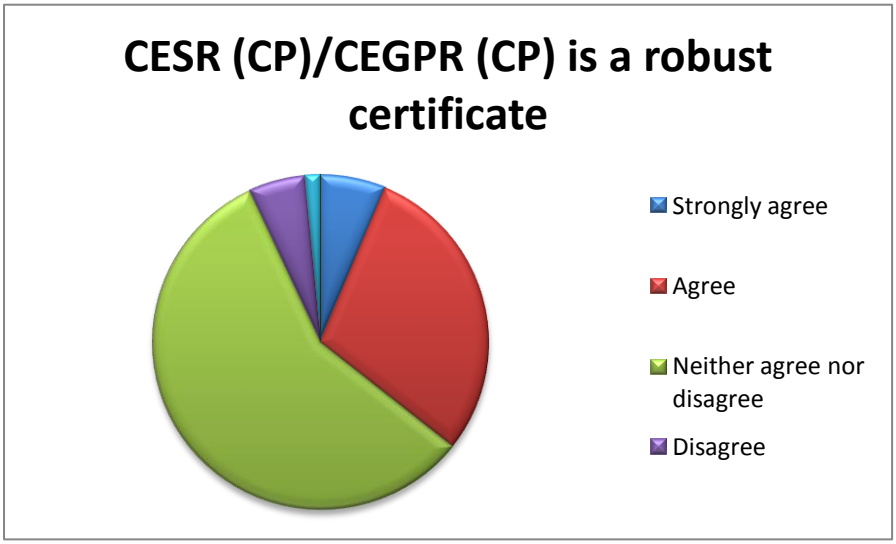
'A CESR (CP) / CEGPR (CP) is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

The majority of participants, 57.5%, said they neither agree nor disagree with the statement which may indicate a lack of awareness regarding this certification route (as was previously implied by the results in question 13). Just over one third agreed or strongly agreed with the statement.

Table 28: Views of CESR (CP)/CEGPR (CP)

Answer Options	Response Percent	Response Count
Strongly agree	6.3%	30
Agree	29.4%	141
Neither agree nor disagree	57.5%	276
Disagree	5.4%	26
Strongly disagree	1.5%	7
answered question		480
skipped question		55

Figure 15: Views of CESR (CP)/CEGPR (CP)



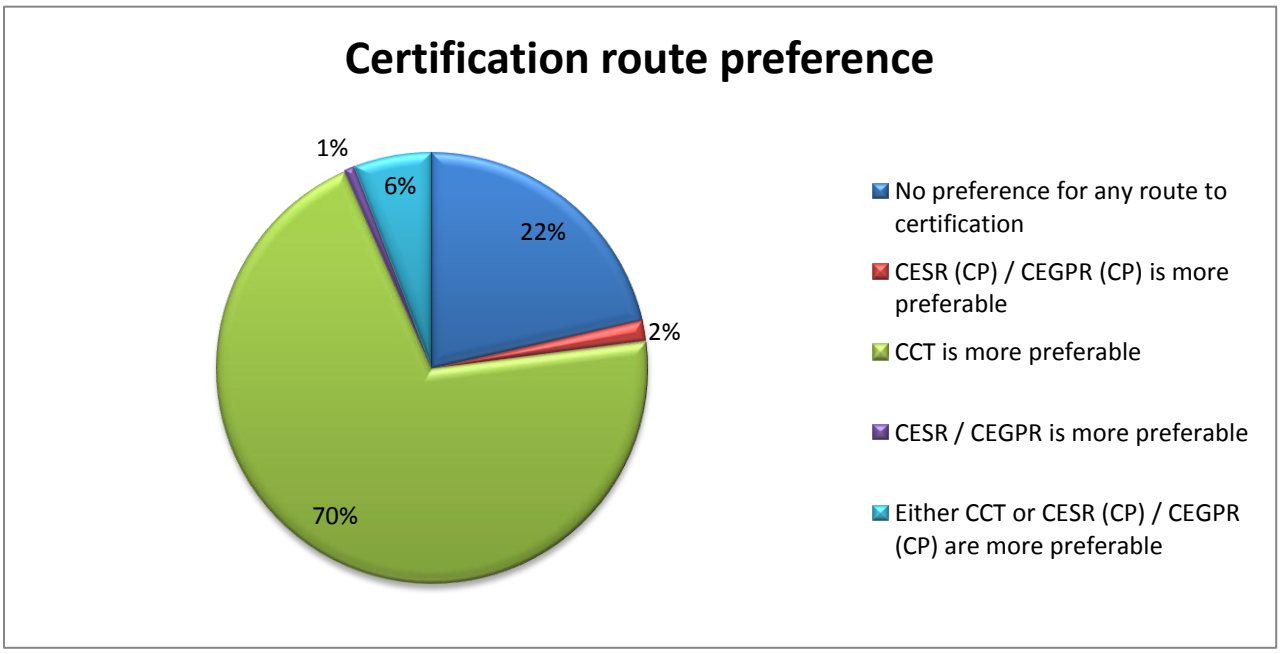
Q17: When comparing your personal preferences regarding routes to certification please choose one of the following statements:

When comparing the views of respondents with regard to certification route preferences, a large majority of the sample stated that the CCT is more preferable (70.4%), with around a fifth saying they have no preference.

Table 29: Preferred certification route

Answer Options	Response Percent	Response Count
No preference for any route to certification	21.5%	103
CESR (CP) / CEGPR (CP) is more preferable	1.5%	7
CCT is more preferable	70.4%	338
CESR / CEGPR is more preferable	0.8%	4
Either CCT or CESR (CP) / CEGPR (CP) are more preferable	5.8%	28
answered question		480
skipped question		55

Figure 16: Preferred certification route



Q18: What, if any, do you consider to be the barriers to applying through the CESR / CEGPR route?

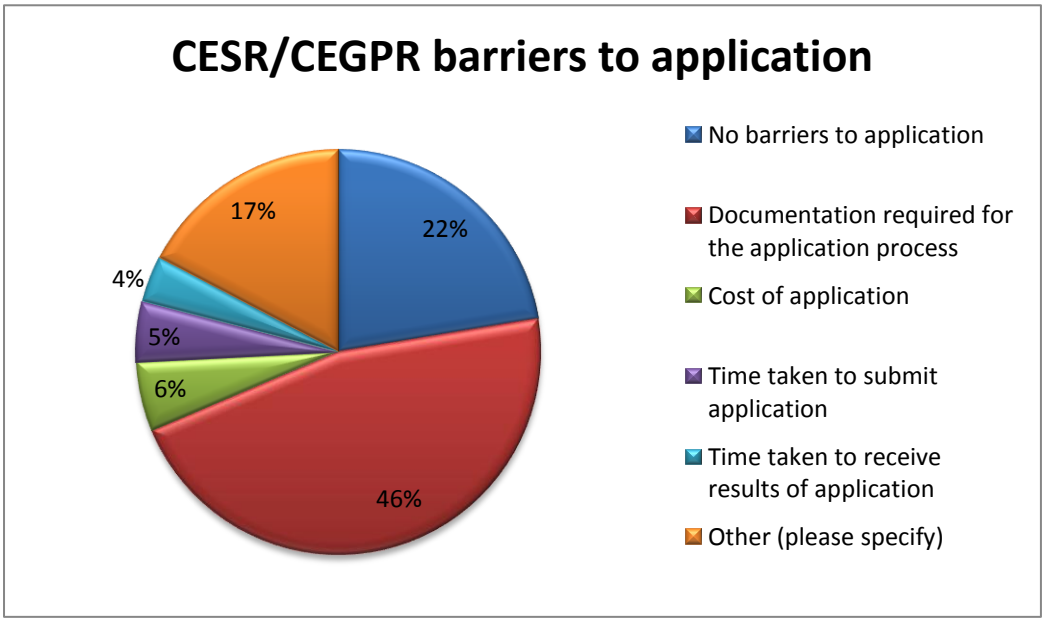
When asked about the barriers to the CESR/CEGPR application process the most common problem (46.3%) was the documentation required for the application process. The second most common answer to this question was that there were no barriers to the application process (22.4%).

Table 30: Barriers to applying via CESR/CEGPR

Answer Options	Response Percent	Response Count
No barriers to application	22.4%	97
Documentation required for the application process	46.3%	201
Cost of application	5.5%	24
Time taken to submit application	4.8%	21
Time taken to receive results of application	3.7%	16
Other (please specify)	17.3%	75
answered question		434
skipped question		101

There were 75 free text answers to the 'others' option with many 'don't know'. The main themes arising from the free text in response to this question are that trainees are not aware of the CESR/CEGPR routes or the processes involved and are therefore unable to answer the question (101 trainees skipped the question entirely).

Figure 17: Barriers to applying via CESR/CEGPR



Q19: What, if any, do you consider to be the barriers to applying through the CESR (CP) / CEGPR (CP) route?

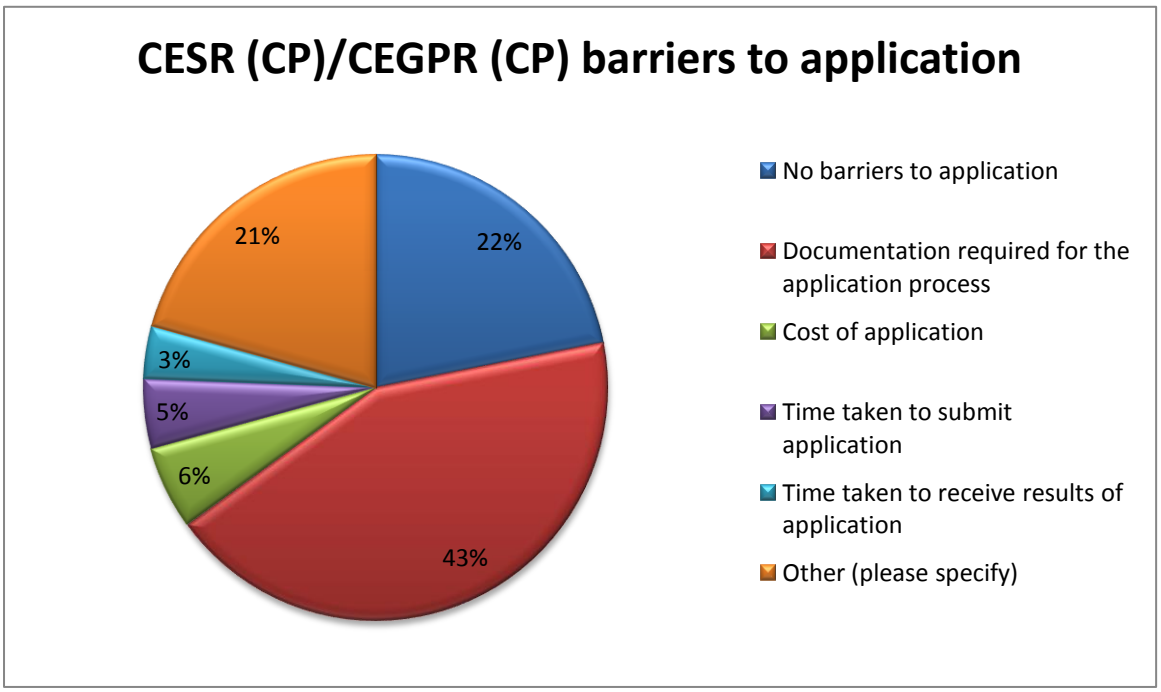
As with the previous question the most common complaint was that of the documentation required for the application process (43.1%), with no barriers to application being the second (21.9%).

Table 31: Barriers to applying via CESR (CP)/CEGPR (CP)

Answer Option	Response Percent	Response Count
No barriers to application	21.9%	95
Documentation required for the application process	43.1%	187
Cost of application	5.8%	25
Time taken to submit application	4.8%	21
Time taken to receive results of application	3.7%	16
Other (please specify)	20.7%	90
answered question		434
skipped question		101

There were 90 free text answers to the 'others' option, again with many 'don't know'. The main themes arising from the free text in response to this question are that trainees are not aware of the CESR (CP) /CEGPR (CP) routes or the processes involved and are therefore unable to answer the question (101 trainees skipped the question entirely).

Figure 18: Barriers to applying via CESR (CP)/CEGPR (CP)



Q20: What, if any, do you consider are the barriers to applying through the CCT route?

In contrast to the survey question results focusing on application barriers for CESR/CEGPR and CESR (CP)/CEGPR (CP) certificates, when asked the same question about CCT application more than half (55.8%) thought there were no barriers to application.

Around a quarter of all participants chose either: documentation required (16.1%) or the cost of the application process (11.5%) as a barrier.

Table 32: Barriers to applying via CCT

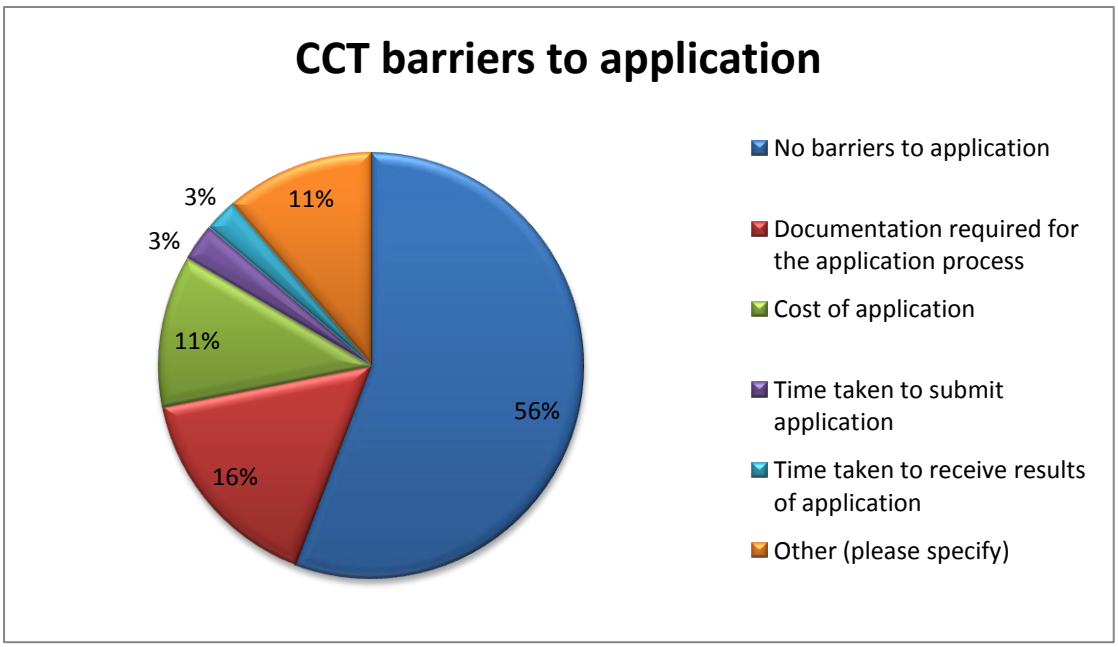
Answer Options	Response Percent	Response Count
No barriers to application	55.8%	242
Documentation required for the application process	16.1%	70
Cost of application	11.5%	50
Time taken to submit application	2.8%	12
Time taken to receive results of application	2.5%	11
Other (please specify)	11.3%	49
answered question		434
skipped question		101

There were 49 responses to the 'other' option. In contrast to the other routes there were far fewer 'don't know' responses, although 101 still skipped the question.

The themes included:

1. A perception that it is very difficult in the first place to get a training post on an approved specialty training programme due to the competitive entry process and limited posts; and
2. Passing specialty exams in the required time-frame was identified as a barrier.

Figure 19: Barriers to applying via CCT



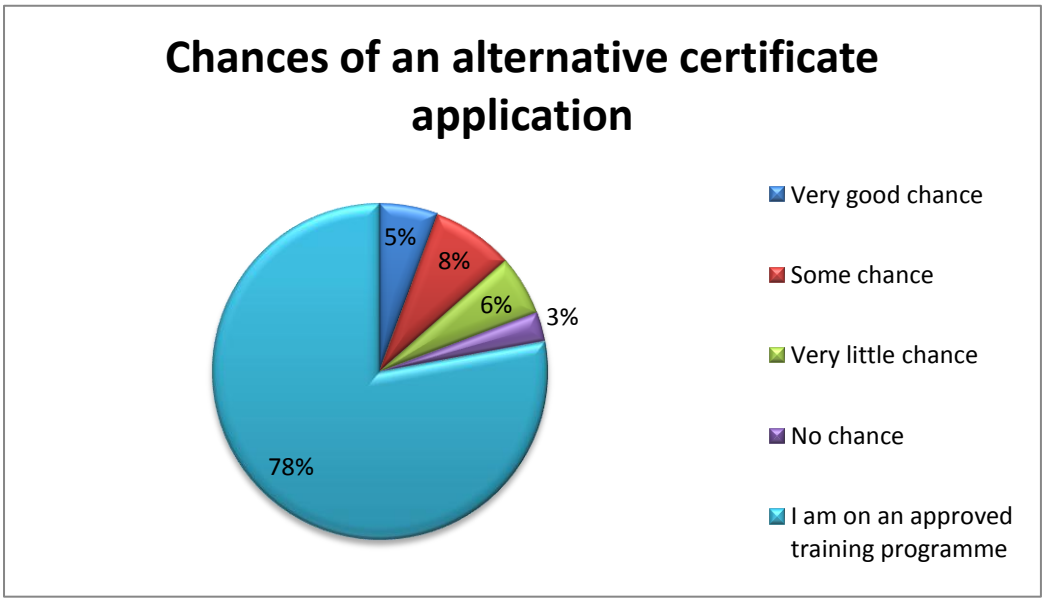
Q21: If you are not accepted onto an approved training programme, what is the chance that you would apply for certification through an equivalent route (CESR / CEGPR or CESR (CP) / CEGPR (CP))?

There are 40 doctors who responded initially in the survey that they were not on an approved training programme, however 95 doctors answered this question as if they were not on an approved training programme. In addition 101 skipped the question. Therefore it is difficult to interpret the responses to this question, other than the responses indicate that a small number of doctors (13.5% of those that answered the question) would consider applying through alternative routes if they did not gain entry to an approved training programme.

Table 33: Chances of an alternative certificate application

Answer Options	Response Percent	Response Count
Very good chance	5.6%	24
Some chance	7.9%	34
Very little chance	5.8%	25
No chance	2.8%	12
I am on an approved training programme	77.9%	334
answered question		429
skipped question		106

Figure 20: Chances of an alternative certificate application



Section D: Outcomes of Certification

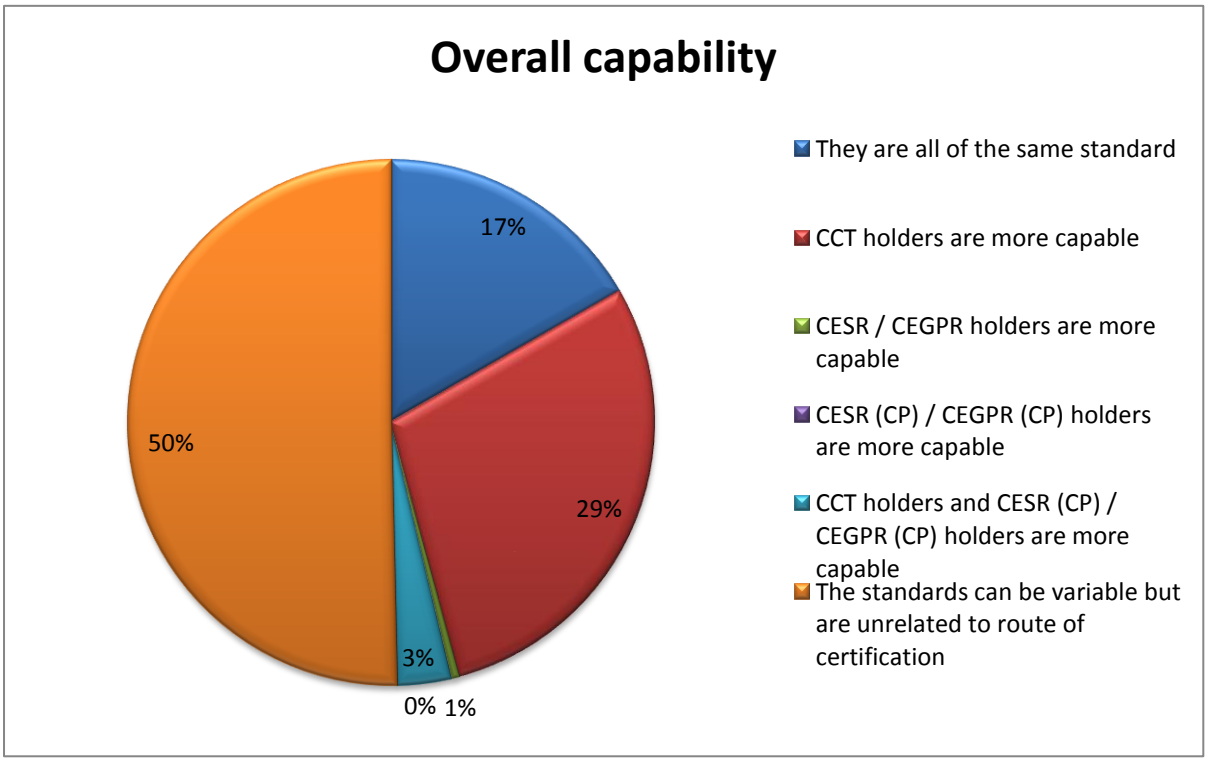
Q22: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor's overall capability to work at GP or Consultant level?

The most common answer here is that the standards are variable but unrelated to the route of certification (50.4%). There is a relatively high percentage favouring CCT (29.2%) when compared with those who view all certificates as the same (16.7%). There were only two participants who view the CESR/CEGPR routes as more capable.

Table 34: Overall capability

Answer Options	Response Percent	Response Count
They are all of the same standard	16.7%	71
CCT holders are more capable	29.2%	124
CESR / CEGPR holders are more capable	0.5%	2
CESR (CP) / CEGPR (CP) holders are more capable	0.0%	0
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	3.3%	14
The standards can be variable but are unrelated to route of certification	50.4%	214
answered question		425
skipped question		110

Figure 21: Overall Capability



Q23: Free text answers overall capability

There were 137 responses. The themes included:

1. There is a perception that the doctors who gain a CCT are likely to be more capable due to the robust quality assurance processes in postgraduate medicine that demand the highest standard. These processes include the competitive process to gain entry into an approved specialty training programme, the relevant Royal College specialty exams that must be passed, the specialty curriculum that is followed with specific competences, supervised training with regular review of progress, assessments and objective appraisals;
2. There is a perception that, although CESR holders can be exceptional, there is less assurance of the quality in training that they have been through. Therefore there is more likely to be variability in the capability of these doctors compared to doctors with a CCT.
3. There is a general lack of awareness of the equivalence routes and there is a lack of awareness regarding the CESR assessment processes, resulting in a lack of confidence in the ability of CESR doctors; and
4. There is a distinction between CESR holders who have worked in the UK and those that have not worked in the UK. There is a perception that CESR holders who have previously worked in the UK have a much better understanding of the NHS and UK patients.

Selection of free text responses:

- *There are almost certainly exceptions but generally those who qualify through alternative routes do so because they have not managed to competitively secure a training programme leading to CCT;*
- *I agree the standards vary but CCT implies a consistent and varied level of training with presence at ongoing educational programmes;*
- *Main stream training is more structured and competencies specified and assessed robustly these days. Whereas I feel other routes may not have such a structure and robust assessments;*
- *There is no proven or documented evidence that CCT holders are more capable. However, in general, CCT holders are better communicators in a difficult clinical scenario, and the clinical management is more in line with the management process of the UK practice;*
- *The quality of training in non GMC approved posts is an unknown entity. The other routes could possibly allow poorly trained doctors through;*
- *CCT holders have been through a recognised, formal training scheme approved for the specific function of training someone to Consultant level. This trainee is constantly evaluated and ultimately examined for their ability to carry out the role of a Consultant. Without specific clarification that the posts through which anyone without a CCT has rotated specifically deliver the same level of exposure and training, and participation in the FRCS*

examination, I would not be confident of a non-CCT holders ability to carry out the role of a Consultant;

- *I feel that enough is not known about the CESR route. A lot of my colleagues do not know this route so I have little confidence on how it will be received. I feel it is not as well validated, therefore I would prefer the tried and tested CCT;*
- *Doctors previously removed from training programmes have been awarded CESR via article 14 which is inappropriate;*
- *CCT holders from a training program have been assessed and their progress validated throughout their training program. This is not the case whilst applying through other routes;*
- *Entry onto the CCT route is competitive, the better candidates get training posts, the training posts provide better training and the result is more capable doctors from the CCT route. A non-training post is really not comparable to one on a training program in terms of supervision, the quality and quantity of teaching and hands on experience; and*
- *Level of competition at approved training programme entry point selects the better future clinician.*

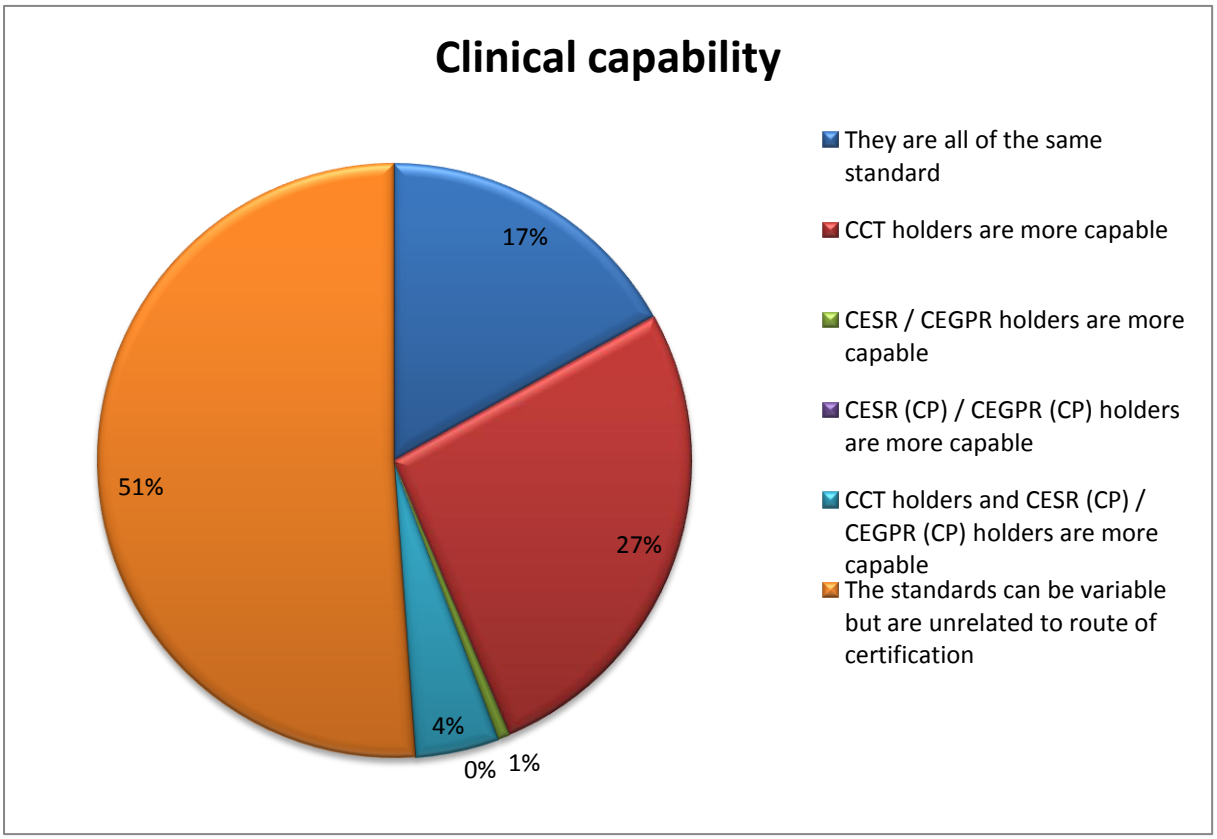
Q24: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor's clinical capability to work at GP or Consultant level?

The patterns of answers to this question appear to be similar to that given in the previous question. Over half answered that the standard is unrelated to the certification route (51.1%) and just over a quarter favoured the CCT certification route (26.7%).

Table 35: Clinical capability

Answer Options	Response Percent	Response Count
They are all of the same standard	16.9%	71
CCT holders are more capable	26.7%	112
CESR / CEGPR holders are more capable	0.7%	3
CESR (CP) / CEGPR (CP) holders are more capable	0.0%	0
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	4.5%	19
The standards can be variable but are unrelated to route of certification	51.1%	214
answered question		419
skipped question		116

Figure 22: Clinical ability



Q25: see free text

There were 132 free text responses. The themes included:

1. There is a perception that CCT holders have been through a structured competency based training programme with robust assessments of their clinical ability resulting in the likelihood of more capable doctors;
2. There is a perception that CESR holders can be highly skilled and competent individuals as the nature of service posts means that they are required to do more face to face patient care than perhaps a trainee working in the same department. In addition they are likely to have worked for a longer time and therefore will have more clinical experience.

Selection of free text responses:

- *In my experience the capability is often related to where they trained rather than which route they took. E.g. several LATS in a good UK teaching hospital will result in a very capable CESR candidate while full training in an obscure overseas unit will give poor CESR candidate even if all the tick boxes are signed;*

- *All new training programmes have robust competency based assessments at every level which must be attained before progressing to the next. This does not exist at CESR etc. Standards of appointment to approved training curricula seem more stringent than those obtained via other routes;*
- *CESR doctors work for their training. They put more effort and years into it. They are more experienced as can be very well seen in day to day practice. The difference between a staff grade who has done 10-15 years and a newly qualified Consultant who has just done 5 years of training is huge. And also out of those 5 years 2 are spent in a small hospital with very little experience;*
- *CCT have a more rigorous oversight and demand for other activities such as research, education, audit etc;*
- *CCT holders from training programs have had their clinical training reviewed and accredited throughout their training program; and*
- *Entry onto the CCT route is competitive, the better candidates get training posts, the training posts provide better training and the result is more capable doctors from the CCT route. A non-training post is really not comparable to one on a training program in terms of supervision, the quality and quantity of teaching and hands on experience.*

Q26: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competences of management and leadership?

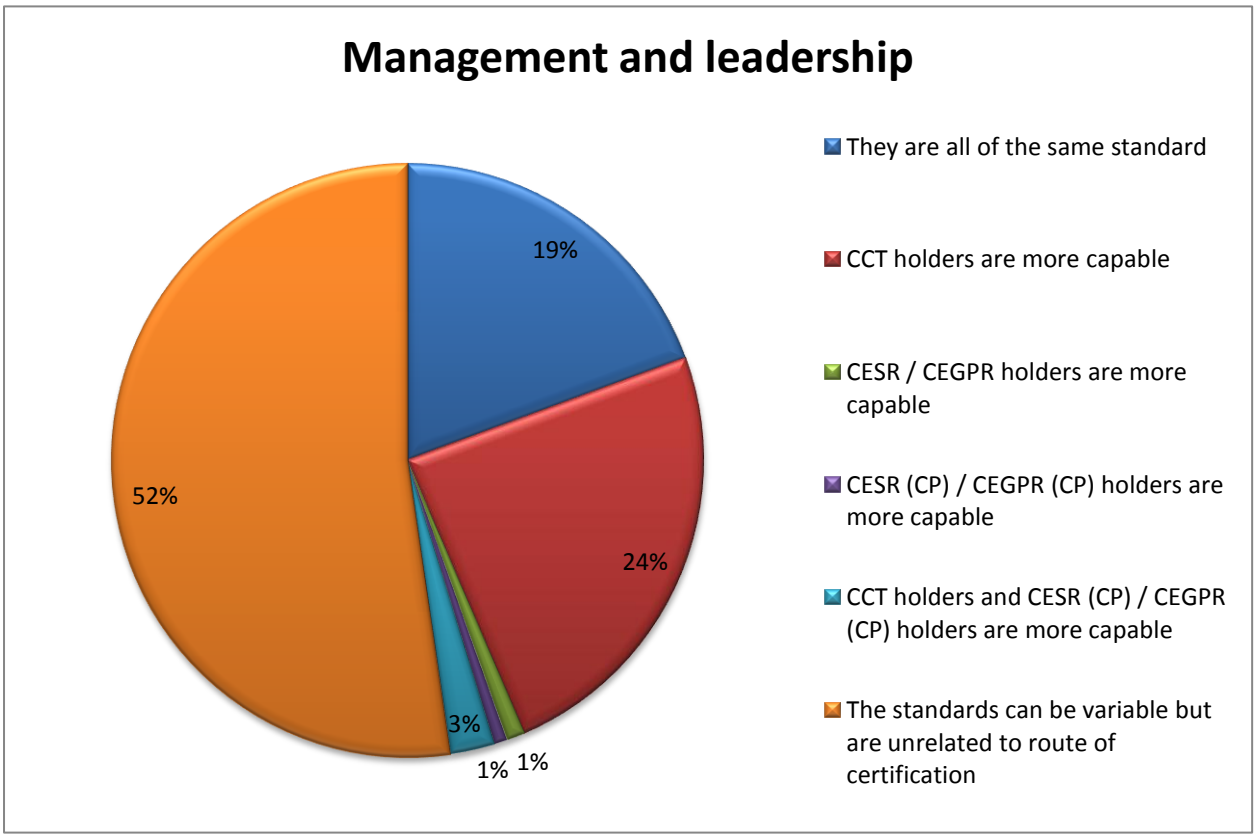
This question has been answered in a similar manner to the previous questions in this section. The most common answer amongst our sample is that standards can be variable but are unrelated to route of certification (52.3%).

Similarly the second most common answer is that CCT holders are more capable (24.2%). The percentage sharing the view that all certification routes are of the same standard has risen to 19.4% in this particular question. Thus implying a greater proportion felt all certification routes are equal when it comes to management and leadership.

Table 36: Management and leadership

Answer Options	Response Percent	Response Count
They are all of the same standard	19.4%	80
CCT holders are more capable	24.2%	100
CESR / CEGPR holders are more capable	1.0%	4
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	3
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.4%	10
The standards can be variable but are unrelated to route of certification	52.3%	216
answered question		413
skipped question		122

Figure 23: Management and leadership



Q27: Free text Management and Leadership

There were 115 free text responses. The themes included:

1. There is a perception that CCT holders have more exposure to management and leadership training and may therefore be more capable. Furthermore management and leadership competences are now included in specialty curricula and these competences are assessed;

2. There is a perception that CESR holders may have more 'on the job' experience due to their longer years of service prior to certification.

Selection of Free Text Answers:

- *Management and leadership training are now part of most approved training post. They may not necessarily be taken seriously by people applying through other routes;*
- *CCT holders are given more chances in management and leadership roles during their training and earlier in their training;*
- *CESR / CEGPR holders are frequently exceptional doctors who choose to train differently. Those recruited from overseas, can be of exceptional standards and bring a wealth of experience, leadership and talent to the UK;*
- *The road towards CESR/CEPRG is not easy. Colleagues who attempt to obtain recognition of their training in such a way are likely to be very motivated and possibly better capable;*
- *CESR candidates have more experience and not just theoretical knowledge;*
- *Approved training posts give some exposure to clinical management and leadership. Trainees are expected to take on a clinical leader type role at work;*
- *As part of Consultant applications it is well known that management skills are required and this is therefore part of training programmes;*
- *Following the CCT route there is a requirement to show that you are gaining these competencies. If working in other roles you might not be given these opportunities/supported by yours seniors to get these competencies as there is no obligation for them to help you achieve them; and*
- *Specific leadership and management training opportunities available easily in CCT route.*

Q28: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competences of communication and team-working?

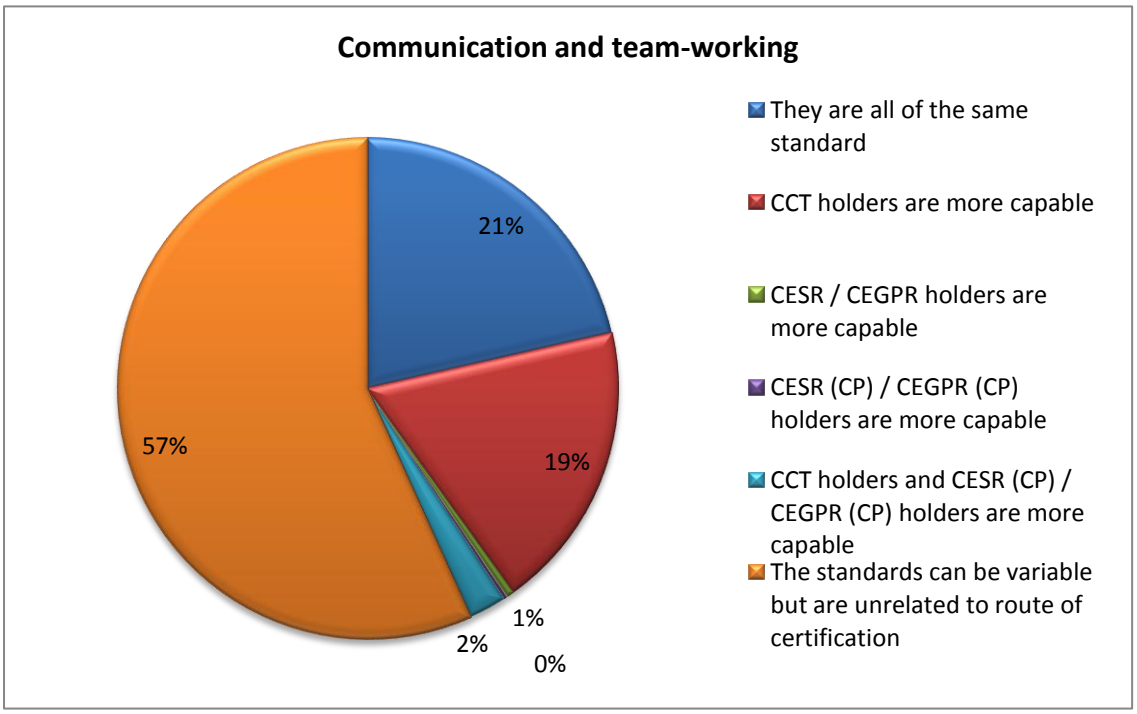
The general view on this question is that all certification routes are the same standard or that standards are unrelated with close to 80% (21.4% and 56.7% respectively) selecting these options.

Close to a fifth of respondents viewed CCT holders to be more capable in the common competences of communication and teamwork.

Table 37: Communication and teamworking

Answer Options	Response Percent	Response Count
They are all of the same standard	21.4%	88
CCT holders are more capable	18.7%	77
CESR / CEGPR holders are more capable	0.5%	2
CESR (CP) / CEGPR (CP) holders are more capable	0.2%	1
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.4%	10
The standards can be variable but are unrelated to route of certification	56.7%	233
answered question		411
skipped question		124

Figure 24: Communication and Team-working



Q29: Free Text communication and team-working

There were 90 free text responses. The themes included:

1. There is a perception that communication and team working competences are built into curricula and training programmes and are assessed throughout training. Therefore it is highly unlikely that a doctor with poor communication skills would complete training through to CCT level; and

2. There is a perception that it is not the route to certification that affects capability in communication but English language skills and experience of working in the UK with British patients.

Selection of free text responses:

- *CCT implies that communication skill will have been tested as part of the application process and the training scheme;*
- *I think these aspects are taught well when incorporated into a fixed teaching programme and curriculum;*
- *Confirmation of language skills, foundation and CCT opportunities to develop and practice communication skills;*
- *UK training probably attaches more importance to communication & team working than do some other training programmes (and health service cultures);*
- *I believe UK graduates on approved training schemes attain better communication skills, and it is not easy to acquire those skills at a later date, nor is it effectively governed after certificate;*
- *Communication is examined from day 1 at medical school until the day CCT is awarded (and beyond);*
- *UK based training more emphasis on communication than non-western countries; and*
- *It is the issue of language. Growing up in the country in which you work is an advantage.*

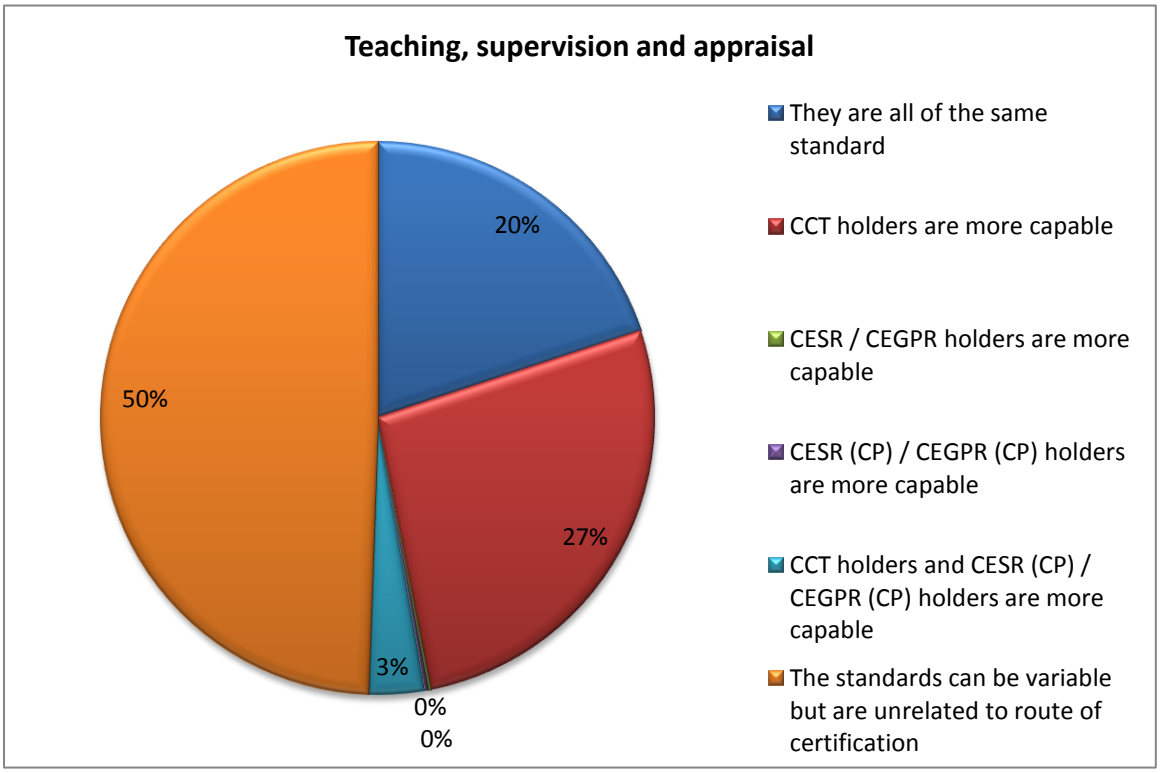
Q30: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of teaching, supervision and appraisal?

The sectional theme remains, with the most common view being standards are variable and unrelated to certification route (49.4%). There is also a fifth of the sample population who say they are all the same standard. Around a quarter see CCT holders as more capable in the competences of teaching, supervision and appraisal.

Table 38: Teaching, supervision and appraisal

Answer Options	Response Percent	Response Count
They are all of the same standard	19.9%	81
CCT holders are more capable	27.0%	110
CESR / CEGPR holders are more capable	0.2%	1
CESR (CP) / CEGPR (CP) holders are more capable	0.2%	1
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	3.2%	13
The standards can be variable but are unrelated to route of certification	49.4%	201
answered question		407
skipped question		128

Figure 25: Teaching, supervision and appraisal



Q31: Free Text Teaching, Supervision and Appraisal

There were 125 free text responses. The themes included:

1. There is a perception that CCT holders have themselves been through a structured training programme and will therefore have better understanding of the UK training, assessment and medical education system; and

2. There is a perception that CCT holders may be more capable as they are more likely to have received training, been assessed in these competences and received feedback on their performance with relation to these competences during RITA or ARCP.

