

# **Applications to the GP and Specialist Registers 2018**

# Introduction

This report gives an overview of decisions we made on applications for specialist or general practitioner (GP) registration in 2018. It covers applications for entry onto the Specialist and GP Registers from UK, European and international medical graduates.

This report may be particularly useful for potential applicants for specialist or GP registration, medical royal colleges and faculties, and NHS employers.

## Contents

How a doctor's name is added to the Specialist or GP Register	3
What happened in 2018	10
What our applicants are telling us	22
Improvements we've made to our processes	25
Meet our Specialist Applications team	26
Top tips from the team	27
Appendices	28
Appendix 1 – CCT	28
Appendix 2 – CESR (CP) / CEGPR (CP)	31
Appendix 3 – CCT and CESR (CP) / CEGPR (CP)	33
Appendix 4 – Direct entry via mutual recognition	35
Appendix 5 – CESR/CEGPR	39
Appendix 6 – primary medical qualification and CCT	42
Appendix 7 – primary medical qualification and CESR (CP) / CEGPR (CP)	44
Appendix 8 – primary medical qualification and direct entry via mutual recognition	45
Appendix 9 – primary medical qualification and CESR, CEGPR and general systems	46

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

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

## Specialist registration

Most doctors taking up consultant posts in a medical or surgical specialty in any of the UK health services (other than as locum consultants) should hold full registration with specialist registration and a licence to practise.

## GP registration

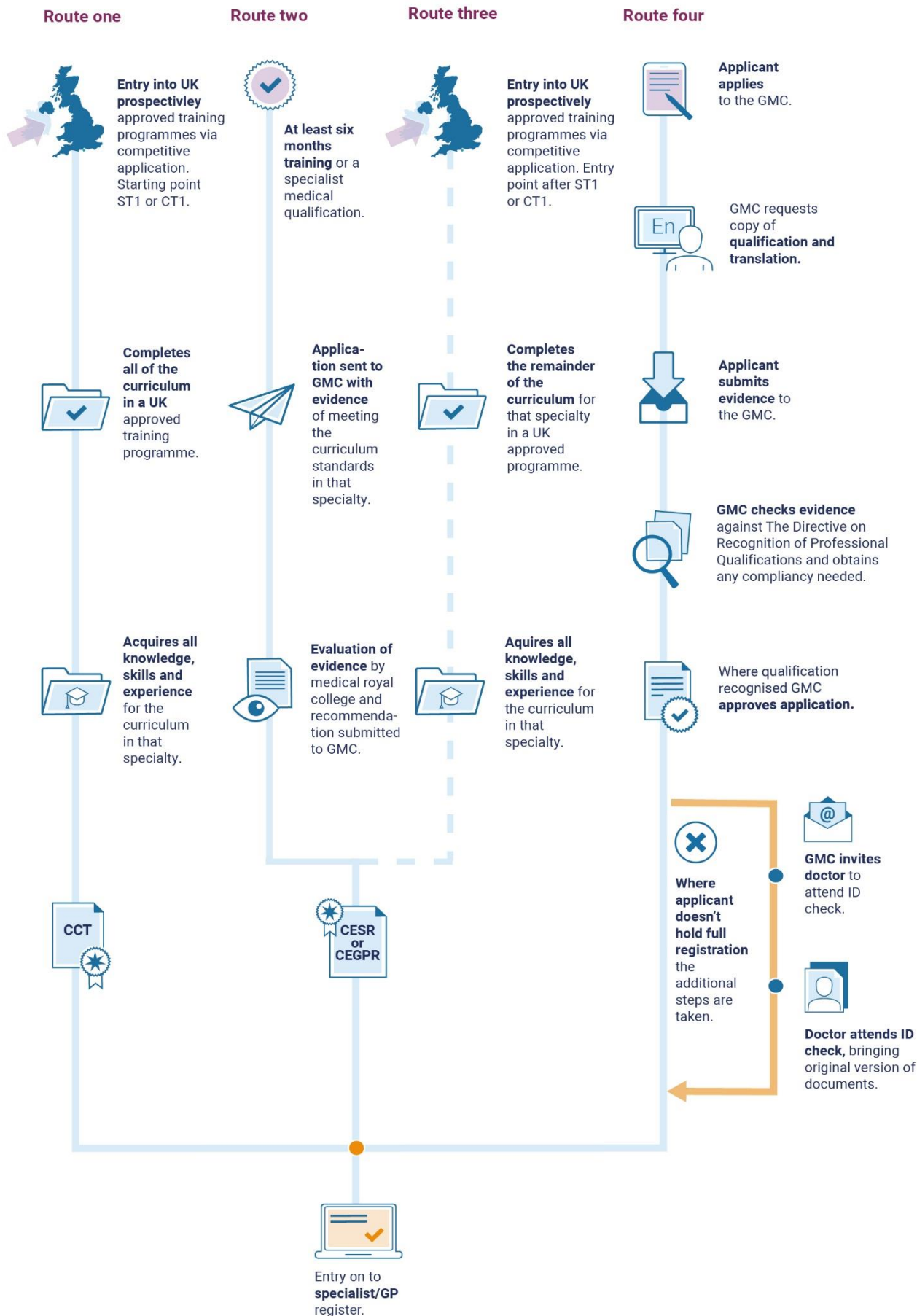
Since 1 April 2006, all doctors working as a GP in the UK health service must be on the GP Register, other than doctors in training, such as GP registrars. This requirement extends to locums. They also need to be on a GP performers' list. Our [General practice in the UK page](#) explains more about processes GPs need to follow before they can work in the UK.

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

- Certificates of Completion of Training
- Direct entry via mutual recognition
- Certificates of Eligibility for Specialist Registration
- Certificates of Eligibility for GP Registration
- The general system of assessment under the Directive on the Recognition of Professional Qualifications

All of the above routes enable us to ensure a doctor meets the appropriate standard for entry on to the Specialist or GP Register. Entry on to one of these registers, regardless of route, provided the same practising privileges in the UK. This allows us to ensure the consistency of standard and the integrity of the specialist and GP registers.

# Routes to specialist or GP registration



## Getting specialist or GP registration with a CCT

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

When determining who is eligible for specialist or GP registration via CCT we work with the relevant medical royal college and training programme providers. Our Education and Standards Directorate are responsible for assuring the quality of education and training and identifying where our standards are not being met. Our quality assurance framework shows how we do this and outlines how we interact with education and training organisations. These organisations all have their own quality management processes, which include monitoring, data collection and driving improvements. Additionally, we quality assure a portion of the CCT recommendations we receive each month by reviewing the full body of evidence used to support that recommendation.



## Getting specialist or GP registration with a CESR or CEGPR (Combined Programme)

Some doctors already have skills and knowledge gained in non-UK approved training or experience before they apply to enter a UK training programme. This means they can demonstrate they have already acquired some of the curriculum competencies, and so will need less time to complete the relevant curriculum. They can start their training

programmes at a higher level than is usual. Trainees can only take this option with the agreement of their local education and training board (LETB)/deanery and royal college.