Selection of free text answers:

- *More opportunities in teaching, research for CCT holders make them more capable in these areas in comparison to CESR holders;*
- *I think the intent to provide these additional skills is there among all but CCT candidates have more ability just because they have been through it themselves;*
- *Approved training includes formal assessment such as royal college exams. How can trainers who do not hold these certificates prepare trainees for such assessments;*
- *CESR candidates are more experienced;*
- *These 3 competencies are core in any training programme. This will ensure a high standard in any person with a CCT;*
- *Since they themselves come through a structured training programme CCT holders have more insight into appraisal methods. Also as part of getting their CCT they have to show competencies in teaching which is peer reviewed and formalised; and*
- *Once on an approved training you are more likely to have involvement with teaching, namely medical students and is a requirement for ARCPs/progression.*

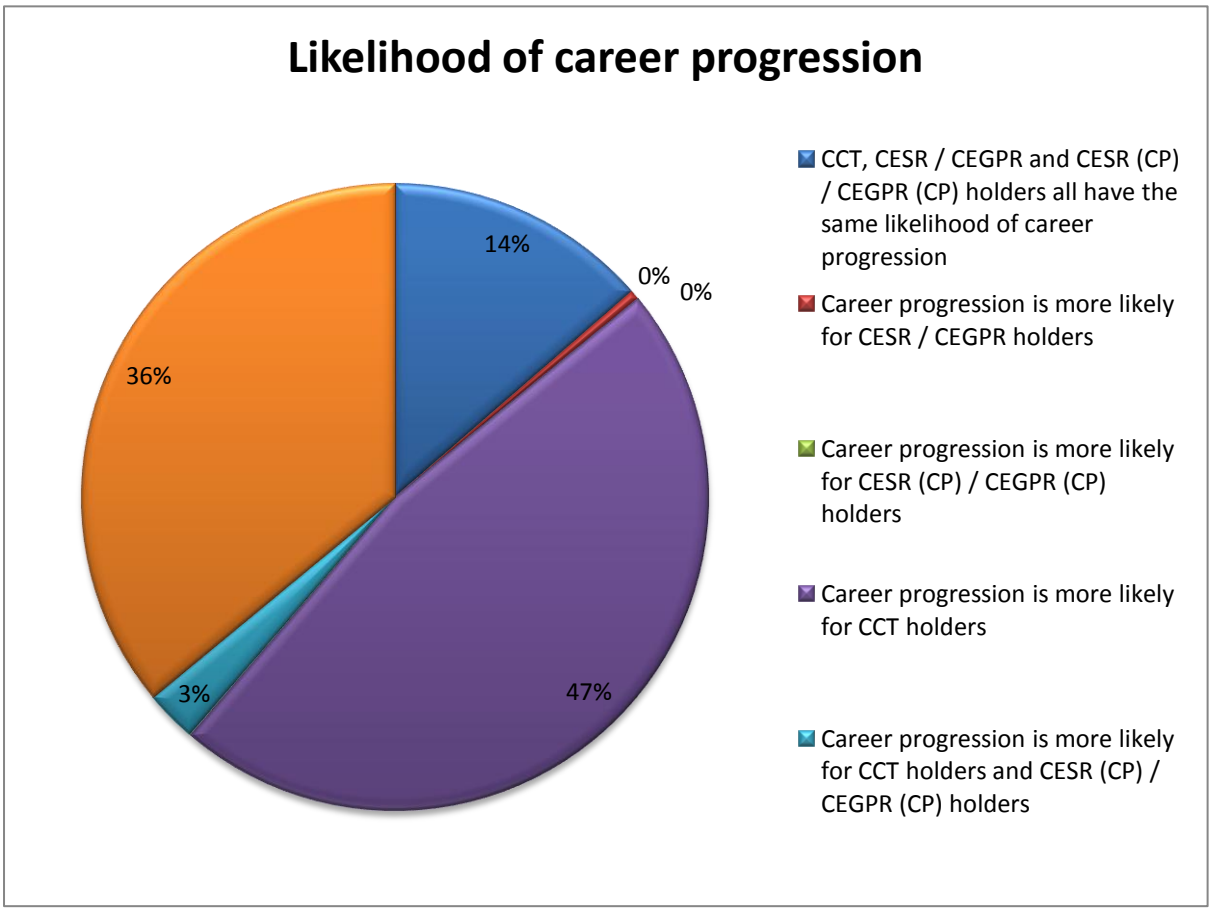
Q32: In relation to career progression (salary progression, clinical excellence awards, appointment to other responsibilities e.g. clinical lead, clinical director, College tutor, education lead, other trust management, research or education/academic posts etc), following substantive appointment to GP or Consultant posts, which of the following statements do you agree with?

The view most commonly taken with regards to career progression is that CCT holders are most likely to enjoy progression (47.2%). The second largest response group suggest that career progression is unrelated to certification route (36%). Only 13.6% believe that all types of certificate holders have the same likelihood of career progression and less than 1% thought CESR / CEGPR and CESR (CP) / CEGPR (CP) holders were more likely to progress.

Table 39: Likelihood of career progression

Answer Options	Response Percent	Response Count
CCT, CESR / CEGPR and CESR (CP) / CEGPR (CP) holders all have the same likelihood of career progression	13.6%	55
Career progression is more likely for CESR / CEGPR holders	0.5%	2
Career progression is more likely for CESR (CP) / CEGPR (CP) holders	0.0%	0
Career progression is more likely for CCT holders	47.2%	191
Career progression is more likely for CCT holders and CESR (CP) / CEGPR (CP) holders	2.7%	11
Career progression can be variable but is unrelated to certification route	36.0%	146
answered question		405
skipped question		130

Figure 26: Likelihood of career progression



Q33: Free Text Career Progression

There were 203 free text responses.

There is a perception that CCT holders are more likely to progress for the following reasons:

1. CCT holders are preferred by employers;
2. CCT holders have better networks and are often appointed to posts where they have trained locally and so they are well known;
3. CCT holders are better equipped to progress due to the nature of their training; and
4. CCT holder may be more competitive and ambitious.

Selection of free text answers:

- *CCT holders are often in a particular region for longer periods, therefore progression can be easier;*
- *Medicine, as a profession, appears to favour those who follow a conventional training path. Having a different career or experience base is viewed as 'non-committal' & negative, rather than providing an individual with a broader skill base or skill set;*
- *Less time lost for CCT holders, since they are in the main stream pathway for specialist certification, while CESR holders may have lost more time doing other things. Additional experience in areas such as research and teaching offers them slightly more advantage;*
- *This is not an evidence based opinion but I suspect that alternative routes to Consultant or GP make career progression much more difficult unless the individual has excelled in clinical and extracurricular activities plus gathered evidence of this above and beyond that expected;*
- *There is a marked difference between the types of candidates that chose the two routes. The pathways are open to both but the CESR candidates are less likely to take it. Maybe they feel battered by the unjustified dual process of getting to that level that any further energy or desire to progress is quickly deleted from the wish list. Sad, but all too true;*
- *I say because NHS trusts are more likely to see potential Consultants more favourably who have gone through this route;*
- *Because CCT holders are aiming at a set goal and have got the years in hand what they want to do, rather than worrying about next job .This gives them the confidence to progress forward and the assessments every year help them. They have people to talk to like supervisors;*
- *CCT is structured program and more likely to be in one geographical area and will give a doctor more chance to be familiar and known to local services with potential to later employment;*
- *A department would be more trusting and amenable to a candidate/employee who had been trained within the current system, and attained a CCT. A candidate applying via a different route would have to be exceptional and highly motivated;*
- *As a profession we are prejudiced against those who work outside of approved training posts;*
- *Common perception that CCT trainees are more capable. Fact that CCT trainees have more opportunities for research and other added academic and training opportunities;*
- *CCT are known local trainee with proven record and capabilities within local teams are more likely to be appointed to Consultants / GP partner posts;*

- *Most CESR doctors seem to have come from abroad. I think there is sometimes some underlying prejudice against them. People automatically assuming they are worse than locally trained doctors rather than judging on performance;*
- *CCT more likely to have established networks, career guidance etc during training;*
- *CCT implies you have committed yourself to a full training programme and therefore are more likely to have higher aspirations than someone who has settled for an inferior training completion certificate; and*
- *There is a slight bias towards trainees who have attained Specialist Registration via the CCT route. They are deemed to be better and more aware of the nitty gritty of working in the NHS.*

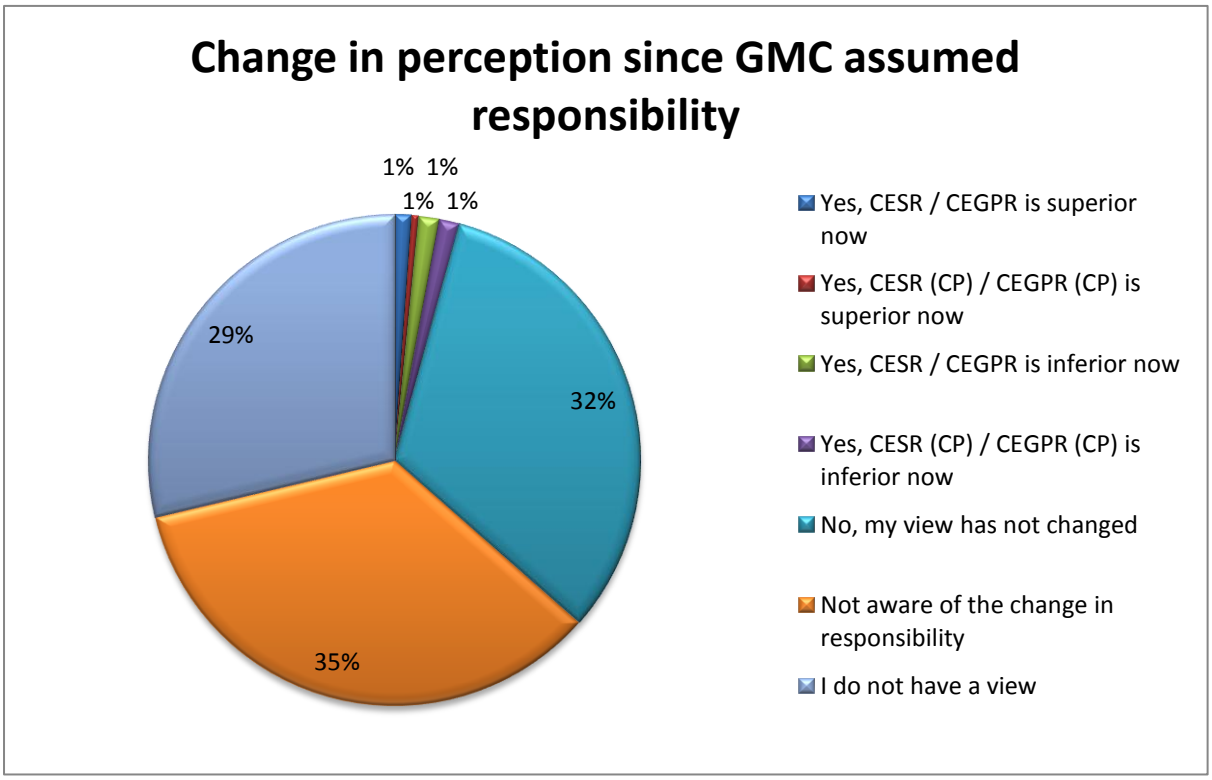
Q34: Has there been a change in your view of the CESR / CEGPR and CESR (CP) / CEGPR (CP) routes since the GMC assumed responsibility for them from PMETB in April 2010?

The majority of those who answered had an unchanged view (35.7%), were unaware of any changes in responsibility (38.5%) or did not have a view (31.8%).

Table 40: Change in perception since GMC assumed responsibility

Answer Options	Response Percent	Response Count
Yes, CESR / CEGPR is superior now	1.2%	5
Yes, CESR (CP) / CEGPR (CP) is superior now	0.5%	2
Yes, CESR / CEGPR is inferior now	1.5%	6
Yes, CESR (CP) / CEGPR (CP) is inferior now	1.5%	6
No, my view has not changed	35.7%	144
Not aware of the change in responsibility	38.5%	155
I do not have a view	31.8%	128
	answered question	403
	skipped question	132

Figure 27: Change in perception since GMC assumed responsibility



Q35: Free Text - Changes since GMC assumed responsibility

There were 132 responses.

The themes included:

1. There is lack of awareness of the GMC takeover and what changes have been instituted;
2. There is lack of awareness of all the certification routes; and
3. There is insufficient time and information from the GMC to make a response.

Selection of free text answers:

- *I think in principle, people still see CESR the same way they saw it before. If changes have been made strategically, I do not think it has filtered through across the profession;*
- *I don't think that the GMC having responsibility changes the validity of any of the routes;*
- *Am not aware of changes in the process since the GMC assumed responsibility;*
- *I think all the pathways have not been fully advised as possible routes, I only really knew about CCT. If people have done other positions before they can be accredited on the CCT in some cases for GP but I think that generally career paths other than CCT are not well advertised or explained;*
- *I didn't know that responsibility had changed. I myself am considering a break from training*

and am likely to consider a non-CCT route later on;

- *The GMC has not published sufficient information;*
- *There has not been enough time to see if the change has made any difference to those being awarded consultancy via these routes;*
- *I feel that with the fact that the MRCP can't be done out with a training post, otherwise it will not count towards a CCT only a CESR, the CCT has been elevated above the level of the CESR. This may have been unintentional, however I feel that this recent distinction has alienated people;*
- *All doctors should be made aware of all the existing routes as an 'induction' when they acquire GMC registration;*
- *A lot of people will prefer to get CESR/CEGPR without having to pass the Royal College Exam and complete the arduous specialist training for years;*
- *There should be a single standardised route to registration. CESR and CEGPR should be phased out; and*
- *The standards should be the same for applicants regardless of the responsible body.*

Q36: Anything to add

There were 48 responses. The main themes included two diverse points of view:

1. There is a clear need for the alternative routes to certification;
2. There should only be one route to certification via an approved training programme.

Selection of free text answers:

- *CESR documentation list needs to be reviewed as it is very difficult to collect all the evidence listed;*
- *We need more diversity to our clinical training. One-size fits all approach does not help our patients. CCT route tends to try to mould doctors into vanilla flavour specialists. Special interests and research are not recognised. This needs to change;*
- *"Other routes" of certification essentially undermine the whole point of GMC approved training. Otherwise it may seem far easier to gain experience in other posts then just apply for registration (a.k.a Article 14). Training time restraints and the like only apply to doctors on Approved Training Schemes and as such may be disadvantaged by the very same restraints;*
- *I think MRCP should be counted towards CCT even if it was taken outside the training program, as doctor should maintain the knowledge during all life and be up to date. Exam is exam and it does not matter during training or not it was take it is still very valid evidence of knowledge;*
- *CCT is better because you are made to cover all those aspects specifically in different placed with different people and exposed to a wider variety of experiences; and*
- *Essential to keep these routes to certification. Individuals have different training needs and*

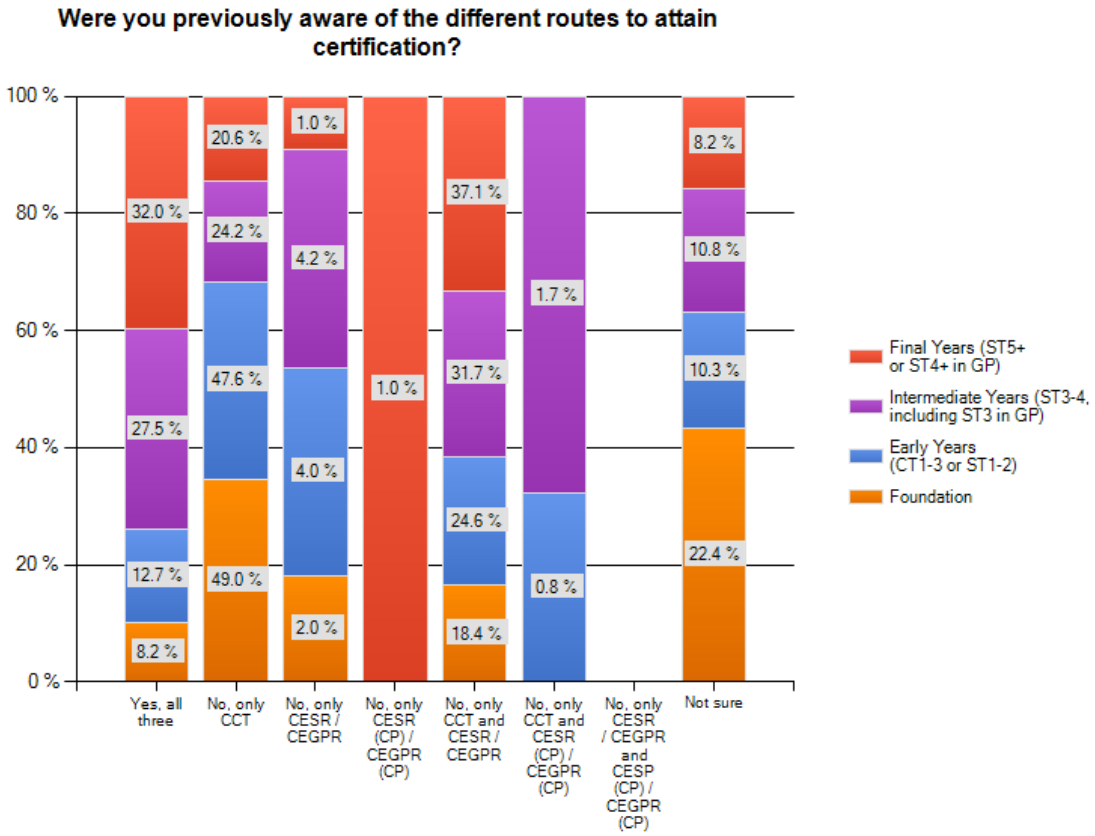
circumstances. The quality of training positions is by no means superior to other routes. In my experience doctors who have qualified by these other routes are of a superior calibre.

Sub-analysis of Trainees Questionnaire by Year of Training

The trainee's survey was further analysed using a cross-tab function to group the results into the four categories according to year of training: Foundation, early years, intermediate years and final years.

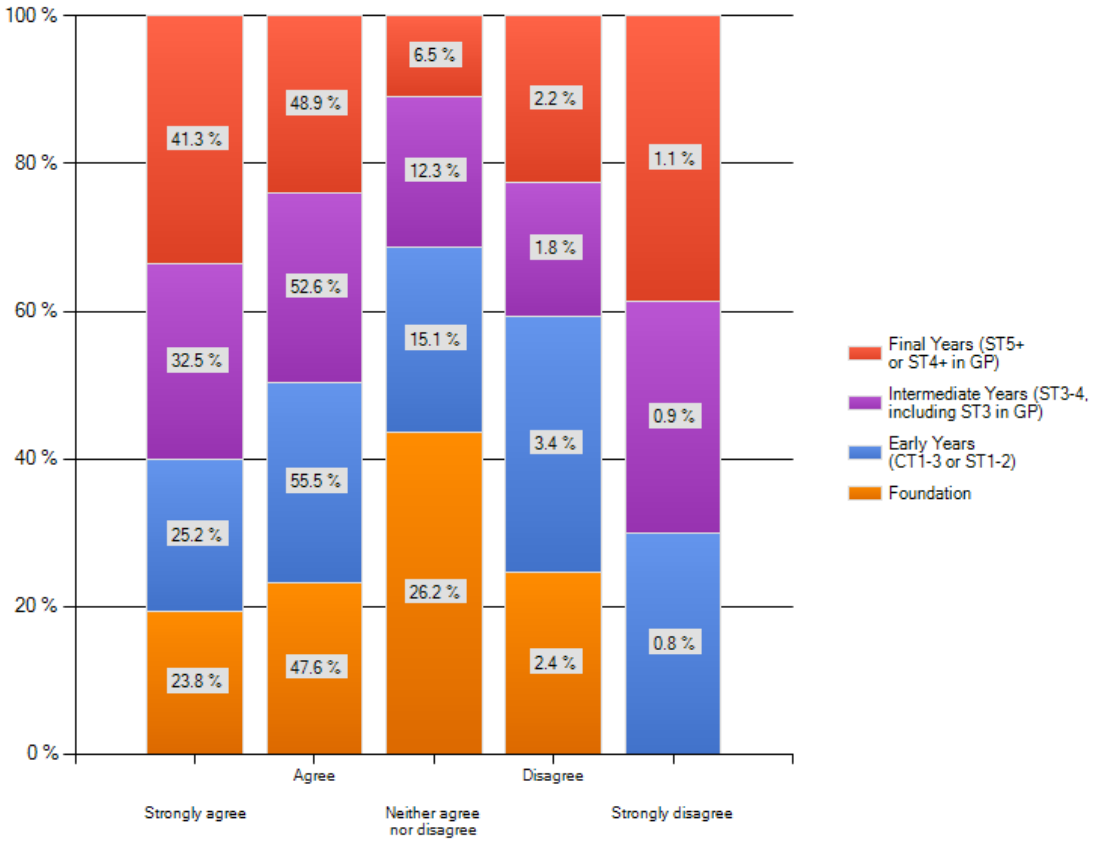
The results are presented in graphical format as a percentage of each category e.g. in the graph below (figure 28), the first column represents the responses that were aware of all three routes to certification: 32% of final year's trainees were aware, 27.5% of intermediate years, 12.7% of early years and 8.2% of Foundation. This demonstrates a clear link of awareness of all routes to certification with advancing years of training. Just under half of Foundation year doctors were only aware of the CCT route compared with one fifth of final year's trainees. In addition 22.4% of Foundation doctors were unsure of the routes compared with only 8.2% of final year's trainees.

Figure 28: Awareness of Routes to Certification by year of training category



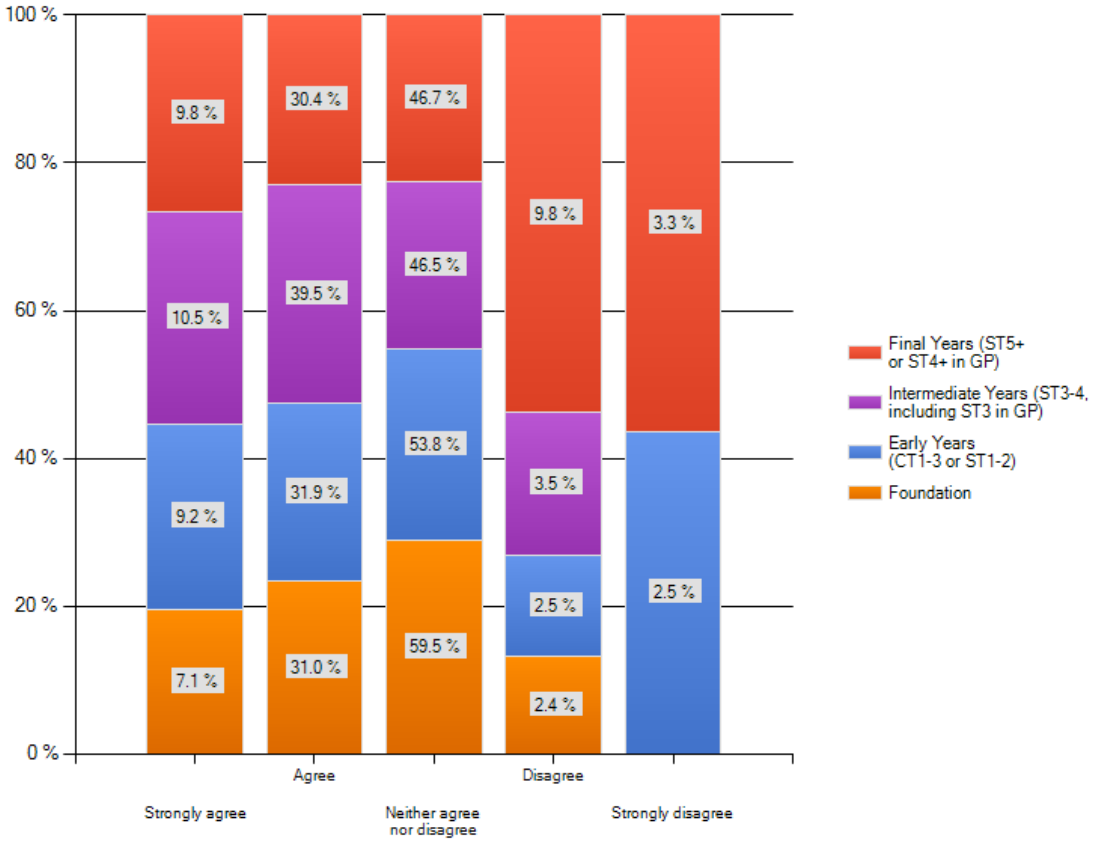
Views of the robustness of a CCT as a certificate were positively correlated with advancing years of training. The strongly agree or agree responses were: final years 90.2%, intermediate years 85.1%, early years 80.7% and Foundation 71.4% (see figure 29).

Figure 29: CCT is a robust certificate by year of training category



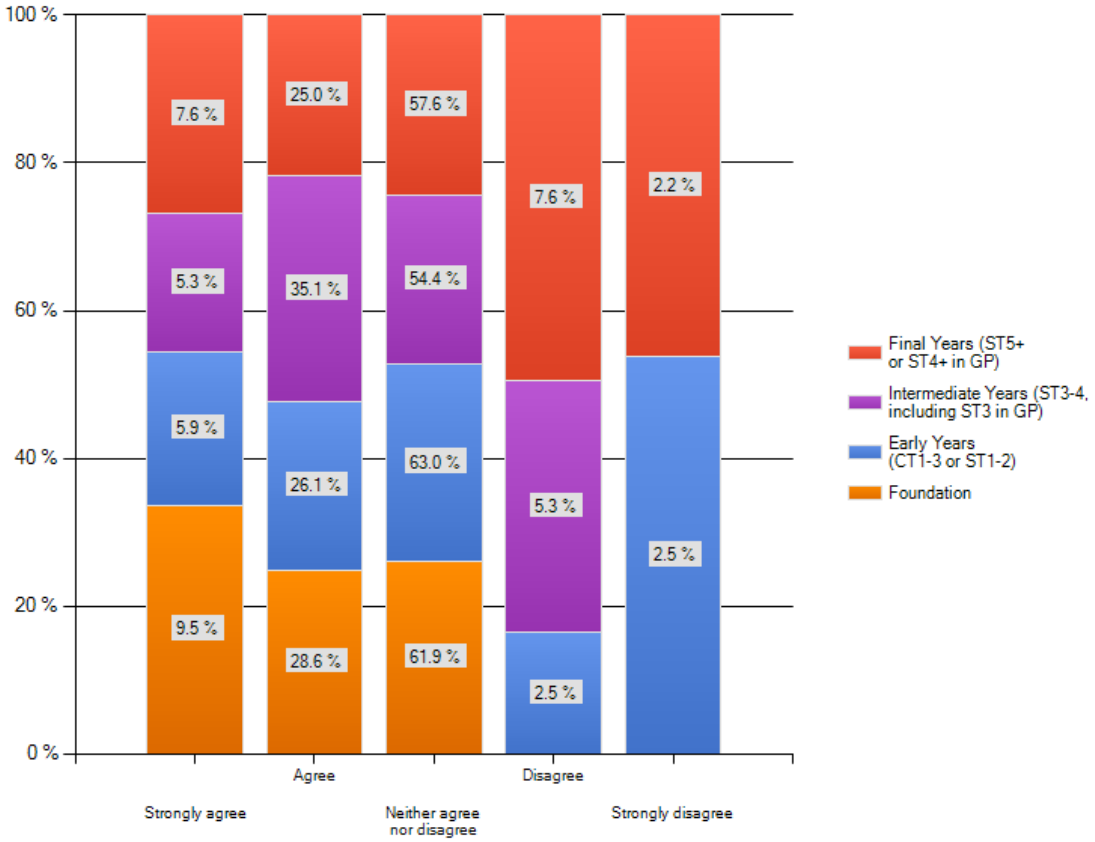
The question regarding views of CESR/CEGPR as a robust certificate did not show any striking differences according to year of training category with a similar number of Foundation year doctors (38.1%) strongly agreeing or agreeing with the statement compared with final year's trainees (40.2%) (see figure 30) . However almost 60% of Foundation doctors selected the response 'neither agree not disagree' compared with less than half of final year's trainees, indicating that perhaps Foundation year doctors are less confident in their view of a CESR/CEGPR.

Figure 30: CESR/CEGPR is a robust certificate



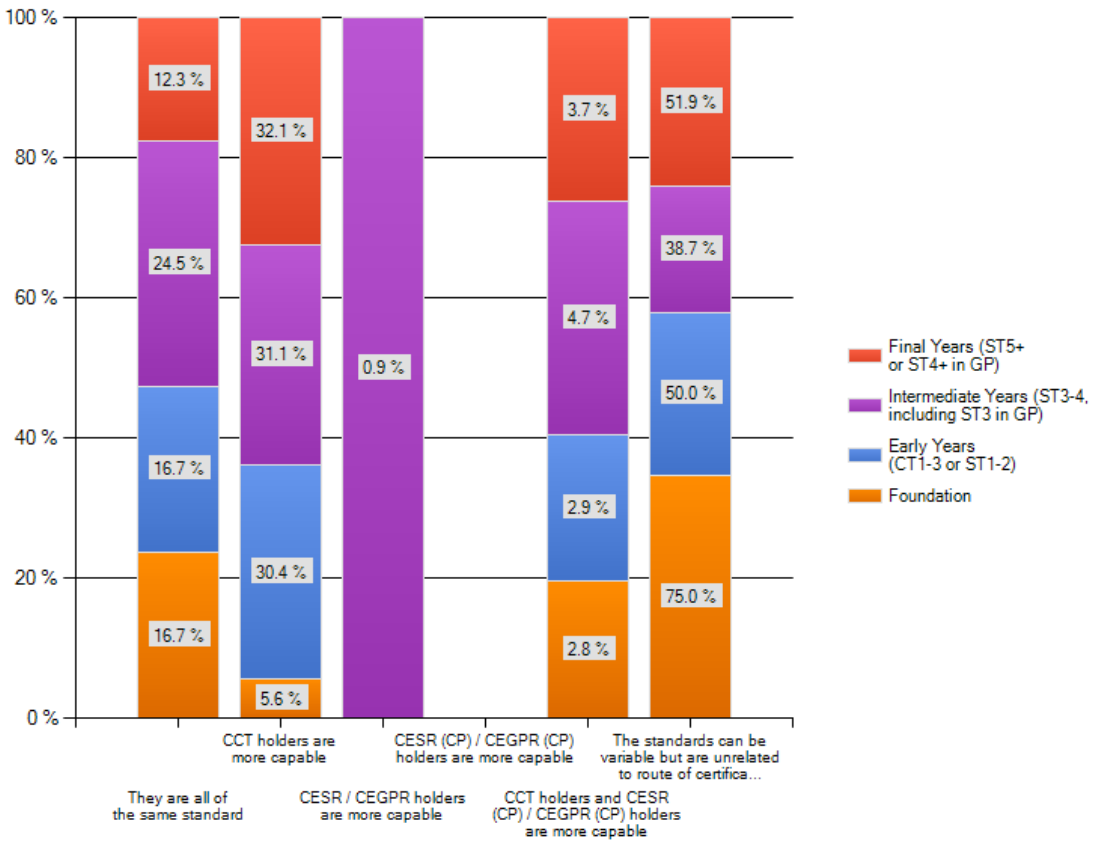
The question regarding views of CESR9CP)/CEGPR(CP) as a robust certificate did not show any striking differences according to year of training category with a similar number of Foundation year doctors (38.1%) strongly agreeing or agreeing with the statement compared with final year's trainees (32.6%) (see figure 31) .

Figure 31: CESR(CP)/CEGPR (CP) is a robust certificate



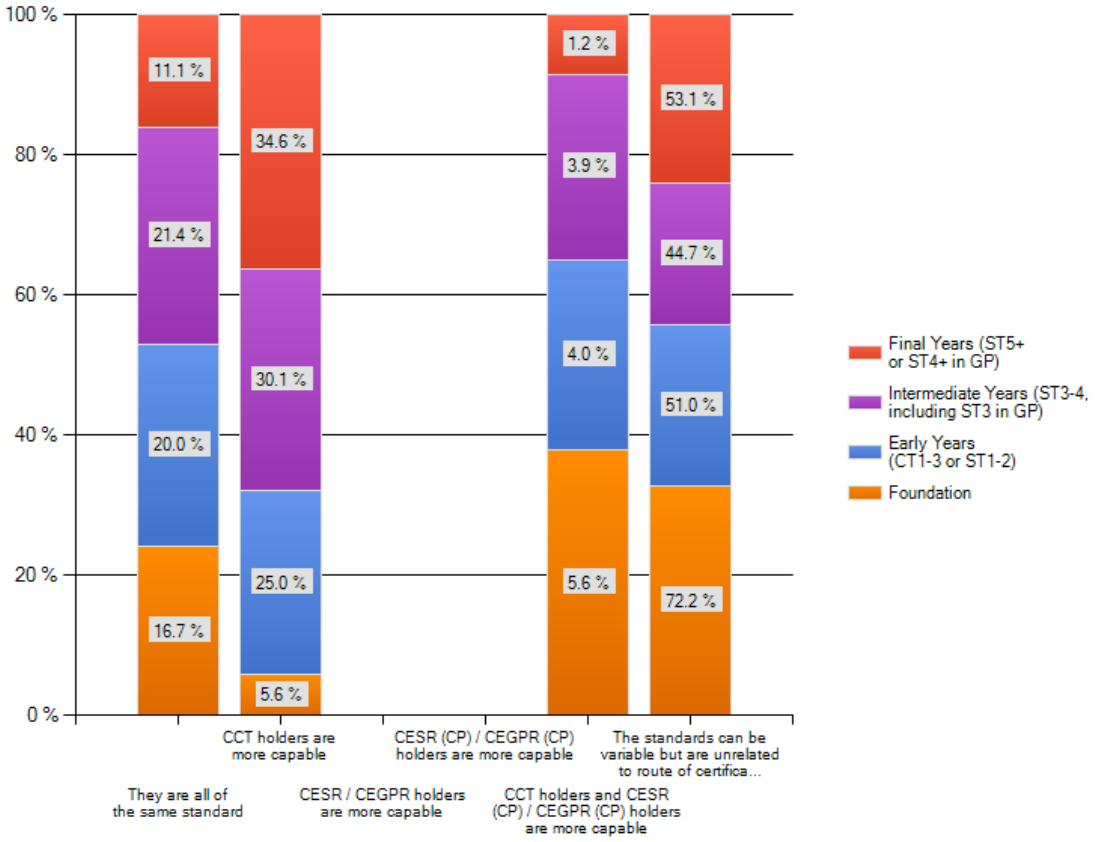
Analysis of the responses for overall capability showed that there was a clear relationship between advancing years of training and view that a CCT holder is more capable, with only 5.6% of foundation doctors selecting CCT holders compared with 32.1% of final year's trainees. Three quarters of Foundation trainees selected that standards can be variable and are unrelated to route of certification compared with 51.9% of final year's trainees (see figure 32).

Figure 32: Overall Capability



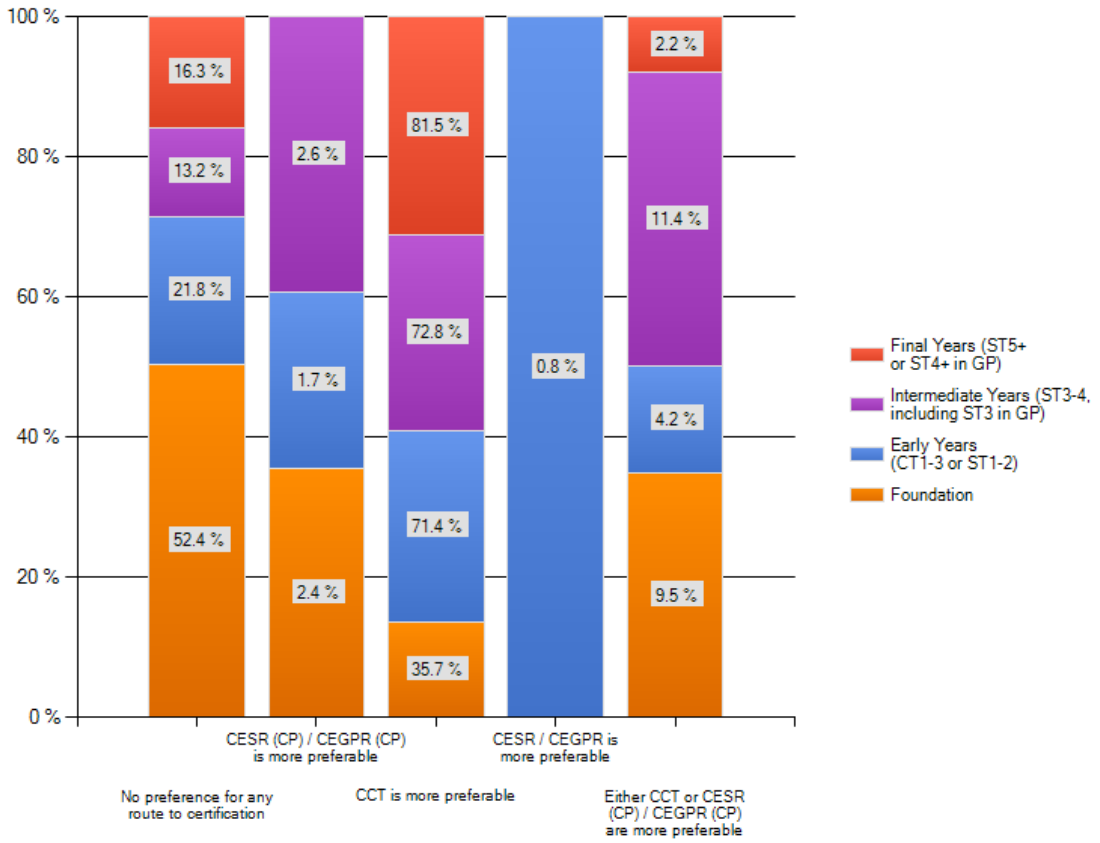
A similar pattern is seen in the responses to the question regarding clinical capability with only 5.6% of Foundation doctors selecting CCT holders compared with 34.6% of final year's trainees (see figure 33).

Figure 33: Clinical capability



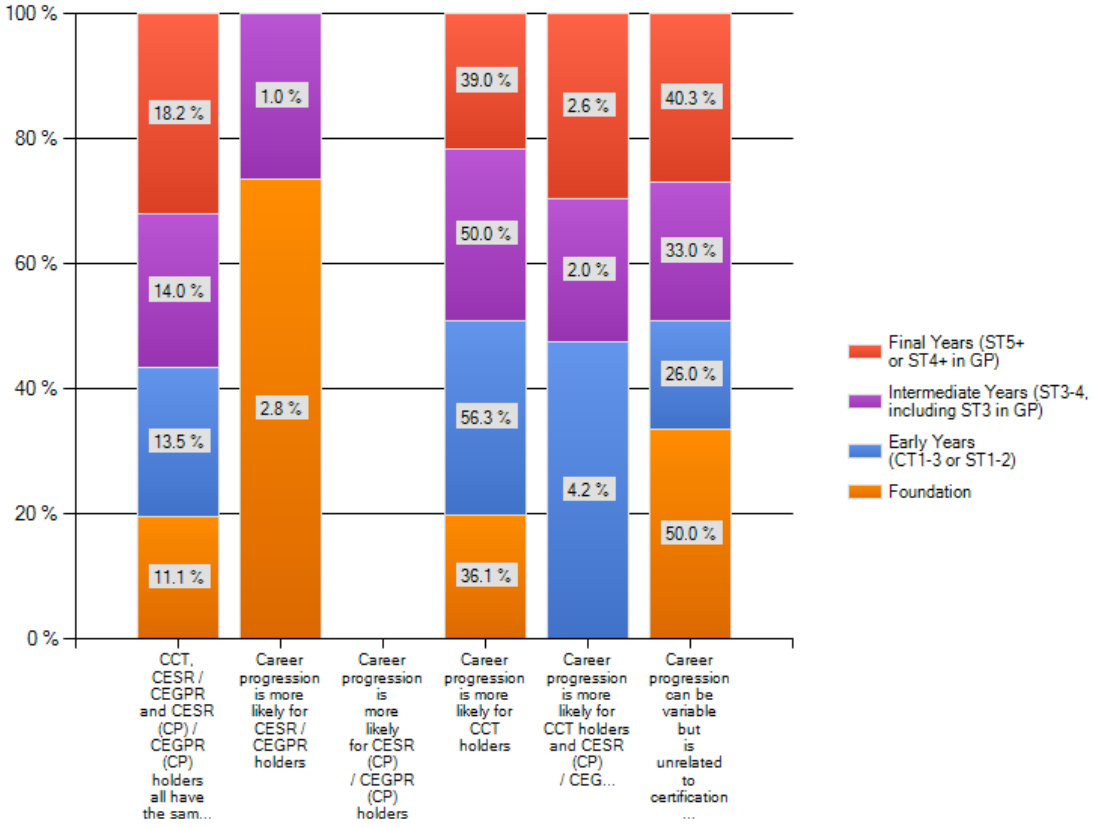
There is a strong preference for CCT as a route of certification in final years trainees (81.5%) compared with only just over one third of Foundation doctors. Over half of Foundation year doctors had no preference for route to certification compared with only 16.3% of final year's trainees.

Figure 34: Preference for route of certification



There was less variability with year of training category in the response to the question regarding career progression with a similar response rate in favour of CCT holders from Foundation doctors (36.1%) and final year's trainees (39%). Interestingly early years (56.3%) and intermediate years (50%) were more in favour of CCT.

Figure 35: Career progression



Certificate Holders Questionnaire: Results

The sample size was 3123 with a return of 648, giving a return rate of 21%. There is a total population size of around 78,000 certificate holders. Based on the sample return relative to the population it can be assumed that when a general consensus is illustrated there is a 95% confidence level with a margin of error of 3.83%[6]. Thus, suggesting an acceptable level of statistical significance.

Section A: Demographic Information

The majority of the respondents are male with a 68.2% share of the overall sample population. Of the 648 surveyed the vast majority gained their primary medical qualification either in the UK, India or Pakistan (with 31.6%, 26.2% and 8.8% respectively). Most are employed in England and there is a broad dispersion in terms of current Deanery (London with the highest number of returns and the South East with the lowest). In terms of year of primary medial qualification the range is broad with a high level of concentration in the 1980s and 1990s. A large proportion of the respondents are Consultants (57%).

Q1: Gender

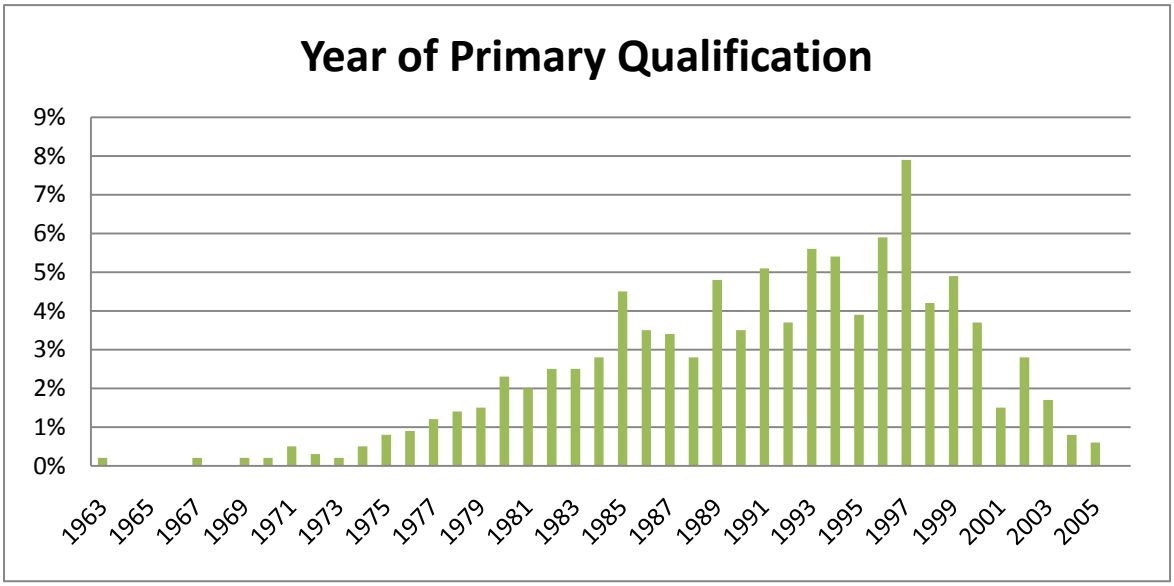
Table 41: Gender

Answer Options	Response Percent	Response Count
Male	68.2%	442
Female	31.8%	206
	answered question	648
	skipped question	0

[6] This is based on a conservative percentage of fifty. Also, these figures cannot be used as a significance guideline when answers are disaggregated (IE by specialty or region) or when questions have received a limited number of responses.

Q2: Year of primary medical qualification

Figure 36: Year of primary qualification



Q3: Country of primary medical Qualification

Table 42: Country of primary qualification

Country of primary medical qualification:	Number
UK	205
India	170
Pakistan	57

Q4: Are you currently employed?

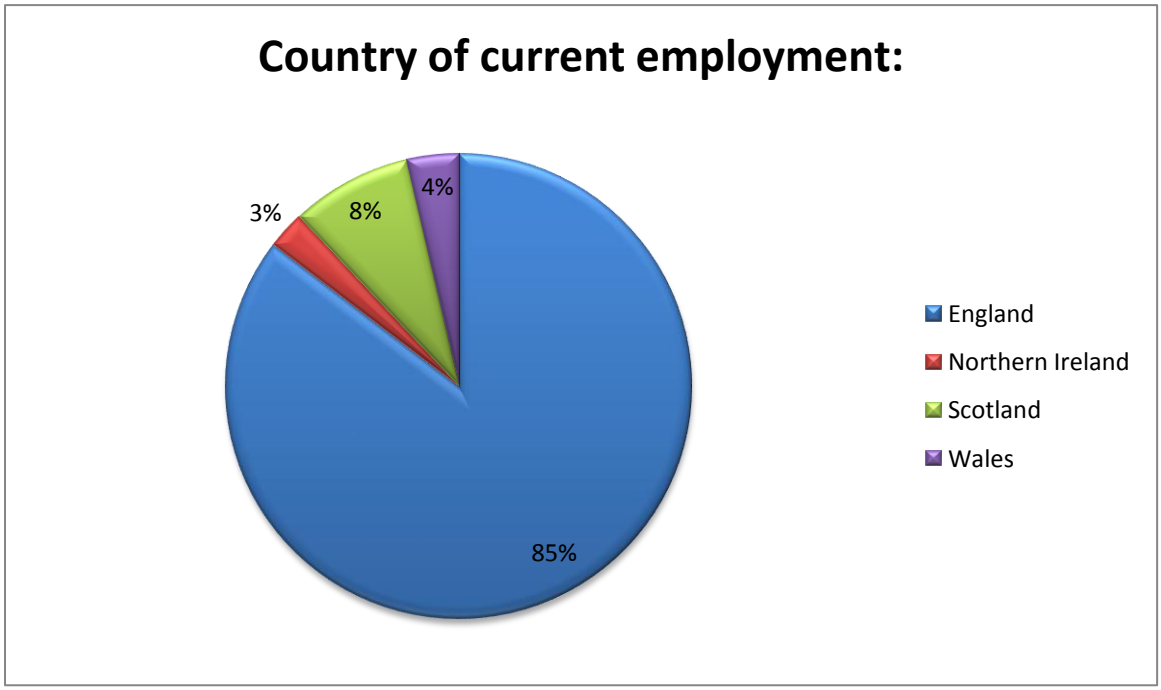
Table 43: Employment status

Are you currently employed?

Answer Options	Response Percent	Response Count
Yes	96.8%	627
No	3.2%	21
answered question		648
skipped question		0

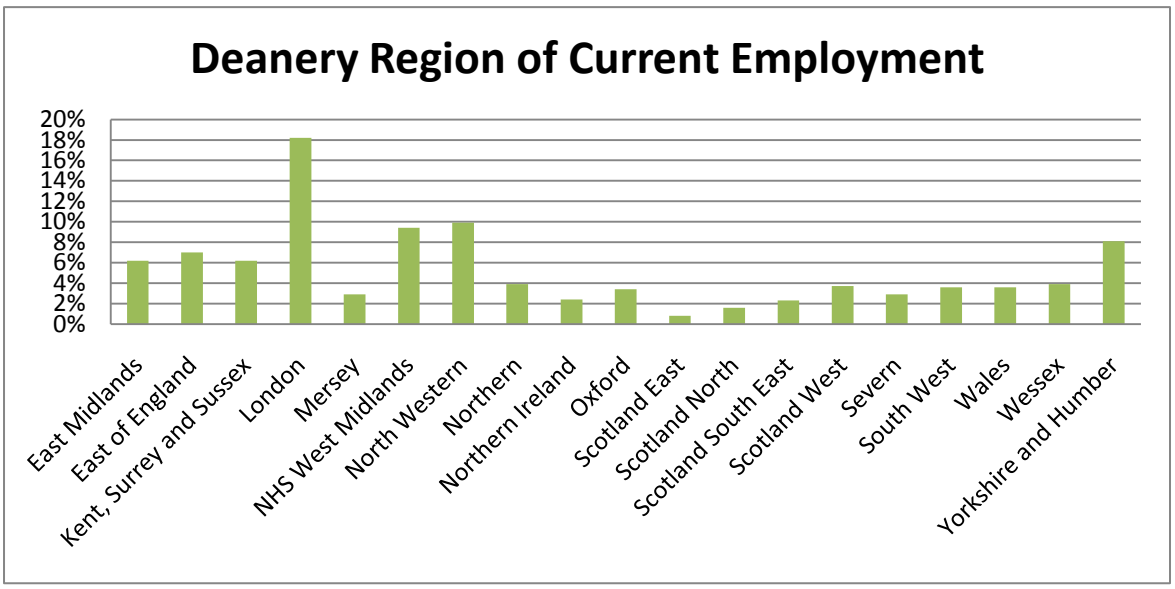
Q5: Country of current employment

Figure 37: Country of current employment



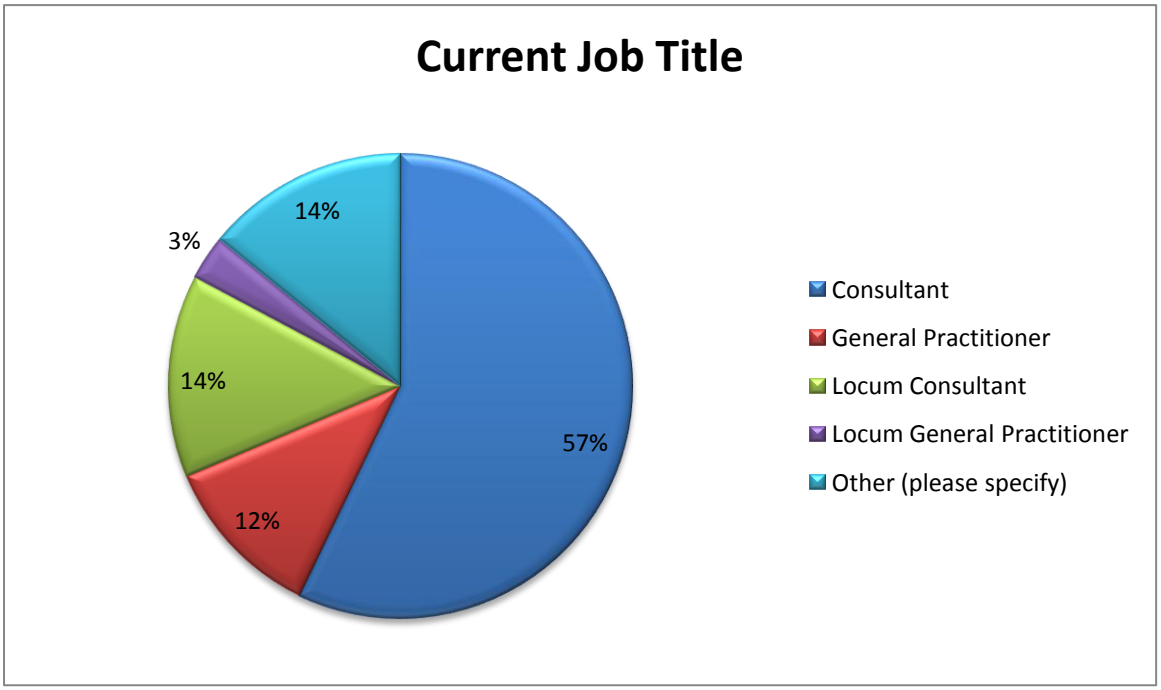
Q6: Deanery Region of Current Employment

Figure 38: Deanery region of current employment



Q7: Current Job Title

Figure 39: Current job title



Section B: Specialist or GP Certification Information

The responses in terms of year of certification was highest in 2010 (24.5%) and lowest in 2005 (2.7%). The returns in terms of certification route show that the largest group is CESR and CCT holders, with 44.5% and 41.6% respectively. There is a small proportion of the sample population holding CEGPR, CESR (CP) and CEGPR (CP) certificates (45 of the 620 who answered in total) and a similar number stated they were unsure of their certificate route.

When we look at the sample by specialty we see a broad dispersion (standard deviation of 5.7% or 36 sample members) in the number of responses, with GPs and Surgeons the highest. Amongst those who answered other, there are no apparent themes.

The number of applications made for certification was predominantly one (nearly 86%) with approximately 13% making two and 1% making two or more.

When asked if they thought the application process for the GP or Specialty register was straight forward, a large portion of the sample of the sample agreed and strongly agreed (40.9% and 14.9% respectively). Although, there are some who disagreed (17.7%) and strongly disagreed (12.3%).

Q8: Year of Specialist or GP certification

Table 44: Year of specialist or GP certification

Year of Specialist or GP certification:

Answer Options	Response Percent	Response Count
2005	2.7%	17
2006	12.4%	77
2007	13.9%	86
2008	18.9%	117
2009	17.7%	110
2010	24.5%	152
2011	9.8%	61
	answered question	620
	skipped question	28

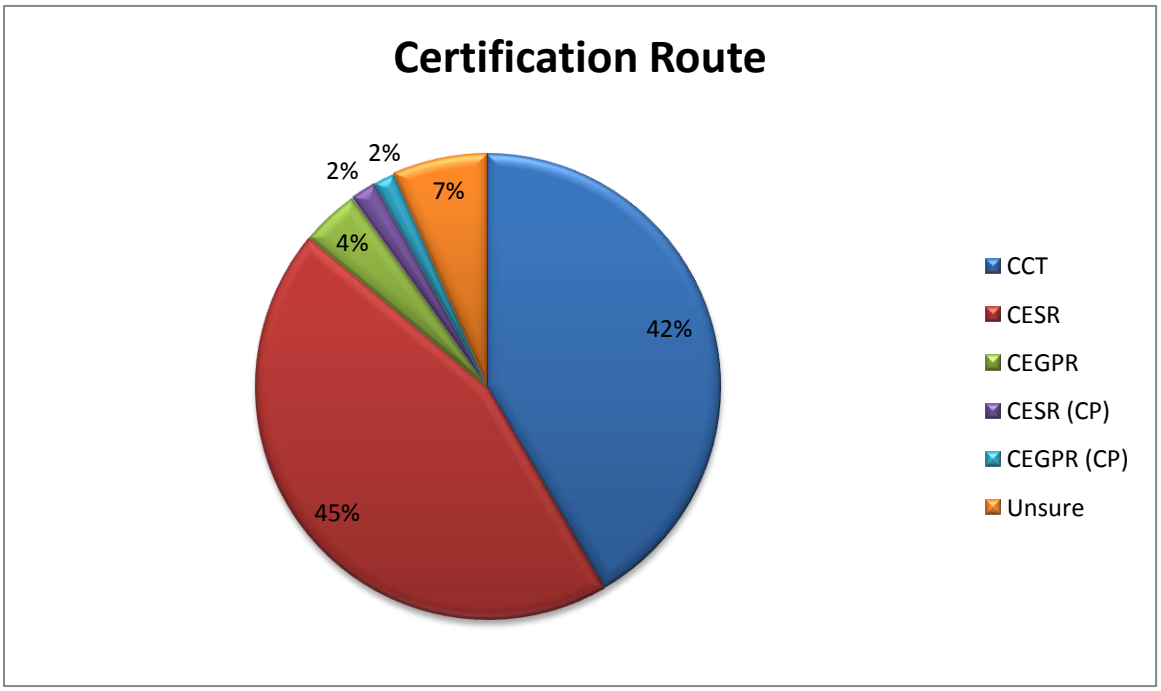
Figure 40: Year of Specialist or GP Certification

Q9: Which certification route did you take?

Table 45: Certification route

Answer Options	Response Percent	Response Count
CCT	41.6%	258
CESR	44.5%	276
CEGPR	4.0%	25
CESR (CP)	1.8%	11
CEGPR (CP)	1.5%	9
Unsure	6.6%	41
	answered question	620
	skipped question	28

Figure 41: Certification route



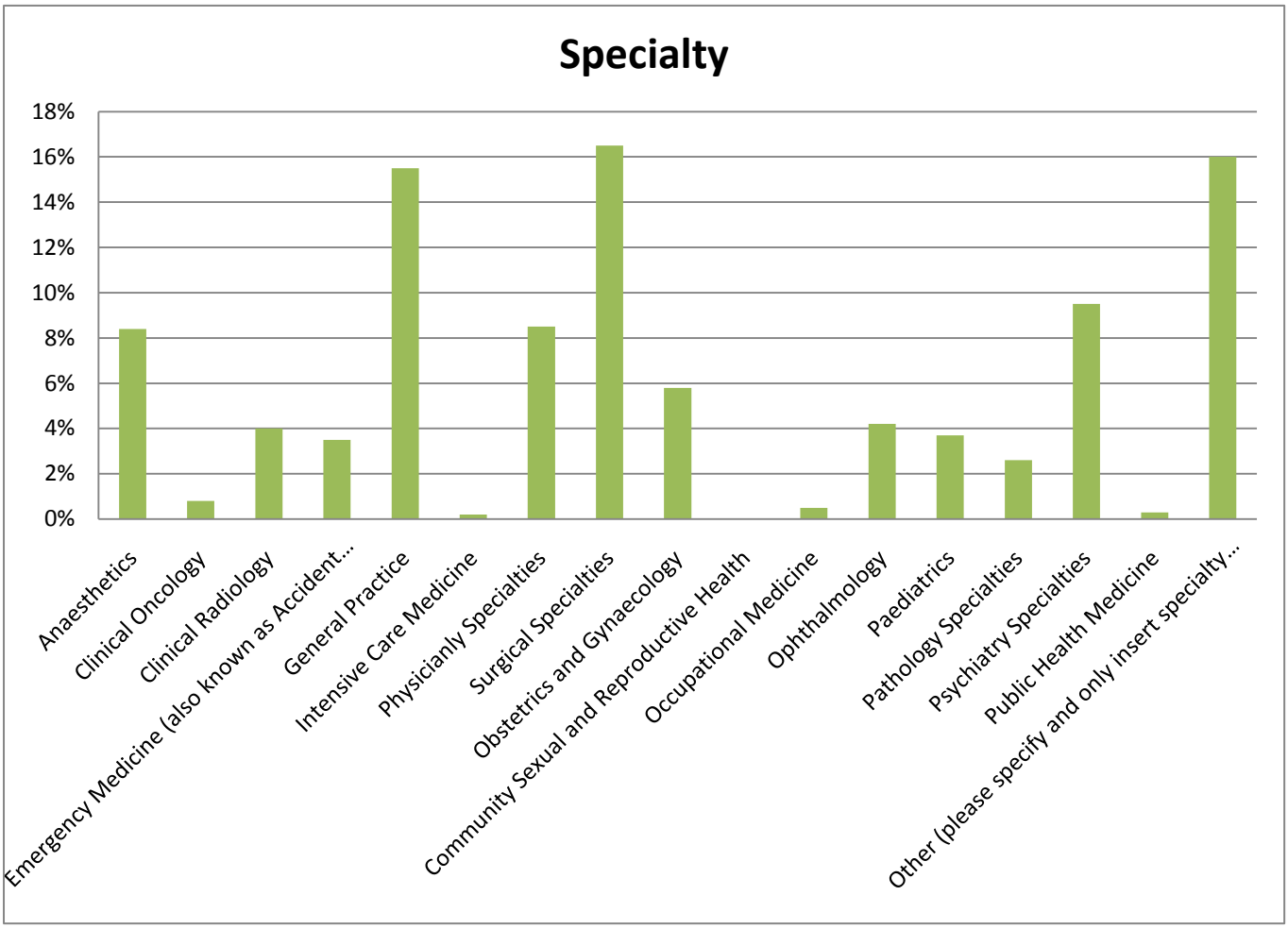
Q10: Specialty of certification

Table 46: Specialty

Specialty of certification:

Answer Options	Response Percent	Response Count
Anaesthetics	8.4%	52
Clinical Oncology	0.8%	5
Clinical Radiology	4.0%	25
Emergency Medicine	3.5%	22
General Practice	15.5%	96
Intensive Care Medicine	0.2%	1
Physicianly Specialties	8.5%	53
Surgical Specialties	16.5%	102
Obstetrics and Gynaecology	5.8%	36
Community Sexual and Reproductive Health	0.0%	0
Occupational Medicine	0.5%	3
Ophthalmology	4.2%	26
Paediatrics	3.7%	23
Pathology Specialties	2.6%	16
Psychiatry Specialties	9.5%	59
Public Health Medicine	0.3%	2
Other	16.0%	99
	answered question	620
	skipped question	28

Figure 42: Specialty



Q11-14: Sub-specialty data available on request.

Q15: How many applications for certification did you make?

Table 47: Number of applications for certification

How many applications for certification did you make?

Answer Options	Response Percent	Response Count
1	85.9%	529
2	13.1%	81
>2	1.0%	6
answered question		616
skipped question		32

Q16: Please indicate your view on the following statement:

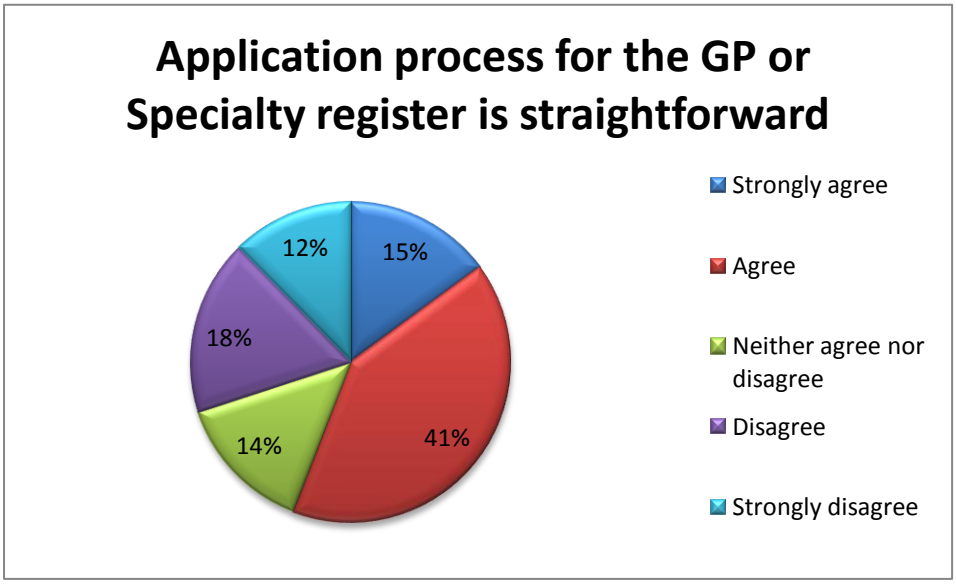
'The application process to the GP or Specialty register was relatively straightforward.'

In response to this question, 55.8% of the sample agreed or strongly agreed that the process was relatively straightforward, with 30% disagreeing or strongly disagreeing with the statement.

Table 48: The application process to the GP or Specialist register was relatively straightforward

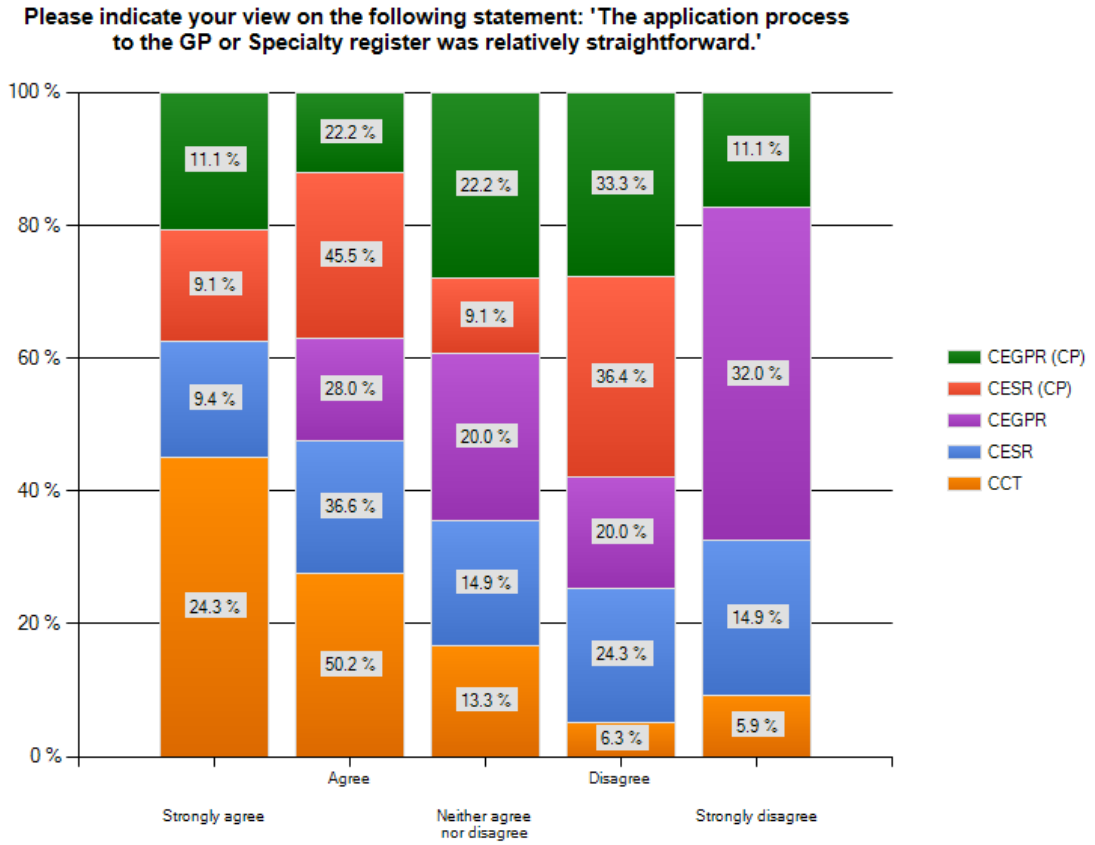
Answer Options	Response Percent	Response Count
Strongly agree	14.9%	92
Agree	40.9%	252
Neither agree nor disagree	14.1%	87
Disagree	17.7%	109
Strongly disagree	12.3%	76
answered question		616
skipped question		32

Figure 43: The application process to the GP or Specialist register was relatively straightforward



In sub-analysis of this question using a cross-tab for personal route of certification it is apparent that the CCT application process is viewed more favourably than the CESR or CEGPR process (see figure 44). Three quarters of CCT holders responded strongly agree or agree with the statement, but only 46% of CESR holders and 28% of CEGPR holders agreed or strongly agreed. Only 12.2% of CCT holders disagreed or strongly disagreed with the statement compared with 39.2% of CESR holders and 52% of CEGPR holders.

Figure 44: Application process view by own certification route



Q17: Free text answer for those that disagreed or strongly disagreed

'Please explain why you found the application process difficult below'

There were 185 responses. The difficulties identified related to the CESR/CEGPR application process and included:

1. Problems with the documentation required for the CESR application with a lack of information regarding the structure or content of the required evidence. Some of the evidence required is impossible to find or to get validated;
2. The lengthy time taken for the CESR process to be completed;
3. Problems with access to good advice regarding the application process; and
4. Problems with the administrative process and communication with the colleges.

Selection of free text responses:

- *I had to provide a huge amount of evidence from the previous 10 years of training. I was uncertain right up until the last minute whether my application would be successful. One of the reasons that my experience was over such a long period of time was because of*

maternity leave. I received no confirmation that my application had been received and needed to make numerous phone calls to make sure that my application was being processed- the process of reviewing my documentation took a very long time;

- *They asked for much more evidence as compared to anyone who were in training posts;*
- *The process of validation of the applicant's experience is based on them producing paper evidence rather than relying on the evidence of their personal attributes, management and clinical skills, i.e. references from clinical supervisors;*
- *Compiling evidence is extremely difficult, evidence required for GMP 1 (clinical) was ambiguous; communication with the Royal College was not permitted. It meant that if evidence submitted to college was deemed inadequate there was no way to address the issue. I had to spend a lot of money under 'review' process for just few extra sheets of paper to be looked at!*
- *Too much documentation was requested, much of which was no longer available or difficult to procure. Some of the evidence requested was not relevant to my specialty;*
- *The information required and guidance provided did not map on to my 20 years' experience as a Consultant - it was all couched in terms of the curriculum at the time, which was completely different from my experience; and*
- *Lot of un-necessary formalities.eg; copy of a certificate/document issued can be verified only by issuing authority which is not possible if the document is old and the issuing authority/person does not exist anymore, is overseas or cannot be accessed. Why can't it be verified by a solicitor or notary after seeing the originals? Lot of unnecessary details required in the application.*

Section C: Routes to specialist/GP certification

Q18: Were you previously aware of all the different routes to attain certification (CCT, CESR / CEGPR and CESR (CP) / CEGPR (CP)?

When asked about their awareness as to the different routes to certification 30.2% were aware of all three, whereas 22.2% were only aware of the CCT certificate route. The most common answer (30.5%) was that of only CCT and CESR/CEGPR. This implies a lower awareness of CESR (CP)/CEGPR (CP) certification routes amongst our sample population.

Table 49: Awareness of routes to certification

Answer Options	Response Percent	Response Count
Yes, all three	30.2%	181
No, only CCT	22.2%	133
No, only CESR / CEGPR	6.2%	37
No, only CESR (CP) / CEGPR (CP)	0.5%	3
No, only CCT and CESR / CEGPR	30.5%	183
No, only CCT and CESR (CP) / CEGPR (CP)	1.3%	8
No, only CESR / CEGPR and CESR (CP) / CEGPR (CP)	0.5%	3
Not sure	8.7%	52
answered question		600
skipped question		48

Q19: Please indicate your view on the following statement:

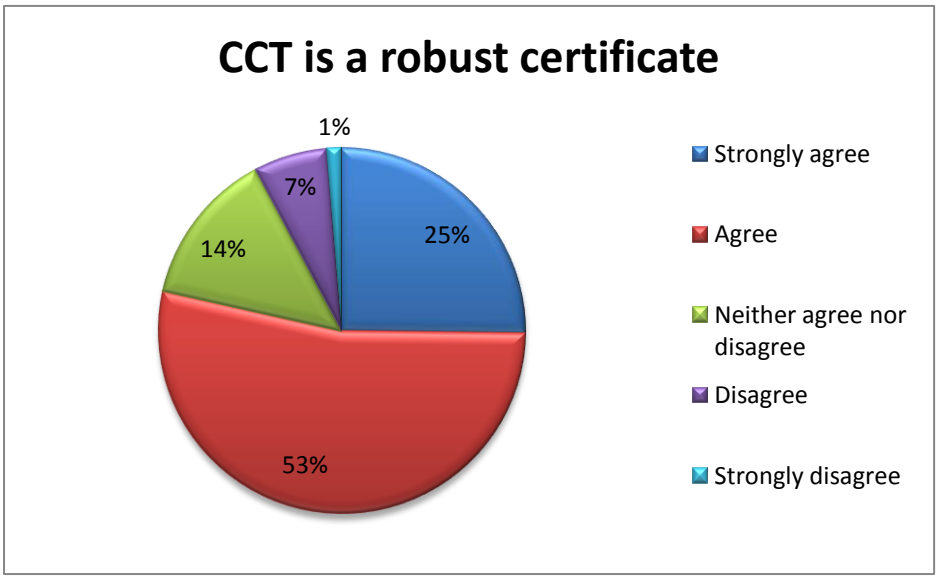
'A CCT is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

When asked their view on whether a CCT is robust to ensure doctors competence to practice as a GP/Consultant without supervision the vast majority agreed and strongly agreed (78.7%). In contrast less than 8% of the respondents either disagreed or strongly disagreed.

Table 50: CCT is a robust certificate

Answer Options	Response Percent	Response Count
Strongly agree	25.20%	151
Agree	53.30%	320
Neither agree nor disagree	13.70%	82
Disagree	6.50%	39
Strongly disagree	1.30%	8
answered question		600
skipped question		48

Figure 45: CCT is a robust certificate

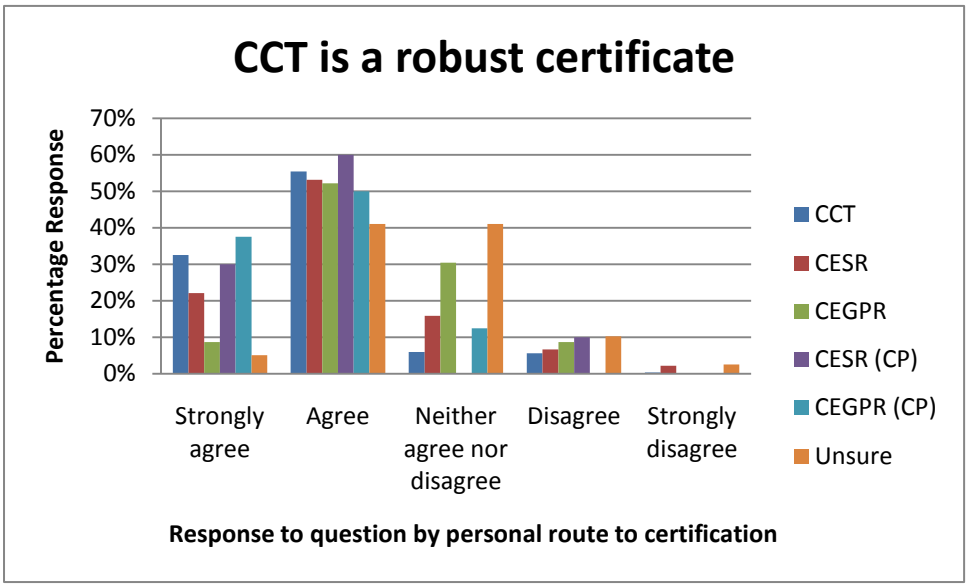


In analysing the response to this question in terms of personal route to certification there is no significant variation, although the highest percentage of agreement with the statement was found in the CCT holders (88%).

Table 51: Views of CCT

Personal certification route	Question Response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
CCT	33%	55%	6%	6%	0%
CESR	22%	53%	16%	7%	2%
CEGPR	9%	52%	30%	9%	0%
CESR (CP)	30%	60%	0%	10%	0%
CEGPR (CP)	38%	50%	13%	0%	0%
Unsure	5%	41%	41%	10%	3%

Figure 46: Views of CCT



Q20: Please indicate your view on the following statement:

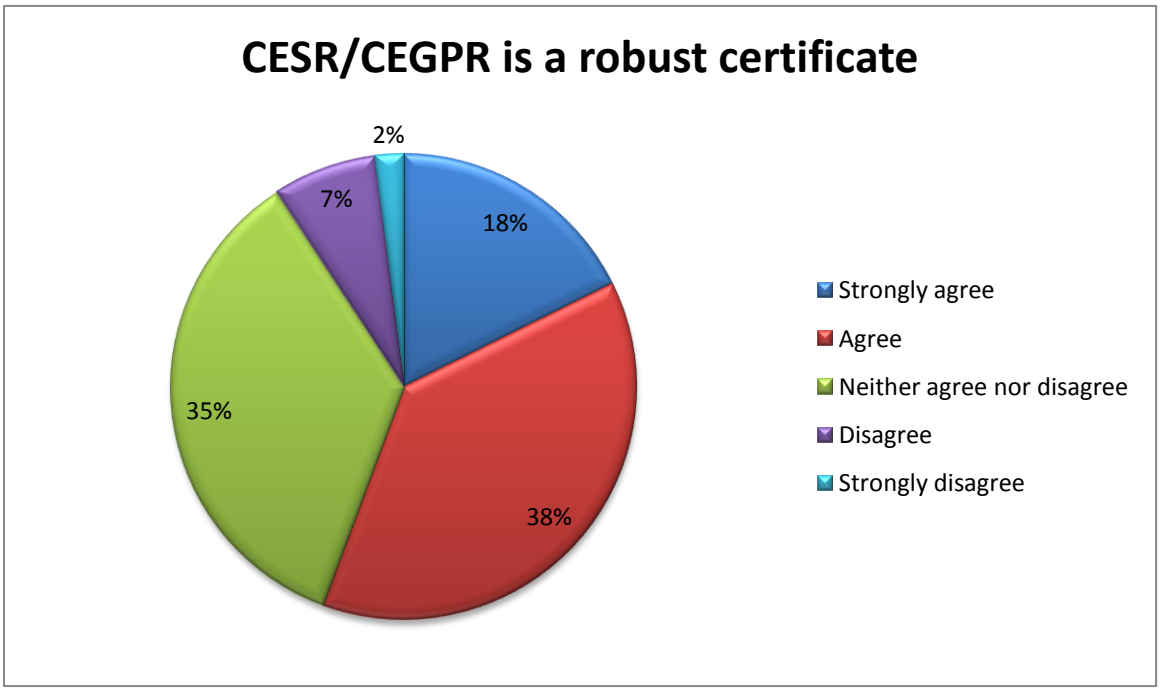
'A CESR / CEGPR is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

When asked the same question regarding CESR/CEGPR holders the response pattern was slightly different. Although the highest percentage chose to agree (38%), a much larger portion of the sample chose neither to agree nor disagree (35.2%) than in the previous question. This is primarily caused by the change in answer by CCT holders, whom also voted in disagreement with the statement in higher numbers.

Table 52 CESR/CEGPR is a robust certificate

Answer Options	Response Percent	Response Count
Strongly agree	17.7%	106
Agree	38.0%	228
Neither agree nor disagree	35.2%	211
Disagree	7.2%	43
Strongly disagree	2.0%	12
	answered question	600
	skipped question	48

Figure 47: CESR/CEGPR is a robust certificate

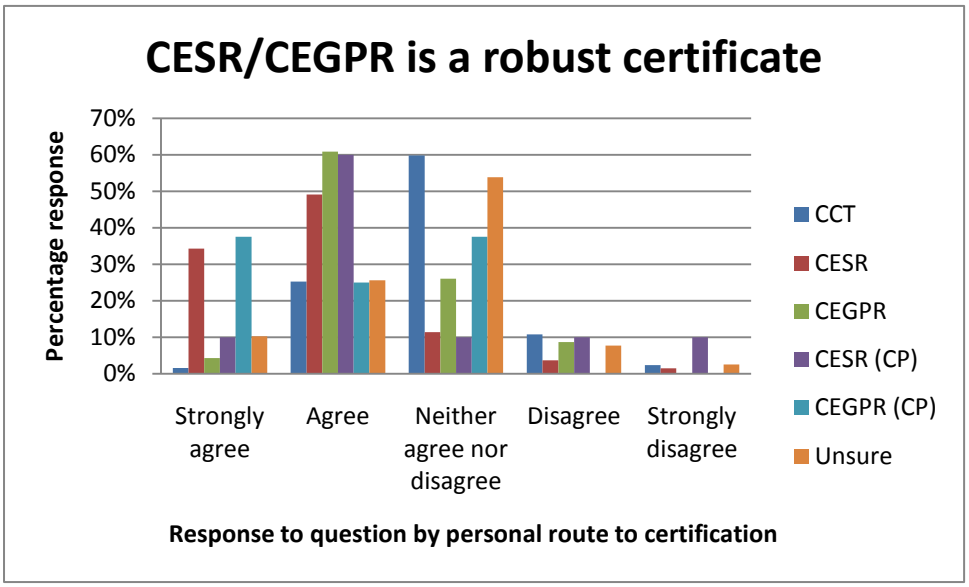


When we observe the figures by certification route there appears to be a bias in the results. CESR/CEGPR and CCT holders appear to hold their own qualifications with higher regard. This is apparent (below) as CESR/CEGPR holders agree/strongly agree in a much higher percentage than that of the average of the overall sample population.

Table 53: Views of CESR/CEGPR

Personal certification route	Question Response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
CCT	2%	25%	60%	11%	2%
CESR	34%	49%	11%	4%	1%
CEGPR	4%	61%	26%	9%	0%
CESR (CP)	10%	60%	10%	10%	10%
CEGPR (CP)	38%	25%	38%	0%	0%
Unsure	10%	26%	54%	8%	3%

Figure 48: Views of CESR/CEGPR



Q21: Please indicate your view on the following statement:

'A CESR (CP) / CEGPR (CP) is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

As with the previous question the answers shows a bias towards the respondents own certificate. Additionally, the implied lack of awareness about CESR (CP)/CEGPR (CP) is apparent here, with the majority of the sample answering 'neither agree nor disagree' (54.3%).

Table 54: CESR (CP)/CEGPR (CP) is a robust certificate

Answer Options	Response Percent	Response Count
Strongly agree	10.5%	63
Agree	27.5%	165
Neither agree nor disagree	54.3%	326
Disagree	5.5%	33
Strongly disagree	2.2%	13
	answered question	600
	skipped question	48

Figure 49: CESR (CP)/CEGPR (CP) is a robust certificate

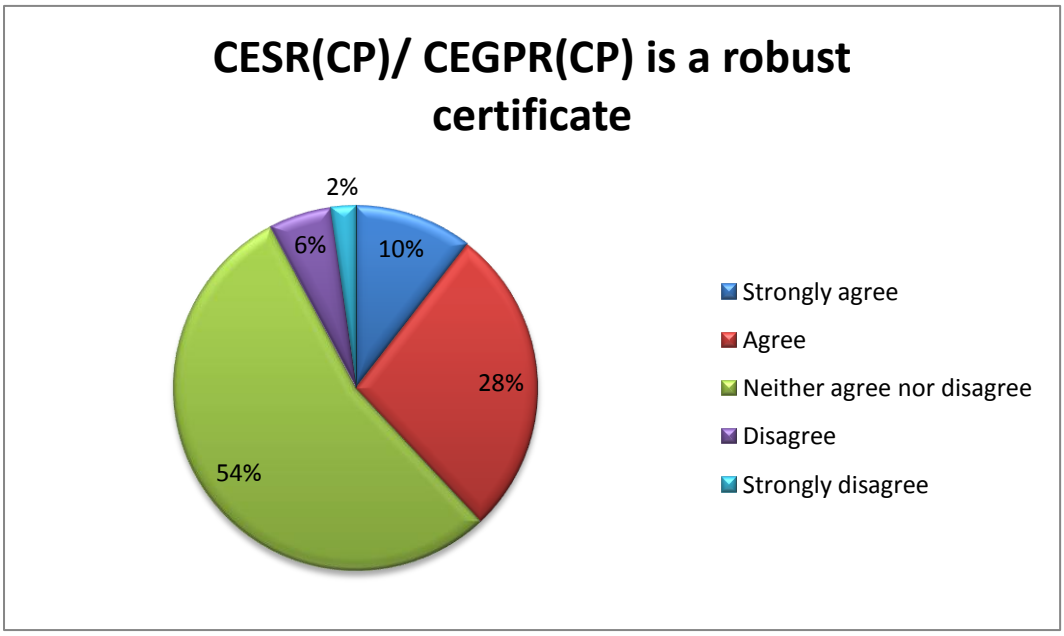
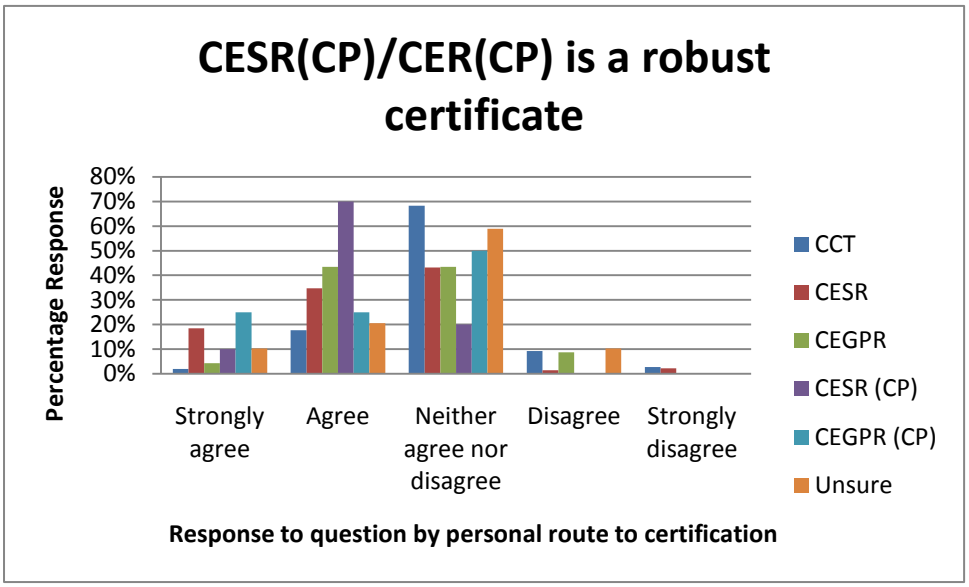


Table 55: Views of CESR (CP)/CEGPR (CP)

Personal certification route	Question Response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
CCT	2%	18%	68%	9%	3%
CESR	18%	35%	43%	1%	2%
CEGPR	4%	43%	43%	9%	0%
CESR (CP)	10%	70%	20%	0%	0%
CEGPR (CP)	25%	25%	50%	0%	0%
Unsure	10%	21%	59%	10%	0%

Figure 50: Views of CESR (CP)/CEGPR (CP)



Q22: When comparing your personal preferences regarding routes to certification please choose one of the following statements

When asked about preference regarding certification route, the largest vote was in favour of CCT (46.6%), although a large proportion of the sample (37.8%) said they had no preference towards any route to certification.

Table 56: Preferred routes to certification

Answer Options	Response Percent	Response Count
No preference for any route to certification	37.8%	227
CESR (CP) / CEGPR (CP) is more preferable	3.2%	19
CCT is more preferable	46.2%	277
CESR / CEGPR is more preferable	5.3%	32
Either CCT or CESR (CP) / CEGPR (CP) are more preferable	7.5%	45
answered question		600
skipped question		48

Figure 51: Preferred routes to certificaton

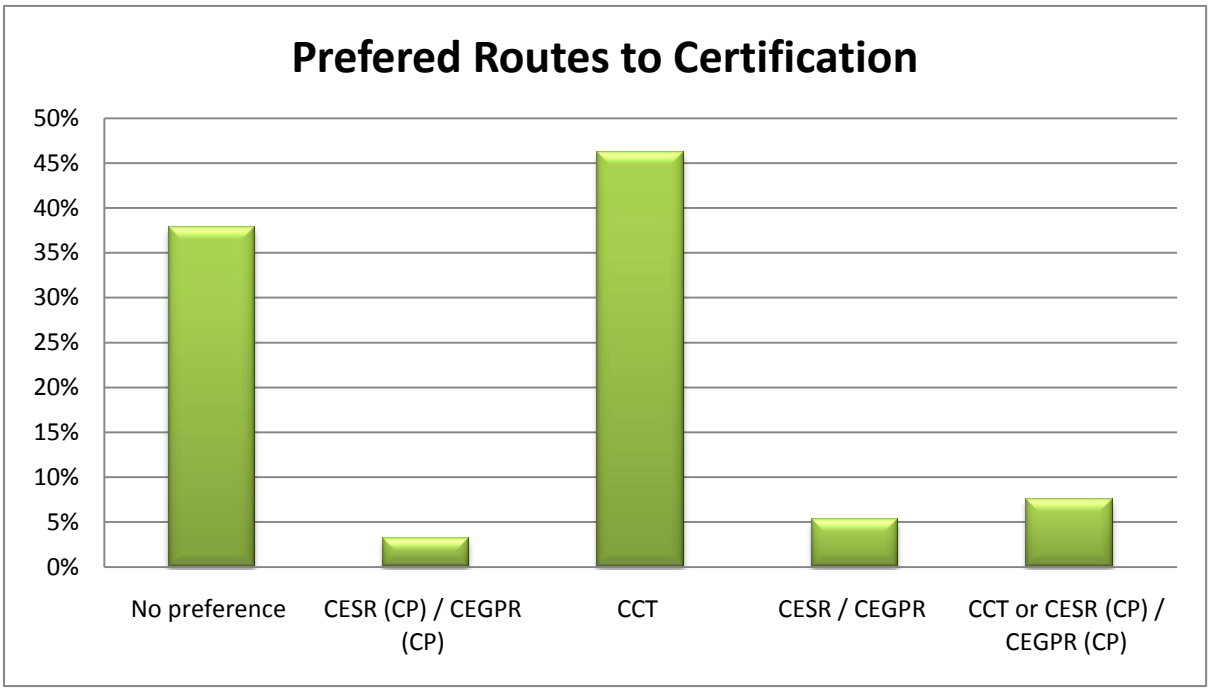
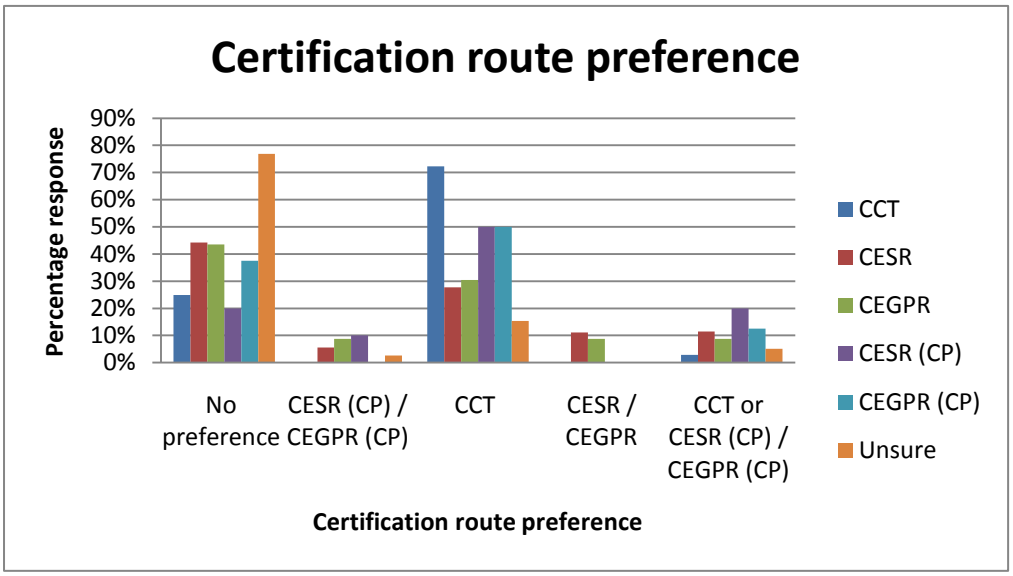


Table 57: Certification route preference

Personal route to certification	Question Response				
	No preference	CESR(CP)/ CEGPR(CP) more preferable	CCT more preferable	CESR / CEGPR more preferable	CCT or CESR (CP) / CEGPR (CP) more preferable
CCT	25%	0%	72%	0%	3%
CESR	44%	6%	28%	11%	11%
CEGPR	43%	9%	30%	9%	9%
CESR (CP)	20%	10%	50%	0%	20%
CEGPR (CP)	38%	0%	50%	0%	13%
Unsure	77%	3%	15%	0%	5%

Figure 52: Certification route preference



Section D: Outcomes of Specialist or GP Certification

Q23: Which route to certification, if any, would give you more confidence in the standard of a doctor's overall capability to work at GP or Consultant level?