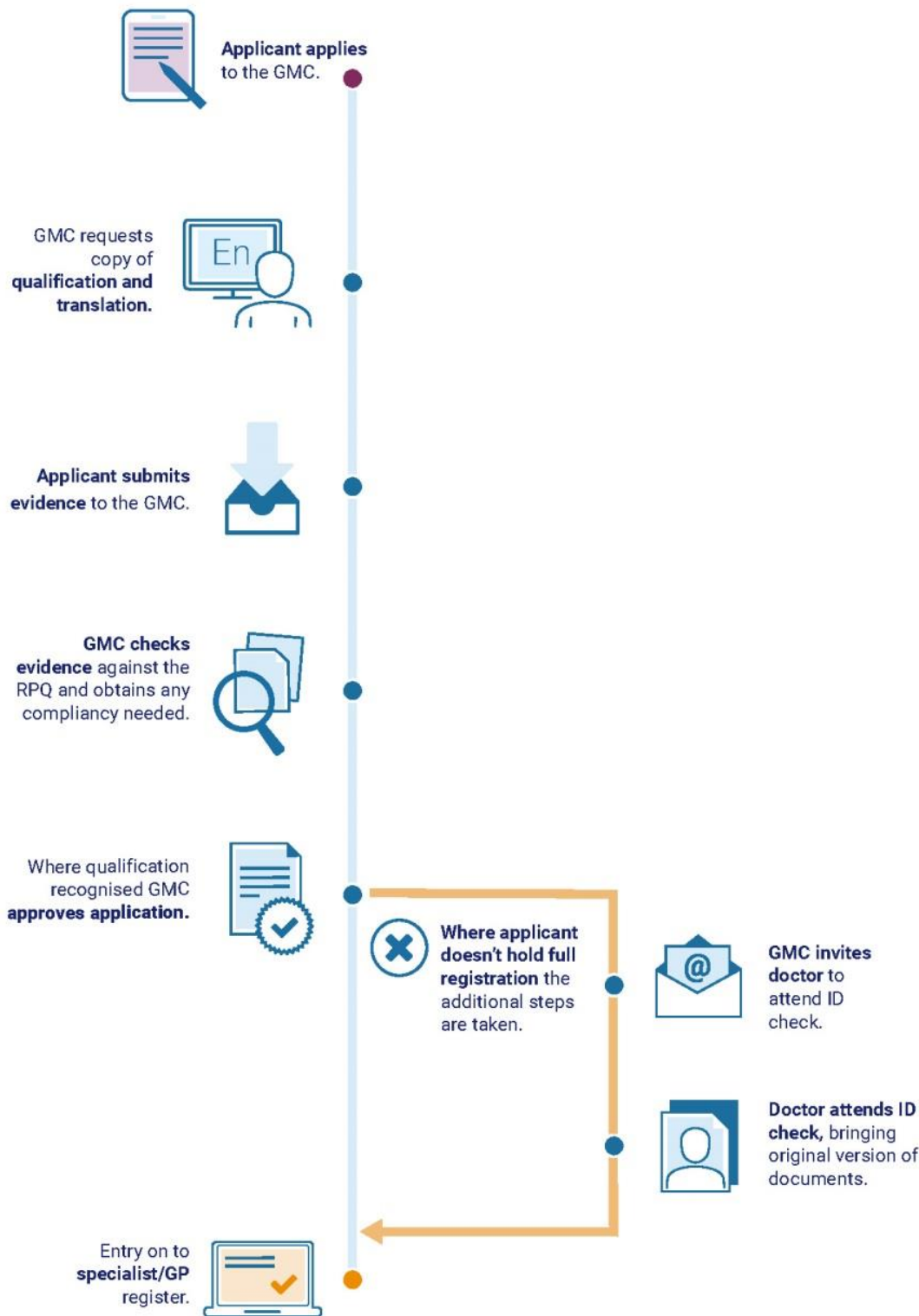
When these doctors complete the remainder of the curriculum we issue them with a CESR or CEGPR, which entitles them to specialist or GP registration.

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



## Direct entry via mutual recognition for EEA doctors

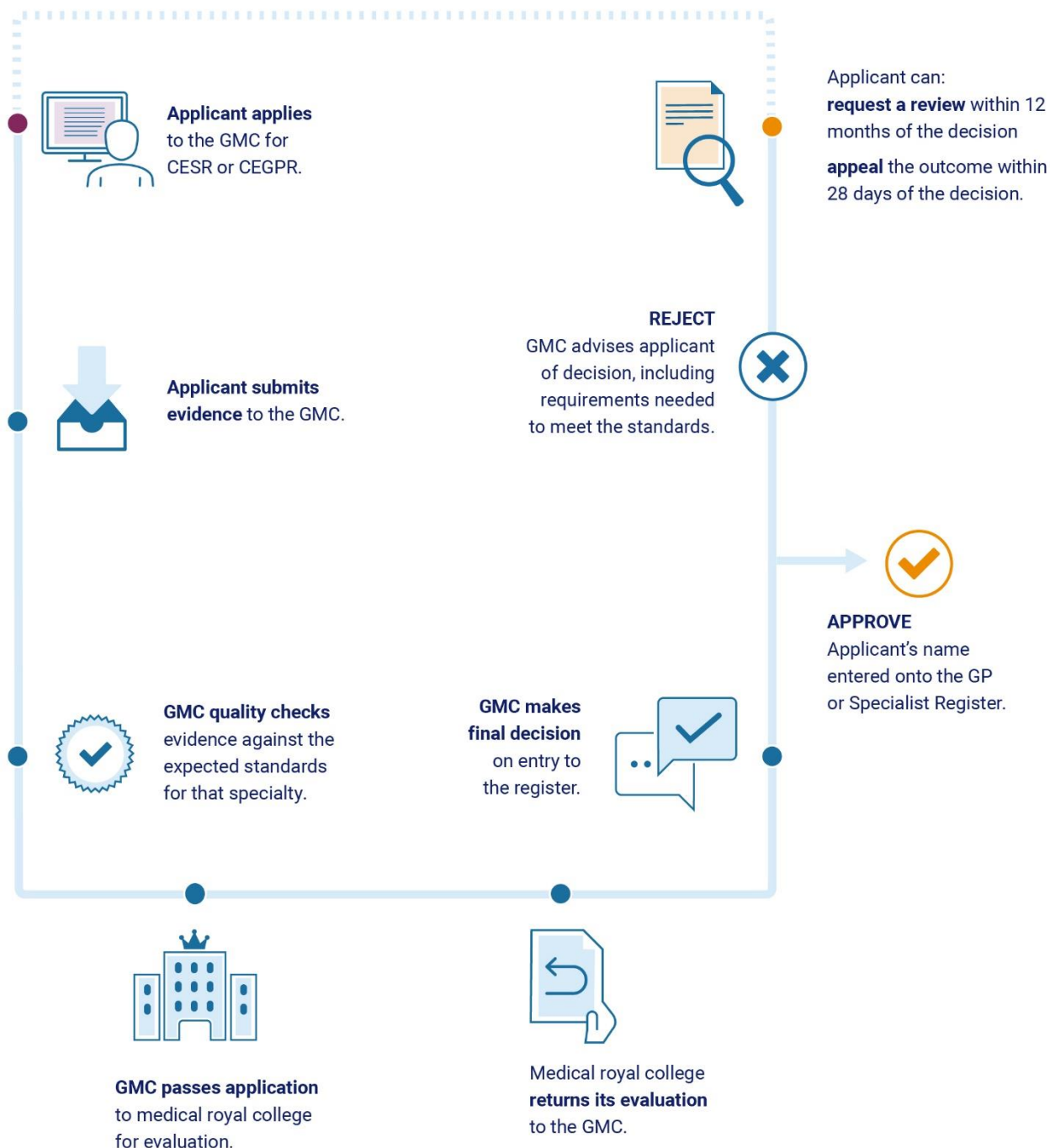
Due to the automatic mutual recognition of qualifications listed in the Directive on the Recognition of Professional Qualifications , EEA/Swiss national (or those with [enforceable community rights](#)) doctors who hold a specialist or GP qualification, which is listed in the Directive in both their home EEA state and the UK, are eligible for direct entry on to the specialist or GP register.



## Getting specialist or GP registration with a CESR or CEGPR

If a doctor hasn't completed a UK approved training programme, they can show they have the full skills, knowledge, qualifications and experience required by the relevant curriculum by getting a CESR or CEGPR certificate. When determining who is eligible for specialist or GP registration via CESR or CEGPR, we work with the relevant medical royal college and training programme providers. We review all the evidence a doctor submits to make sure the entry requirements for Specialist or GP Registers have been met.

The diagram below shows the CESR/CEGPR process.



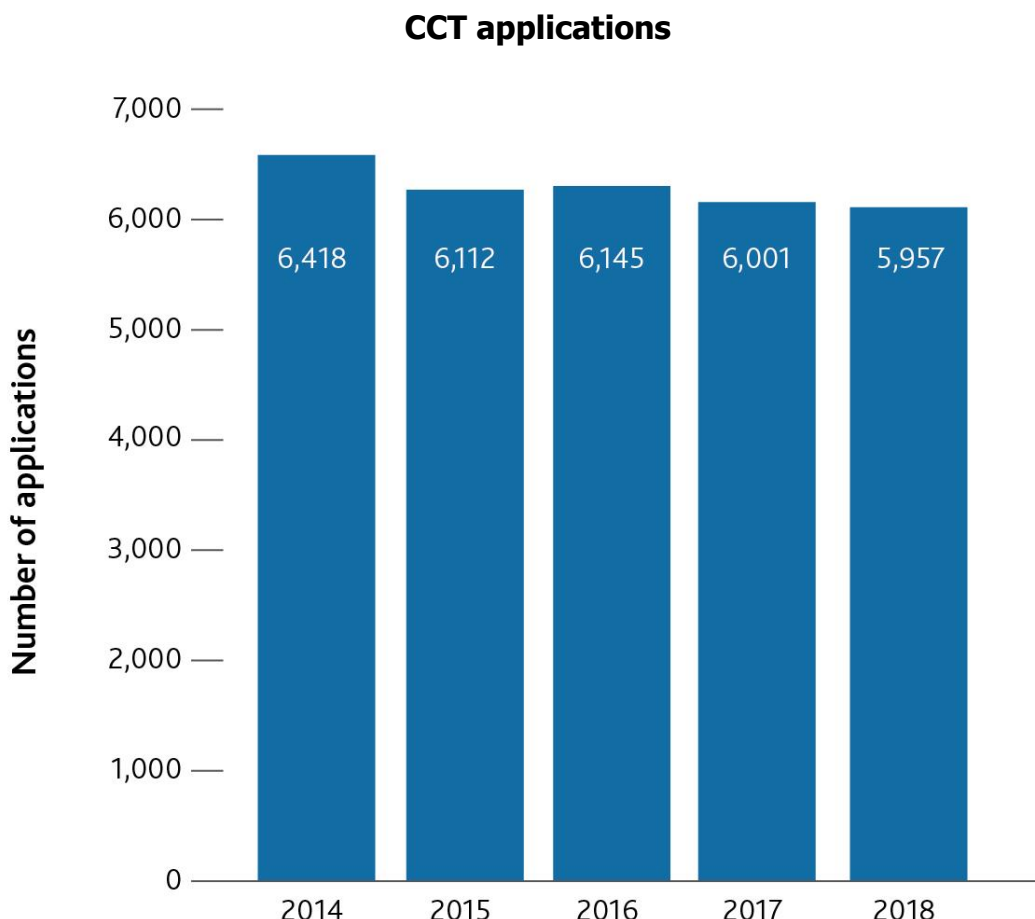
## What happened in 2018

### How many applications for CCT did we approve?

In 2018, we granted 5,957 CCT applications based on recommendations from medical royal colleges and faculties across all specialties. This is slightly lower than in 2017 when we granted 6,001 applications.

A full breakdown of applications by specialty for 2018 is shown in appendix 1, and by the royal college or faculty that issued the recommendation in appendix 3. Some applications are made in dual specialties; therefore the breakdown of specialties is higher in number than the number of CCT applications we approved.

The diagram below shows the numbers of CCT applications received since 2014. This shows that, overall, the numbers of applications have remained fairly consistent.