The response to this question does not show strong preference towards any particular certificate, although there were three times as many choosing CCT compared with CESR or CEGPR. The two most prevalent answers were that they are all the same standard (20.8%) or that standard is variable but unrelated to certification route (51%).

Table 58: Standard of overall capability

Answer Options	Response Percent	Response Count
They are all of the same standard	20.8%	124
CCT holders are more capable	18.6%	111
CESR / CEGPR holders are more capable	6.0%	36
CESR (CP) / CEGPR (CP) holders are more capable	0.3%	2
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	3.2%	19
The standards can be variable but are unrelated to route of certification	51.0%	304
answered question		596
skipped question		52

Figure 53: Overall capability

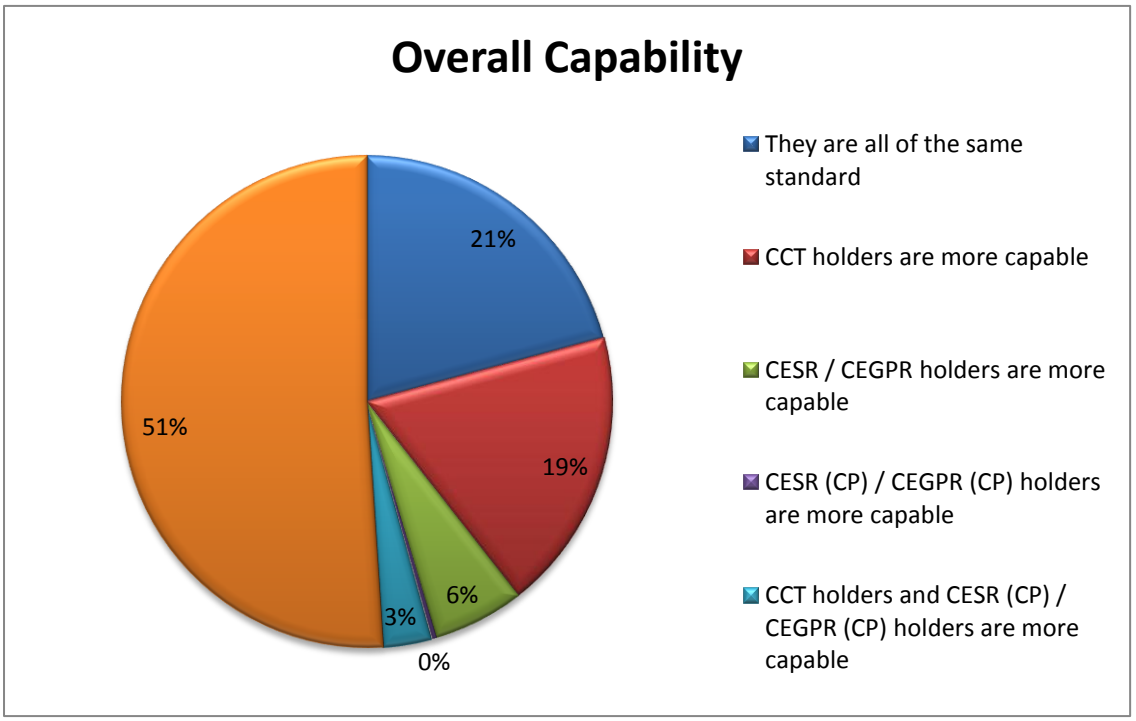
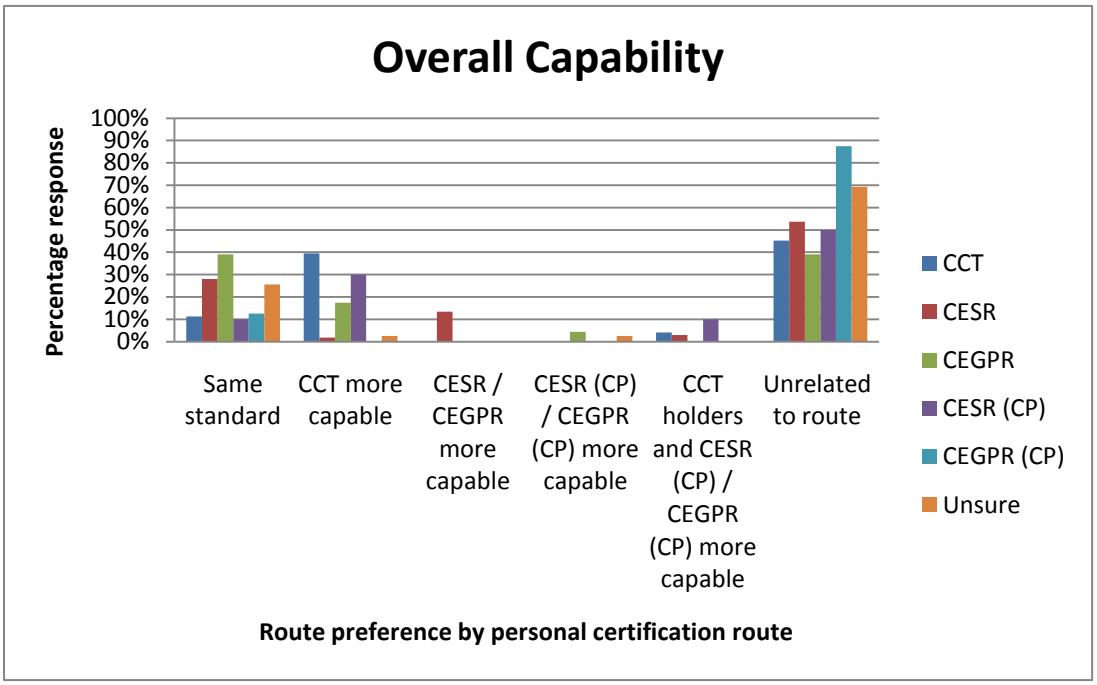


Table 59: Standard of overall capability

Personal route to certification	Question response					
	All same standard	CCT more capable	CESR/ CEGPR more capable	CESR(CP)/CEGPR(CP) more capable	CCT holders and CESR(CP)/CEGPR(CP)more capable	Unrelated to route
CCT	11%	40%	0%	0%	4%	45%
CESR	28%	2%	13%	0%	3%	54%
CEGPR	39%	17%	0%	4%	0%	39%
CESR (CP)	10%	30%	0%	0%	10%	50%
CEGPR (CP)	13%	0%	0%	0%	0%	88%
Unsure	26%	3%	0%	3%	0%	69%

Figure 54: Overall capability



Q24: Free text answers overall capability

There were 163 responses.

The opinions expressed included the following main themes:

1. There is more confidence in CCT holders as they are viewed to have been through a robust training programme with assessment and feedback of their competences and this provides the opportunity to address areas of competences that need improvement. The standard of doctor emerging from a training programme is more standardised and quality assured;
2. In contrast CESR holders are thought to have more 'on the ground' experience and have often worked for a longer period of time, giving them at least an equivalent standard to the CCT holder;
3. However, although the CESR application process is demanding in terms of the evidence required, there is less standardisation as individuals come from a wide variety of training/non-training backgrounds – some that may be equivalent to the UK and some that may not be equivalent. Therefore there is more likely to be a greater variation in standard; and

4. The CESR certification route is a purely paper-based assessment and is therefore more likely to be less rigorous and less standardised than the CCT route, where individuals are assessed frequently in their training on a face to face basis.

Selection of free text answers:

- *Although CESR have not gone through usual training route they often have more experience than those coming out of training route, as well as having to make sure that they are "signed off as competent" in all the relevant areas. I therefore think it should be as robust as CCT;*
- *CCT holders have undergone a standard training programme where competency is continuously monitored and any lack of knowledge and training is addressed;*
- *Any other routes of certification other than CCT may have variable standards and it would be difficult to monitor the quality;*
- *The CESR person has to demonstrate beyond reasonable doubt that the person is capable of managing. The CCT person has to demonstrate that (s)he is not the worst candidate, to paraphrase a CESR qualified doctor demonstrates (s)he is in top quartile while CCT demonstrates that he is not in bottom quartile; and*
- *Candidates who apply through CESR will have had much more training and experience than those who went through CCT route. The criteria, standards and evidence required by the CESR route outweighs in quality and quantity those required by CCT route.*

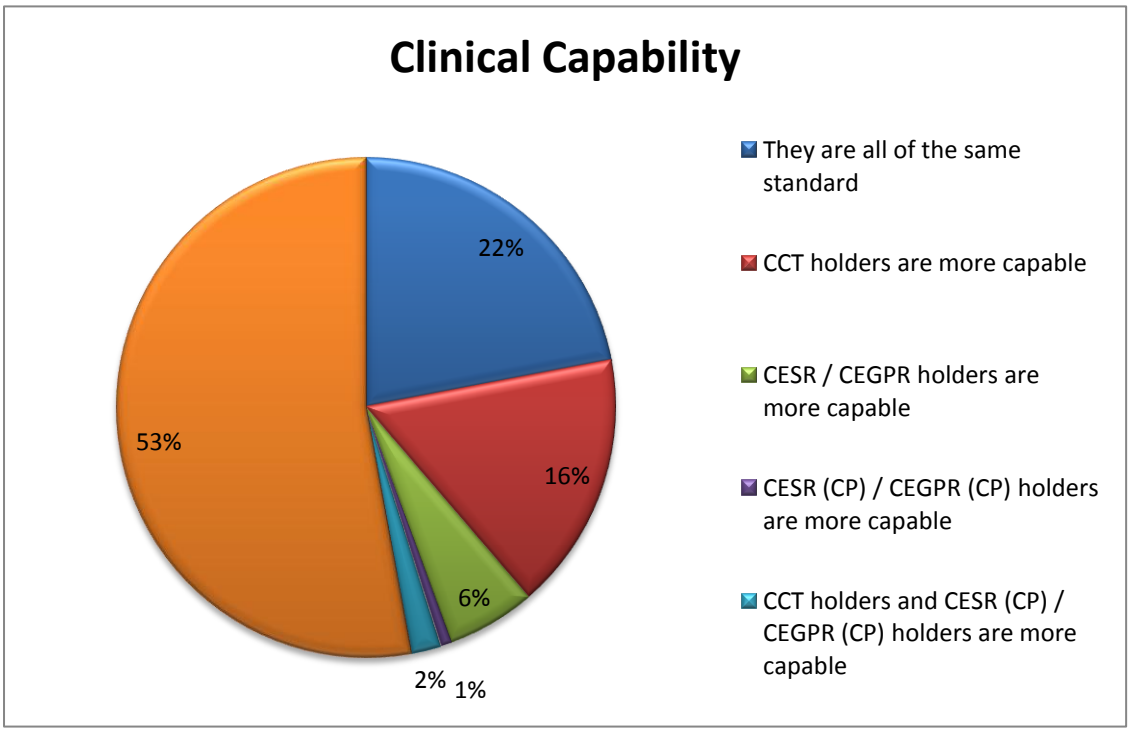
Q25: Which route to certification, if any, would give you more confidence in the standard of a doctor's clinical capability to work at GP or Consultant level?

As in question 23 the results here are very similar. Again, the standards are 'variable but unrelated to certification route' was the highest response percentage (53.9%) along with 'they are all the same standard' (22%).

Table 60: Clinical capability

Answer Options	Response Percent	Response Count
They are all of the same standard	22.0%	129
CCT holders are more capable	16.7%	98
CESR / CEGPR holders are more capable	5.8%	34
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	4
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	1.9%	11
The standards can be variable but are unrelated to route of certification	52.9%	310
answered question		586
skipped question		62

Figure 55: Clinical capability



Q26: Free text answers clinical capability

There were 144 responses.

Again there were two main viewpoints expressed:

1. CCT holders are better trained and have been rigorously assessed throughout training, therefore the standard is both higher and more consistent; and
2. The opposite view that CESR holders have more experience as they have often been working for longer at a senior level already.

A selection of the verbatim responses:

- *CCT holders have undergone a standard training programme where competency is continuously monitored and any lack of knowledge and training is addressed;*
- *CCT holders have been through a structured robust training and assessment process. This combined with examinations ensures an acceptable standard and competence*
- *CESR are more experienced. They have to demonstrate that they have had the same training as the CCT holder and in addition they have 6 referees to say they deserve the CESR;*
- *For CESR holders there is more evidence of practice and accomplishments are evidenced not just learning to pass an exam; and*
- *Their wealth of experience as a SAS grade gives them more confidence and capability at least in the beginning. In my experience nowadays quite a few CCT route Consultants end up learning some of the skills when in post.*

Q27: Which route to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of management and leadership?

As with questions 23 and 25 the answers here are similar again with the majority responding standard of certification is the same (20.3%) and standards are unrelated to certification (51.9%). Although in this question the percentage of those who believe CCT holders are more capable has risen to just over 20%, with over 30% of CCT holders believing they are more capable.

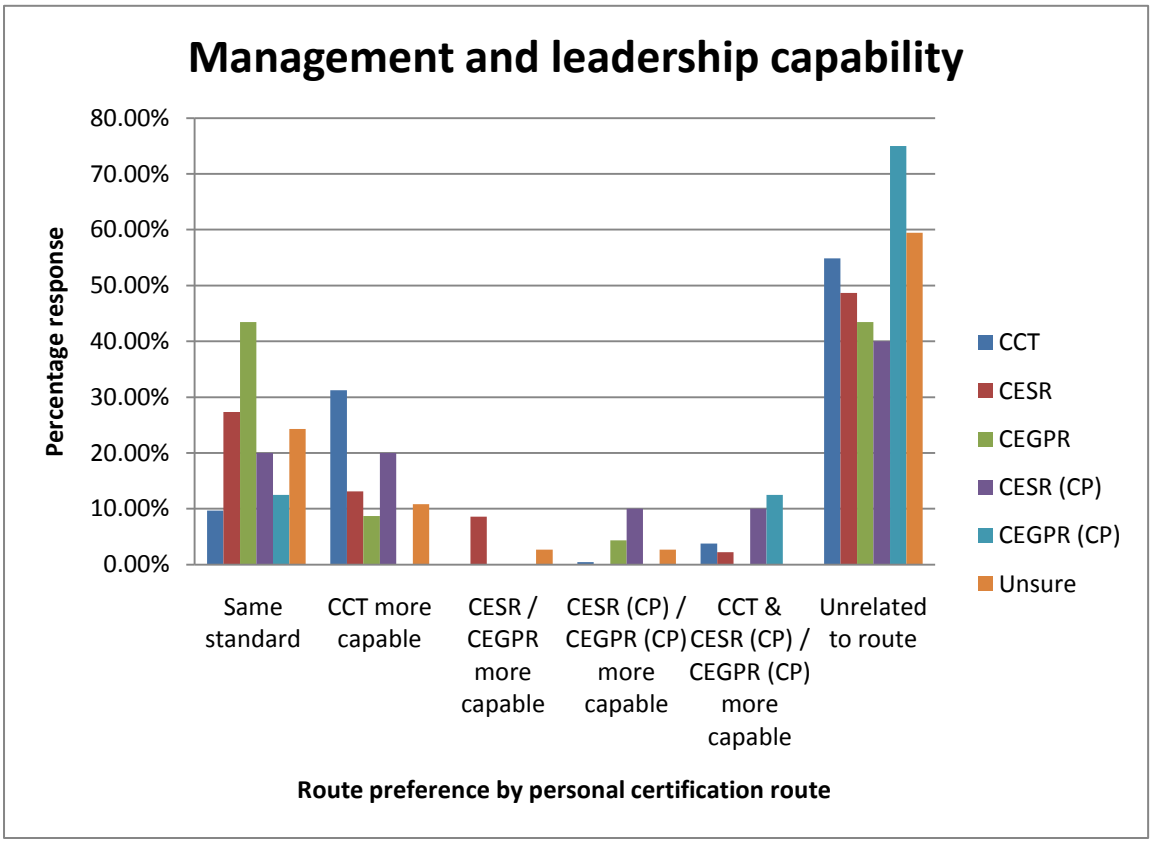
Table 61: Management and leadership

Answer Options	Response Percent	Response Count
They are all of the same standard	20.3%	118
CCT holders are more capable	20.1%	117
CESR / CEGPR holders are more capable	4.1%	24
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	4
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.9%	17
The standards can be variable but are unrelated to route of certification	51.9%	302
answered question		582
skipped question		66

Table 62: Management and leadership

Personal Route to certification	Question Response					
	Same standard	CCT more capable	CESR/ CEGPR more capable	CESR(CP)/CEGPR(CP) more capable	CCT and CESR(CP)/CEGPR(CP) more capable	Unrelated to route
CCT	10%	31%	0%	0%	4%	55%
CESR	27%	13%	9%	0%	2%	49%
CEGPR	43%	9%	0%	4%	0%	43%
CESR (CP)	20%	20%	0%	10%	10%	40%
CEGPR (CP)	13%	0%	0%	0%	13%	75%
Unsure	24%	11%	3%	3%	0%	59%

Figure 56: Management and leadership



Q28: Free text answers Management and leadership capability

There were 164 responses.

There were two main views expressed:

1. CESR holders are likely to be more capable due to their experience 'on the job'; and
2. CCT holders are likely to be more capable as management and leadership training and assessment of competence is included in specialty training.

A selection of free text answers:

- *Most of the CESR holders had a vast experience as practicing clinicians, and before they were awarded with CESR all the documentary evidence would have been assessed related to their leadership qualities and competency from management point of view. Though I feel these common competencies are variable from individual to individual and may not necessarily related to the route of certification. Probably, overall, there might be a slight edge to the CESR holders;*
- *Those who attain certification via the CESR or combined route have much more experience than those who have followed the rather narrow and prescriptive CCT route;*
- *Recognised training programmes incorporate management and leadership training;*
- *CCT holders undergo a strict training programme in which their management and leadership skills are groomed;*
- *CESR doctors have risen above the ordinary, fought all odds to get to this point. They have shone in spite of all the odds against them, they have proven that they can learn and execute these other skills in spite of the system not giving them any time or structure; and*
- *Management and leadership training skills are crucial/mandatory parts of the CCT training process.*

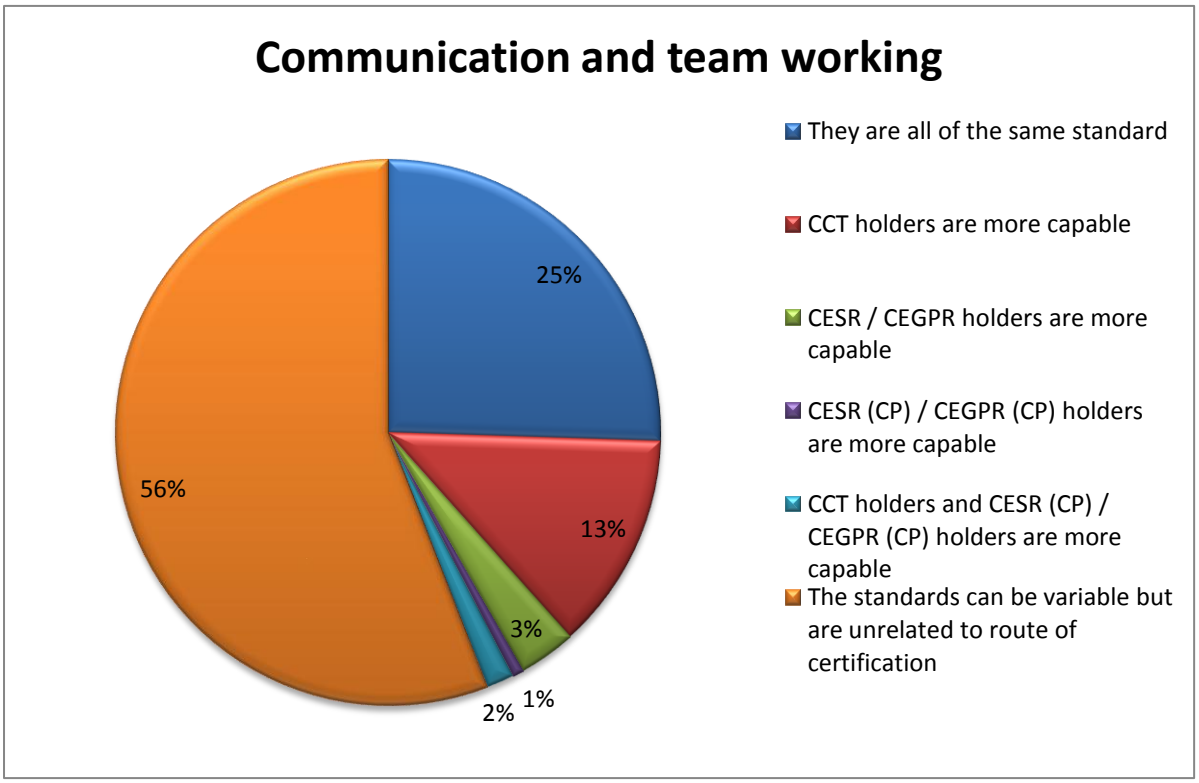
Q29: Which route to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of communication and team-working?

The predominant view of our sample population on this question is that all certification routes are the same standard and standards are unrelated with over 80% (25.5% & 55.9% respectively) choosing these options.

Table 63: Communication and team-working

Answer Options	Response Percent	Response Count
They are all of the same standard	25.5%	148
CCT holders are more capable	12.9%	75
CESR / CEGPR holders are more capable	3.4%	20
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	4
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	1.6%	9
The standards can be variable but are unrelated to route of certification	55.9%	324
answered question		580
skipped question		68

Figure 57: Communication and team-working



Q30: Free text communication and team-working

There were 108 responses.

Again there were two main views expressed:

1. CESR holders are likely to be more capable due to their experience 'on the job'; and
2. CCT holders are likely to be more capable as communication and team-working and assessment of these competences are given high importance in specialty training.

Selection of free text responses:

- *CCT holders working in the NHS will over the time of their training develop better communication and team working skills, which could be lacking in the doctors trained in a different system;*
- *Given the strong focus on the assessment of team-working and communication skills for those following the CCT route, it is my view that this is preferable;*
- *The information feedback required during training assessment in these issues is often multi-axial and from various colleagues, carers and patients. This generally gives one a better idea as to how the Doctor communicates in different situations;*
- *Communication skill courses and training are essential /mandatory parts of the CCT training programme;*

- *In my experience, CESR holders spend more time with patients and are constantly in direct contact with patients. CESR holders are often in a 'Service directed' post. The service mainly includes patient care (ward rounds, clinics, on-calls etc.). So they have good 'hands on' experience in basic communication skills; and*
- *There is no doubt that CESR candidates are the best communicators. They usually are the darlings of their trust- everybody knows them on first name basis (porter to CEO) and they are the ones approached by all clinicians or managers if work needs to be done. They communicate well to all in the team.*

Q31: Which route to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of teaching, supervision and appraisal?

As with previous questions in this section the most common two answers are the same, with 22.4% responding they are all the same standard and a majority suggesting standards are unrelated to certification route (52.2%).

The highest individual percentage towards a specific certificate is that of CCT, at nearly 20%. As in previous questions this is made up primarily of respondents who hold the CCT certificate.

Table 64: Teaching, supervision and appraisal

Answer Options	Response Percent	Response Count
They are all of the same standard	22.4%	129
CCT holders are more capable	19.8%	114
CESR / CEGPR holders are more capable	3.3%	19
CESR (CP) / CEGPR (CP) holders are more capable	0.3%	2
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.1%	12
The standards can be variable but are unrelated to route of certification	52.2%	301
answered question		577
skipped question		71

Figure 58: Teaching, supervision and appraisal

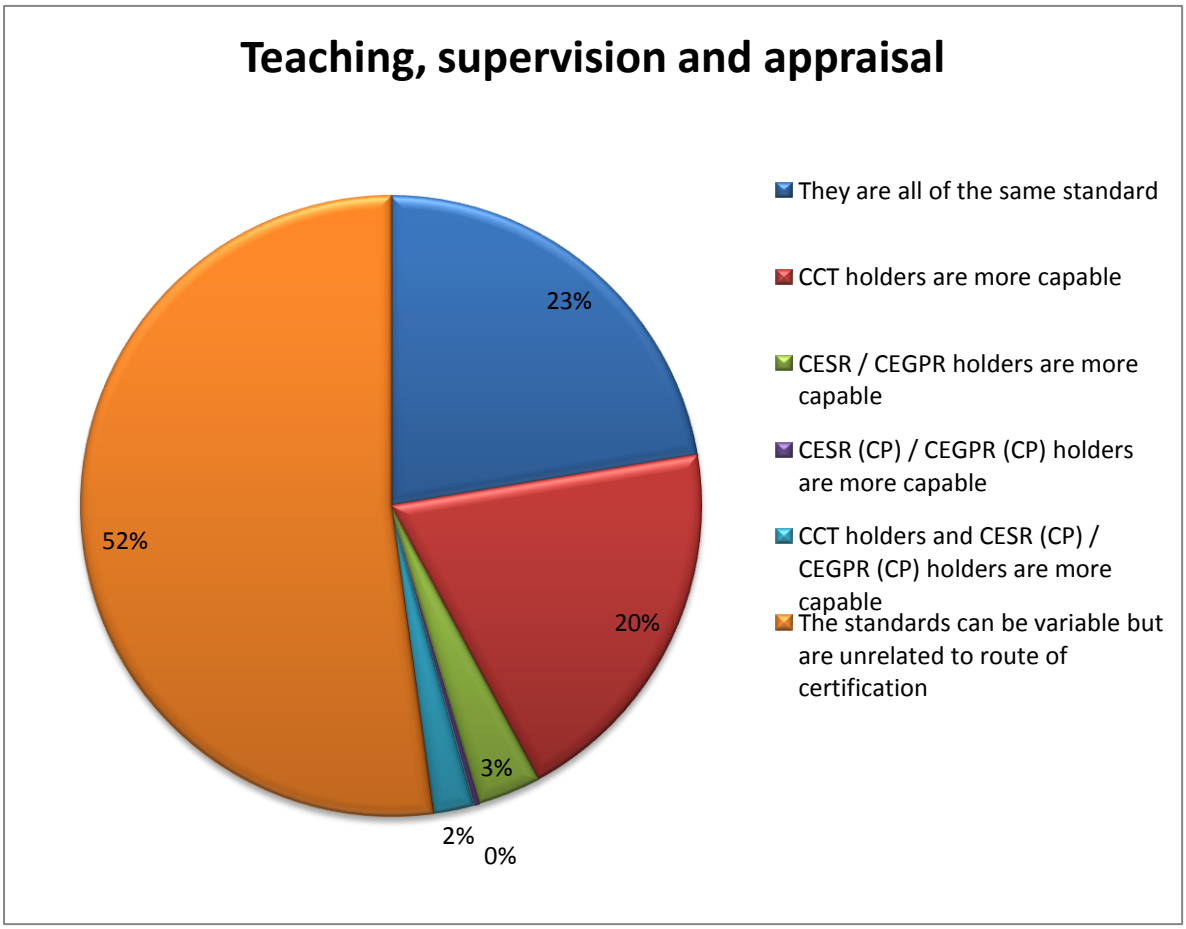
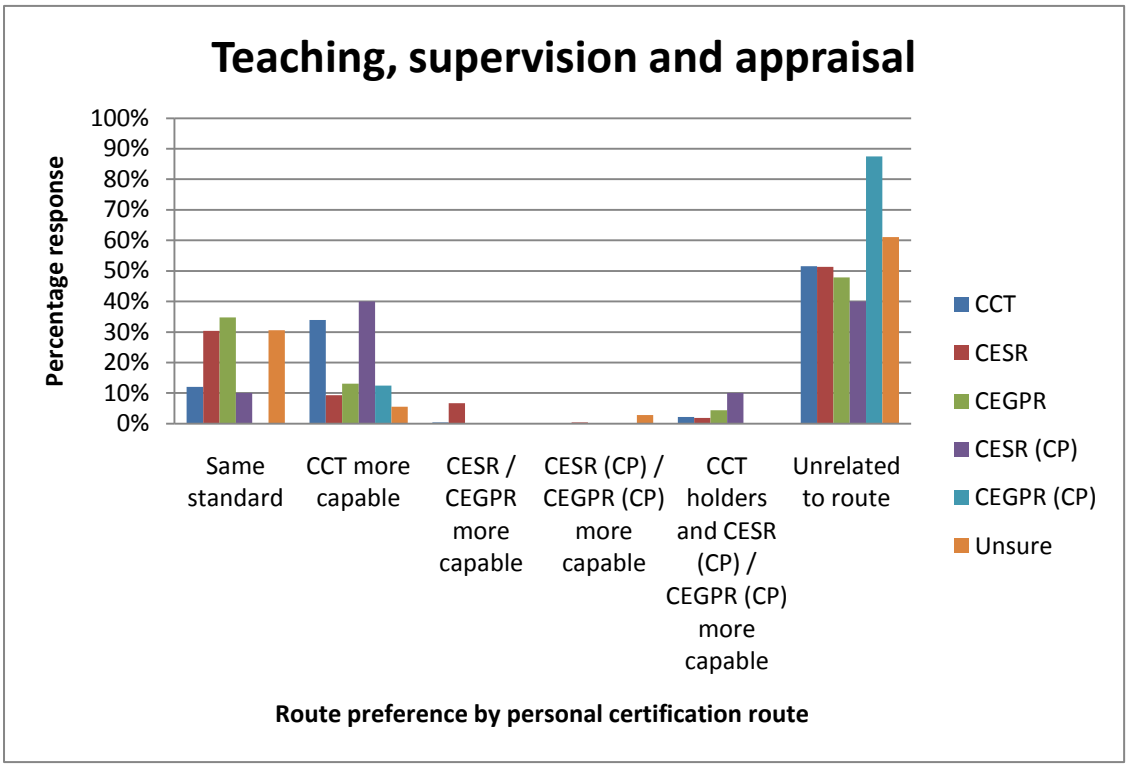


Table 65: Teaching, supervision and appraisal

Personal route to certification	Question response					
	Same standard	CCT more capable	CESR/CEGPR more capable	CESR(CP)/CEGPR(CP) more capable	CCT and CESR(CP)/CEGPR(CP) more capable	Unrelated to route
CCT	12%	34%	0%	0%	2%	52%
CESR	30%	9%	7%	0%	2%	51%
CEGPR	35%	13%	0%	0%	4%	48%
CESR (CP)	10%	40%	0%	0%	10%	40%
CEGPR (CP)	0%	13%	0%	0%	0%	88%
Unsure	31%	6%	0%	3%	0%	61%

Figure 59: Teaching, supervision and appraisal



Q32: Free text Teaching, Supervision and Appraisal

There were 148 responses.

Two main themes were found:

1. CESR holders may be more capable due both to their experience and documentation required to prove their competence in this area; and
2. CCT holders may be more capable due to the nature of the training programme that includes regular training and assessment of these competences.

Selection of verbatim responses:

- *Again CESR holders may have an edge because of their relatively vast experience, especially those who have been working at a Consultant level for many years;*
- *Teaching and appraisal is an integral part of the CCT programme, which train doctors to become competent not only in teaching but also appraising other colleagues;*
- *The standards required by the CESR accrediting process are robust and need to be demonstrated in a tangible manner, which is not necessarily the case with CCT; and*
- *Due to the nature of the training schemes, CCT holders are more up to date with research, teaching methods etc.*

Q33: In relation to career progression (salary progression, clinical excellence awards, appointment to other responsibilities e.g. clinical lead, clinical director, College tutor, education lead, other trust management, research or education/academic posts etc), following substantive appointment to GP or Consultant posts, which of the following statements do you agree with?

The most common view regarding career progression is that it is 'unrelated to the certification route' taken by practitioners (43.2%). In contrast there is a large proportion that believe CCT holders a more likely to progress (34.4%). This is view is the most common answer amongst CESR holders (43%) who represent a significant portion of the sample population.

Table 66: Likelihood of career progression

Answer Options	Response Percent	Response Count
CCT, CESR / CEGPR and CESR (CP) / CEGPR (CP) holders all have the same likelihood of career progression	20.1%	116
Career progression is more likely for CESR / CEGPR holders	0.5%	3
Career progression is more likely for CESR (CP) / CEGPR (CP) holders	0.3%	2
Career progression is more likely for CCT holders	34.4%	198
Career progression is more likely for CCT holders and CESR (CP) / CEGPR (CP) holders	1.4%	8
Career progression can be variable but is unrelated to certification route	43.2%	249
answered question		576
skipped question		72

Figure 60: Likelihood of career progression

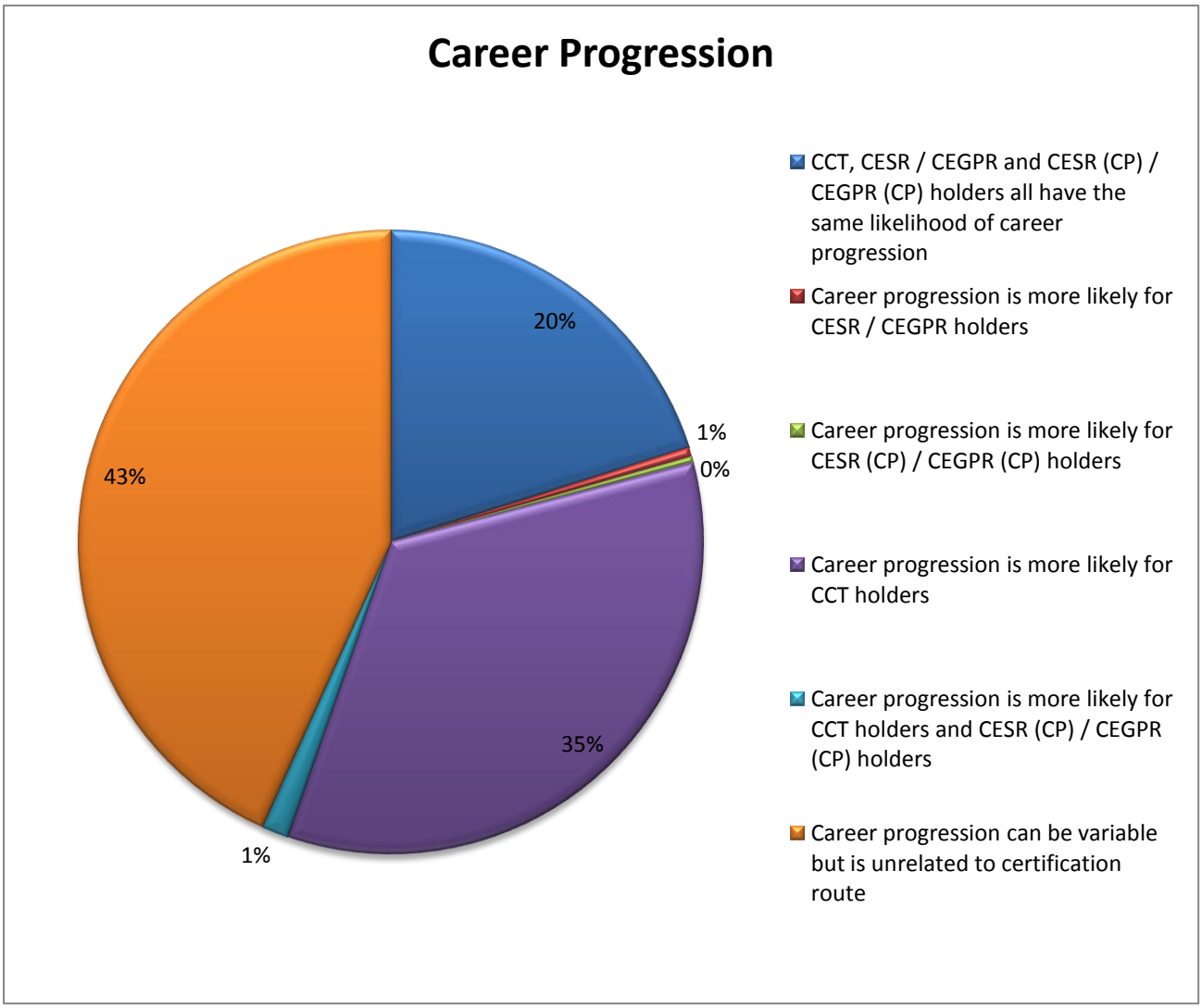


Table 67: Likelihood of career progression

Personal route of certification	Question response					
	Same likelihood for all routes	More likely for CESR/ CEGPR	More likely for CESR(CP)/ CEGPR(CP)	More likely for CCT	More likely for CCT holders and CESR(CP)/ CEGPR(CP)	Unrelated to route
CCT	17%	0%	0%	30%	2%	51%
CESR	22%	0%	0%	43%	1%	34%
CEGPR	32%	0%	0%	9%	0%	59%
CESR(CP)	60%	0%	0%	30%	10%	0%
CEGPR(CP)	0%	0%	0%	25%	13%	63%
Unsure	14%	0%	0%	22%	0%	64%

Q34: Free Text Career Progression

There were 211 responses.

The main theme arising from the free text answers is that CCT holders may have a better likelihood of career progression compared with CESR/CEGPR holders. The reasons for this included:

1. CCT holders are usually younger and 'on the ladder' at an earlier stage;
2. CCT holders are UK trained and therefore understand the system better;
3. CCT holders develop better networks during training and are likely to be appointed to a substantive post in their local area where they are well know already; and
4. CCT holders are favoured by employers during both short-listing and interview.

Selection of free text responses:

- *Most of CCT holders are younger age and are UK training which give them higher chance to get a job easily and progress in their career;*
- *CCT holding Consultants seem to be thinking CCT is far superior (they may be unaware of the robust application process) and are likely to discriminate against the CESRs while short listing for appointments and in interviews (including the college representatives). This is the common experience of many CESR holders;*
- *My experience is that those that qualify via non-CCT routes are often older, having spent many years working at a non-Consultant level before being granted their CESR etc. I think those who have come through the CCT system earlier tend are more likely to apply for, and therefore be appointed to, further career positions;*
- *CCT holders more likely to get teaching hospital and clinical director/supervisor type jobs - and more likely to be asked to teach/work in cities - this is my experience but not based on any systematic study. Non CCT are more likely to work in peripheral and non teaching hospital, may be used to fill service gaps in area of need, less likely to be asked to teach or*

supervise juniors. I am not in favour of all this - this is how I have observed things to be in Scotland; and

- *CCT holders are better placed in terms of professional networking to progress quicker in career.*

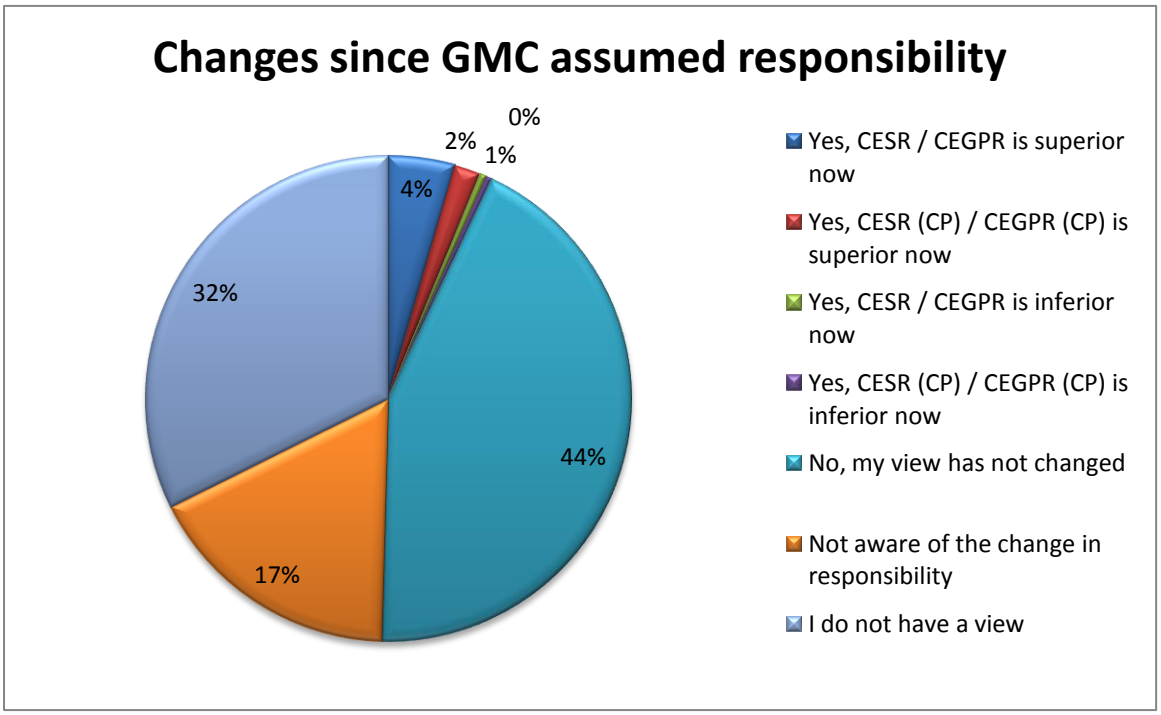
Q35: Has there been a change in your view of the CESR / CEGPR and CESR (CP) / CEGPR (CP) routes since the GMC assumed responsibility for them from PMETB in April 2010? Please check all that apply

The trend in this question suggests that most see no change (45.4%) or do not have a view (33.8%). Nearly a fifth of the sample was unaware of the change in responsibility.

Table 68: Change in perception since the GMC assumed responsibility

Answer Options	Response Percent	Response Count
Yes, CESR / CEGPR is superior now	4.6%	26
Yes, CESR (CP) / CEGPR (CP) is superior now	1.8%	10
Yes, CESR / CEGPR is inferior now	0.5%	3
Yes, CESR (CP) / CEGPR (CP) is inferior now	0.4%	2
No, my view has not changed	45.4%	259
Not aware of the change in responsibility	18.0%	103
I do not have a view	33.8%	193
	answered question	571
	skipped question	77

Figure 61: Change in perception since the GMC assumed responsibility



Q36: Free Text Change in Responsibility

There were 571 responses.

Several themes emerged and included:

1. There has been no appreciable change since the change in responsibility, although there is more confidence in the GMC compared with PMETB. Several negative experiences with PMETB were detailed;
2. There should only be one route to registration and the nomenclature should be changed; and
3. CESR holders may find it more difficult to progress in their careers due to the lack of awareness in the NHS regarding this route;

Selection of free text answers:

- *It is extremely difficult to get a substantive Consultant job with CESR because every appointing body feels or assumes candidate not properly trained, in reality does not recognize training. CESR applicant never gets a substantive job when there is a CCT applicant. So is there any point awarding CESR;*
- *My personal experience of applying for a CESR demonstrated to me the level of skills, knowledge and expertise I have acquired over many years as a practising doctor. The evidence collected retrospectively was a real reflection of my practice, attitudes and skills as*

a doctor over the years. Many years in practice has resulted in more experience and a maturity in approach. The process of acquiring all the retrospective evidence required for the CESR was extremely challenging from an administrative point of view, but was worth it. The CCT does not allow for years of experience or maturity of approach. The CCT following ST training, with the European Directive on working hours limits these doctors' quantity/level of experience. My knowledge of other doctors with the CESR is limited but my impression is that they are very capable and experienced. My impression is that some CCT doctors will be generally good but others may be good with portfolios /WPBA etc but not necessarily good team-workers or good clinically. My impression is that if there was a weakness displayed in a CESR application, the candidate would fail;

- *The process is fundamentally flawed, as the same scrutiny should be given to all doctors, with a single route to certification. The change in responsibility from one regulatory body to another does nothing to improve consistency. Separating those on the CCT/CCST route from those on other routes discriminates against these doctors, who are then seen to have less than 'ideal' training, requiring greater scrutiny, when in fact these doctors may have more comprehensive and better training than those on the now very short traditional routes;*
- *Ideally there should be one route with one standard but I appreciate that this is not always possible. Consequently there is built in bias;*
- *The standards have been maintained;*
- *The CESR is a hard route, and a lot of very well trained surgeons fail to pass. It is much harder than the CCT and the process requires much higher overall performance compared to CCT for the candidate to pass;*
- *The process is the same regardless of the managing authority;*
- *I find CCT and CESR holders equally competent. The ability to perform depends on the individual, not necessarily on the certification route;*
- *Even though I obtained CESR, I wouldn't recommend this route due to the uncertainty of the process and the subsequent negative bias in the job market;*
- *There should be only one type of Specialist Registration certificate irrespective of means tested route of achieving it; and*
- *There should be one route whether CCT/CESR etc and GMC should acknowledge equivalence/parity rather than giving different names and therefore bringing in more disparity and confusion.*

SAS Doctors Questionnaire: Results

The sample size was 187 with a population of 93,000 doctors who are not trainees and not on the specialist or GP registers. Based on the sample size relative to the population it can be assumed that when a general consensus is illustrated there is a 95% confidence level with a margin of error (ME) of 7.16%. This suggests that the findings here are less significant than in the other surveys, as ME is greater than 5%.

Section A: Demographic Information

There is a slight majority of male respondents with a 58.3% share of the overall sample population. Of the 187 surveyed the vast majority gained their primary medical qualification either in the UK, India or Pakistan. In terms of year of primary medial qualification the range is broad with a particularly high level of concentration in the time period 1998-2008. Most are employed (94.4%) in England (over 85%) and there is a broad dispersion in terms of current deanery (London with the highest number of returns and Scotland North and Scotland East with the lowest).

In assessing the views of the sample there could be some small bias within the population with reference to the country in which they currently work (predominantly England). Also, the level of representation for the London Deanery is a little high compared with other Deanery regions, at over 20%. However the bias is likely to be minimal as there is a larger distribution of doctors in England and in London, so this is likely to be a representative sample of the population of doctors.

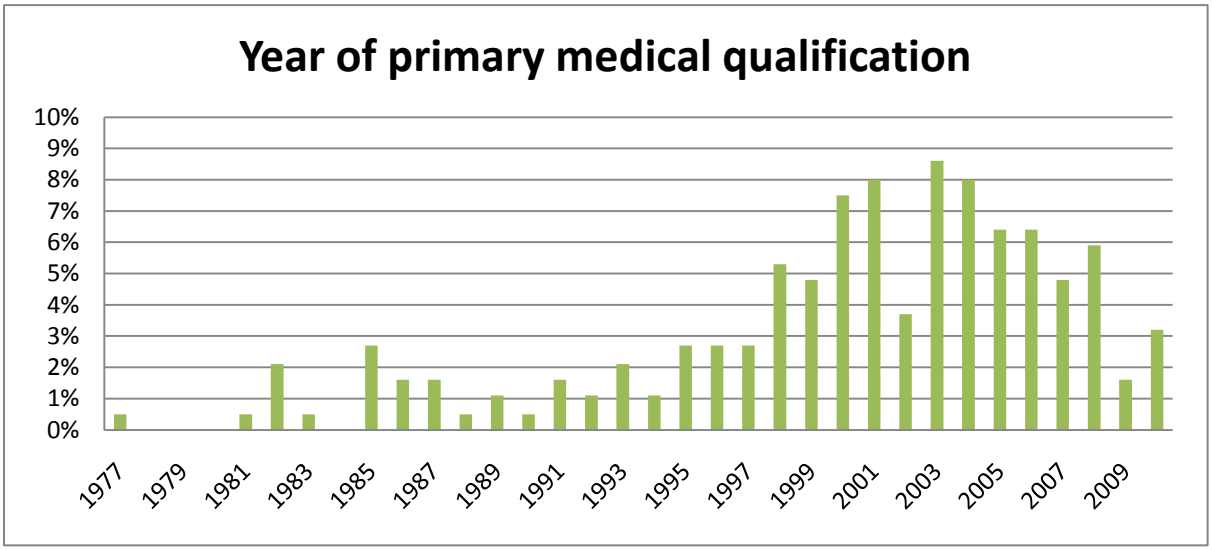
Q1: Gender

Table 69: Gender

Answer Options	Response Percent	Response Count
Male	58.3%	109
Female	41.7%	78
	answered question	187
	skipped question	0

Q2: Year of Primary Medical Qualification

Figure 62: Year of primary qualification



Q3: Country of primary medical qualification

Table 70: Country of primary qualification

Country of primary medical qualification:	
UK	93
India	30
Pakistan	12

Q4: Are you currently employed?

Table 71: Current employment status

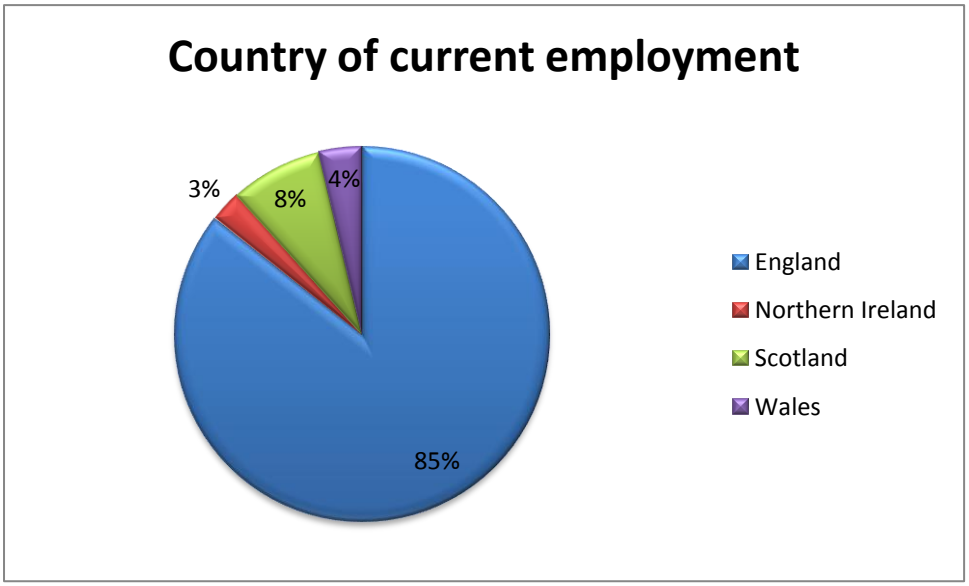
Answer Options	Response Percent	Response Count
Yes	94.4%	187
No	5.6%	0
	answered question	187
	skipped question	0

Q5: Country of current employment

Table 72: Country of current employment

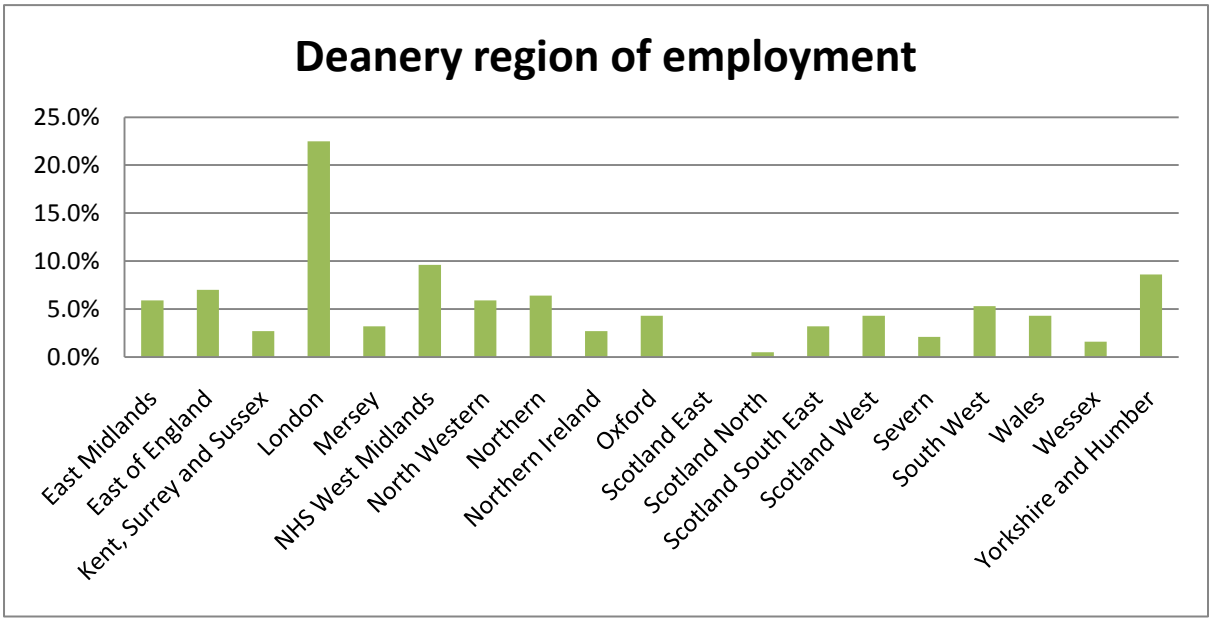
Answer Options	Response Percent	Response Count
England	85.6%	160
Northern Ireland	2.7%	5
Scotland	8.0%	15
Wales	3.7%	7
answered question		187
skipped question		0

Figure 63: Country of current employment



Q6: Deanery region of current employment

Figure 64: Region of employment

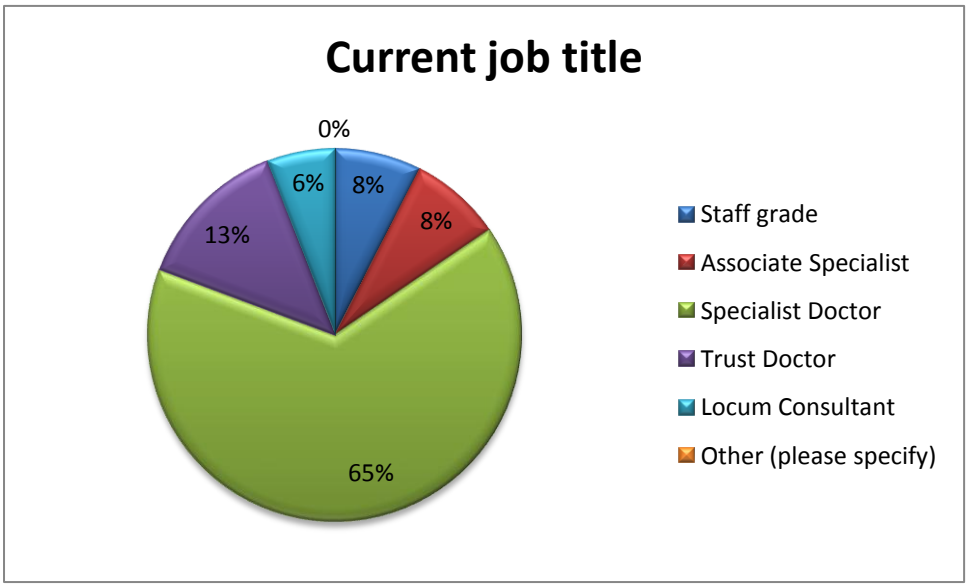


Q7: Current job title

Table 73: Current job title

Answer Options	Response Percent	Response Count
Staff grade	7.5%	14
Associate Specialist	8.0%	15
Specialist Doctor	65.2%	122
Trust Doctor	13.4%	25
Locum Consultant	5.9%	11
Other (please specify)	0.0%	0
	answered question	187
	skipped question	0

Figure 65: Current job title



Q8: Current Specialty

Table 74: Current specialty

Answer Options	Response Percent	Response Count
Anaesthetics	11.2%	21
Clinical Oncology	1.6%	3
Clinical Radiology	3.2%	6
Emergency Medicine	4.3%	8
General Practice	7.5%	14
Intensive Care Medicine	1.6%	3
Physicianly Specialties	9.1%	17
Surgical Specialties	15.0%	28
Obstetrics and Gynaecology	7.0%	13
Community Sexual and Reproductive Health	1.6%	3
Occupational Medicine	0.0%	0
Ophthalmology	2.7%	5
Paediatrics	8.6%	16
Pathology Specialties	1.1%	2
Psychiatry Specialties	11.2%	21
Public Health Medicine	0.5%	1
Other	13.9%	26
	answered question	187
	skipped question	0

Section B: Specialist or GP status

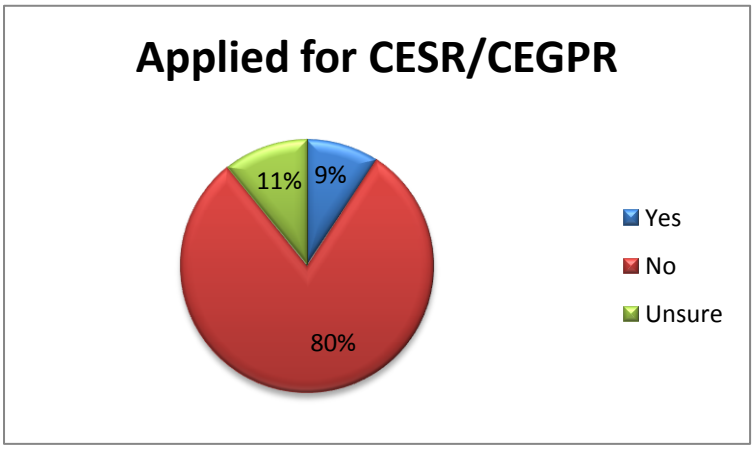
Q13: Have you ever applied or are you in the process of applying for a CESR / CEGPR (not via the CP route)?

When asked 'have you ever (or in process of) applied for CESR/CEGPR' the vast majority of participants responded no (80%).

Table 75: Applied for CESR/CEGPR

Answer Options	Response Percent	Response Count
Yes	9.2%	17
No	80.0%	148
Unsure	10.8%	20
	answered question	185
	skipped question	2

Figure 66: Applied for CESR/CEGPR



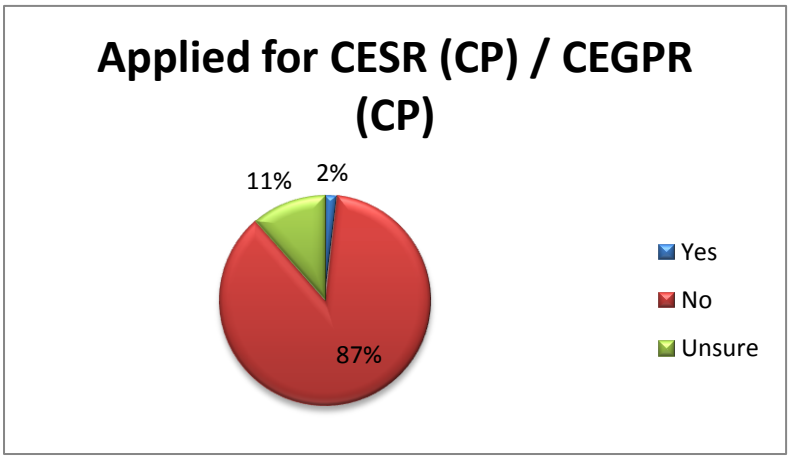
Q14: Have you ever applied or are you in the process of applying for a CESR (CP) / CEGPR (CP)?

Again the answer to this question was largely no (88.8%).

Table 76: Applied for CESR (CP)/CEGPR (CP)

Answer Options	Response Percent	Response Count
Yes	1.8%	3
No	86.8%	145
Unsure	11.4%	19
	answered question	167
	skipped question	20

Figure 67: Applied for CESR (CP)/CEGPR (CP)



Section C: CESR/CEGPR Information

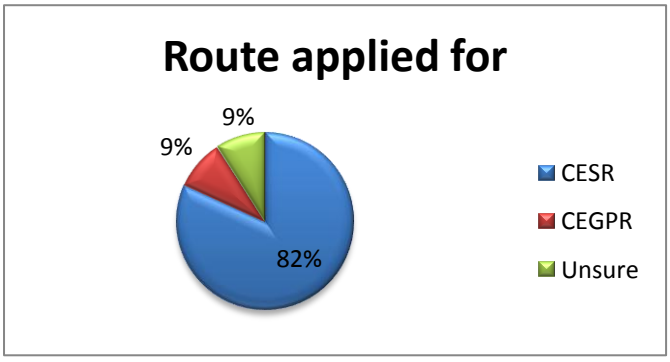
Q15: Which route to certification did you apply for/are you applying for?

The most common route that doctors have applied/are applying for is CESR (18/22 that answered).

Table 77: Certification route applied for

Answer Options	Response Percent	Response Count
CESR	81.1%	18
CEGPR	9.1%	2
Unsure	9.1%	2
answered question		22
skipped question		165

Figure 68: Certification route applied for



Q16: Year of last certification decision

Table 78: Year of last certification decision

Answer Options	Response Percent	Response Count
2005	9.1%	2
2006	4.5%	1
2007	4.5%	1
2008	4.5%	1
2009	9.1%	2
2010	22.7%	5
2011	45.5%	10
answered question		22
skipped question		165

Q17: Specialty of certification application

The surgical specialties are the most common specialties applied for.

Table 79: Specialty of certification application

Answer Options	Response Percent	Response Count
Anaesthetics	13.6%	3
Clinical Oncology	0.0%	0
Clinical Radiology	4.5%	1
Emergency Medicine (also known as Accident and Emergency Medicine)	0.0%	0
General Practice	18.2%	4
Intensive Care Medicine	0.0%	0
Physicianly Specialties	4.5%	1
Surgical Specialties	22.7%	5
Obstetrics and Gynaecology	4.5%	1
Community Sexual and Reproductive Health	0.0%	0
Occupational Medicine	0.0%	0
Ophthalmology	4.5%	1
Paediatrics	2.9%	0
Pathology Specialties	0.0%	0
Psychiatry Specialties	9.1%	2
Public Health Medicine	0.0%	0
Other (please specify and only insert specialty here if you applied for certification in a specialty not listed above)	18.2%	4
answered question		22
skipped question		165

Q22: How many applications for certification have you made (including reviews and reapplications)?

In most cases here participants only made one application (13/15 that answered).

Table 80: Number of applications for certification made

Answer Options	Response Percent	Response Count
1	86.7%	13
2	13.3%	2
>2	0.0%	0
	answered question	15
	skipped question	172

Q23: How did you find the application process for CESR / CEGPR?

The most common response was that the process was either 'difficult' (13.3%) or' very difficult' (46.7%). The remaining participant's response was that it is 'about right' (40%). However it must be noted that only 15 participants answered this question.

Table 81: Ease of CESR/CEGPR application process

Answer Options	Response Percent	Response Count
Very easy	0.0%	0
Easy	0.0%	0
About right	40.0%	6
Difficult	13.3%	2
Very difficult	46.7%	7
	answered question	15
	skipped question	172

Q24: Free text- For the previous question you answered 'difficult or very difficult.' Please explain why you found the application process difficult below.

There were 7 responses. The main difficulties highlighted were:

1. Amount of documentation;
2. Lack of information regarding the documentation required; and
3. Lengthy process.

Q25: Have you ever applied or are in the process of applying for a CESR (CP) / CEGPR (CP)?

Only a very small number of this sample has applied for Combined Programme certification.

Table 82: Applied for CESR (CP)/CEGPR (CP)

Answer Options		Response Percent	Response Count
Yes	Yes	41.7%	5
No	No	50.0%	6
Unsure	Unsure	8.3%	1
	answered question		12
	skipped question		175

Section D: CESR (CP) / CEGPR (CP) Certification Information

Q26: Which route to certification did you apply for/are you applying for?

Table 83: Route applied for

Answer Options	Response Percent	Response Count
CESR (CP)	77.8%	7
CEGPR (CP)	11.1%	1
Unsure	11.1%	1
answered question		9
skipped question		178

Q27: Year of last certification decision

Table 84: Year of last certification decision

Answer Options	Response Percent	Response Count
2005	11.1%	1
2006	11.1%	1
2007	0.0%	0
2008	11.1%	1
2009	0.0%	0
2010	11.1%	1
2011	55.6%	5
answered question		9
skipped question		178

Q28: Specialty of certification application

The surgical specialities are the most common certification application.

Table 85: Specialty of certification application

Answer Options	Response Percent	Response Count
Anaesthetics	11.1%	1
Clinical Oncology	0.0%	0
Clinical Radiology	0.0%	0
Emergency Medicine (also known as Accident and Emergency Medicine)	0.0%	0
General Practice	11.1%	1
Intensive Care Medicine	0.0%	0
Physicianly Specialties	0.0%	0
Surgical Specialties	33.3%	3
Obstetrics and Gynaecology	0.0%	0
Community Sexual and Reproductive Health	0.0%	0
Occupational Medicine	0.0%	0
Ophthalmology	0.0%	0
Paediatrics	0.0%	0
Pathology Specialties	0.0%	0
Psychiatry Specialties	22.2%	2
Public Health Medicine	0.0%	0
Other (please specify and only insert specialty here if you applied for certification in a specialty not listed above)	22.2%	2
answered question		9
skipped question		178

Q 29-32. Sub-specialty information: too few participants to provide meaningful outputs/trends.

Q33: How many applications for certification have you made (including reviews and reapplications)?

In this case most only made one application (8/9 that answered).

Table 86: Number of applications for certification made

Answer Options	Response Percent	Response Count
1	88.9%	8
2	11.1%	1
>2	0.0%	0
answered question		9
skipped question		178

Q34: How did you find the application process for CESR (CP) / CEGPR (CP)?

The most common response was that the application process was 'about right'.

Table 87: Ease of CESR (CP)/CEGPR (CP) application process

Answer Options	Response Percent	Response Count
Very easy	0.0%	0
Easy	0.0%	0
About right	44.4%	4
Difficult	22.2%	2
Very difficult	33.3%	3
answered question		9
skipped question		178

Q35: For the previous question you answered 'difficult or very difficult.' Please explain why you found the CESR (CP)/CEGPR (CP) application process difficult below.

There were 4 responses.

Again the main difficulties highlighted were:

1. Amount of documentation;
2. Lack of information regarding the documentation required; and
3. Lengthy process.

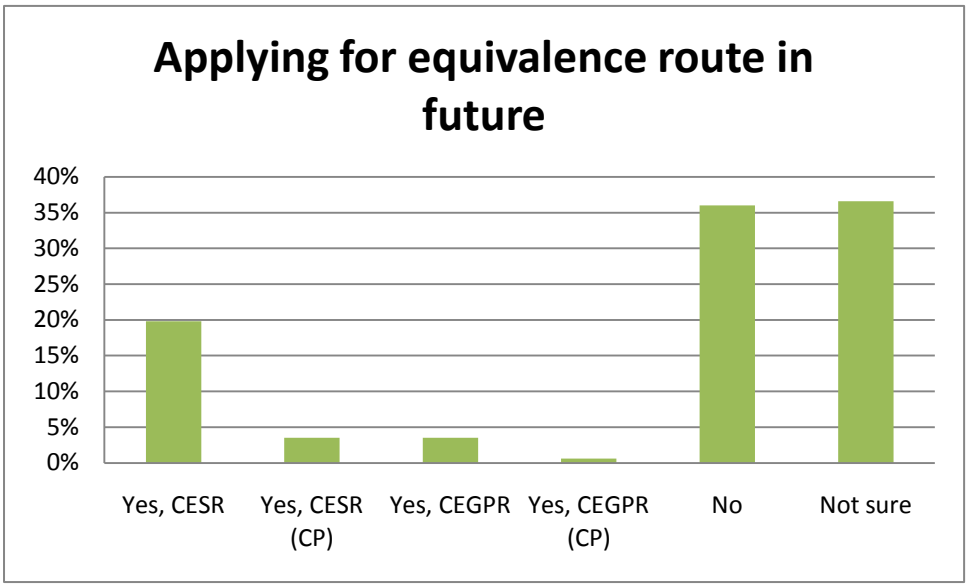
Q36: Will you be applying for a CESR / CEGPR or CESR (CP) / CEGPR (CP) in the future?

When asked if they plan to apply for certification via one on the alternative routes, the majority of participants either said no (36%) or not sure (36.6%). In cases where respondents planned a future application they were most commonly doing so via the CESR (19.8%) route.

Table 88: Future applications

Answer Options	Response Percent	Response Count
Yes, CESR	19.8%	34
Yes, CESR (CP)	3.5%	6
Yes, CEGPR	3.5%	6
Yes, CEGPR (CP)	0.6%	1
No	36.0%	62
Not sure	36.6%	63
answered question		172
skipped question		15

Figure 69: Future applications



Section E: Routes to Specialty or GP Certification

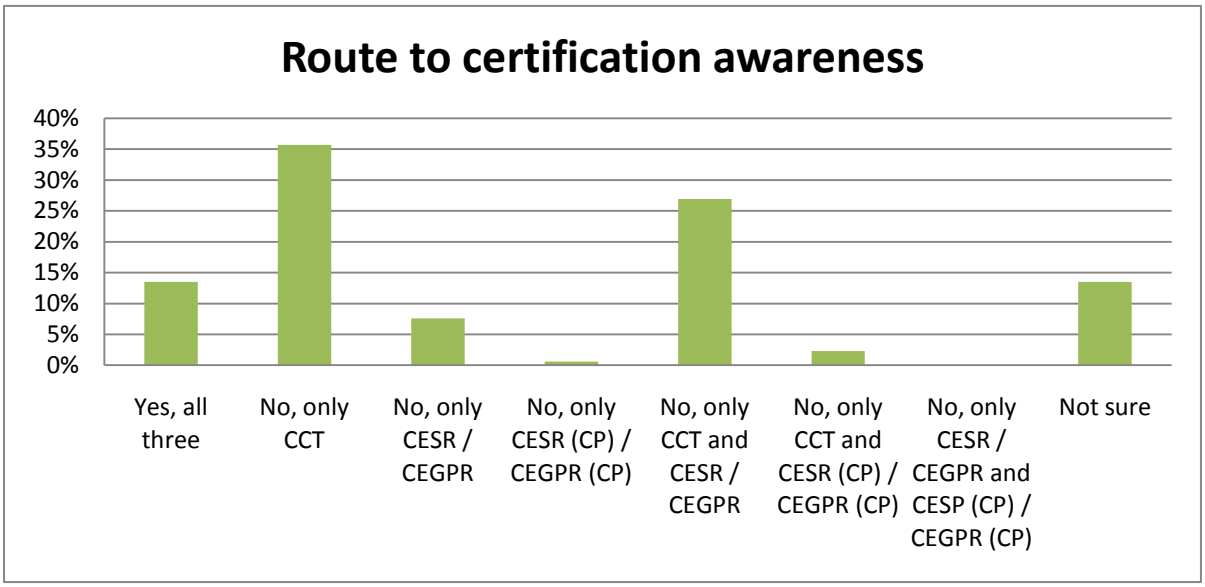
Q37: Were you previously aware of the different routes to attain certification (CCT, CESR / CEGPR and CESR (CP) / CEGPR (CP)?

The sample was most commonly aware of only the CCT qualification (35.7%). Just over a quarter of respondents (26.9%) were aware of the CCT and CESR / CEGPR routes. Only 13.5% answered yes to all three.

Table 89: Route of certification awareness

Answer Options	Response Percent	Response Count
Yes, all three	13.5%	23
No, only CCT	35.7%	61
No, only CESR / CEGPR	7.6%	13
No, only CESR (CP) / CEGPR (CP)	0.6%	1
No, only CCT and CESR / CEGPR	26.9%	46
No, only CCT and CESR (CP) / CEGPR (CP)	2.3%	4
No, only CESR / CEGPR and CESP (CP) / CEGPR (CP)	0.0%	0
Not sure	13.5%	23
answered question		171
skipped question		16

Figure 70: Route of certification awareness



Q38: Please indicate your view on the following statement:

'A CESR / CEGPR is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

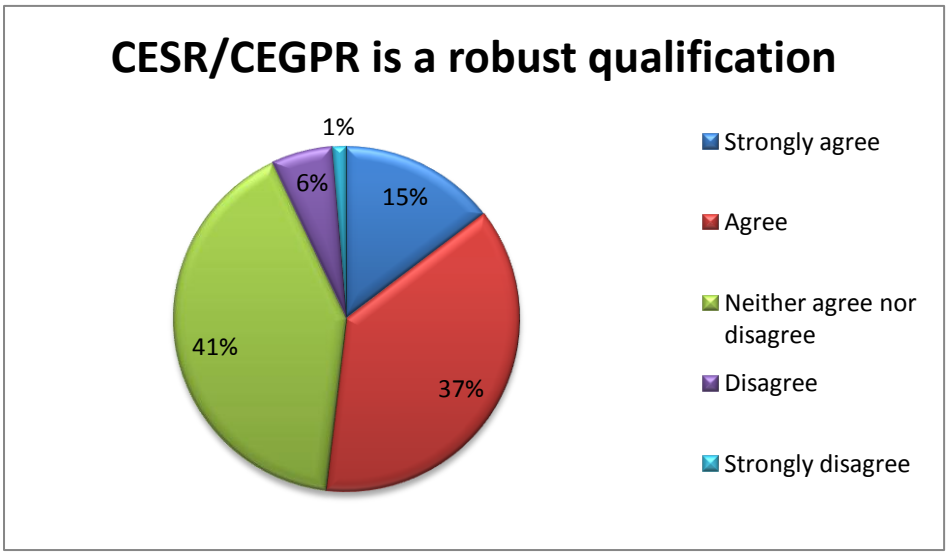
The most common answer here is that the participants 'neither agree nor disagree' (41.4%).

Although, a high proportion either' agreed' (37.3%) or 'strongly agreed' (14.6%) with the statement.

Table 90: CESR/CEGPR is a robust certificate

Answer Options	Response Percent	Response Count
Strongly agree	14.6%	23
Agree	37.3%	59
Neither agree nor disagree	41.4%	65
Disagree	5.7%	9
Strongly disagree	1.3%	2
	answered question	158
	skipped question	29

Figure 71: CESR/CEGPR is a robust certificate



Q39: Please indicate your view on the following statement:

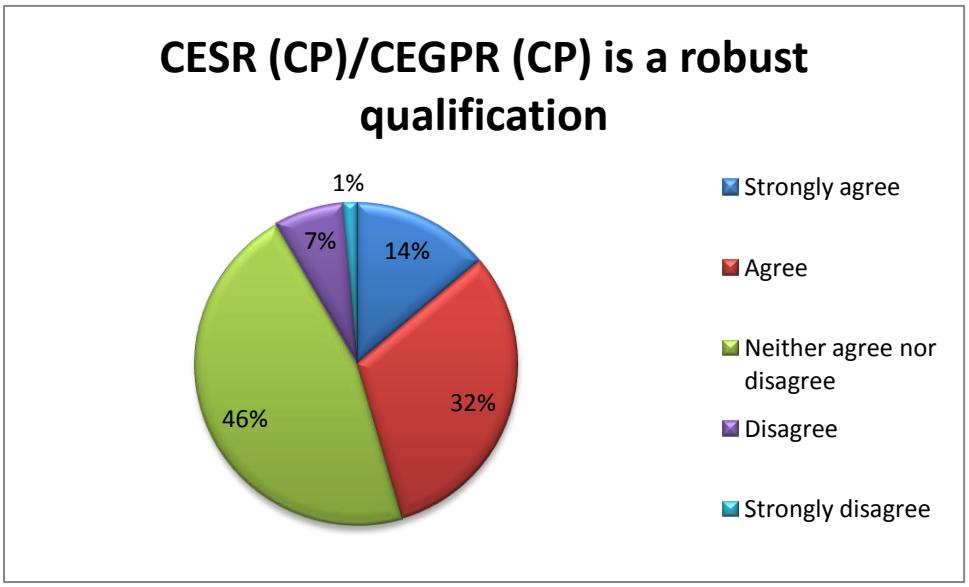
'A CESR (CP) / CEGPR (CP) is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision'.

As in the previous question the most common answer here is that participants 'neither agree nor disagree' (46.2%). A high proportion either 'agreed' (31.6%) or 'strongly agreed' (13.9%) with the statement.

Table 91: CESR (CP)/CEGPR (CP) is a robust certificate

Answer Options	Response Percent	Response Count
Strongly agree	13.9%	22
Agree	31.6%	50
Neither agree nor disagree	46.2%	73
Disagree	7.0%	11
Strongly disagree	1.3%	2
	answered question	158
	skipped question	29

Figure 72: CESR (CP)/CEGPR (CP) is a robust certificate



Q40: Please indicate your view on the following statement:

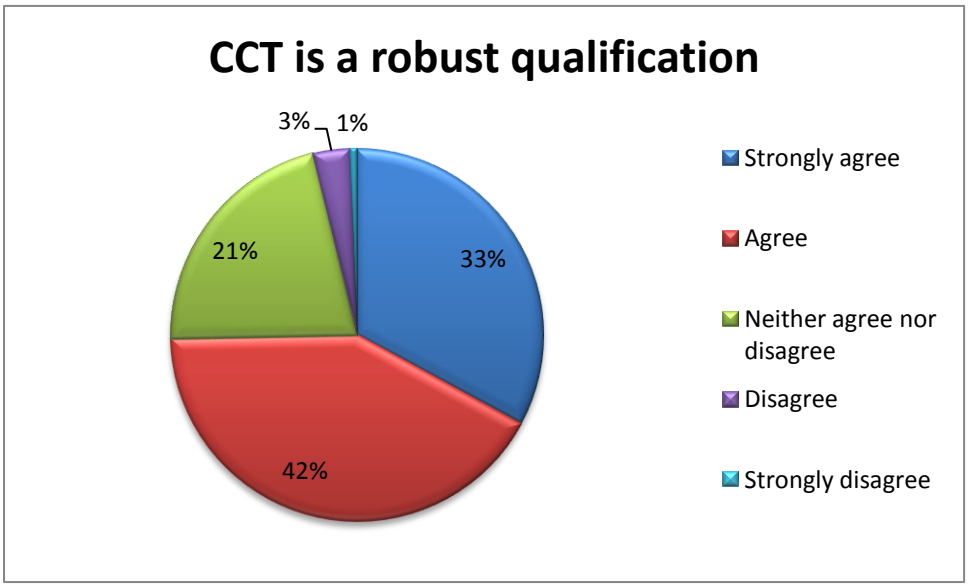
'A CCT is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision'.

The majority of our sample is in agreement with the statement, with 32.9% agreeing strongly and 41.8% agreeing. This provides evidence of strong support within the sample population in favour of the CCT certification a robust qualification, with only a small minority of fewer than 4%, disagreeing or strongly disagreeing with the statement.

Table 92: CCT is a robust certificate

Answer Options	Response Percent	Response Count
Strongly agree	32.9%	52
Agree	41.8%	66
Neither agree nor disagree	21.5%	34
Disagree	3.2%	5
Strongly disagree	0.6%	1
	answered question	158
	skipped question	29

Figure 73: CCT is a robust certificate



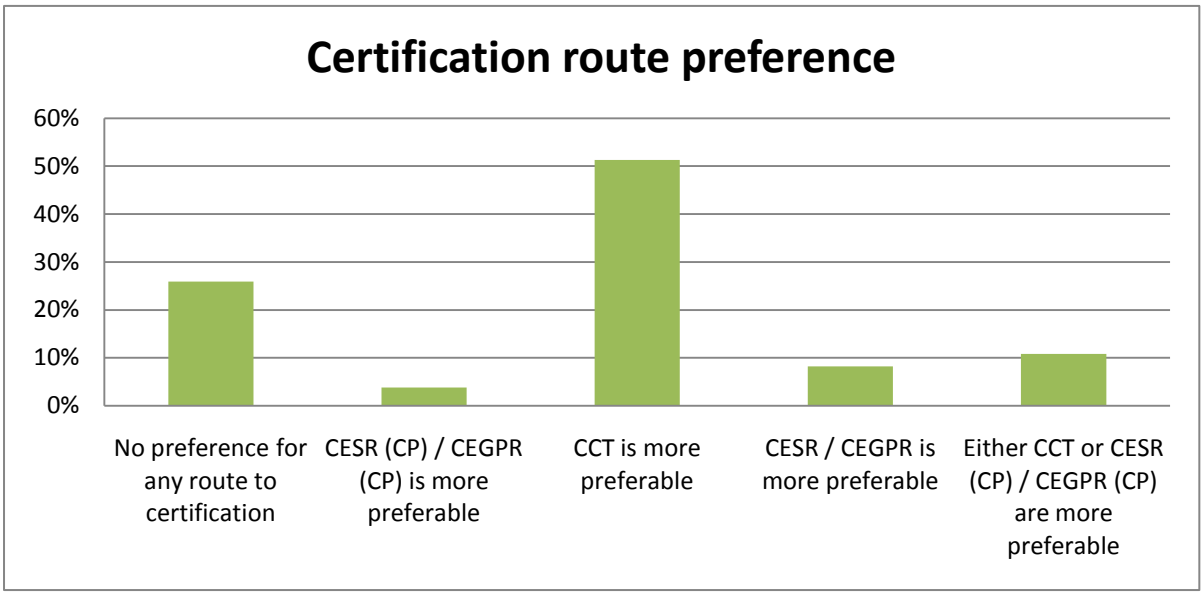
Q41: When comparing your personal preferences regarding routes to certification please choose one of the following statements:

When asked about preference regarding certification route. The largest vote was in favour of CCT (51.3%), although a large proportion of the sample (25.9%) said they had no preference towards any route to certification.

Table 93: Certification route preference

Answer Options	Response Percent	Response Count
No preference for any route to certification	25.9%	41
CESR (CP) / CEGPR (CP) is more preferable	3.8%	6
CCT is more preferable	51.3%	81
CESR / CEGPR is more preferable	8.2%	13
Either CCT or CESR (CP) / CEGPR (CP) are more preferable	10.8%	17
answered question		158
skipped question		29

Figure 74: Certification route preference



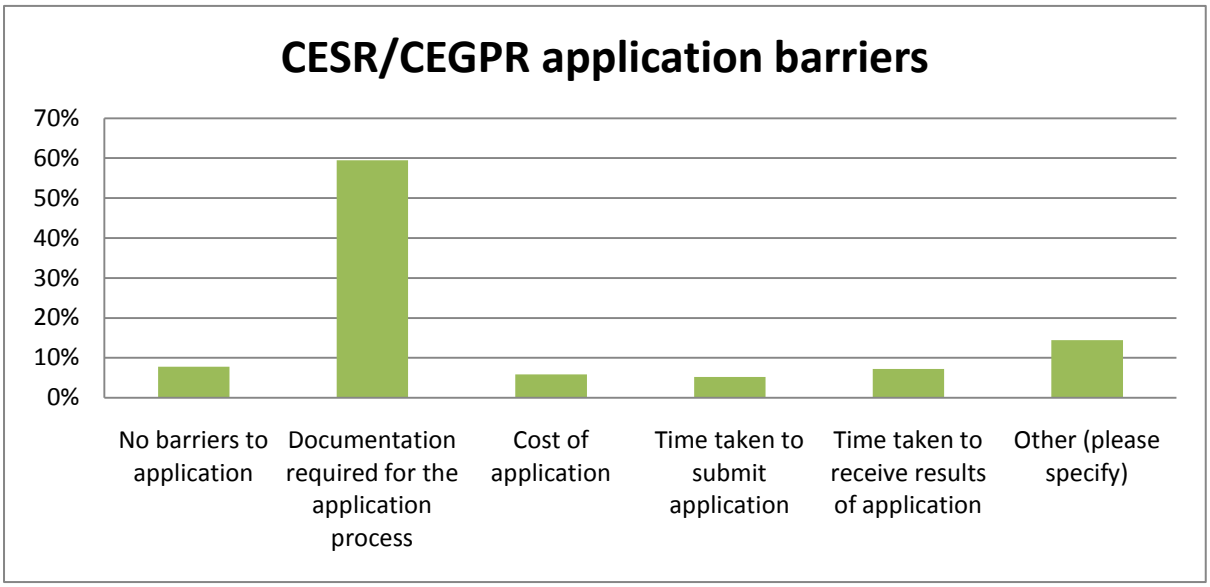
Q42: What, if any, do you consider to be the barriers to applying through the CESR / CEGPR route?

The predominant answer to this question was the participants believed the documentation required for the application was the biggest barrier to application (59.5%).

Table 94: CESR/CEGPR application barriers

Answer Options	Response Percent	Response Count
No barriers to application	7.8%	12
Documentation required for the application process	59.5%	91
Cost of application	5.9%	9
Time taken to submit application	5.2%	8
Time taken to receive results of application	7.2%	11
Other (please specify)	14.4%	22
	answered question	153
	skipped question	34

Figure 75: CESR/CEGPR application barriers



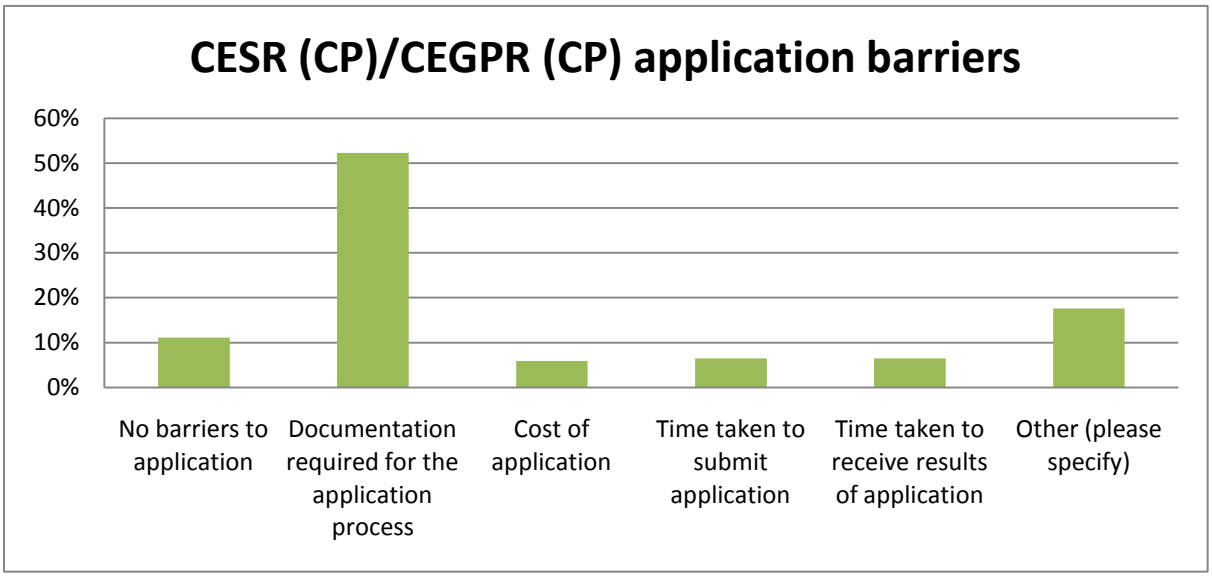
Q43: What, if any, do you consider to be the barriers to applying through the CESR (CP) / CEGPR (CP) route?

As with the previous question, the documentation requirements are seen as the biggest hurdle in the application process (52.3%).