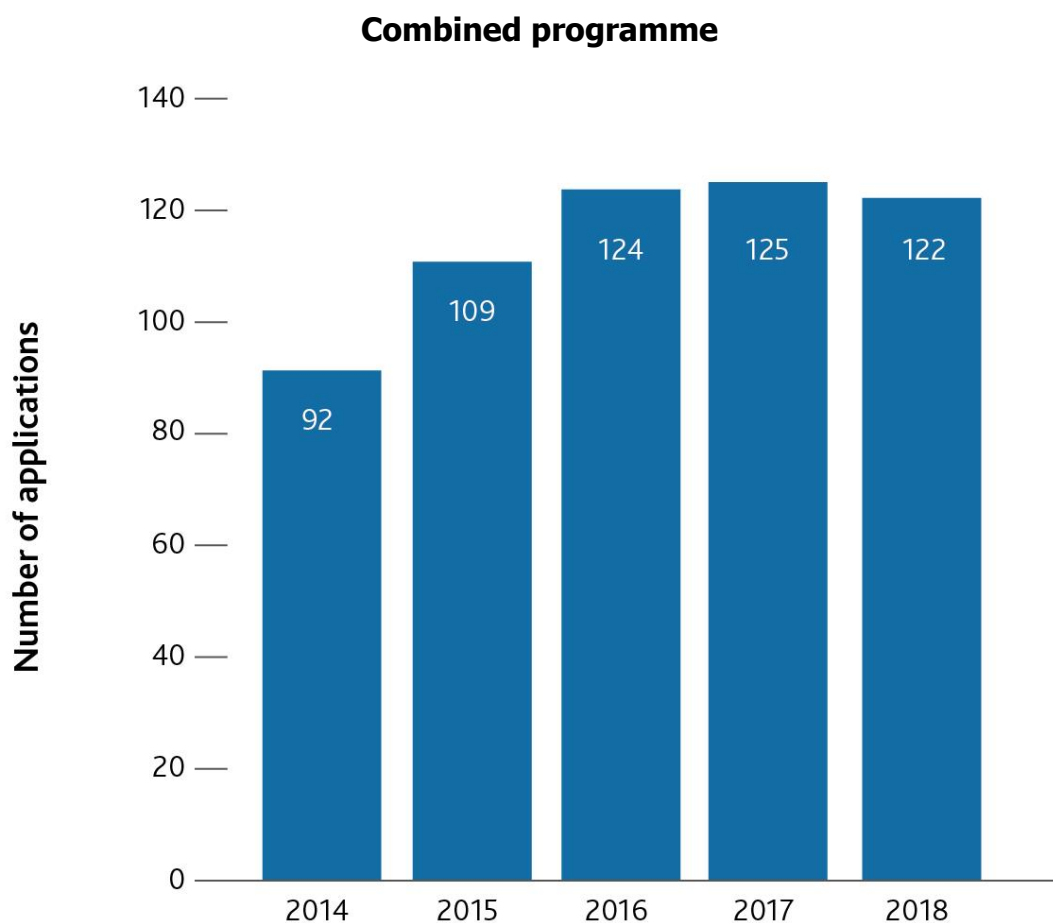


## How many combined programme applications did we grant?

In 2018, we granted 122 combined programme applications in 30 specialties. This is three fewer than the applications granted in 2017.

A full breakdown of applications by specialty for 2018 is shown in appendix 2, and by the royal college or faculty that issued the recommendation in appendix 3. Some applications are made in dual specialties; therefore the breakdown of specialties is higher in number than the number of combined programme applications we approved.

The diagram below shows the numbers of combined programme applications received since 2014, which shows a general increase.



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

## How many decisions did we make on applications for direct entry on to the specialist and GP registers?

In 2018, we approved 964 applications for entry on to the specialist and GP registers where doctors held a mutually recognised specialist or GP qualification. Some applications were made in more than one specialty, including general practice; therefore the number of qualifications we recognised and entries on to the specialist and GP registers is higher than the number of applications approved.

We recognised 963 specialist medical qualifications and 82 GP qualifications via direct entry. A full breakdown of applications by specialty for 2018 is shown in appendix 4.

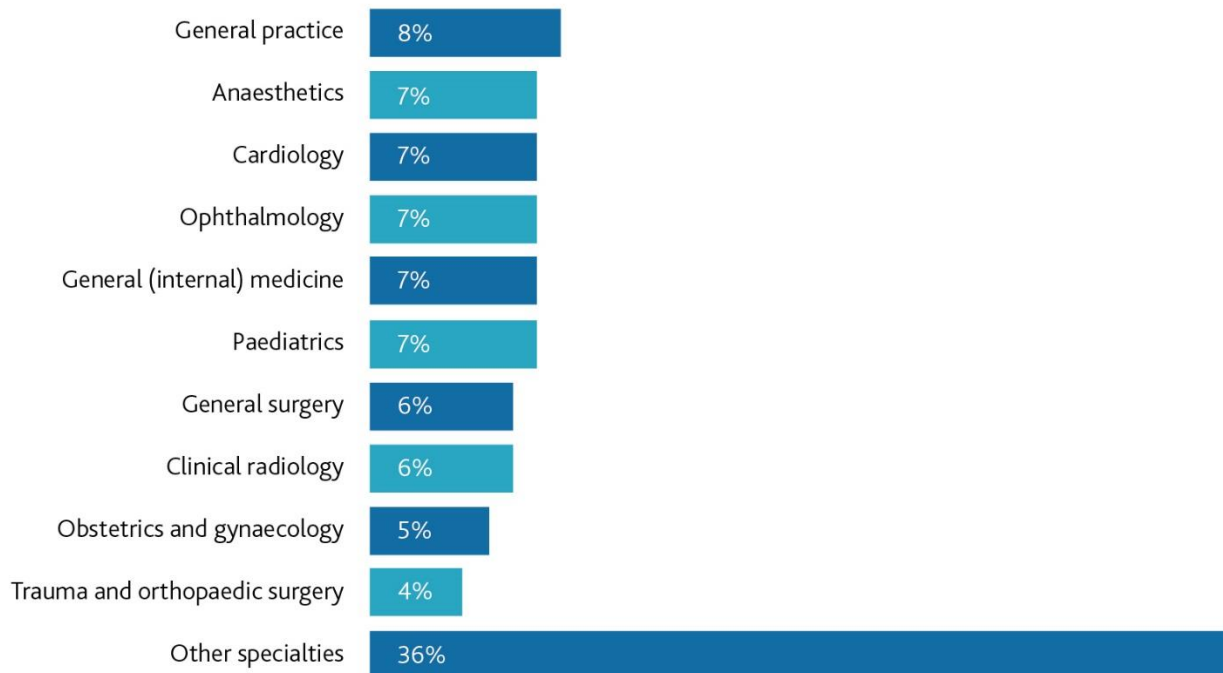
### 2018 – Total 1,045

The ten most common specialties we made decisions on for direct entry were:

Speciality	Number of applications
General Practice	82
Anaesthetics	78
Cardiology	74
Ophthalmology	70
General (internal) medicine	69
Paediatrics	69
General surgery	67
Clinical radiology	63
Obstetrics and gynaecology	57
Trauma and orthopaedic surgery	45

The diagram below shows the total number of direct entry applications completed, detailing the percentages of the ten most common specialties in 2018.

### Direct entry via mutual recognition



## How many decisions did we make on CESR, CEGPR and general systems applications\*?

In 2018, we made decisions on 548 applications for specialist registration and 19 applications for GP registration via these routes. This is an overall decrease compared with 2017, when we made decisions on 571 applications for specialist registration and 32 applications for GP registration via these routes.

### General systems applications

Most EEA/Swiss nationals (or those with enforceable community rights) applying for entry on to the Specialist or GP Register have a specialist or GP qualification which is mutually recognised in the UK and the EEA country it was awarded. This entitles them to direct entry on to our Specialist or GP Registers, as discussed above.