Table 95: CESR (CP)/CEGPR (CP) application barriers

Answer Options	Response Percent	Response Count
No barriers to application	11.1%	17
Documentation required for the application process	52.3%	80
Cost of application	5.9%	9
Time taken to submit application	6.5%	10
Time taken to receive results of application	6.5%	10
Other (please specify)	17.6%	27
answered question		153
skipped question		34

Figure 76: CESR (CP)/CEGPR (CP) application barriers



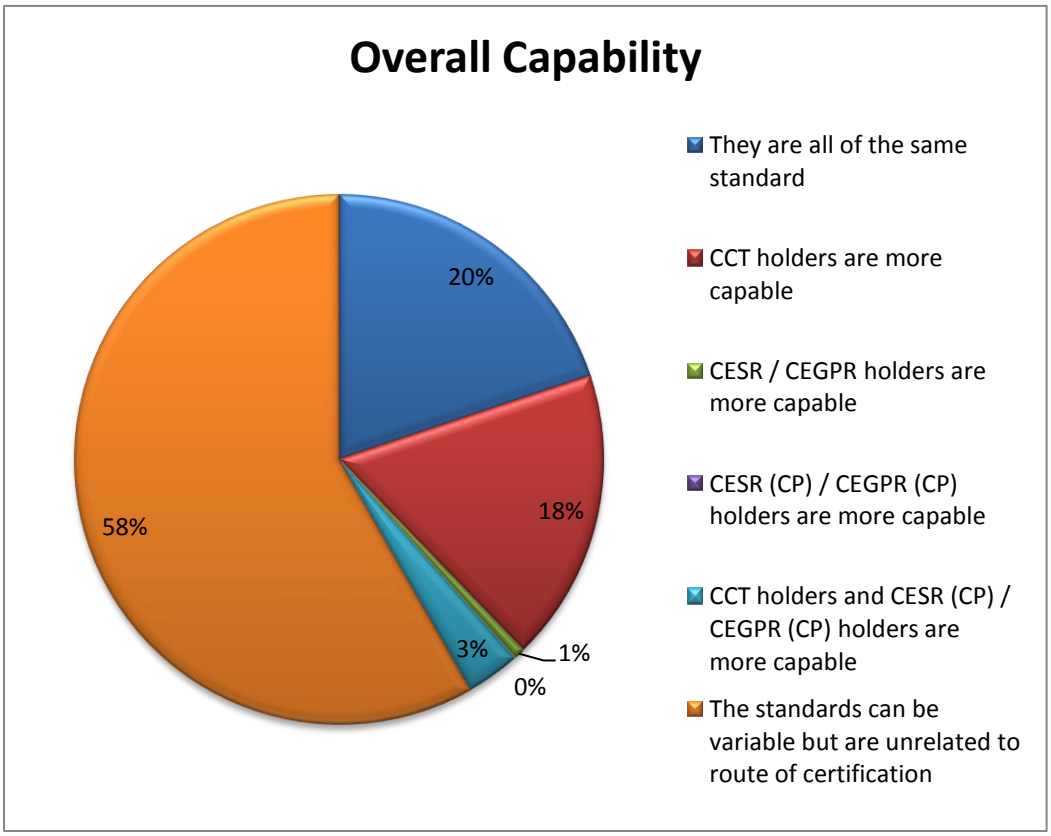
Q44: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor's overall capability to work at GP or Consultant level?

The most common answer here was that 'standards are variable but unrelated to certification route' (majority of 58.3%). The next highest percentage was preference towards CCT holders (17.9%) along with 'they are all the same standard' (19.9%).

Table 96: Overall capability

Answer Options	Response Percent	Response Count
They are all of the same standard	19.9%	30
CCT holders are more capable	17.9%	27
CESR / CEGPR holders are more capable	0.7%	1
CESR (CP) / CEGPR (CP) holders are more capable	0.0%	0
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	3.3%	5
The standards can be variable but are unrelated to route of certification	58.3%	88
answered question		151
skipped question		36

Figure 77: Overall capability



Q45: Free text Overall Capability

There were 88 responses.

The main theme emerging was that CCT holders are likely to be more capable due to a number of factors including:

1. Competitive process to gain entry onto a training programme for CCT;
2. Rigorous quality assured training programme;
3. Regular assessments and feedback; and
4. Requirement to pass examinations.

Selection of free text answers:

- *CCT holders go through very rigorous training, supervision and examination process and hence more capable to work as Consultants and full time GPs;*
- *CCT holders have properly programmed training covering all aspects with different rotations and good training opportunities. They work in different places with different people and acquire the skills required to practise as a Consultant/ GP; and*

- *The attainment of required competences is more standardised for CCT holders, as there is a structured training program which ensures all relevant areas are equally well covered. With the other routes (CESR, etc), the variations in standards is quite large. Often, such doctors may be very skilled in certain areas of their specialty, but are found lacking in basic competences of other areas of their specialty. They have also worked for long time periods within the same hospital/Trust, thus depriving them of the experience which comes from a training rotation.*

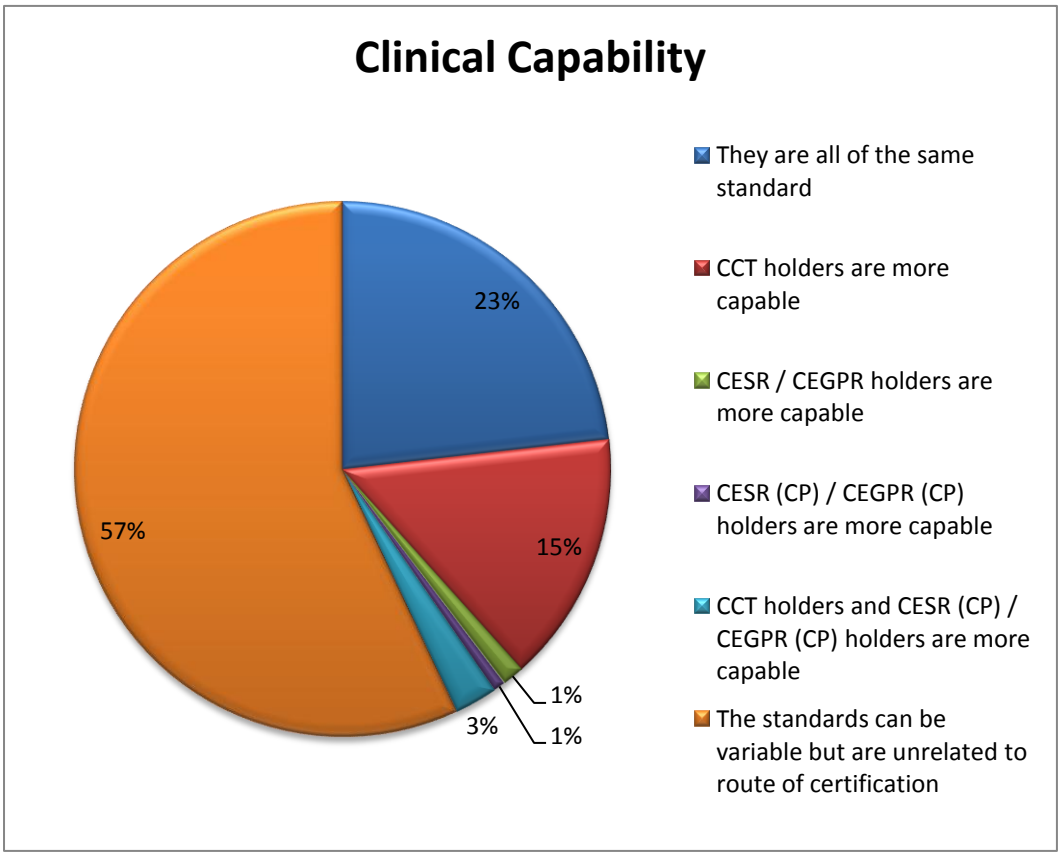
Q46: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor's clinical capability to work at GP or Consultant level?

The response to this question shows little bias towards any qualification in particular, instead the two most prevalent answers were that they are the 'same standard' (23.2%) and that 'standards can be variable but are unrelated to certification route' (57%).

Table 97: Clinical capability

Answer Options	Response Percent	Response Count
They are all of the same standard	23.2%	35
CCT holders are more capable	15.2%	23
CESR / CEGPR holders are more capable	1.3%	2
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	1
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.6%	4
The standards can be variable but are unrelated to route of certification	57.0%	86
answered question		151
skipped question		36

Figure 78: Clinical capability



Q47: Free text Clinical Capability

There were 74 responses.

Again the main theme emerging was that CCT holders are likely to be more capable due to a number of factors including:

1. Competitive process to gain entry onto a training programme for CCT; and
2. Rigorous quality assured training programme with wide variety of experience.

There were a few responses supporting CESR holders as being the more capable due to a perception that they have more years of clinical experience.

Selection of free text answers:

- *Those who have gained CCT had previously undergone intense competition to gain a coveted place on the specialty registrar programme in the first place to enable them to proceed to CCT hence are likely to be stronger candidates by the time of completion of training;*
- *CCT holders are more likely to have had a variety of clinical experience in their specialty as part of their training rotation than the other routes, which are often limited to long service based posts in the same hospital/Trust. Clinical decision making skills are also better in CCT holders;*

- *Structured training programme, particularly important in clinical specialities with interventions;*
- *CESR have more clinical experience;*
- *CESR most of the time have more hands on experience from overseas; and*
- *The two routes should have the same competence level if the assessment is objective.*

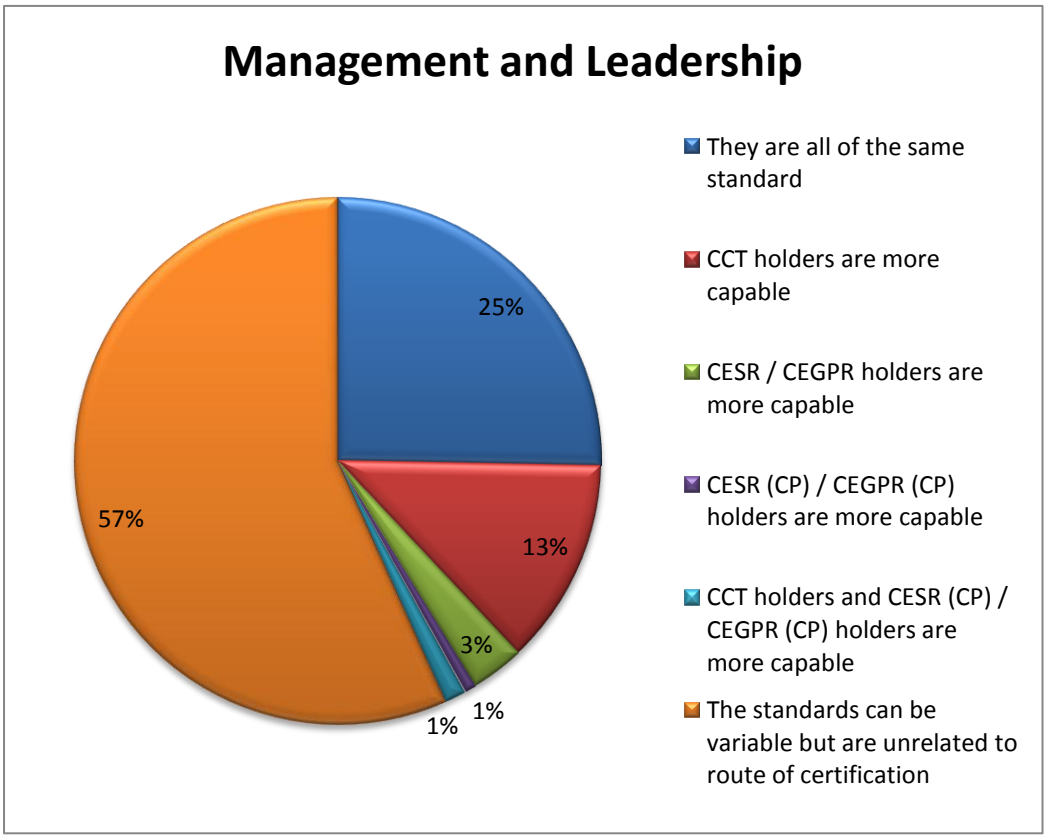
Q48: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of management and leadership?

As with the previous question the response to this statement shows little bias towards any qualification in particular with the two most prevalent answers being that they are the 'same standard' (25.3%) and that 'standards can be variable but are unrelated to certification (56.7%).

Table 98: Management and leadership

Answer Options	Response Percent	Response Count
They are all of the same standard	25.3%	38
CCT holders are more capable	12.7%	19
CESR / CEGPR holders are more capable	3.3%	5
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	1
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	1.3%	2
The standards can be variable but are unrelated to route of certification	56.7%	85
answered question		150
skipped question		37

Figure 79: Management and leadership



Q49: Free Text Management and Leadership

There were 76 responses.

The two main themes were:

1. CCT holders are more capable due to their formal training in management and leadership and they have good knowledge of the NHS systems; and
2. CESR holders are more capable due to their wider experience of other health care systems, sometimes in another country.

Selection of free text answers:

- *CCT holders are trained formally in leadership and management which other route holders do not;*
- *CCT holders are trained in the local system for more years, therefore they are more capable of meeting the demands of the profession;*
- *CCT holders have the experience of training in various hospitals as part of their training rotation, and hence are more confident. Other routes include posts involving service provision in the same hospital, and an emphasis on developing service based skills only;*
- *More structured training, regular supervision, more focus and support to built on management and leadership skills;*

- *CESR are more experienced due to overseas exposure; and*
- *Unfortunately the CCT training does not focus on identifying the improvement and assessing changes in the service as the trainees tend not to take any role in service redesign. The CCT training is too clinical focussed with no emphasis on "problem solving" and crisis management at service level.*

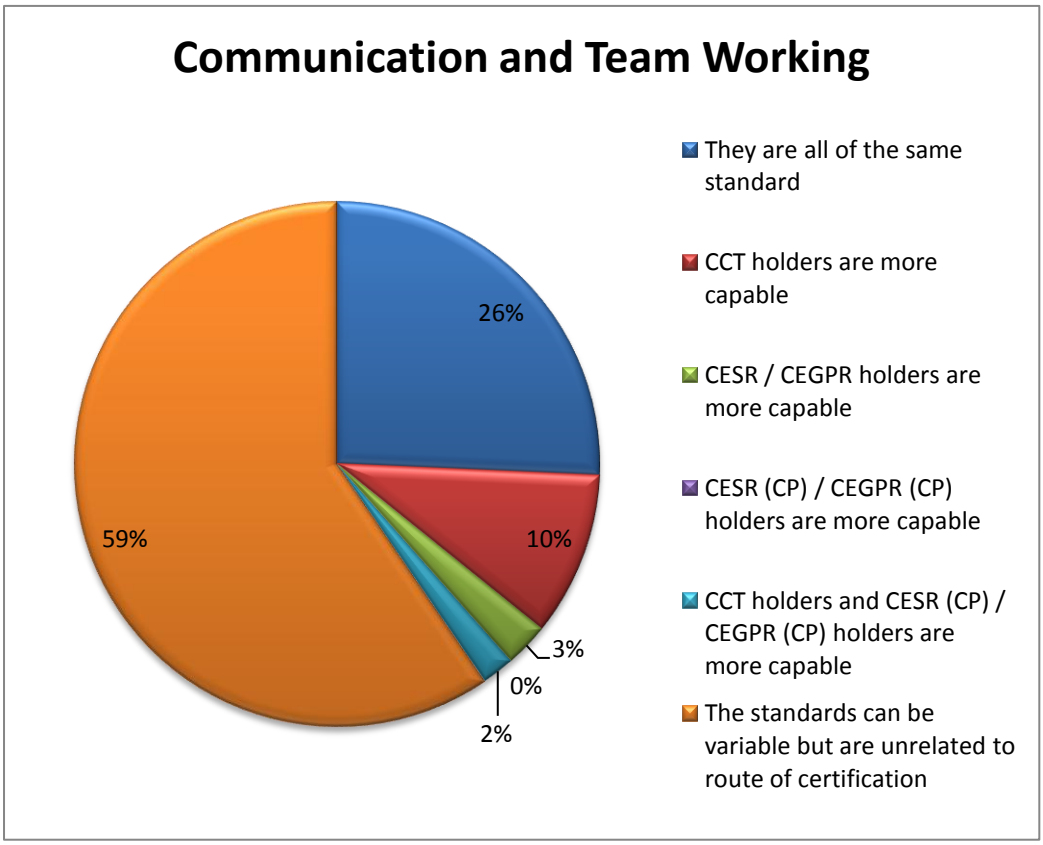
Q50: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of communication and team-working?

The answers here are similar again with the majority saying standard of certification is the same (24.2%) and standards are unrelated to certification route (59.5%).

Table 99: Communication and teamworking

Answer Options	Response Percent	Response Count
They are all of the same standard	25.7%	38
CCT holders are more capable	10.1%	15
CESR / CEGPR holders are more capable	2.7%	4
CESR (CP) / CEGPR (CP) holders are more capable	0.0%	0
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.0%	3
The standards can be variable but are unrelated to route of certification	59.5%	88
answered question		148
skipped question		39

Figure 80: Communication and team-working



Q51: Free Text Communication and Team-Working

There were 57 responses. In summary the main theme that emerged was that there is a perception that CCT holders may be more capable in these competences as they have trained in the UK, understand UK culture and are more likely to have English as a first language.

Selection of free text answers:

- *Because in the UK, if someone does not have a good communication and team work skills , they cannot progress further in training as it's an essential and important component of the training structure, just as the academic and clinical knowledge importance;*
- *In other countries, for example, my country, Sudan, no such assessment and importance is given to such kind of skills, and this had affected the efficiency of health care delivered to the patients in a negative way;*
- *I strongly believe that UK training standards prepare trainees for their future role as Consultants. The medical knowledge may be similar if training is obtained via different routes but a Consultant is required to have additional roles, related with management and leadership experience. These are encouraged during the official training more than in other routes;*
- *Training in UK gives an understanding of cultural expectations and nuances although this can also be gained by working here in non-training posts; and*

- *UK training likely to have better language skills.*

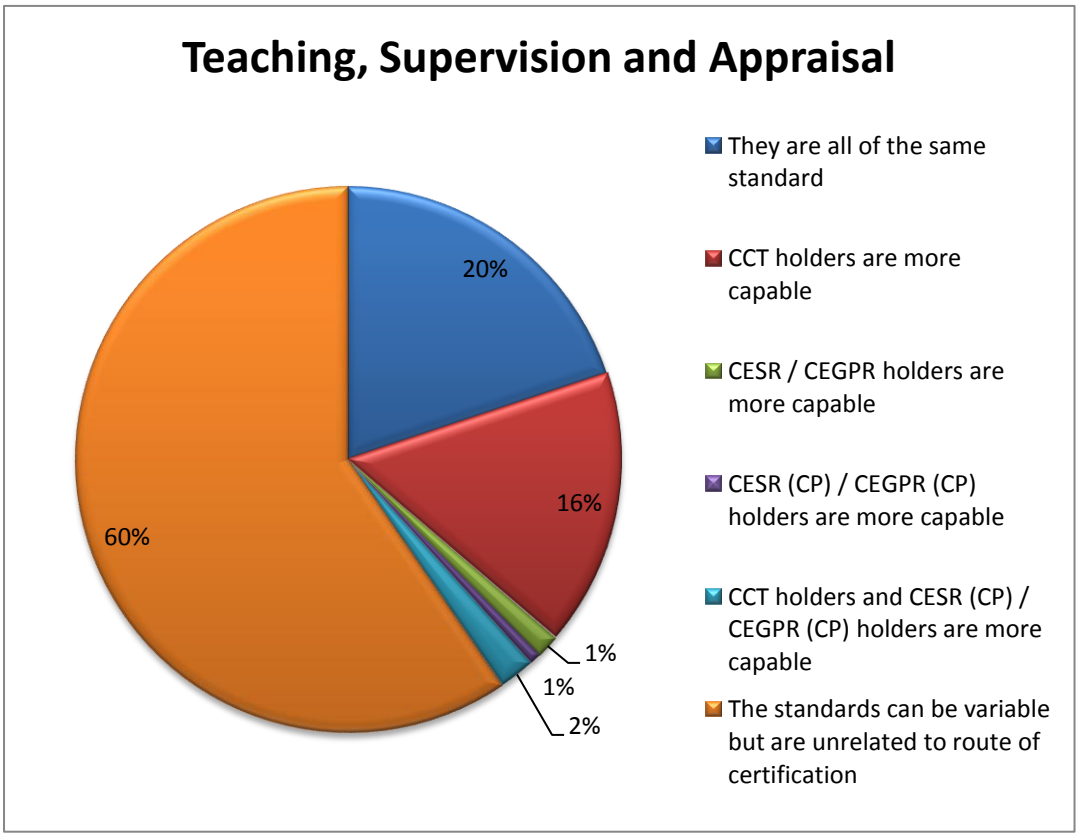
Q52: Which route(s) to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of teaching, supervision and appraisal?

This question again shows a pattern of response with the majority choosing the response 'they are all of the same standard' (19.9%) and 'standards are unrelated to certification route' (59.6%).

Table 100: Teaching, Supervision and Appraisal

Answer Options	Response Percent	Response Count
They are all of the same standard	19.9%	29
CCT holders are more capable	16.4%	24
CESR / CEGPR holders are more capable	1.4%	2
CESR (CP) / CEGPR (CP) holders are more capable	0.7%	1
CCT holders and CESR (CP) / CEGPR (CP) holders are more capable	2.1%	3
The standards can be variable but are unrelated to route of certification	59.6%	87
answered question		146
skipped question		41

Figure 81: Teaching, Supervision and Appraisal



Q53: Free text Teaching, Supervision and Appraisal

There were 80 responses.

The main theme was that there is a perception that CCT holders may be more capable as they themselves have been through the UK system, they have been trained to teach, they have vast opportunity to teach and have been thoroughly assessed in these competences.

Selection of free text responses:

- *Teaching and supervision are more commonly an intrinsic part of a CCT holder's training whereas many going through other routes will have worked in service posts;*
- *As specialty training is within a framework of regular supervision and supervision of juniors and appraisal of other clinicians it's likely to produce clinicians with better skills at supervision & appraisal;*
- *Attaining CCT entails participation in a training programme that have the following characteristics;*
- *Rotation through different hospitals, tertiary centres and DGHs, by working alongside seniors with varied capabilities and seniority, from authorities in a topic to more general specialists. There is a clear teaching component in the programme. Continued educational activities is very much part of the rotations. Graded level of responsibility and training in procedures.*

CCTs are stronger academically, at least in theory. All these factors would make a CCT's more capable in teaching and juniors supervisions than Non CCTs; and

- *Some of the CESR applicants have more teaching and appraisal experience than the CCT because of the high threshold expected of them.*

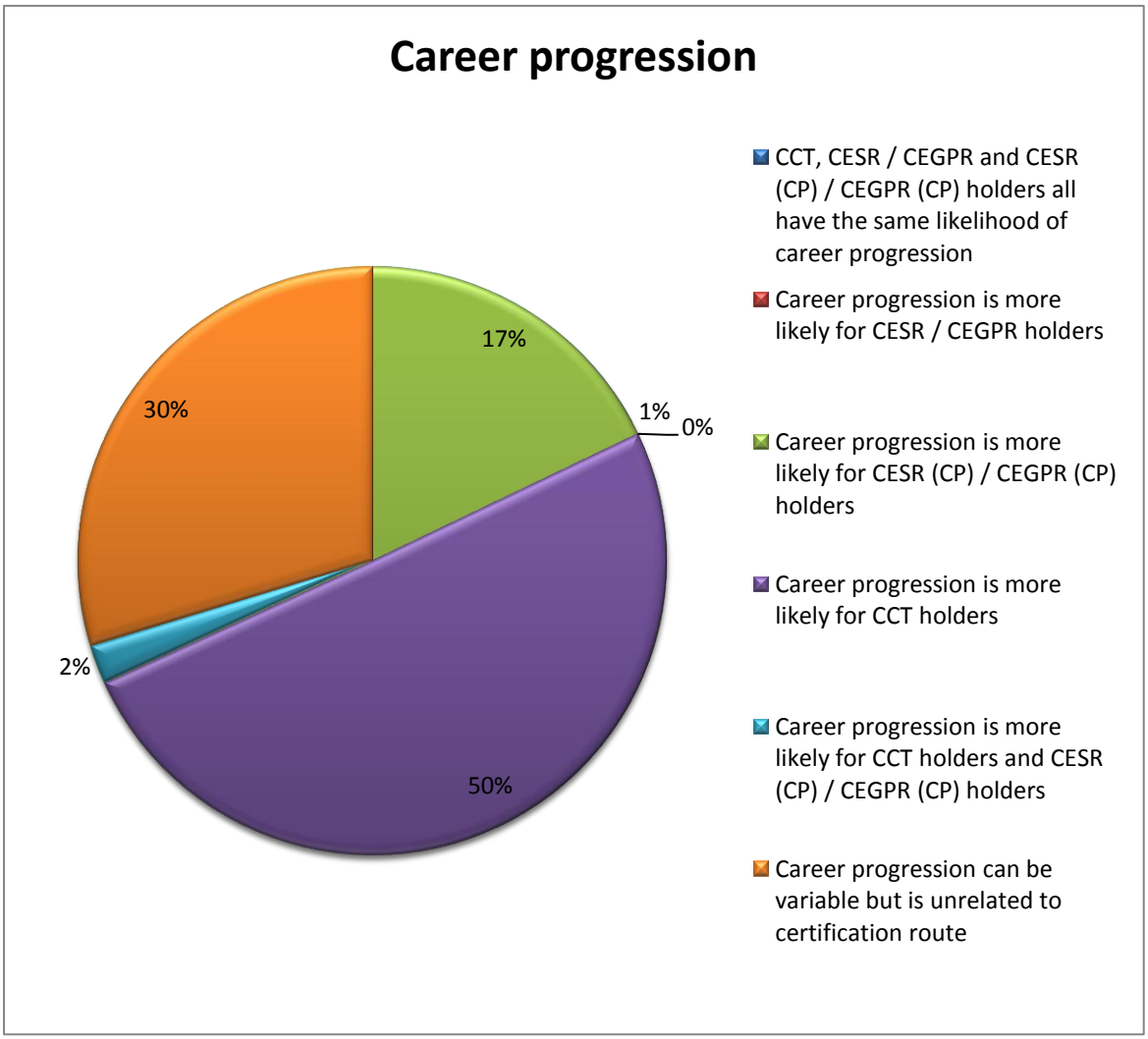
Q54: In relation to career progression (salary progression, clinical excellence awards, appointment to other responsibilities e.g. clinical lead, clinical director, College tutor, education lead, other trust management, research or education/academic posts etc), following substantive appointment to GP or Consultant posts, which of the following statements do you agree with?

There is a strong indication that the sample believe those who hold the CCT qualification are more likely to enjoy greater career progression (50.3%).

Table 101: Career progression by certification

Answer Options	Response Percent	Response Count
CCT, CESR / CEGPR and CESR (CP) / CEGPR (CP) holders all have the same likelihood of career progression	17.2%	25
Career progression is more likely for CESR / CEGPR holders	0.7%	1
Career progression is more likely for CESR (CP) / CEGPR (CP) holders	0.0%	0
Career progression is more likely for CCT holders	50.3%	73
Career progression is more likely for CCT holders and CESR (CP) / CEGPR (CP) holders	2.1%	3
Career progression can be variable but is unrelated to certification route	29.7%	43
answered question		145
skipped question		42

Figure 82: Career progression by certification



Q55: Free Text Career Progression

There were 130 responses.

The overall perception expressed was that CCT holders are more likely to progress in their careers for the following reasons:

1. CCT route is more common and better understood by the NHS;
2. The CCT route is viewed as more robust and therefore CCT holders are favoured;
3. CCT holders are younger and may be more ambitious; and
4. CCT holders may be stronger candidates from the start as they have been through a competitive process to gain entry into a training programme.

There was also a perception expressed that CESR holders may be extremely capable clinicians, but they do not receive the same opportunities as CCT holders. This may result in a lost opportunity for the NHS.

Selection of free text responses:

- *I think the certificate of CCT is rated more highly as it is the commonest route to completion and the more traditional route so people are more familiar with it;*
- *Whether true or not, CCT is perceived to be superior. The reasons why someone may be using an alternative route to CCT are also likely to cause prejudice against career progression;*
- *CCT holders are generally speaking younger when completing training and are more likely to be more ambitious. Also superiors are more likely to respect CCT holders as being stronger candidates;*
- *CESR-it will always be a doubted and questioned qualification. The existence of three different certificates of completion of training will potentially lead to development of a preferential treatment for people with CCT especially in specialties where competition is tough;*
- *I suspect that holders of CCT will have stronger CVs (explaining their smoother progression through training) and they are therefore more likely to be awarded extra roles. So they may be better candidates from the start, rather than because they hold a CCT per se;*
- *This is the unwritten law of the land!;*
- *The current system is not well-equipped to fully recognise nor optimally utilise the valuable skills of many talented clinicians who choose to create their own career path instead of following a narrow prescribed route. While this state of affairs is disappointing for those clinicians, this is ultimately a loss for our profession, for patients and their families and for our society in general; and*
- *Seems to be an inherent bias towards CESR applicants as deemed to others to be "lower standard" as have not followed conventional training path. HOWEVER many are highly dedicated, respect, hard working and very competent doctors who for a multitude of reasons (personal, immigration, home situation etc) have been unable or did not wish to follow a conventional training route. These doctors will benefit the NHS as Consultants and should not be discriminated against.*

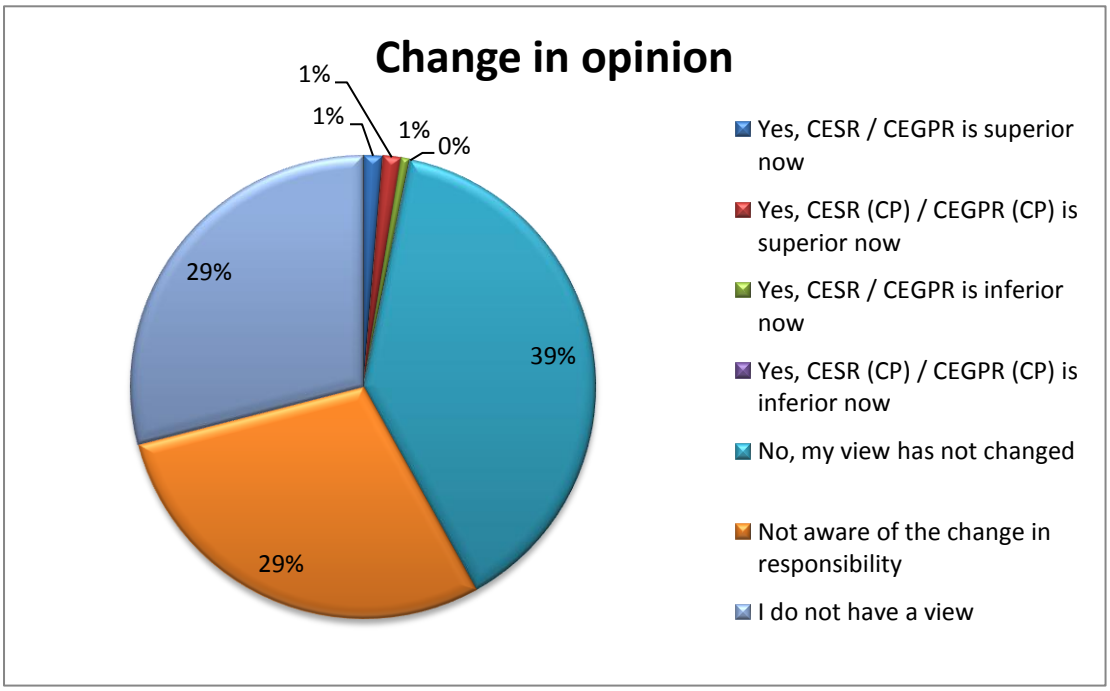
Q56: Has there been a change in your view of the CESR / CEGPR and CESR (CP) / CEGPR (CP) routes since the GMC assumed responsibility for them from PMETB in April 2010? Please check all that apply

The trend in this question suggests that most see no change (42%), do not have a view (31.5%), or are unaware of the change in responsibility (31.5%).

Table 102: Change in opinion

Answer Options	Response Percent	Response Count
Yes, CESR / CEGPR is superior now	1.3%	2
Yes, CESR (CP) / CEGPR (CP) is superior now	1.3%	2
Yes, CESR / CEGPR is inferior now	0.6%	1
Yes, CESR (CP) / CEGPR (CP) is inferior now	0.0%	0
No, my view has not changed	39.0%	60
Not aware of the change in responsibility	29.0%	45
I do not have a view	29.0%	45
	answered question	155
	skipped question	32

Figure 83: Change in opinion



Q57: Free text change in opinion since GMC took over from PMETB

There were 126 responses. There were several themes in the responses:

1. Many were unaware of the change in responsibility, unaware of the different certification routes and there were several negative comments regarding PMETB;
2. There was a view expressed that there should only be one route to certification;
3. The CESR route is still onerous in terms of the documentation required; and
4. The CESR certification route is still not given the recognition or value it should have in the NHS.

Selection of free text responses;

- *My view is unchanged by the change in responsibility for administration. Despite the fact that I believe doctors approved by the CESR route are equally capable, due to the additional paperwork required and my impression of others' opinions of CESR, I still believe CCT to be a preferable certificate;*
- *Since CESR is similar to CCT and if trainee is able to demonstrate eligibility why not keep one stem/route;*
- *I am a staff grade and at this point struggling for help to salvage my career. I have 20 years of experience and have compared and assessed my capabilities against many Consultants and regret that my competencies are no less than them. Unfortunately they have done their exam but I have not. In Anaesthetics it is so difficult even to sit the primary once you are late;*
- *I believe they both should be of the same value, some people, though highly qualified professionals with most up to date knowledge didn`t have the opportunity to enter into the CCT training and this shouldn`t be a disadvantage for them which would prevent them from getting a post which they are qualified for;*
- *By right it should not make a difference; having completed a local program of training does not always guarantee high standards of outcome, nor does outside training mean that its level is necessarily lower;*
- *I strongly feel that only CCT route should be available to become a Consultant or a GP to maintain the quality of Consultants and GPs to a world class level. Too many routes will dilute the standards and hence the quality of care the patients will receive. If easy routes become available to become a Consultant or a GP, why would medical students or any other doctors try to go through more rigorous or stringent route of going through CCT route. If CESR/CP holders start to compete with CCT holders in job markets at equal level then no one will be interested to go through CCT route;*
- *Still very extensive documentation required and very difficult, time-consuming and complicated process. Increased expense as well; and*
- *The outcome of the certification is the same regardless of which organisation is managing the process.*

Q59: Additional Comments Free Text

There were 57 responses.

The main theme from the free text responses was a suggestion for a single certificate for entry onto the Specialist or GP register, either by the training (CCT) or non-training route (CESR/CEGPR). If the routes are demonstrated to be equivalent in terms of competence to become an independent practitioner, then a unifying change in the final nomenclature of the certification may serve to help end the perception in the NHS that the CESR/CEGPR is different to a CCT certificate.

Selection of free text responses:

- *Personally, I am in the boat of people who wish to get to the Specialist register through CESR after being let down by the conventional route CCT's obstacles. So naturally I am very alarmed if the establishment wish to move to an American model of specialist registration where basically there is one and only route. That would be a recipe for disaster and create indentured servitude among the trainee/ junior doctor serfdom. They would be at the mercy of Deaneries alone and those (doctors) who fail to get a numbered trainee post would be left with only one alternate----commit suicide or train to be a plumber!;*
- *As before, CCST should be the final route for all trainee progressing to a ""Consultant"" level of independent practice regardless of the pathway chosen. This is a more family friendly approach and will help those intending flexible working etc. Creation of a single end stage CCST would also help reduce confusion in Consultant appointments and help ensure a higher degree of Quality Assurance and ultimately be better for patient safety and clinical care;*
- *Many thanks for doing this survey. I hope it helps towards creating one award (CCT) for all, and that SAS doctors are given a fair chance to prove and highlight their abilities and not be discriminated against further;*
- *Useful survey and look forward to hearing the results; and*
- *The amount and variety of evidence required to prove capability attainment for a CESR is substantial and ensures the required competencies are met. However the lack of ring-fenced time and structured teaching for aspects such as leadership / management as a Consultant for those coming through the CESR rather than CCT route may put them at a disadvantage as a Consultant. I think there is still significant bias against employing people with a CESR over someone with a CCT if the standard during interview is the same however.*

Uniform questions from the three Doctors Surveys: Results

There were several questions (eleven) that were repeated through the three doctors' surveys and we have pooled these results to give an overall view from the medical profession. The total sample size was 9247 out of a population of ~218,000. There were 1546 responses analysed, giving a 16.7% response rate. Based on the sample size relative to the population it can be assumed that when a general consensus is illustrated there is a 95% confidence level with a margin of error of 2.48%[7], thus suggesting an acceptable level of statistical significance. The following will display the pooled responses from the two harmonized sections in the three surveys based on trainees, certificate holders and SAS doctors.

In addition we have analysed these uniform questions to evaluate any variability in responses by region, speciality and knowledge of equivalence routes. Tables showing the disaggregation of the sample population by region (%), specialty (%) and knowledge of the equivalence routes (knowledge of all three routes vs. 'not sure' about the routes to certification) will be shown when relevant to the discussion. There was good spread of responses from the different specialties with the highest number of responses from the Surgical specialties, General Practice, Physicianly specialties and Psychiatry.

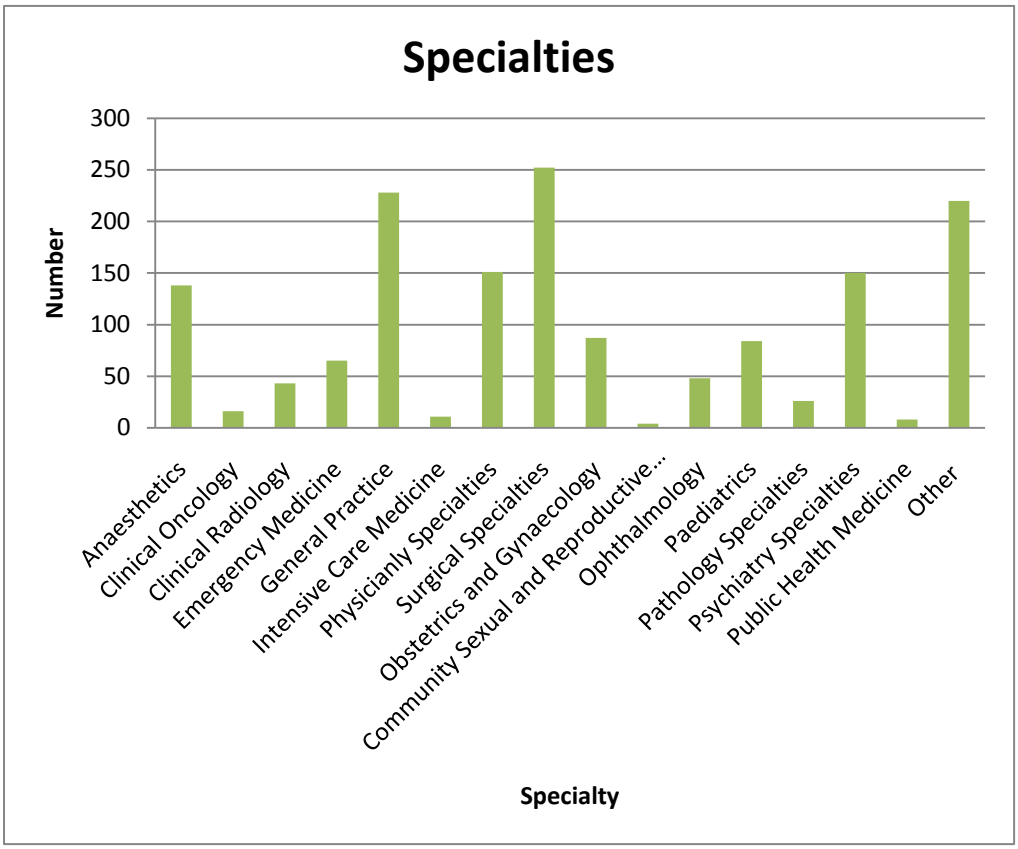
In this sample 60% of the doctors were male and 40% female. 52 % responded that the UK was their country of primary medical qualification, 20% were from India, 7% were from Pakistan and 21% were from other countries including Europe, Australia, New Zealand and other South Asian countries.

[7] This is based on a conservative percentage of fifty. Also, these figures cannot be used as a significance guideline when answers are disaggregated (IE by specialty or region) or when questions have received a limited number of responses.

Table 103: Specialty

Specialty	Number	%
Anaesthetics	138	9
Clinical Oncology	16	1
Clinical Radiology	43	3
Emergency Medicine	65	4
General Practice	228	15
Intensive Care Medicine	11	1
Physicianly Specialties	151	10
Surgical Specialties	252	16
Obstetrics and Gynaecology	87	6
Community Sexual and Reproductive Health	4	0
Ophthalmology	48	3
Paediatrics	84	5
Pathology Specialties	26	2
Psychiatry Specialties	150	10
Public Health Medicine	8	1
Other	220	14
No answer	15	1
Total	**1546**	**100**

Figure 84: Specialty

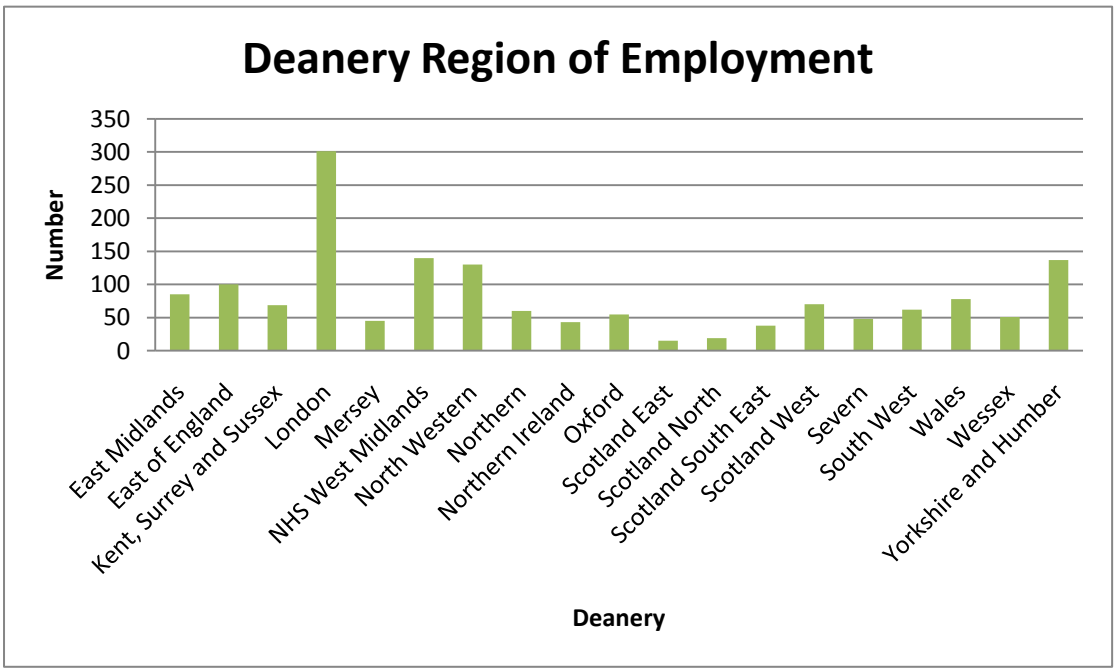


The responses were also categorised by Deanery and there was a good spread of responses from all the Deaneries. There were most responses from the London Deanery, followed by NHS West Midlands, Yorkshire and Humber and North Western Deaneries.

Table 104: Deanery region

Deanery	Number	%
East Midlands	85	5
East of England	100	6
Kent, Surrey and Sussex	69	4
London	301	19
Mersey	45	3
NHS West Midlands	140	9
North Western	130	8
Northern	60	4
Northern Ireland	43	3
Oxford	55	4
Scotland East	15	1
Scotland North	19	1
Scotland South East	38	2
Scotland West	70	5
Severn	48	3
South West	62	4
Wales	78	5
Wessex	51	3
Yorkshire and Humber	137	9
Total	1546	100

Figure 85: Deanery region



Uniform Questions:

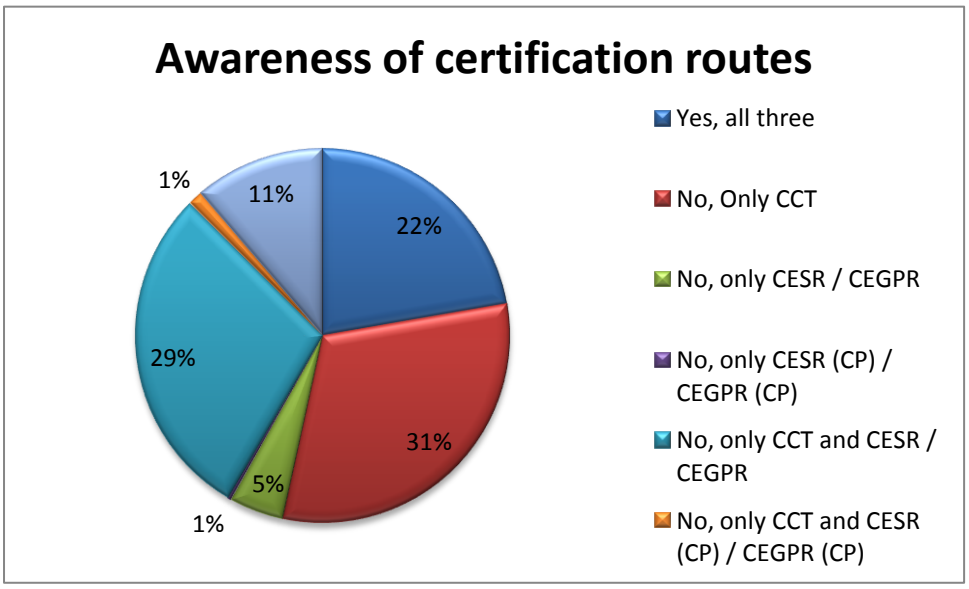
1. **Were you previously aware of all the different routes to attain certification (CCT, CESR / CEGPR and CESR (CP) / CEGPR (CP)?**

The most common answer to this question was only CCT, with 31% of the sample population choosing this. The second most frequent answer is a combination of CCT and CESR/CEGPR (29%). A little over a fifth knew of all three routes (22%) and 11% were unsure (N.B. 41 skipped the question).

Table 105: Awareness of certification routes

Awareness of certification routes	Number	%
Yes, all three	335	22%
No, only CCT	469	31%
No, only CESR / CEGPR	70	5%
No, only CESR (CP) / CEGPR (CP)	5	0%
No, only CCT and CESR / CEGPR	437	29%
No, only CCT and CESR (CP) / CEGPR (CP)	20	1%
Not sure	169	11%
TOTAL	**1505**	**100%**

Figure 86: Awareness of certification routess



2. **Please indicate your view on the following statement:**

'A CCT is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

The vast majority of the sample (80%) either agreed or strongly agreed with the preceding

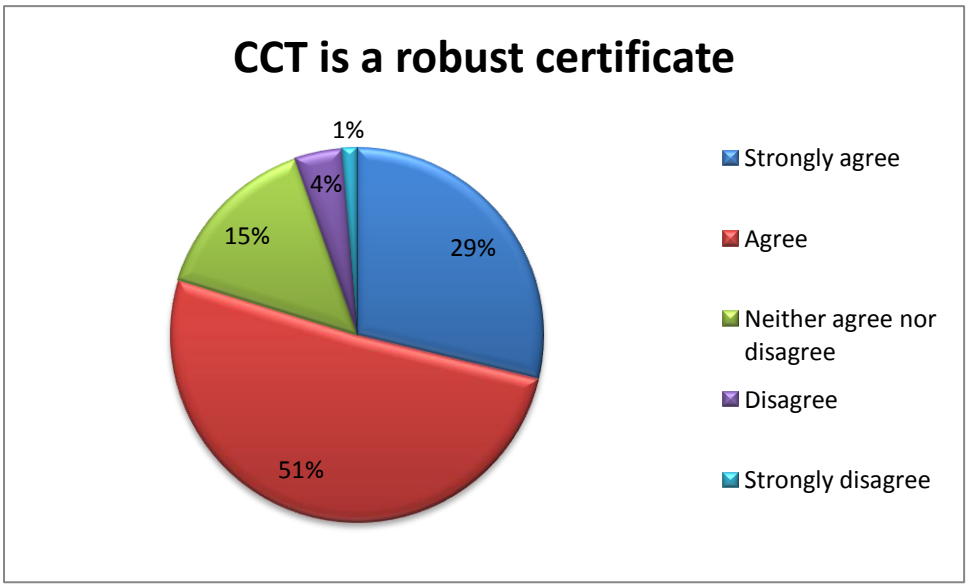
statement, with a percentage of 51% and 29% respectively.

Less than a fifth neither agrees nor disagrees with the statement, with only 5% disagreeing or strongly disagreeing. This reflects positively upon the overall sample population confidence toward CCT holders as unsupervised practitioners.

Table 106: CCT is a robust certificate

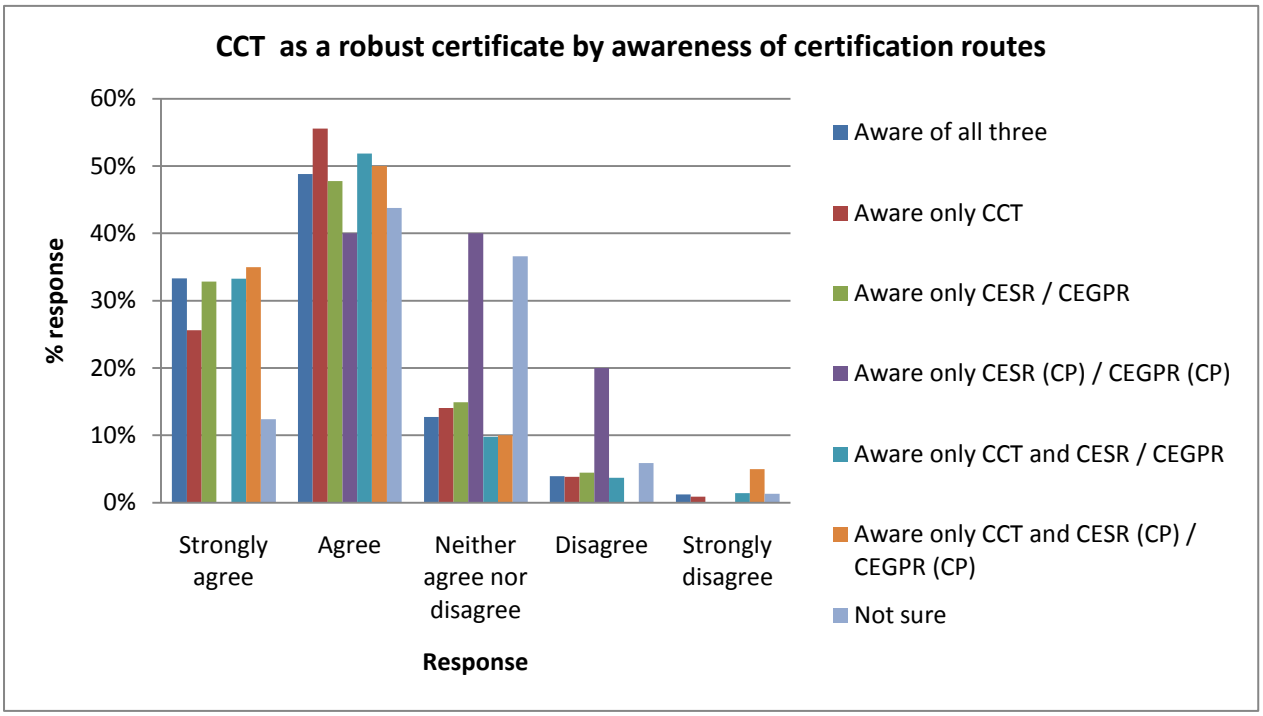
CCT robust certificate	Number	%
Strongly agree	417	29%
Agree	740	51%
Neither agree nor disagree	216	15%
Disagree	59	4%
Strongly disagree	18	1%
TOTAL	**1450**	**100**

Figure 87: CCT is a robust certificate



In analysis of the opinion regarding robustness of CCT by knowledge of routes to certification, it is apparent that those who were unsure about the routes were more likely to respond 'neither agree nor disagree' (37%) than those that knew about all the routes (13%). In addition, the respondents who were aware of all the routes were more likely to agree or strongly agree with the statement (>80%) than those who were unsure (56%).

Figure 88: CCT is a robust certificate according to awareness of the certification routes

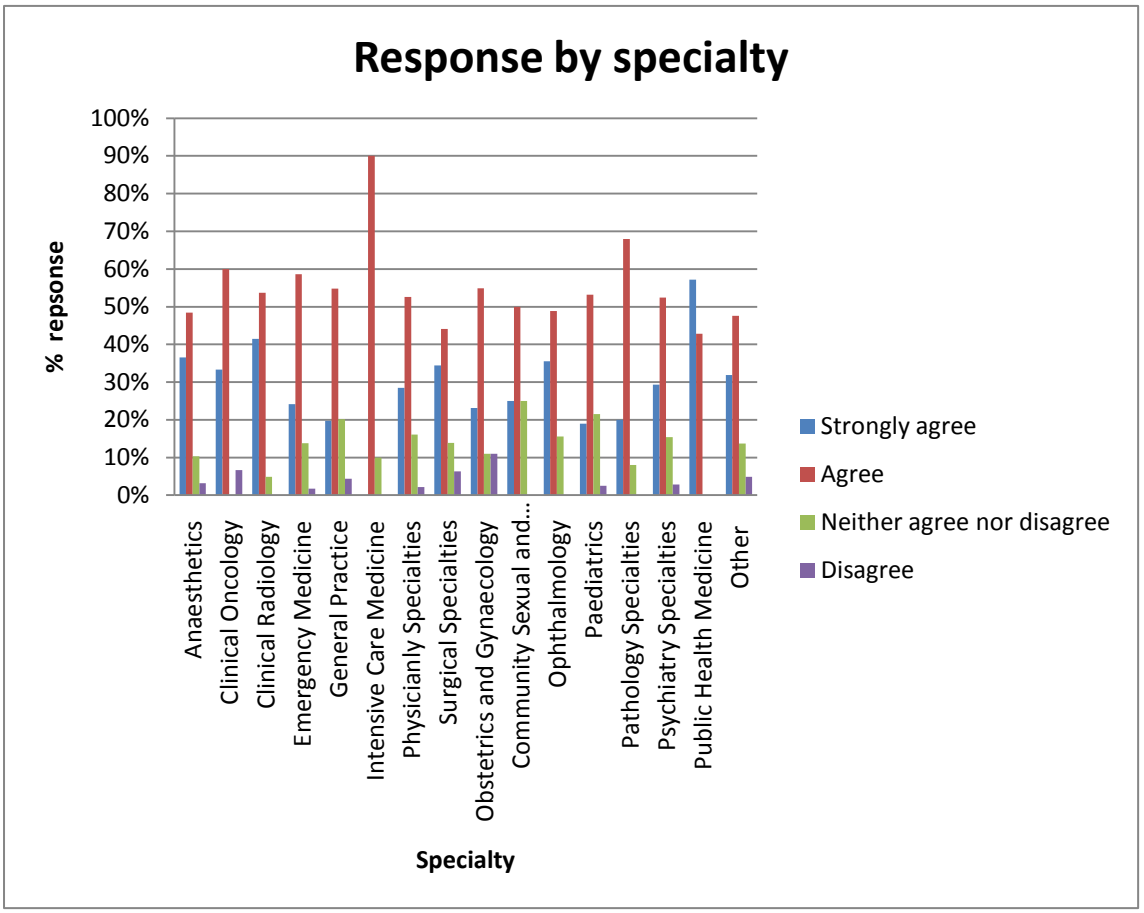


In terms of specialty there are no apparent breaks from the trend besides public health (although this is based on a low number of subjects) whom all either agreed (43%) or strongly agreed (57%) with the statement. Note there was no disagreement with this statement within this Specialty. Also, Obstetrics and Gynaecology had a higher percentage disagreeing with the statement (11% compared with the average of 4% previously).

Table 107: CCT is a robust certificate

Specialty	Question response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Anaesthetics	37%	48%	10%	3%	2%
Clinical Oncology	33%	60%	0%	7%	0%
Clinical Radiology	41%	54%	5%	0%	0%
Emergency Medicine	24%	59%	14%	2%	2%
General Practice	20%	55%	20%	4%	1%
Intensive Care Medicine	0%	90%	10%	0%	0%
Physicianly Specialties	28%	53%	16%	2%	1%
Surgical Specialties	34%	44%	14%	6%	1%
Obstetrics and Gynaecology	23%	55%	11%	11%	0%
Community Sexual and Reproductive Health	25%	50%	25%	0%	0%
Ophthalmology	36%	49%	16%	0%	0%
Paediatrics	19%	53%	22%	3%	4%
Pathology Specialties	20%	68%	8%	0%	4%
Psychiatry Specialties	29%	52%	15%	3%	0%
Public Health Medicine	57%	43%	0%	0%	0%
Other	32%	48%	14%	5%	2%

Figure 89: CCT is a robust certificate

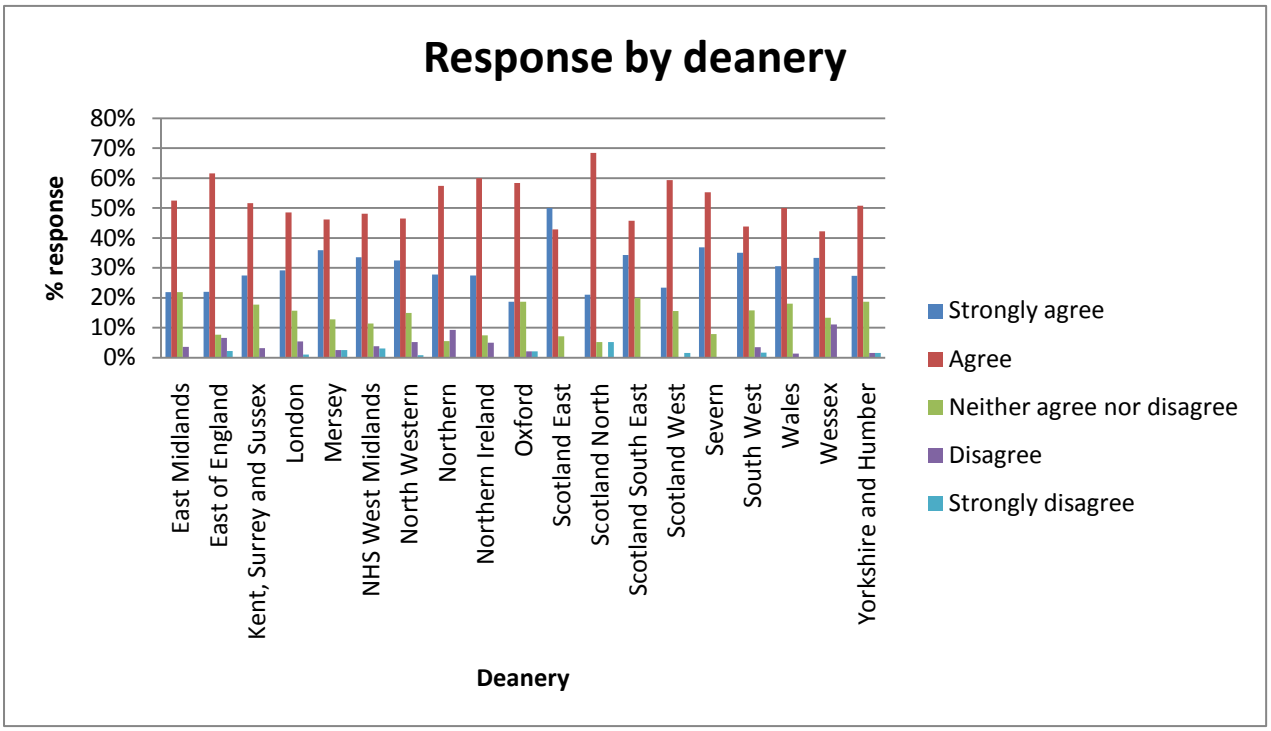


In terms of regional averages there are some deviations from the overall figures. As demonstrated in the figures below Scotland east show the highest level of strong agreement. Although it is evident within the table (below) that Scottish Deaneries show a greater tendency of overall agreement relative to the levels of disagreement.

Table 108: CCT is a robust certificate

Deanery	Question Response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
East Midlands	22%	52%	22%	4%	0%
East of England	22%	62%	8%	7%	2%
Kent, Surrey and Sussex	27%	52%	18%	3%	0%
London	29%	49%	16%	5%	1%
Mersey	36%	46%	13%	3%	3%
NHS West Midlands	34%	48%	11%	4%	3%
North Western	32%	46%	15%	5%	1%
Northern	28%	57%	6%	9%	0%
Northern Ireland	28%	60%	8%	5%	0%
Oxford	19%	58%	19%	2%	2%
Scotland East	50%	43%	7%	0%	0%
Scotland North	21%	68%	5%	0%	5%
Scotland South East	34%	46%	20%	0%	0%
Scotland West	23%	59%	16%	0%	2%
Severn	37%	55%	8%	0%	0%
South West	35%	44%	16%	4%	2%
Wales	31%	50%	18%	1%	0%
Wessex	33%	42%	13%	11%	0%
Yorkshire and Humber	27%	51%	19%	2%	2%

Figure 90: CCT is a robust certificate



3. Please indicate your view on the following statement:

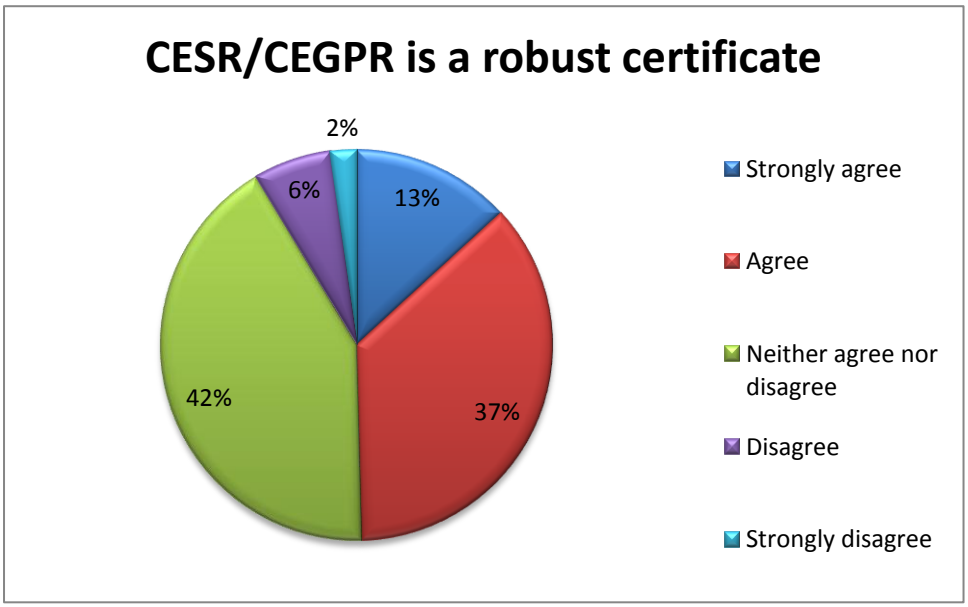
'A CESR / CEGPR is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

In comparison with the previous question regarding CCT, the participant's views of the CESR/CEGPR certificates are less favourable. The most common answer here is neither agree nor disagree (42%). The percentage of those that agree or strongly agree has fallen by approximately 15% in both cases respectively. The number of those who disagree or strongly disagree has risen slightly, by about 2% and 1% overall, although this is still low.

Table 109: CESR/CEGPR is a robust certificate

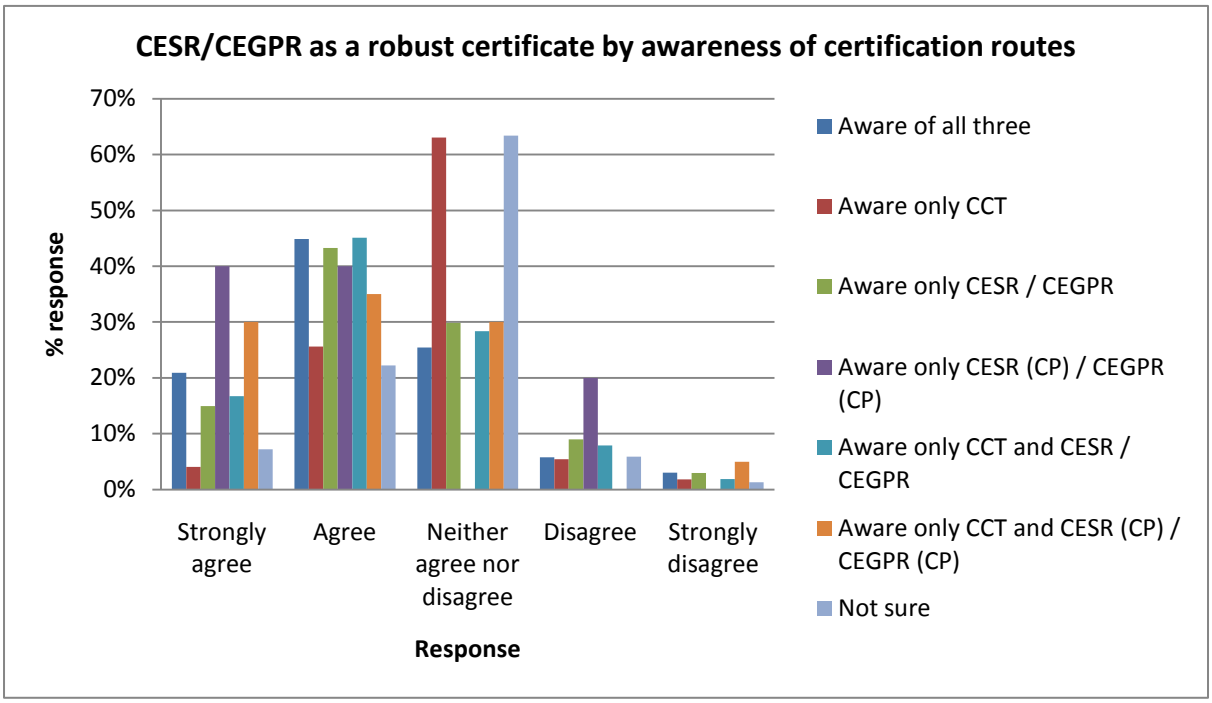
CESR/CEGPR robust certificate	Number	%
Strongly agree	191	13%
Agree	528	36%
Neither agree nor disagree	607	42%
Disagree	93	6%
Strongly disagree	31	2%
TOTAL	**1450**	**100%**

Figure 91: CESR/CEGPR is a robust certificate



A relationship between knowledge of equivalence routes and response to this question is shown: 66% of those who knew of all the routes agreed or strongly agreed with statement, compared with only 29% of those who were unsure. In addition, only 30% of those that knew only of the CCT route responded positively to this question.

Figure 92: CESR/CEGPR as a robust certificate according to awareness of routes to certification



Of the specialities with larger returns few notably deviate from the overall sample averages. Of these, the specialities with the highest level of overall disagreement are Clinical Oncology (14%), Surgical Specialties (12%), Obstetrics and Gynaecology (12%), Ophthalmology (11%), Psychiatry (11%) and Public Health Medicine (14%).

Table 110: CESR/CEGPR is a robust certificate

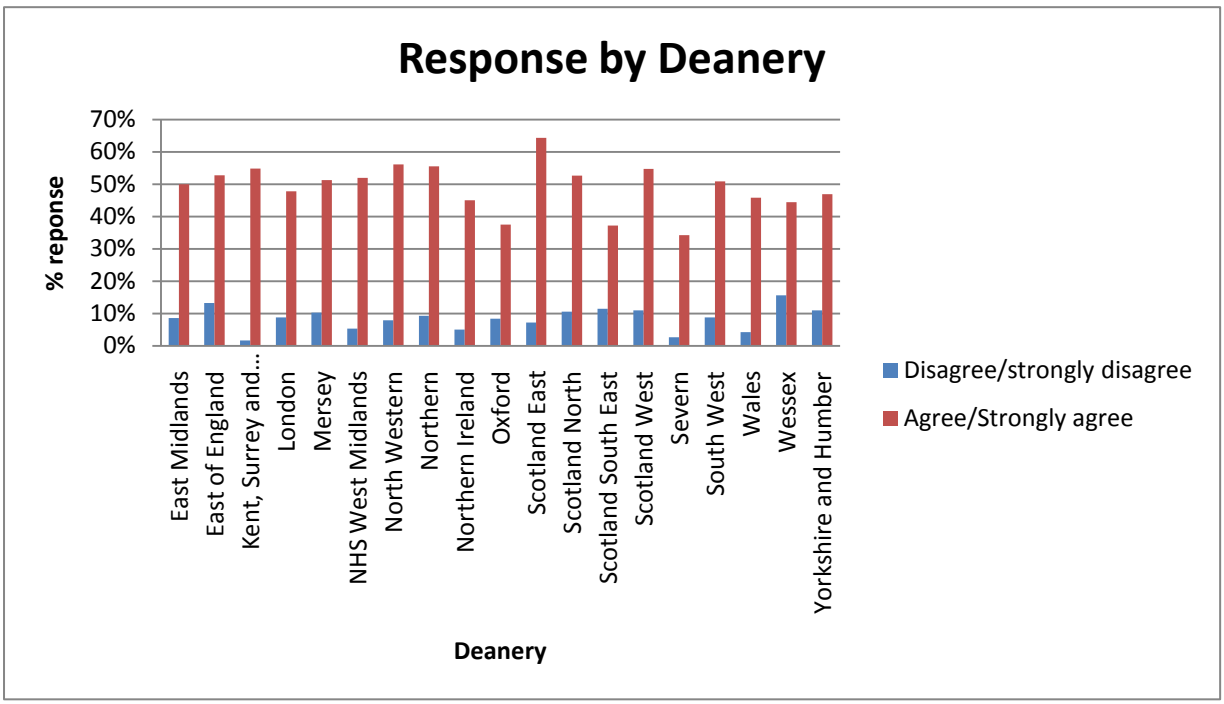
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Anaesthetics	13%	44%	33%	7%	2%
Clinical Oncology	20%	20%	47%	7%	7%
Clinical Radiology	5%	41%	49%	5%	0%
Emergency Medicine	14%	34%	48%	3%	0%
General Practice	6%	28%	60%	5%	1%
Intensive Care Medicine	0%	50%	50%	0%	0%
Physicianly Specialties	12%	34%	45%	6%	3%
Surgical Specialties	16%	34%	37%	8%	4%
Obstetrics and Gynaecology	12%	39%	37%	10%	2%
Community Sexual and Reproductive Health	25%	0%	75%	0%	0%
Ophthalmology	20%	38%	31%	7%	4%
Paediatrics	10%	42%	46%	1%	1%
Pathology Specialties	8%	24%	60%	8%	0%
Psychiatry Specialties	14%	40%	35%	10%	1%
Public Health Medicine	43%	14%	29%	0%	14%
Other	19%	39%	34%	6%	1%

When we look at the responses by region there are some notable differences from the aggregate figures. Scotland East, North and West show some more favourable figures regarding the statement, whereas Severn and Scotland South-East show a lower than average agreement level of approx. 13%.

Table 111: CESR/CEGPR is a robust certificate

Deanery	Question Response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
East Midlands	16%	34%	41%	6%	2%
East of England	14%	38%	34%	9%	4%
Kent, Surrey and Sussex	16%	39%	44%	2%	0%
London	14%	34%	43%	7%	2%
Mersey	13%	38%	38%	5%	5%
NHS West Midlands	13%	39%	43%	1%	5%
North Western	16%	40%	36%	8%	0%
Northern	11%	44%	35%	7%	2%
Northern Ireland	10%	35%	50%	3%	3%
Oxford	6%	31%	54%	4%	4%
Scotland East	21%	43%	29%	7%	0%
Scotland North	11%	42%	37%	11%	0%
Scotland South East	14%	23%	51%	11%	0%
Scotland West	8%	47%	34%	9%	2%
Severn	11%	24%	63%	3%	0%
South West	14%	37%	40%	7%	2%
Wales	14%	32%	50%	3%	1%
Wessex	11%	33%	40%	16%	0%
Yorkshire and Humber	13%	34%	42%	9%	2%

Figure 93: CESR/CEGPR is a robust certificate



4. Please indicate your view on the following statement:

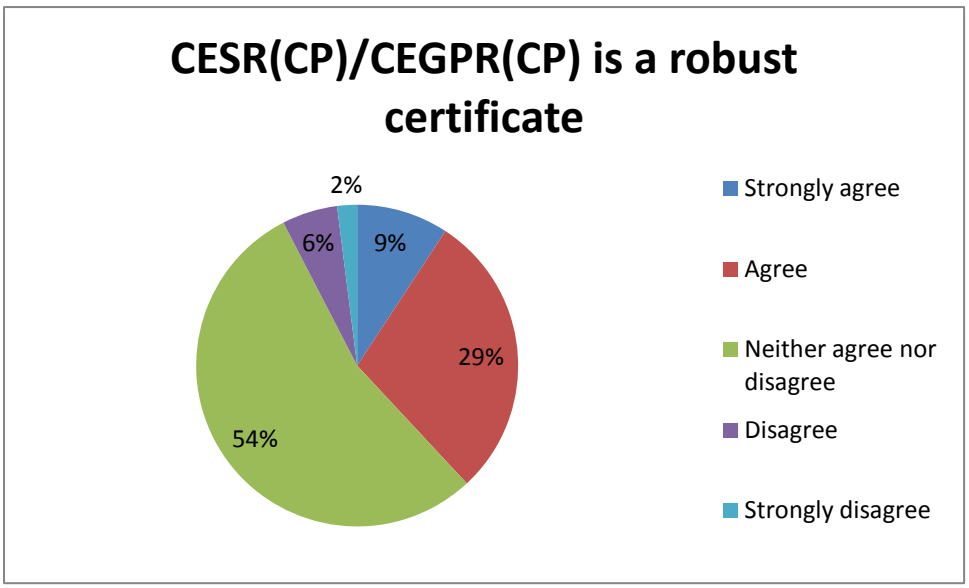
'A CESR (CP) / CEGPR (CP) is a robust certificate to ensure a doctor's competence to practise as a Consultant or GP without supervision.'

The responses for this question are very similar to that of the previous question. The most significant change being that the number of overall in agreement fell by around 11%. The majority appearing to shift their opinion toward neither agree nor disagree.

Table 112: CESR (CP)/CEGPR (CP) is a robust certificate

CESR(CP)/CEGPR(CP) Robust certificate	Number	%
Strongly agree	134	9%
Agree	418	29%
Neither agree nor disagree	788	54%
Disagree	81	6%
Strongly disagree	29	2%
TOTAL	**1450**	**100**

Figure 94: CESR (CP)/CEGPR (CP) is a robust certificate



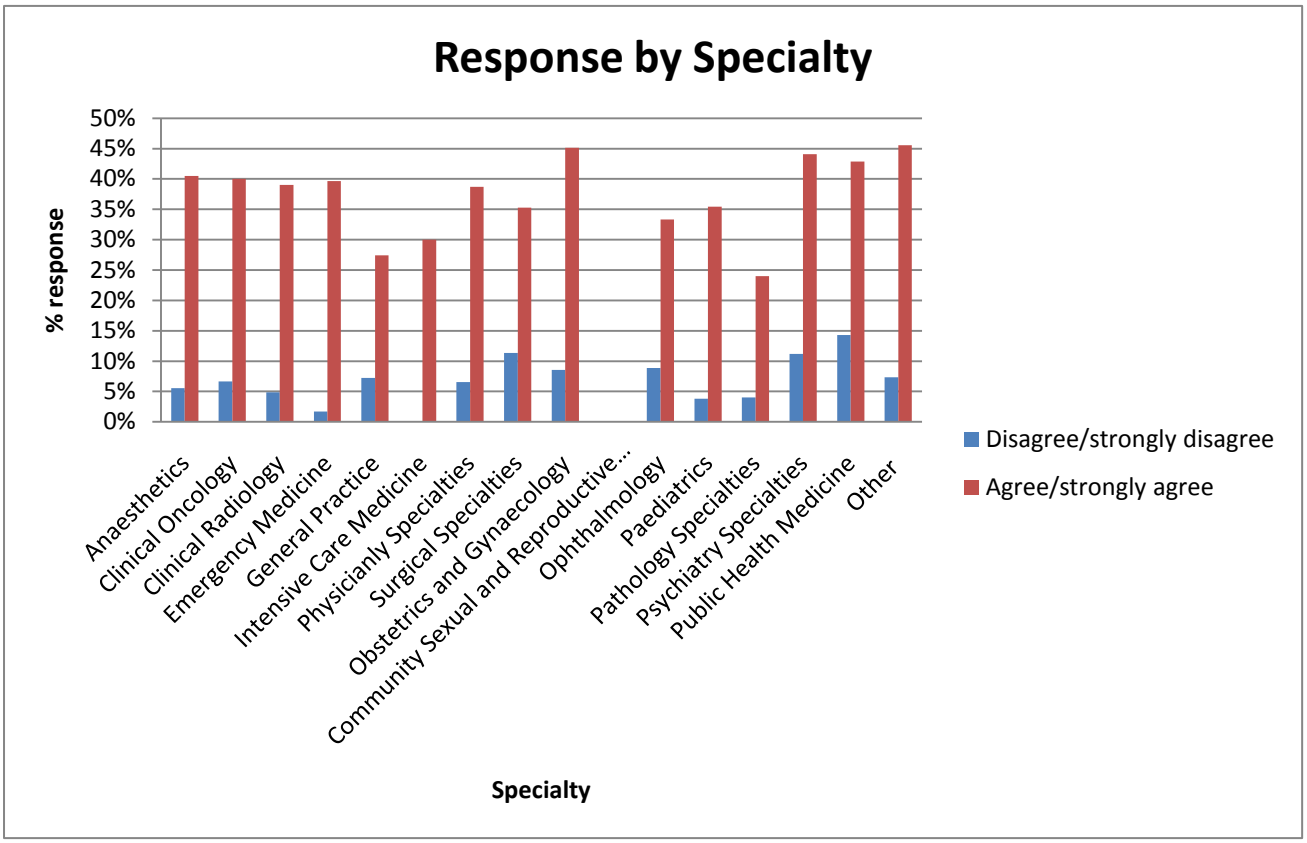
In terms of knowledge of equivalence routes there is evidence of bias in the responses to this question: those that knew of the CESR(CP)/CEGPR(CP) were more likely to agree or strongly agree with the statement (50-80%), compared with only 24% who were unsure and 26% of those who knew only of CCT.

In terms of specialty there are some that show a reduction in the levels of disagreement, such as Anaesthetics and Psychiatry. The highest levels of disagreement/strong disagreement are seen in the Surgical specialties, Psychiatry and Public Health.

Table 113: CESR (CP)/CEGPR (CP) is a robust certificate

Specialty	Question response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Anaesthetics	9%	32%	54%	4%	2%
Clinical Oncology	13%	27%	53%	0%	7%
Clinical Radiology	5%	34%	56%	5%	0%
Emergency Medicine	12%	28%	59%	2%	0%
General Practice	2%	25%	65%	6%	1%
Intensive Care Medicine	0%	30%	70%	0%	0%
Physicianly Specialties	10%	28%	55%	5%	1%
Surgical Specialties	11%	24%	53%	7%	4%
Obstetrics and Gynaecology	12%	33%	46%	7%	1%
Community Sexual and Reproductive Health	0%	0%	100%	0%	0%
Ophthalmology	13%	20%	58%	2%	7%
Paediatrics	8%	28%	61%	3%	1%
Pathology Specialties	8%	16%	72%	4%	0%
Psychiatry Specialties	9%	35%	45%	10%	1%
Public Health Medicine	29%	14%	43%	0%	14%
Other	12%	33%	47%	6%	1%

Figure 95: CESR (CP)/CEGPR (CP) is a robust certificate



There are no significant deviations here in analysis of regional views.

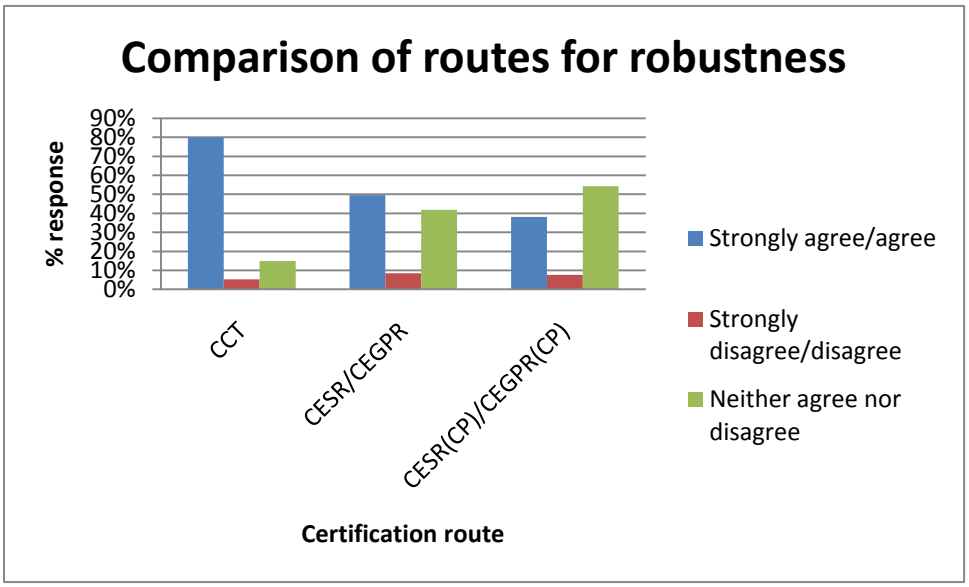
Table 114: CESR (CP)/CEGPR (CP) is a robust certificate

Deanery	Question response				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
East Midlands	11%	23%	55%	10%	1%
East of England	11%	38%	38%	9%	3%
Kent, Surrey and Sussex	8%	27%	61%	3%	0%
London	11%	26%	55%	6%	2%
Mersey	10%	28%	54%	3%	5%
NHS West Midlands	9%	34%	53%	1%	4%
North Western	12%	33%	46%	8%	0%
Northern	7%	31%	59%	0%	2%
Northern Ireland	8%	33%	53%	5%	3%
Oxford	2%	21%	67%	6%	4%
Scotland East	14%	29%	50%	7%	0%
Scotland North	5%	47%	42%	5%	0%
Scotland South East	14%	20%	54%	11%	0%
Scotland West	5%	33%	52%	11%	0%
Severn	5%	24%	66%	5%	0%
South West	7%	25%	61%	5%	2%
Wales	8%	28%	63%	1%	0%
Wessex	11%	29%	53%	4%	2%
Yorkshire and Humber	7%	25%	59%	6%	3%

Comparison of Certification Routes for Robustness: (Summary of Questions 2, 3 and 4)

By combining and comparing the responses for the three questions regarding views on the robustness of the three routes to certification, it is apparent that the CCT is viewed as a robust certificate by significantly more respondents than either a CESR/CEGPR or CESR(CP)/CEGPR(CP). 80% of respondents strongly agreed or agreed that a CCT is a robust certificate, compared with 50% agreeing a CESR/CEGPR is a robust certificate and just under 40% for a CESR(CP)/CEGPR(CP) (see figure 87). Overall less than 10% 'disagreed' or 'strongly disagreed' with the statement regarding robustness of all three routes.

Figure 96: Comparison of views on the robustness of certification routes



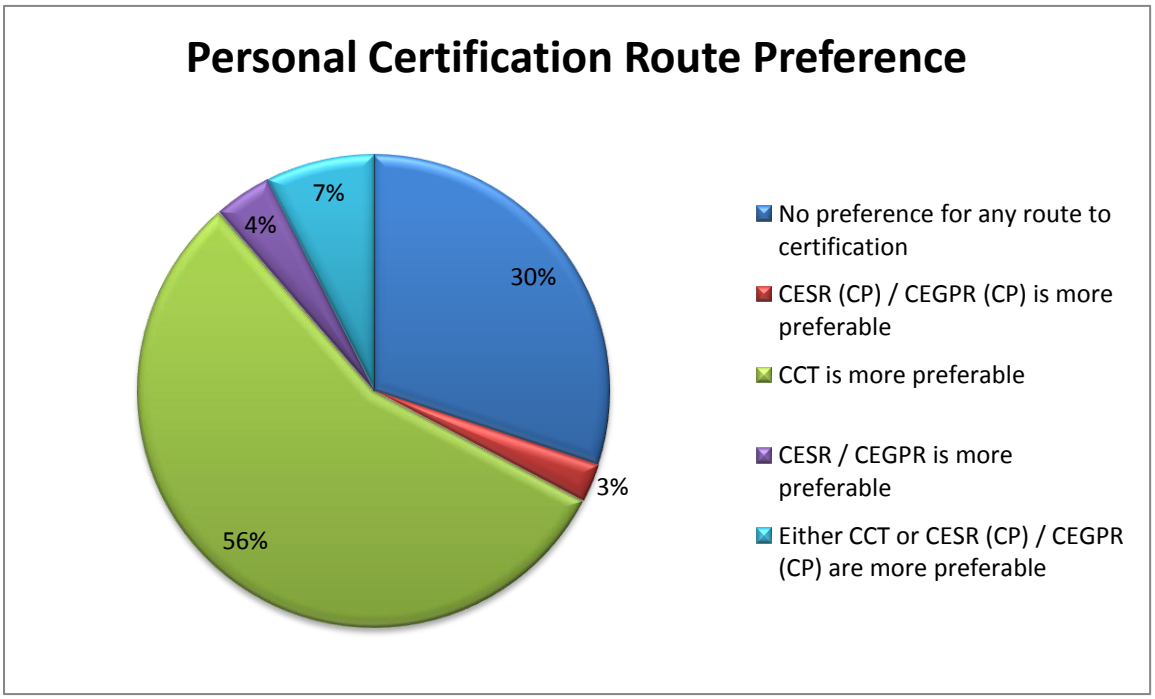
5. When comparing your personal preferences regarding routes to certification please choose one of the following statements:

When comparing the views of respondents with regard to certification route preferences, a majority of the sample stated that the CCT is more preferable (56%), with just over 30% saying they have no preference regarding certification route. The CESR (CP) / CEGPR (CP) and CESR/CEGPR responses were low (3% and 4% respectively).

Table 115: Personal route preference

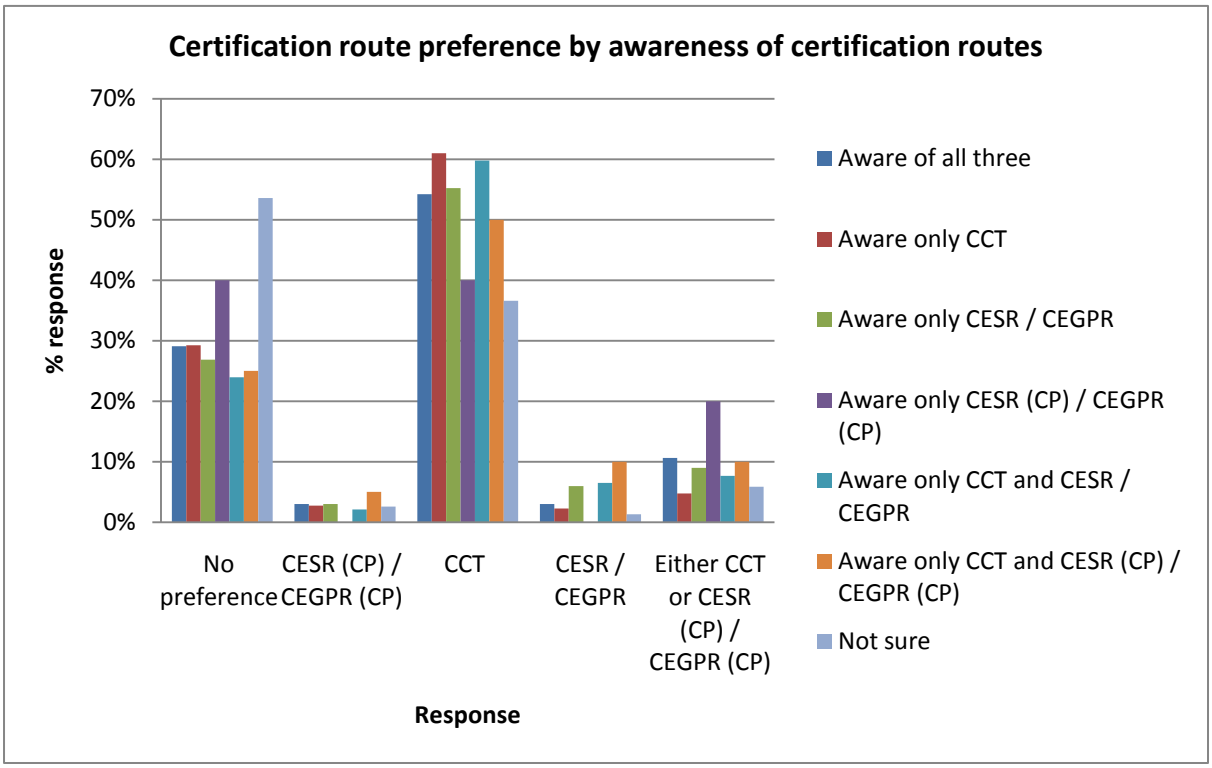
Personal route preference	Number	%
No preference for any route to certification	436	30%
CESR (CP) / CEGPR (CP) is more preferable	38	3%
CCT is more preferable	811	56%
CESR / CEGPR is more preferable	57	4%
Either CCT or CESR (CP) / CEGPR (CP) are more preferable	108	7%
TOTAL	**1450**	**100%**

Figure 97: Personal route preference



Analysis of preference for certification route by knowledge of equivalence routes showed that the CCT was more preferable for all, regardless of knowledge of the routes. However a higher number of those who were unsure of the routes (54%) selected 'no preference for certification route' compared with 25-30% of those that knew of other routes.