Where these doctors don't hold a mutually recognised specialist or GP qualification they aren't eligible for direct entry. They may be eligible to have their qualification assessed under the general system of assessment if they've completed training in an EEA country (or had training they completed elsewhere recognised in an EEA country). This process

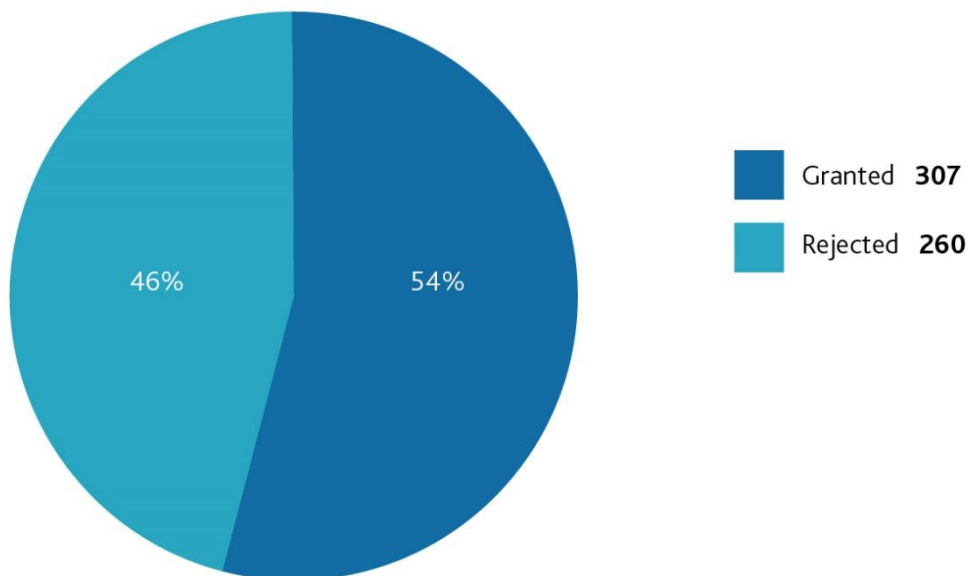
\* Does not include combined programme applications

requires the GMC to compare their training against the UK training and take into account any additional experience or qualifications. Where we identify differences we can ask an applicant to undertake an adaptation period – and then they can submit a reassessment. We facilitate this by using our existing CESR and CEGPR application process.

The diagram below shows the numbers of applications we granted and rejected in 2018. These figures include full CESR and CEGPR applications, assessments under the general system of assessment, as well as review applications and reassessments under the general system of assessment. You can find more details about review applications and reassessments under the general system of assessment below.

## 2018 – Total 567

### CESR, CEGPR & general systems applications



The full breakdown of numbers of decisions by organisation\* and specialty in 2018 is shown in appendix 5.

We made decisions on applications in 70 specialties.

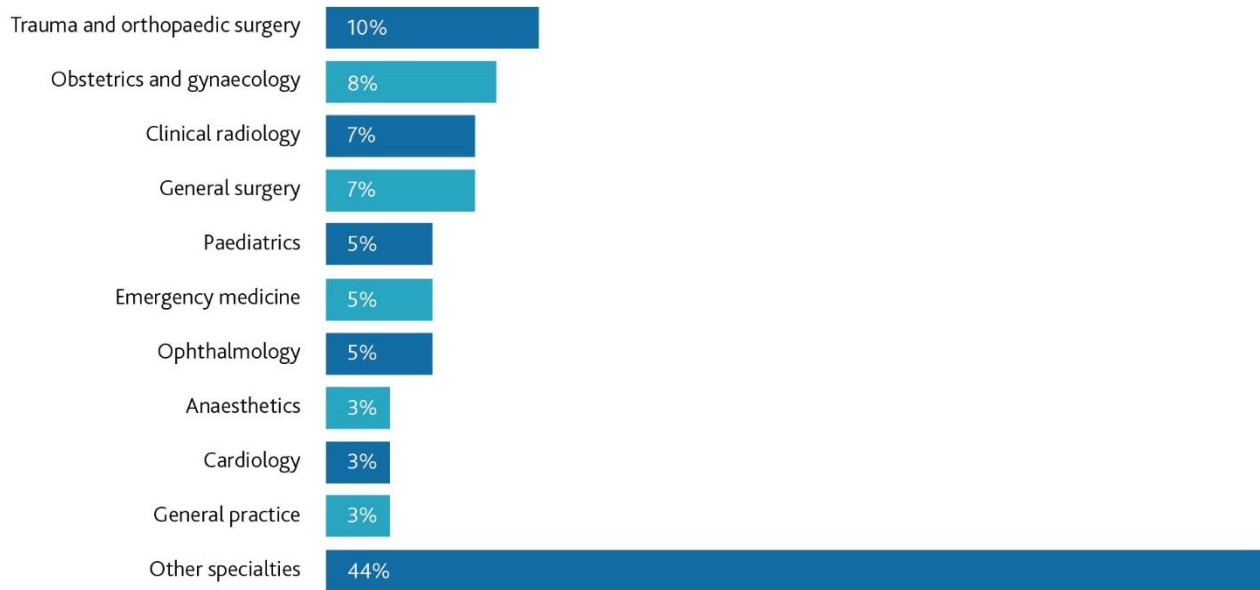
\* The relevant medical royal college or faculty

The ten most common specialties we made decisions on were:

Speciality	Number of applications
Trauma and orthopaedic surgery	59
Obstetrics and gynaecology	45
Clinical radiology	38
General surgery	38
Paediatrics	28
Emergency medicine	27
Ophthalmology	26
Anaesthetics	20
Cardiology	20
General Practice	19

This includes applications that were successful and applications we refused. The diagram below shows the total number of CESR and CEGPR applications completed, detailing the percentages of the ten most common specialties in 2018.

## Common specialties



If doctors in UK training programmes perform below the expected standard, they are offered remedial support. This echoes our CESR and CEGPR processes, where we give unsuccessful applicants specific recommendations on how they should demonstrate the standards for specialist or GP registration if they wish to apply again in future.

## Review applications

While we can give detailed guidance and advice to CESR and CEGPR applicants before and during the application process, unfortunately not all applicants are successful.