Figure 98: Certification route preference by awareness of certification routes



In the figures by specialty, in all but one specialty, the respondents showed a majority preference of CCT certificate route. Community Sexual and Reproductive Health were the only Specialty to not show a majority (50% prefer CCT; 50% no preference), however this can be explained as the number of respondents in this specialty was low at only four. Anaesthetics, Public health and Clinical Oncology were three disciplines that favoured CCT most heavily.

Table 116: Personal route preference

Specialty	Personal certification route preference				
	No preference	CESR (CP) / CEGPR (CP)	CCT	CESR / CEGPR	Either CCT or CESR (CP) / CEGPR (CP)
Anaesthetics	21%	3%	67%	3%	6%
Clinical Oncology	7%	0%	80%	7%	7%
Clinical Radiology	34%	0%	56%	2%	7%
Emergency Medicine	28%	2%	59%	3%	9%
General Practice	42%	1%	50%	1%	5%
Intensive Care Medicine	10%	0%	60%	10%	20%
Physicianly Specialties	31%	4%	59%	1%	4%
Surgical Specialties	30%	1%	58%	4%	8%
Obstetrics and Gynaecology	28%	2%	59%	2%	9%
Community Sexual and Reproductive Health	50%	0%	50%	0%	0%
Ophthalmology	31%	4%	62%	2%	0%
Paediatrics	23%	4%	58%	6%	9%
Pathology Specialties	28%	0%	60%	0%	12%
Psychiatry Specialties	24%	2%	59%	7%	8%
Public Health Medicine	29%	0%	71%	0%	0%
Other	29%	5%	48%	6%	12%

The general trend of CCT preference from the aggregate answers remains in the regional data with most respondents preferring CCT, although there are some anomalies. In Scotland North 11% favour CESR/CEGPR. Wales, Wessex, Yorkshire and Humber, Severn, Northern Ireland, Scotland East, Scotland North, Scotland South East and East midlands all displayed most preference for CCT with percentages over 60%. Although it should also be noted, that all regions showed a moderate result of “no preference” towards certification route.

Table 117: Personal route preference

Deanery	No preference	CESR (CP) / CEGPR (CP)	CCT	CESR / CEGPR	Either CCT or CESR (CP) / CEGPR (CP)
East Midlands	21%	4%	63%	5%	7%
East of England	36%	1%	56%	2%	4%
Kent, Surrey and Sussex	34%	2%	45%	5%	15%
London	27%	3%	55%	4%	11%
Mersey	38%	0%	56%	0%	5%
NHS West Midlands	27%	3%	55%	5%	11%
North Western	30%	4%	54%	7%	6%
Northern	35%	2%	54%	6%	4%
Northern Ireland	38%	0%	60%	0%	3%
Oxford	31%	4%	58%	4%	2%
Scotland East	21%	0%	64%	7%	7%
Scotland North	21%	5%	63%	11%	0%
Scotland South East	31%	0%	63%	3%	3%
Scotland West	38%	0%	53%	3%	6%
Severn	29%	3%	63%	0%	5%
South West	37%	4%	49%	5%	5%
Wales	26%	3%	65%	0%	6%
Wessex	24%	2%	62%	4%	7%
Yorkshire and Humber	27%	3%	61%	4%	5%

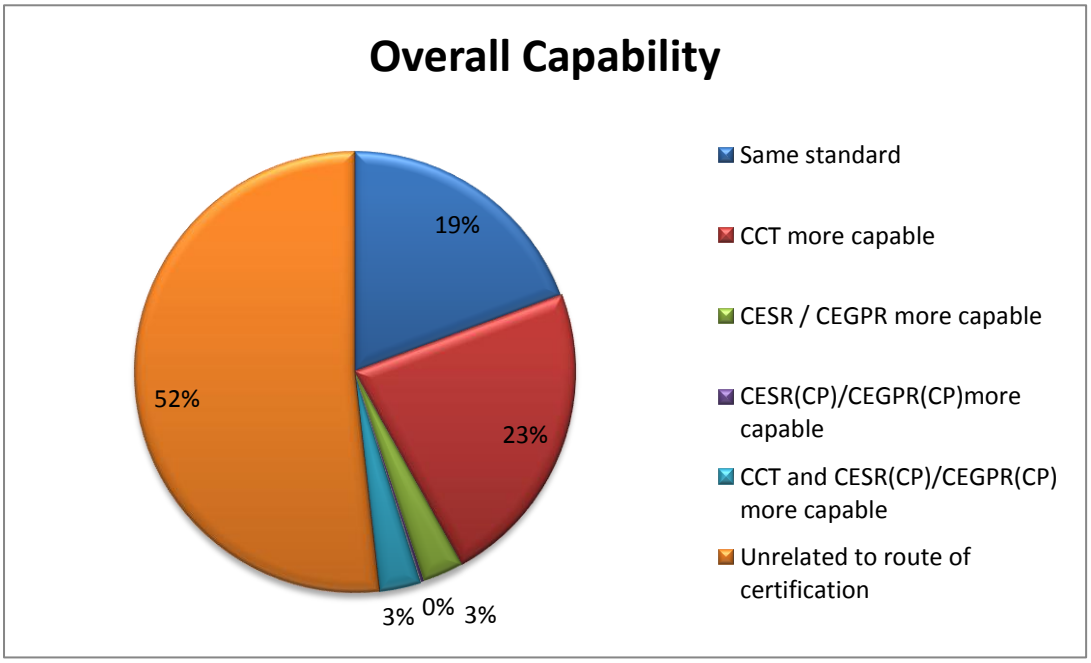
6. **Which route to certification, if any, would give you more confidence in the standard of a doctor's overall capability to work at GP or Consultant level?**

The response to this question shows little bias towards any certification route with the majority (nearly 52%) stating variation in standards is' unrelated to certification route'. 23% responded that they preferred the 'CCT holder was more capable' and 19% responded they thought 'all routes were of the same standard'.

Table 118: Overall capability

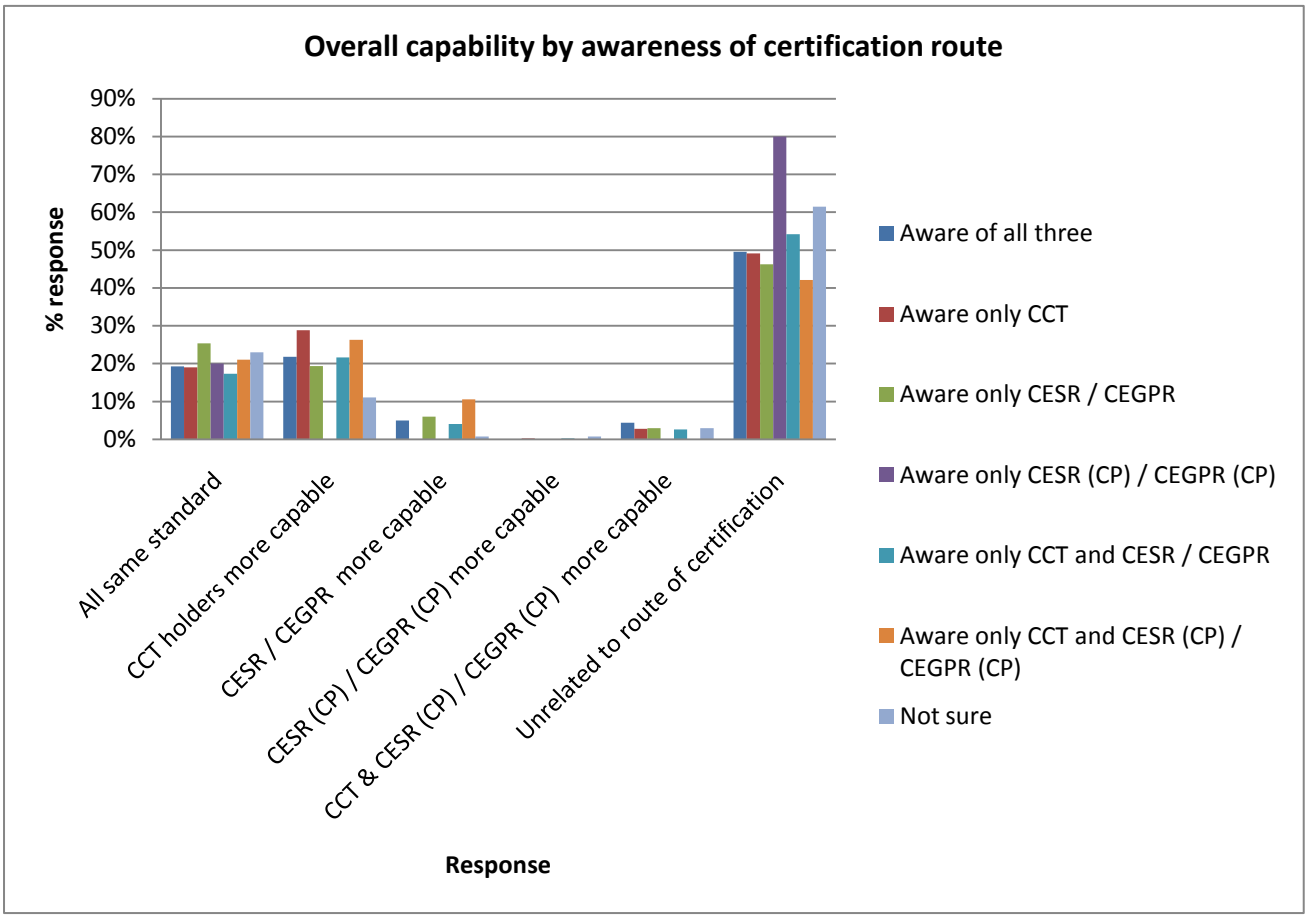
Overall Capability	Number	%
Same standard	265	19%
CCT more capable	310	23%
CESR / CEGPR more capable	41	3%
CESR(CP)/CEGPR(CP)more capable	3	0%
CCT and CESR(CP)/CEGPR(CP) more capable	42	3%
Unrelated to route of certification	710	52%
TOTAL	**1371**	**100%**

Figure 99: Overall capability



Analysis of the results according to knowledge of equivalence routes showed that respondents who only knew of CCT were most likely to respond in favour of CCT (27%) compared with only 11% of those who were unsure. Over one fifth (22%) of those that knew of all the routes responded in preference for CCT. Over three quarters responded that they are all of the same standard or standards are unrelated to route of certification, regardless of knowledge of certification routes.

Figure 100: Overall capability by awareness of routes to certification



There were no major deviations found during analysis of response by specialty or Deanery. The same three answers are most common in all cases (unrelated to route of certification, CCT and the same standard).

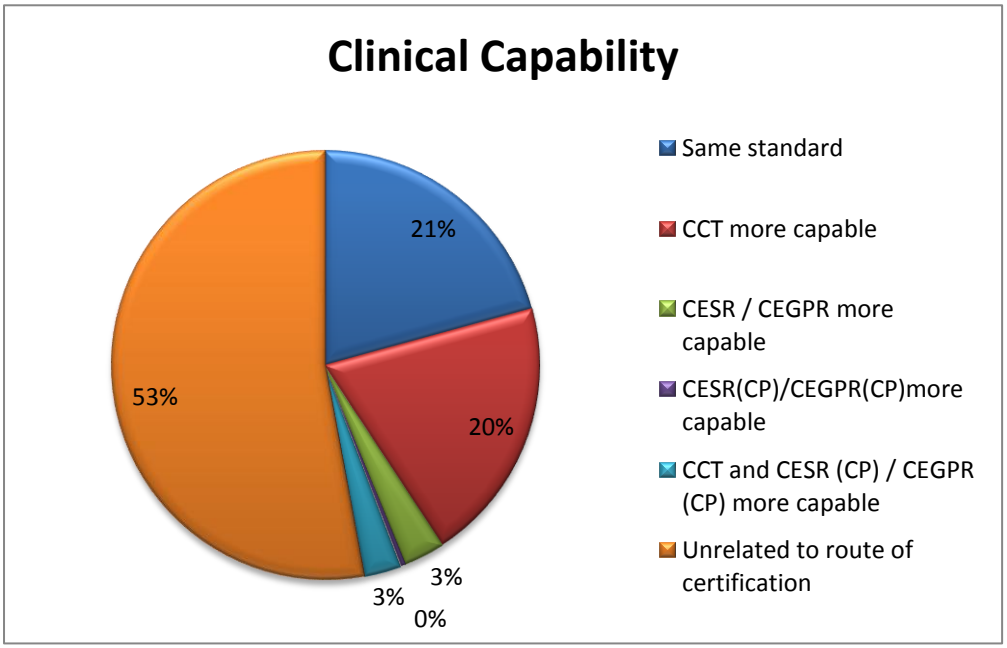
7. Which route to certification, if any, would give you more confidence in the standard of a doctor's clinical capability to work at GP or Consultant level?

The general consensus from this question is very similar to that of the previous one. The most common response being that 'standards are variable but unrelated to certification route'(53%). One noticeable difference in the aggregate results is that the second most common answer in this question is that they are 'all the same standard'. This usurps the trend towards the preference of CCT holders being the second most common answer in the previous question, although 20% still prefer it.

Table 119: Clinical capability

Clinical Capability	Number	%
Same standard	280	21%
CCT more capable	271	20%
CESR / CEGPR more capable	43	3%
CESR(CP)/CEGPR(CP)more capable	5	0%
CCT and CESR (CP) / CEGPR (CP) more capable	37	3%
Unrelated to route of certification	715	53%
TOTAL	**1352**	**100%**

Figure 101: Clinical capability



The responses to this question by knowledge of equivalence routes shows some bias with an increased preference for CESR/CEGPR holders as more capable from those that knew only of CESR/CEGPR (12%), compared with only 3% of those that knew of all the routes and none of those that were unsure.

There were no major deviations found during analysis of response by specialty or Deanery. The same three answers are most common in all cases (unrelated to route of certification, CCT and the same standard).

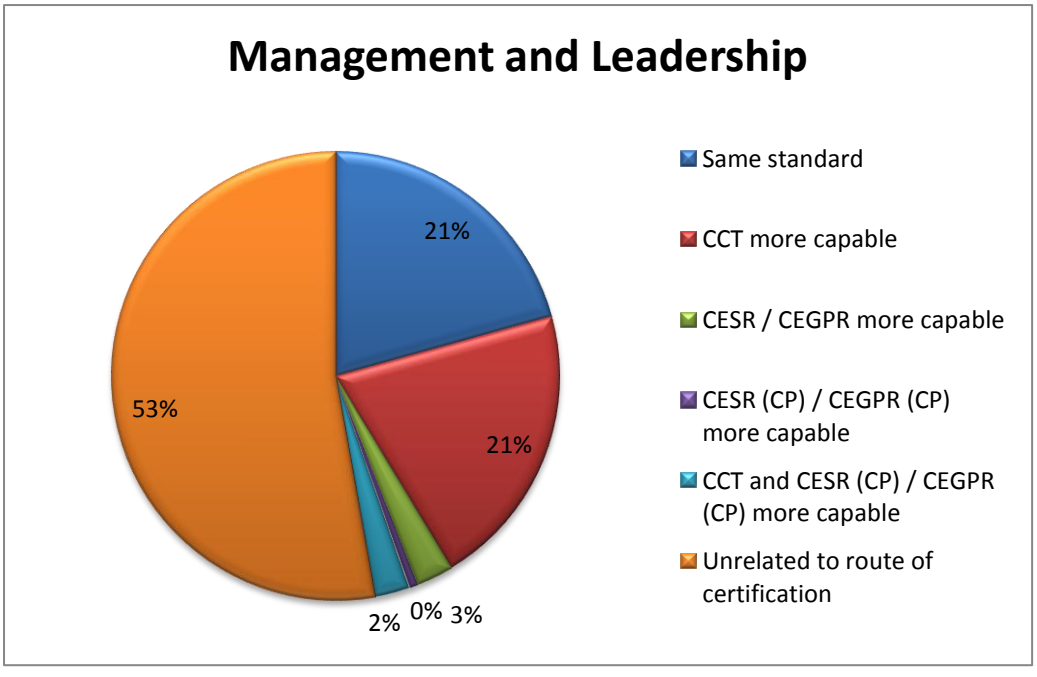
8. **Which route to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of management and leadership?**

As with the previous two questions the answers here are similar again with the majority saying the 'standard is the same' (nearly 21%) and standards are 'unrelated to certification route' (52.8%). In this question the percentage of those who believe CCT holders are more capable has risen (to nearly 21%), to the same level as that those who have responded that they 'all are of the same standard'.

Table 120: Management and leadership

Management and Leadership	Number	%
Same standard	277	21%
CCT more capable	277	21%
CESR / CEGPR more capable	36	3%
CESR (CP) / CEGPR (CP) more capable	8	0%
CCT and CESR (CP) / CEGPR (CP) more capable	34	3%
Unrelated to route of certification	707	53%
TOTAL	**1339**	**100%**

Figure 102: Management and leadership



Over 90% of those who were unsure of the routes to certification did not choose a particular certification route and responded that they are all of the same standard or unrelated to certification

route. Again there were no major deviations found during analysis of response by specialty or Deanery. The same three answers are most common in all cases (unrelated to route of certification, CCT and the same standard).

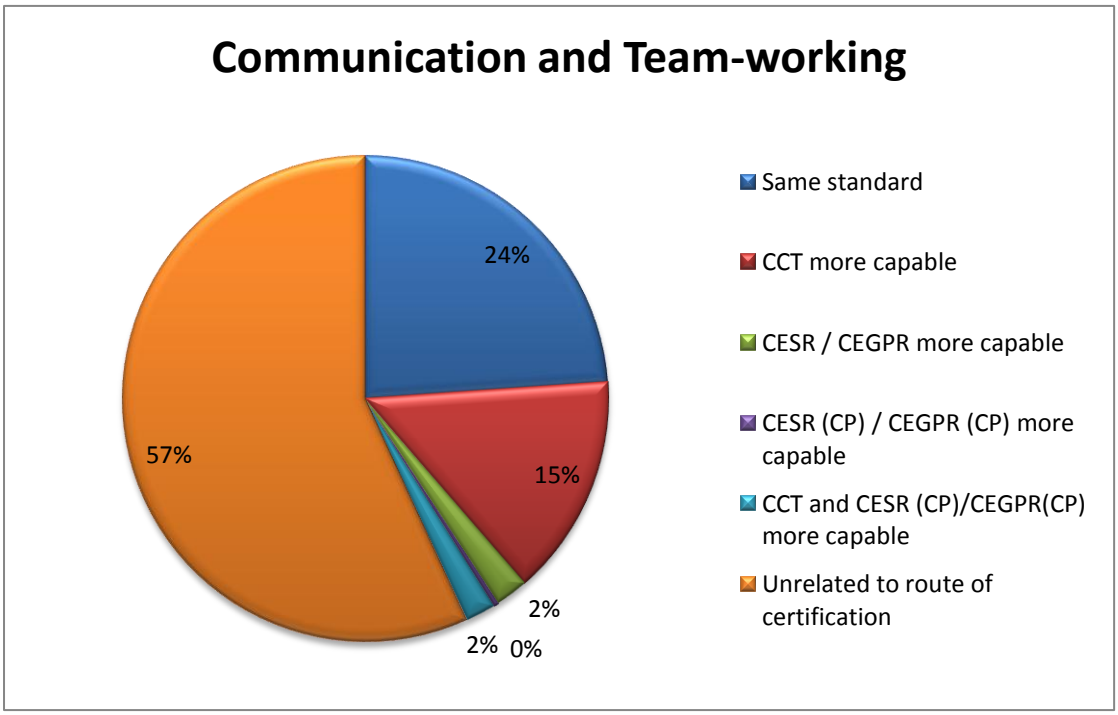
9. **Which route to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of communication and team-working?**

The consensus view of our sample population on this question is that all certification routes are the same standard and standards are unrelated to route of certification with over 80% (24% & 57% respectively) choosing one of these options.

Table 121: Communication and team-working

Communication and Team-Working	Number	%
Same standard	318	24%
CCT more capable	196	15%
CESR / CEGPR more capable	29	2%
CESR (CP) / CEGPR (CP) more capable	5	0%
CCT and CESR (CP)/CEGPR(CP) more capable	26	2%
Unrelated to route of certification	756	57%
TOTAL	**1330**	**100%**

Figure 103: Communication and team-working



There were no major deviations from the trend according to knowledge of certification routes.

Besides those specialities with few subjects, the results for specialties are consistent with that of the overall sample. One notable deviation from the mean was in Pathology with nearly all (83.3%) responding that 'standards can be variable but are unrelated to route of certification'.

The most consistent answers were 'The standards can be variable but are unrelated to route of certification' and 'they are all of the same standard'.

10. **Which route to certification, if any, would give you more confidence in the standard of a doctor to work at GP or Consultant level with regards to the common competencies of teaching, supervision and appraisal?**

As with previous questions in this section the most consistent answer was that suggesting varying standards are 'unrelated to certification route' (52.2%). Just over 21% said that they are 'all of the same standard'.

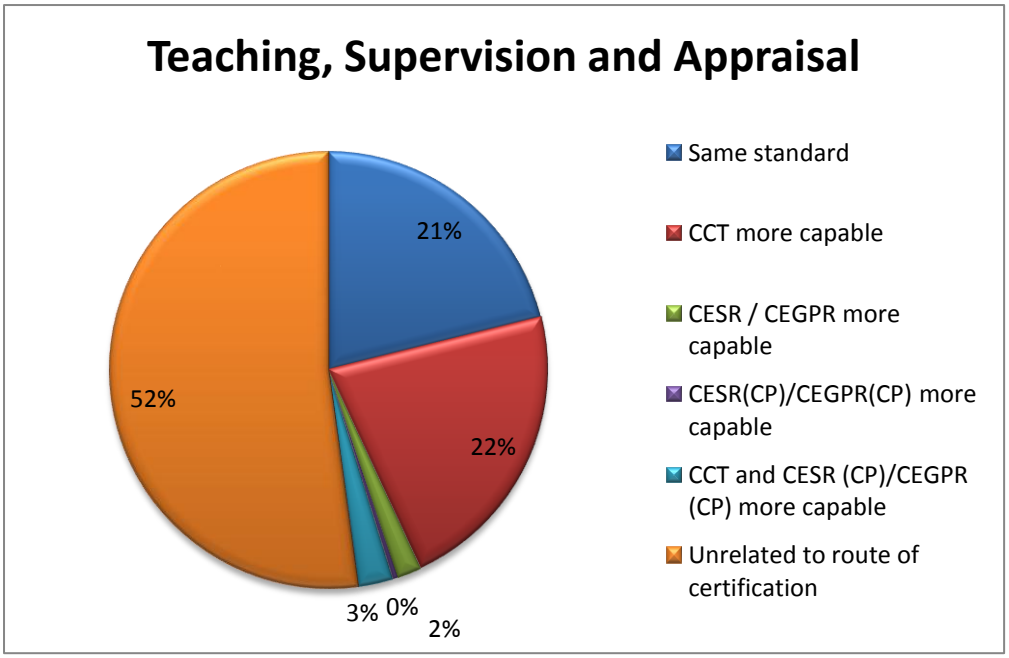
The highest individual percentage towards a specific certificate is towards that of CCT, at nearly 22%. In alignment with the prevailing trend in this section, the leaning is relatively low when compared to

those who see no certification route as being superior.

Table 122: Standard of teaching, supervision and appraisal

Teaching, Supervision and Appraisal	Number	%
Same standard	279	21%
CCT more capable	290	22%
CESR / CEGPR more capable	24	2%
CESR(CP)/CEGPR(CP) more capable	5	0%
CCT and CESR (CP)/CEGPR (CP) more capable	34	3%
Unrelated to route of certification	689	52%
TOTAL	**1321**	**100%**

Figure 104: Teaching, supervision and appraisal



In analysis of the responses by specialty, the same three answers are consistently the highest. One exception is Emergency Medicine with only 8% seeing all routes as the same standard and a high percentage of over 70% responding that 'standards can be variable but are unrelated to route of certification'.

There was no significant variation in responses by Deanery or knowledge of certification routes.

11. In relation to career progression (salary progression, clinical excellence awards, appointment to other responsibilities e.g. clinical lead, clinical director, College tutor, education lead, other trust management, research or education/academic posts etc),

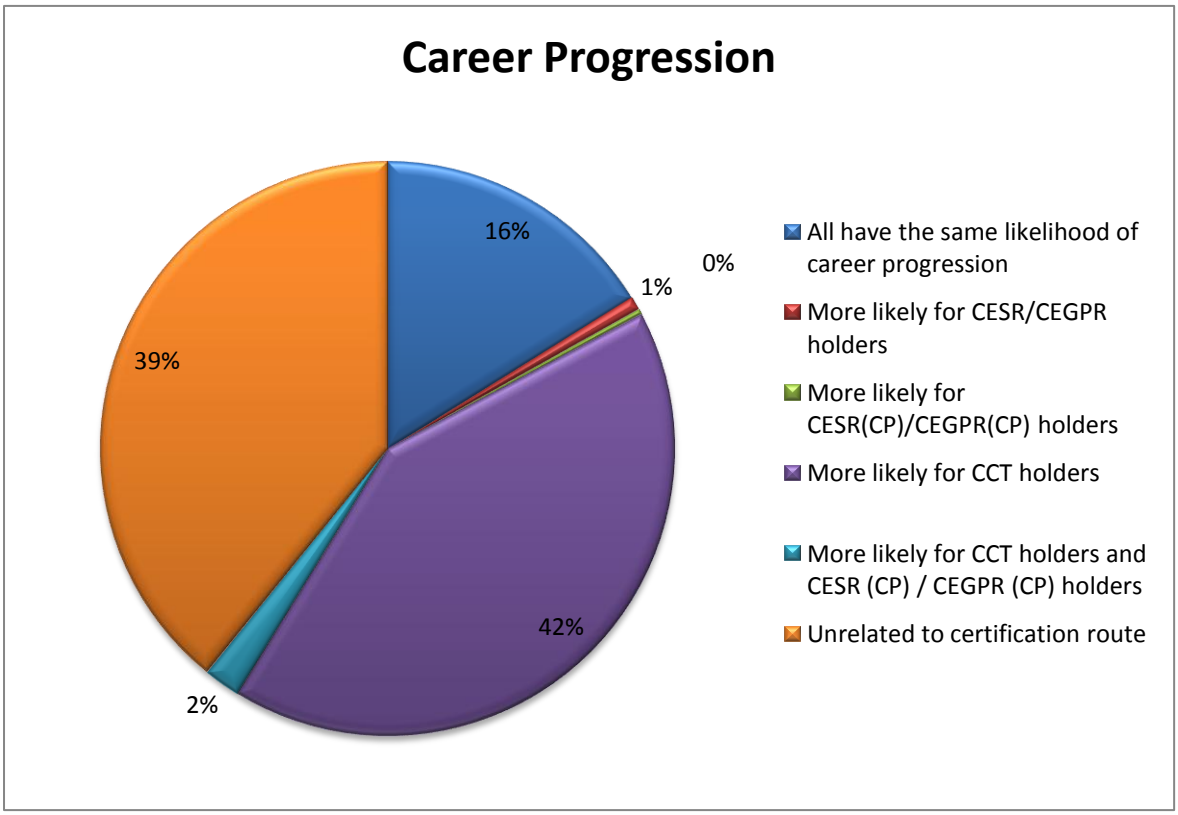
following substantive appointment to GP or Consultant posts, which of the following statements do you agree with?

The most common response to this question with regards to career progression is that CCT holders are most likely to enjoy progression (nearly 42%). The second largest response group suggest that career progression is 'unrelated to certification route' (nearly 40%). Just over 16% responded that all types of certificate holders have the 'same likelihood of career progression'. Only 1% thought CESR / CEGPR and CESR (CP) / CEGPR (CP) holders were more likely to progress.

Table 123: Likelihood of career progression

Career Progression	Number	%
All have the same likelihood of career progression	213	16%
More likely for CESR/CEGPR holders	10	1%
More likely for CESR(CP)/CEGPR(CP) holders	4	0%
More likely for CCT holders	546	42%
More likely for CCT holders and CESR (CP) / CEGPR (CP) holders	27	2%
Unrelated to certification route	515	39%
TOTAL		100%

Figure 105: Likelihood of career progression



Analysis of the responses according to knowledge of certification routes and specialty shows little difference from that of the averages. A couple of notable differences are that of Clinical Oncology (62%)and Public Health (71%) as they have a majority who responded that careers are more likely to progress for CCT holders.

Table 124: Likelihood of career progression

Specialties	Question Responses					
	All the same likelihood	More likely for CESR/CEGPR	More likely for CESR(CP/ CEGPR(CP)	More likely for CCT	More likely for CCT and CESR (CP) / CEGPR (CP)	Unrelated to certification route
Anaesthetics	21%	0%	0%	44%	3%	32%
Clinical Oncology	0%	0%	0%	62%	8%	31%
Clinical Radiology	32%	0%	0%	44%	0%	24%
Emergency Medicine	8%	0%	0%	46%	0%	46%
General Practice	16%	0%	0%	33%	2%	49%
Intensive Care Medicine	25%	0%	0%	13%	0%	63%
Physicianly Specialties	11%	0%	0%	44%	4%	41%
Surgical Specialties	14%	1%	0%	41%	1%	43%
Obstetrics and Gynaecology	20%	1%	0%	36%	3%	39%
Community Sexual and Reproductive Health	0%	33%	0%	33%	0%	33%
Ophthalmology	20%	0%	0%	55%	0%	25%
Paediatrics	18%	1%	0%	44%	1%	36%
Pathology Specialties	8%	0%	0%	25%	0%	67%
Psychiatry Specialties	15%	0%	1%	50%	1%	34%
Public Health Medicine	0%	0%	0%	71%	0%	29%
Other	18%	2%	1%	43%	4%	33%

There were no significant variations in responses on a Deanery regional basis and the responses appear very consistent with those of the reported averages. Scotland East showed a significantly lower percentage than other regions in the 'they all the same standard' choice.

EQUALITY AND DIVERSITY

The samples for the questionnaires reflected the diversity of the medical doctor population in the UK with a good spread of doctors from all the deanery regions, a wide range of different countries of original medical qualification (48% non UK) and a reasonable gender ratio.

Analysis of the certificate holder's survey to explore equality and diversity issues revealed that in the sample there were more female CCT holders (48.5%) than male (38.3%) and more male CESR holders (51.2%) than female (30.5%). There were more male surgeons (22.4%) than female (4%) and more female GP's (29.5%) than male (8.8%). Females were more likely to have no personal preference for certification route (49%) than males (32.5%) and were less likely to prefer CCT (40%) compared to males (49%). There were some minor trends found in analysis of the other questions regarding perceptions of capability and robustness of certificate by gender, with slightly more females choosing the options that standards were the same or were unrelated to certification route than males, and more males favouring CCT holders as the more capable.

Analysis of the responses by country of primary qualification revealed that 69% of UK origin doctors held a CCT compared with 38.4% of those from India and 13% of those from Pakistan. Conversely non UK origin doctors were more likely to have a CESR (India: 53% and Pakistan: 74%) than those from the UK (10%). These are expected and congruent findings.

Interestingly, awareness of routes to certification was related to country of origin with more non UK doctors (India: 35.5% and Pakistan: 49%) aware of all the routes compared with UK origin doctors (23.4%). More UK doctors personally preferred a CCT (57.3%) than Indian (46.5%) or Pakistani (34%) origin doctors. No other significant trends were found for country of primary qualification.

In summary females showed less preference for any particular route of certification than males, more UK origin doctors preferred CCT and non UK origin doctors showed more awareness of the different routes to certification than UK origin doctors.

SUMMARY OF RESULTS AND KEY MESSAGES

This project has collected the views of the profession and the wider NHS regarding the CESR/CEGPR routes to certification in comparison with the CCT route.

We have gathered the opinions of the Royal Colleges/Faculties, executive employers and doctors themselves regarding the routes to certification via a number of surveys and interviews.

We have collected both qualitative and quantitative data and presented it in detail in this final report.

There are a number of key messages that have arisen during the analysis of the data and they are summarised below.

Key Messages:

7. **Relationship between GMC and Royal Colleges/Faculties:**

    - There are some tensions between the GMC and the Royal Colleges/Faculties regarding the CESR/CEGPR evaluation processes particularly regarding discrepant decisions, border-line cases and the type of evidence required. There is an on-going programme of work by the GMC to improve communication and collaboration with the Royal Colleges and Faculties.

8. **Application and Evaluation Process:**

    - The CESR/CEGPR application and evaluation process is viewed as difficult, overly complex and bureaucratic by the profession (N.B. some of the responses to this question refer to PMETB processes rather than GMC). Only 46% of CESR holders and 28% of CEGPR holders responded that they had found the CESR/CEGPR application process to be relatively straightforward, compared with almost three-quarters (74.5%) of CCT holders regarding the CCT application process. In addition, significantly more CESR holders (39.2%) and CEGPR (52%) holders responded that they did not find the process straightforward compared with CCT holders (12.2%). Well over half (59.5%) of SAS doctors felt documentation was a barrier to CESR/CEGPR application and only 7.8% responded that they though there were no

barriers. Overall, there is a view that the CESR/CEGPR process needs to be streamlined, the quality of evidence gathering and presentation needs to be simplified and improved, and the submission methods need to be updated.

- Although the CCT application and review process was viewed as having no barriers by 55.8% of trainees, it is viewed as very difficult to get a training post in the first place (excessive competition for too few places) and to pass specialty examinations in the required time-frame.

- Some of the Royal Colleges have expressed an opinion that CESR/CEGPR applicants should be required to sit a test of clinical competence or be interviewed to validate their experience. In addition some of the Royal Colleges expressed an opinion that a CESR/CEGPR applicant who has not worked in the UK should be required to work for six months with some element of supervision, review and assessment of competence;

- The Royal College and Faculty evaluators are essentially unpaid volunteers who often perform evaluations in their own time. There is a need to professionalise this cadre of senior doctors and recognise further their contribution.

9. **Awareness of Certification Routes:**

- Many doctors are unaware, or do not understand all the routes to certification. Only 30.2% of certificate holders, 21.4% of trainees and 13.5% of SAS doctors responded that they are fully aware of all the routes (CCT, CESR/CEGPR, CESR(CP)/CEGPR(CP)) and 10.2% of trainees responded that they were 'unsure'. In the SAS survey, 11.4% of SAS doctors were 'unsure' of which route to certification they did/are applying for (when asked about CESR/CEGPR) and 6.6% of certificate holders responded they were unsure of which route of certification they actually took. In the sub-analysis of the trainee survey there was a clear link between awareness of all routes to certification with advancing years of training (32% of final year's trainees were aware of all routes, 27.5% of intermediate years, 12.7% of early years and only 8.2% of Foundation). Just under half of Foundation year doctors were only aware of the CCT route compared with one fifth of final year's trainees

Overall, 31% of all doctors were only aware of the CCT route to certification and only 22% were aware of all the routes. Foundation trainees are particularly unaware of the routes to certification.

10. **Views of the Different Routes to Certification:**

- The Colleges universally stated the view that they regard the CESR/CEGPR certificate as equivalent to the CCT certificate.
- The views of the profession largely support the equivalence of CESR/CEGPR to CCT, however some preference for CCT over and above CESR/CEGPR was expressed.
- The CCT is widely regarded as a robust certificate by most doctors, with 84.6% of trainees, 78.5% of certificate holders and 74.7% of SAS doctors responding that they 'agree' or strongly 'agree' with the robustness of CCT. It is the personally preferred route to certification for 70.4% of trainees, 51.3% of SAS doctors and 46.2% of certificate holders. Around one fifth (16.7%) of certificate holders, and one quarter of trainees (26.7%) responded that CCT holders were the more clinically capable (related to the structured competency based training programme and robust assessments of clinical ability). Also, 47.2% of trainees, 50.3% of SAS doctors and 34.4% of certificate holders responded that CCT holders are most likely to enjoy better career progression. Overall, both certificate holders and trainees felt that CCT holders benefit from being: selected for training through a competitive process; younger and 'on the ladder' at an earlier stage; able to build better networks (via UK training and 'knowing the system'); better equipped to progress; probably more competitive and ambitious; and, as a result favoured by employers for the best jobs with the best career opportunities.

Overall, 80% of all doctors either 'agree' or 'strongly agree' that CCT is a robust certificate to ensure a doctor's competence to practice as a Consultant or GP without supervision. CCT is the personally preferred route for 56% of all doctors. Some 42% of all doctors felt that CCT holders are most likely to enjoy better career progression.

- In contrast to the views on CCT, CESR/CEGPR certificates were regarded as a robust by less doctors: 55.7% of certificate holders, 51.9% of SAS doctors and 43.4% of trainees. CESR(CP) / CEGPR (CP) were regarded as robust by 38% of certificate holders, 45.5% of SAS doctors and 35.7% of trainees. However, both certificate holders and trainees also responded that CESR holders can be highly skilled and competent due to the nature of their service responsibilities and often longer experience (as opposed being a trainee in the same department).

  Overall, 49% of all doctors either 'agree' or 'strongly agree' that a CESR/CEGPR is a robust certificate to ensure a doctor's competence to practice as a Consultant or GP without supervision.

- The view of the profession regarding overall capability of a doctor is that it is the same or unrelated to certificate route: view held by 67% of trainees, 72% of certificate holders and 78% of SAS doctors. However there was a clear relationship between advancing years of training and view that a CCT holder is more capable, with only 5.6% of foundation doctors selecting CCT holders compared with 32.1% of final year trainees. The views of the profession (uniform questions) regarding clinical capability (74%), communication and team-working (81%), management and leadership (74%) and teaching, supervision and appraisal (73%) were again in favour of these competences being the same or unrelated to certification route.

- The employer's view is that the CCT is the gold standard and that the CESR/CEGPR gives less assurance in the standard of a doctor with over 75% of employers stating a 'preference or strong preference' towards CCT holders, regarding them as generally more capable due to the nature of their UK training and the quality assurance of this training. There is particular concern that those who fail to gain a CCT training position may see and use CESR/CEGPR as a back door entry to the GP or Specialist register.

- There is a view that CCT holders are more likely to operate to a uniform standard, whereas CESR/CEGPR holders operate to variable standards. This variation is seen by employers as linked to the disparate training and experiences of CESR/CEGPR doctors. However 57% of SAS doctors, 52.9% of certificate holders and 50.4% of

trainees felt that, **clinically**, 'standards can be variable but are unrelated to route of certification'. Some doctors held the view that standards were influenced by lack of communication / English language skills and lack of experience of working in the UK with British patients. For employers, there is a perceived difference between UK trained doctors and overseas trained doctors. Some felt that the latter group should go through a period of supervised training as part of the assessment process.

Overall, 53% of all doctors felt that the standard of a doctor's clinical capability to work at GP or Consultant level was 'unrelated to route of certification'.

- In sub-analysis of the uniform questions to examine trends and bias according to knowledge of certification routes, we found some evidence linking degree of awareness of the routes with the question responses. There is evidence that doctors who are unaware of all the routes to certification were more likely to respond 'neither agree nor disagree' than those that knew of all the routes. Analysis of the results for overall capability according to knowledge of equivalence routes showed that respondents who only knew of CCT were most likely to respond in favour of CCT (27%) compared with only 11% of those who were unsure of the routes. Over three quarters of doctors responded that they are all of the same standard or standards are unrelated to route of certification, regardless of knowledge of certification routes. Analysis of preference for certification route by knowledge of equivalence routes showed that the CCT was more preferable for all, regardless of knowledge of the routes. However a higher number of those who were unsure of the routes (54%) selected 'no preference for certification route' compared with 25-30% of those that knew of other routes.

There is some bias in the results according to awareness of certification routes. This is an expected finding and confirms the requirement to improve awareness of routes to certification amongst the profession.

11. **Career Progression:**

- There is no formal tracking of how any of the certificates may or may not uniquely help doctors in their future appointments and career progression. Overall from the

responses to the uniform questions (all doctors), 55% of doctors hold the view that career progression is unrelated to certification route or that all routes are the same. However less than 1% responded that CESR/CEGPR holders would progress further compared with 42% of responses in favour of CCT holders progressing further. There is a strong preference for CCT as a route of certification in final years trainees (81.5%) compared with only just over one third of Foundation doctors. Over half of Foundation year doctors had no preference for route to certification compared with only 16.3% of final year's trainees.

The overall perception is that CCT holders may fair better than CESR/CEGPR holders when in competition for a desirable position and that the latter are more likely to be appointed to the less popular jobs with less career opportunities.

12. **Change in view since the GMC assumed responsibility from PMETB:**

- The GMC has not made a measurable impact on the views of the profession and employers, since taking over responsibility of CCT/CESR/CEGPR. No change has taken place in the opinion of 73.2% of employers, 45.4% of certificate holders, 35.7% of trainees and 39% of SAS doctors. A further 19.5% of employers, 33.8% of certificate doctors, 31.8% of trainees and 29% of SAS doctors did not offer any opinion.

RECOMMENDATIONS

There are a number of recommendations that have arisen from this research project for the GMC to consider:

1. Firstly the GMC could consider further establishing a more collaborative approach with the Royal Colleges/Faculties to alternative route evaluations. This could be facilitated with work-shops and further face to face meetings between the relevant parties to improve communication. The particular areas of the evaluation process that have been highlighted during this research as requiring improvement include management of cases where there are discrepant opinions between the Royal Colleges/Faculties and the GMC , joint review meetings for 'borderline/grey applications' and the setting of clear evaluation standards for applications.
2. The GMC and the Colleges could further work together to recognise, respect and develop the role of the college evaluators (some examples of this were given during the interviews). Areas that could be developed include: establishment of a specific professional development programme and recognition in terms of time, CPD points or other means of credit.
3. There should be a further review of the evidence required for alternative route applications. For example: the GMC could provide easier access and better communications to information and expert advice, provide a typical evidence profile to address lack of information regarding the required structure or content, removal of evidence demands that cannot be accessed or validated and manage the CESR/CEGPR prospectively, not in retrospect.
4. The GMC should improve awareness in the profession and amongst executive employers regarding the alternative routes to certification and the evaluation processes that are involved. The objective would be to ensure that CESR/CEGPR and CESR(CP/CEGPR(CP) holders are viewed as equivalent to CCT holder. Possible methods include leaflet distribution or e-mail communication with links to current information. There may be a possible role for the BMA to improve awareness and opinion of the alternative routes to certification.
5. The GMC should consider a further research project to evaluate career progression of doctors following certification via all routes, to compare the routes in terms of substantive GP or Consultant post appointment and subsequent career development.

CONCLUSION

In conclusion, there are diverse views in the profession and wider NHS regarding the equivalence routes to certification. There is a lack of awareness regarding these routes amongst the medical profession that inevitably leads to some misgivings regarding their robustness. Despite this, the overall perception of the profession is that the capability of a doctor is unrelated to route of certification or that all the certification routes are likely to have the same capability. However there is a perception, particularly amongst executive employers, that the CCT can confer better quality assurance and standardisation of capability due to the nature of UK training and this leads to a preference for this route. In addition the profession shows a preference towards CCT as a certificate or qualification over and above CESR/CEGPR. A number of areas for further work have been identified in order to improve both the processes involved in alternative route evaluations and to increase the confidence of the profession and wider NHS in these routes.

Zircadian Consulting

No. 1 Portland Street

Manchester

M1 3BE

Tel: 0161 242 7155

Web: www.zircadian.com