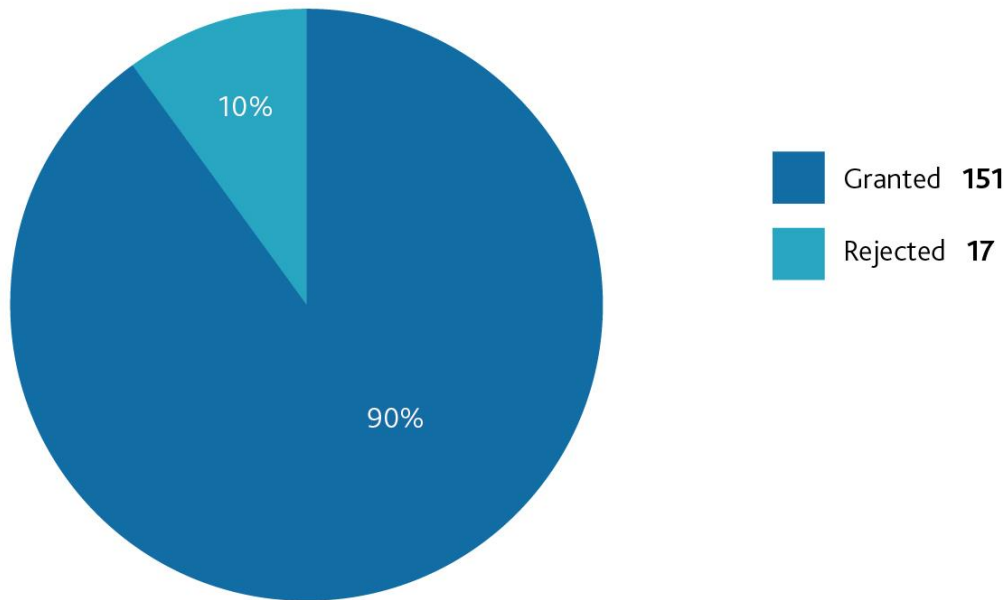
Where applicants have been unsuccessful in a CESR or CEGPR application they can request that we reconsider our decision not to grant a CESR or CEGPR application. This is called a review application.

Doctors can apply for a review application within 12 months of receiving our decision on their application if they:

- have additional relevant documentary evidence they can provide to address the shortfalls set out in our decision, that weren't previous submitted, or
- have completed the top-up training set out in our decision and want to provide evidence to demonstrate this, or
- consider that there's been a procedural error in the way we've processed their application or made our decision. This could include where the doctor considers that we've not complied with legislation or followed the correct procedure, or where we've overlooked evidence.

In 2018, we made decisions on 168 review applications. The diagram below shows the numbers of review applications we granted and rejected across all specialties in 2018.

### Review applications



In review applications, doctors only have to submit evidence to meet the recommendations provided in their initial unsuccessful CESR or CEGPR application. They don't need to show evidence of maintained competence across the areas of the curriculum they have already demonstrated. This is why we ask doctors to apply within a 12-month period – so we can be assured that the competences they did demonstrate have been maintained.

We provide structured and targeted recommendations to unsuccessful applicants, which could be why the success rate upon review is considerably higher than on initial application.

## Reassessments under the general system of assessment for European doctors

Where applicants have been unsuccessful in a general systems application we can ask them to complete an adaptation period of up to three years. This is called a reassessment under the general system of assessment.

Doctors can apply for a reassessment within three years of receiving our decision if they:

- have additional relevant documentary evidence they can provide to address the shortfalls set out in our decision (the recommended adaptation period), that weren't previous submitted, or
- have completed the top-up training set out in our decision and want to provide evidence to demonstrate this

We completed 19 assessments under the general system for recognition of training in 2018. Of these 19 assessments:

- 53% were successful
- Five of these were reassessments – 100% of these reassessments were successful.

### **What are the implications of Brexit for European doctors wanting to gain specialist or GP registration?**

We know that over 30,000 doctors from the EEA are currently registered with us to practise medicine in the UK. We recognise that the implications of Brexit are a real concern for many EEA doctors practising in the UK.

We've been working closely with the four UK health departments to minimise any disruption to the UK workforce in light of this. We've created a [webpage with information on Brexit](#), which provides up to date information on the implications of Brexit for all doctors.

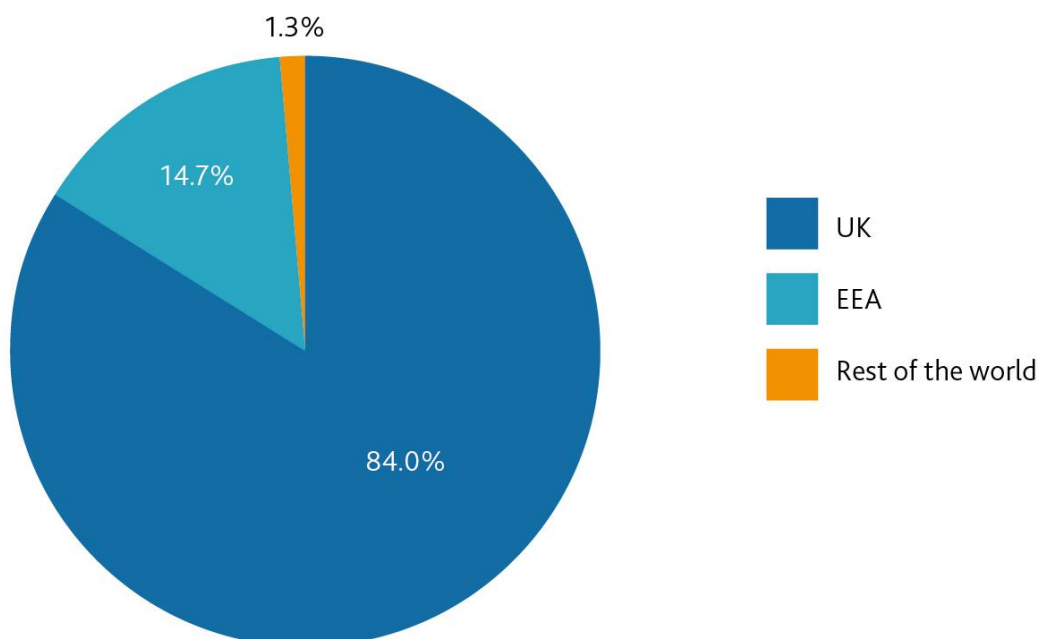
## Where applicants worked and where they gained their primary medical qualification

### Where did our 2018 applicants get their most recent experience before they applied for CESR, CEGPR or assessment under the general system?\*

The figures below don't include doctors who get specialist or GP registration through CCT and combined programme routes as they are in a UK training programme, so their most recent experience will have been in the UK. Similarly, for doctors applying for direct entry via mutual recognition, their most recent experience will be in the EEA so we haven't included them in the figures below.

### Where applicants were based for majority of time during 12 months before applying for CESR, CEGPR or assessment under the general system

	Specialist	GP
<b>UK</b>	82%	2%
<b>EEA</b>	1.1%	0.2%
<b>Rest of the world</b>	12.2%	2.5%



\* Based on place of employment at the time of application.

The majority of these applicants have already worked in the UK for most of the time during the 12 months before they made their applications. Many applicants will have cared for UK patients in non-consultant grade roles while preparing their application.

## Where did our 2018 applicants get their primary medical qualification?

The table below shows the number of CCT and CESR (CP)/CEGPR (CP) applications, broken down by region of primary medical qualification.

### Where doctors who completed UK postgraduate training programmes gained their primary medical qualification

	CCT	CESR (CP) / CEGPR (CP)
<b>UK</b>	80.7%	19.7%
<b>EEA</b>	4.3%	8.2%
<b>Rest of the world</b>	15%	72.1%

This shows that doctors from all around the world enter and successfully complete UK training programmes. More detailed breakdowns are available in appendices 6 and 7.

The following table shows the region where applicants who applied for direct entry on to the specialist or GP register gained their primary medical qualification.

### Where doctors who were entered on to the specialist or GP registers via direct entry gained their primary medical qualification

Proportion of doctors by region of primary medical qualification	
<b>UK</b>	0.6%
<b>EEA</b>	84.1%
<b>Rest of the world</b>	15.3%

This shows that the majority of doctors with a mutually recognised specialist or GP qualification also gained their primary medical qualification in the EEA. A more detailed breakdown is available in appendix 8.

The following table shows the region where CESR/CEGPR and general systems applicants gained their primary medical qualification and the success rates for applicants by region.

### **Where CESR, CEGPR and general systems applicants gained their primary medical qualification**

	<b>Proportion of doctors by region of primary medical qualification</b>	<b>Success rate by primary medical qualification</b>
<b>UK</b>	11%	63.4%
<b>EEA</b>	6.8%	38.4%
<b>Rest of the world</b>	82.2%	53.9%

A more detailed breakdown is in appendix 9.

## What our applicants are telling us

To help us improve our processes and gain insight in the experience of applicants, we routinely survey doctors who have applied for CESR, CEGPR and General Systems applications. We've been surveying applicants over the past 12 months to gain their views and experiences of these applications. By sharing some of the results we hope to assist those making an application, or supporting someone going through the process.

Surveys are sent to applicants via email, where a link can be accessed to complete the survey – all results are completely anonymous. A survey is sent to applicants at two stages during their application journey; one at the point their application has been sent to the royal college or faculty for assessment, and one at the point they receive the decision on their application.

### Survey 1 – application sent to royal college or faculty

141 applicants completed the first survey in 2018. Some of the questions they were asked:

#### **Did you review the application guidance on the GMC website before you applied? If you reviewed our website guidance – were you able to find all the information you needed?**

100% of applicants who completed the survey reviewed the application guidance on the GMC website before submitting their application.

Responses to this question were positive. **87.3%** of respondents **were able to** find all the information they needed.

#### **How helpful did you find the pre-application advice you received from the Specialist Applications Team?**

**76.2%** of applicants who completed the survey contacted the Specialist Applications team for advice before applying. Of these, **87.5%** advised that they found the pre-application advice received **'very helpful'** or **'helpful'**.

- I have found the GMC have been very helpful throughout the application process as it can be very daunting. The CESR route in particular is a route that very few people if any have much knowledge/experience in - I therefore found the GMC and in particular my application advisor very helpful throughout this process as they were able to in some way advice and guide me through the process.*
- Even if the query was small, the GMC team was very reassuring and helped clear any doubts. Thankyou.*

- *My CESR applications advisor was very helpful and offered excellent advice and support on how I could make my application more robust to optimize successful outcome. The Advisor also provided regular updates through email on the progress of my application. I was actually surprised that there was no delay and if anything my advisor was always ahead with regards to the pace of processing my application.*



*We recommend you thoroughly review our website guidance before starting an application and then call or email us with any questions you have.*

## Survey 2 – decision on application issued

185 applicants completed the second survey in 2018. Some of the questions they were asked:

### What was the overall outcome of your application?

Out of the applicants who completed the survey, **73.6%** had been successful in their application.

### Have you secured a consultant post and is this in your specialty of application?

**69%** of successful applicants advised they had secured a consultant post in their specialty, and **10.7%** had secured a post in a different specialty.



*Once on the Specialist Register, you aren't restricted to working as a consultant in the specialty listed for you. Your employer will determine your suitability for a post in a particular specialty.*

### Please rate the quality and clarity of our evaluation form of your application.

**86.2%** of applicants rated the quality of their **evaluation form** written by the royal college or faculty as **'very good'** or **'good'**.

- *It covers broad range and is to the point. I believe that it makes a 360 degree evaluation of clinical experience and non clinical like administration and education also.*
- *Very in depth and informative*
- *Detailed and thorough.*

Applicants were also asked for suggestions on how we could improve our processes. The feedback we obtain in our surveys forms part of our ongoing review and work to develop our processes and provide the best applicant experience possible. We've now been able to implement some of the suggestions made in the feedback below – you can review the changes we've made in the following section.

### **Suggestions included:**

- Provision for submission of e-Portfolio evidence
- Electronic submission of pieces of evidence
- Revision of the evidence 'validation' requirement for each page to be stamped and signed
- Shorten time intervals between communications and sending of documents

### **Further comments, reflections and tips for prospective applicants provided by our survey respondents.**

- *The guidance is very clear: stick to it and you will clear it*
- *Take a good amount of time in compilation of evidences. Get them checked by a colleague before submission.*
- *Plan early. Start the process at least 3 years before planned date of application. Meticulous collection of evidence. Avoid shortcuts. Apply only when satisfied all criteria as set out by GMC/RCS Curriculum.*
- *Review the curriculum thoroughly as the application will be assessed against the whole curriculum.*
- *The specialty specific guidance is very clear and comprehensive. It should be the starting point as well as the main guidance document for the whole application process.*
- *It's a long process and requires patience and resilience. I would suggest start working on your CV in accordance with the guidelines first.*

# Improvements we've made to our processes

## CESR and CEGPR evidence

### Submitting evidence electronically

On 6 November the online application system for CESR, CEGPR and Review applications changed, allowing evidence to be provided electronically. We listened to feedback from applicants through our surveys and at training events and introduced this option to make it easier and less burdensome for doctors.

There are several benefits for introducing this functionality:

- It will be cheaper and quicker for applicants as they won't need to print and post large numbers of documents
- Applicants will be able to use the online application like a portfolio and gather evidence electronically in the application over a 12-month period
- We'll be able to process applications more quickly as there won't be unnecessary delays caused by us waiting for evidence to arrive, or applicants waiting for unaccepted evidence to be returned.
- We're reducing the risk that documents will be delayed or lost in the post.

Whilst designing our new online application we carried out a review of our processes and have made some further improvements to streamline it and make it less burdensome for applicants and us.

- Once we've received the evidence in an application, we can now provide applicants with guidance on their documents via their GMC online account, providing a more structured, detailed and secure method of advising on individual documents.
- Applicants can correct documents and submit additional evidence and information via their GMC online account.
- Applicants can now provide full details of their verifiers in the online application and submit their evidence pro-formas in the application electronically.

## Meet our Specialist Applications team

### Bethan Lewis



My name is Bethan and I've been working at the GMC as a Specialist Applications Advisor for six months. I graduated from university last year, having studied French, and applied to the GMC due to my interest in public protection.

The Specialist Applications Team (SAT) is a team of fourteen dedicated advisors who support doctors throughout their applications for entry onto the Specialist and GP registers. There are two fantastic Assistants who process applicants' references, verifiers and support the team daily.

Each day is different working in SAT. One day we may be processing applications in a variety of specialities, the next we may be at an event leading workshops for doctors. While our team isn't clinically trained, the training we receive from the GMC and the professional relationships we build with the Royal Colleges means that we are able to provide detailed advice to each individual on how to improve their application.

One of the aspects I enjoy the most about being an Advisor is the direct interaction with doctors. Every day, we're communicating with applicants via email, phone and in person. In addition, it's interesting to read through the past five years of their career and to see their commitment to public safety. It has made me appreciate their hard work even more. It's highly rewarding when an applicant is successful in achieving Specialist or GP Registration, and it's a great feeling knowing that our team supported them in the process.

There are also lots of ways in which applicants can make their evidence and information easier and quicker to assess – my colleagues and I have put together a list of top tips for applicants to help us process applications as quickly and effectively as possible.

## Top tips from the team

- Make sure your evidence is organised under the correct section of your application online – we'll be able to review your evidence more quickly and a clear structure will aid the evaluators in assessing your evidence.
- Be thorough in anonymising your evidence – we often have to return evidence because data within the body or header/footer of a document hasn't been anonymised. Review [our guidance on anonymisation](#) in detail and let us know if you have any questions about your evidence.
- Remember to make sure your CV is formatted in line with [our requirements](#), and most importantly matches the information in your application form – we use this to help check your evidence so it will delay your application if it's not correctly formatted.
- In your online application give your work experience since getting your primary medical qualification – it's something that's often missed by applicants.
- Gather your evidence prospectively where you can, and store this electronically in the online application – this will make the task easier for you when you come to apply.
- Seek advice from colleagues, who may be able to support you in gathering the necessary evidence – we offer [specific guidance to those supporting doctors through an application](#).
- Read our specialty specific guidance in detail – we've written these with the help of the medical royal colleges and faculties so they will give you the best idea of what evidence to provide in your application.
- Check the information and evidence you're providing *before* you send it to us – we may need to query this with you if it's unclear, which can delay your application.
- Provide explanatory statements with your evidence confirming how your different types of evidence demonstrate how you obtained and apply your specialty knowledge, plus what experience you have in that aspect of your knowledge – these can help give the evaluators an overall picture of your competence.

# Appendices

## Appendix 1 – CCT

### CCT awarded 2018 by specialty

Some applications are made in dual specialties, therefore the breakdown of specialties is higher in number than the number of CCT applications we approved. Specialties included in fewer than five applications have been grouped to minimise risk of identification.

Acute Internal Medicine	54
Anaesthetics	371
Cardiology	100
Cardio-thoracic surgery	18
Chemical pathology	13
Child and adolescent psychiatry	55
Clinical genetics	6
Clinical neurophysiology	9
Clinical oncology	41
Clinical pharmacology and therapeutics	8
Clinical radiology	203
Dermatology	52
Emergency medicine	126
Endocrinology and diabetes mellitus	63
Forensic psychiatry	31
Gastroenterology	91
General (internal) medicine	481

General Practice	2666
General psychiatry	195
General surgery	159
Genito-urinary medicine	22
Geriatric medicine	112
Haematology	58
Histopathology	46
Infectious diseases	30
Intensive care medicine	69
Medical microbiology	36
Medical oncology	35
Medical Virology	5
Neurology	48
Neurosurgery	29
Obstetrics and gynaecology	181
Occupational medicine	12
Old age psychiatry	64
Ophthalmology	89
Oral and maxillo-facial surgery	23
Otolaryngology	44
Paediatric surgery	14
Paediatrics	309
Palliative medicine	40

Pharmaceutical medicine	23
Plastic surgery	35
Psychiatry of learning disability	25
Public health medicine	41
Rehabilitation medicine	11
Renal medicine	48
Respiratory medicine	81
Rheumatology	38
Sport and Exercise Medicine	13
Trauma and orthopaedic surgery	154
Urology	45

Specialties numbering fewer than five applications – total number of applications across these specialties: **16**

Allergy
Audio vestibular medicine
Community Sexual and Reproductive Health
Diagnostic neuropathology
Forensic histopathology
Immunology
Medical microbiology and virology
Medical ophthalmology
Paediatric and perinatal pathology

Total number of CCTs awarded in 2018: **5,957**

## Appendix 2 – CESR (CP) / CEGPR (CP)

### CESR (CP) / CEGPR (CP) awarded 2018 by specialty

In 2018, we awarded 122 doctors a CESR or CEGPR through a combined programme. Some applications are made in dual specialties, therefore the breakdown of specialties is higher in number than the number of combined programme applications we approved. Specialties included in three or fewer applications have been grouped to minimise risk of identification.

Anaesthetics	37
Emergency medicine	11
Endocrinology and diabetes mellitus	9
General (internal) medicine	18
Geriatric medicine	5
Obstetrics and gynaecology	4
Paediatrics	26

Specialties numbering three or fewer applications - total number of applications across these specialties: **32**

Acute Internal Medicine
Cardiology
Child and adolescent psychiatry
Clinical neurophysiology
Clinical pharmacology and therapeutics
Clinical radiology

Community Sexual and Reproductive Health
Diagnostic neuropathology
General Practice
General psychiatry
General surgery
Haematology
Intensive care medicine
Neurology
Nuclear medicine
Old age psychiatry
Ophthalmology
Otolaryngology
Palliative medicine
Renal medicine
Rheumatology
Urology

Total number of doctors awarded a CESR or CEGPR through combined programme: **122**

## Appendix 3 – CCT and CESR (CP) / CEGPR (CP)

### CCT and CESR (CP) / CEGPR (CP) specialist and GP registration applications by organisation 2018

Some applications are made in dual specialties; therefore the breakdown by organisation reflects the figures for the numbers per specialty above.

Organisation	CCT	CESR (CP) / CEGPR (CP)	TOTAL
Faculty of Occupational Medicine	12	0	12
Faculty of Intensive Care Medicine	69	1	70
Faculty of Public Health	41	0	41
Faculty of Sexual and Reproductive Healthcare	2	1	3
Joint Committee on Surgical Training	521	3	524
Joint Royal Colleges of Physicians Training Board	1438	49	1487
Royal College of Anaesthetists	371	37	408
Royal College of Emergency Medicine	126	11	137
Royal College of General Practitioners	2666	2	2668
Royal College of Obstetricians and Gynaecologists	181	4	185
Royal College of Ophthalmologists	89	1	90
Royal College of Paediatrics and Child Health	309	26	335
Royal College of Pathologists	107	1	108

Royal College of Psychiatrists	378	5	383
Royal College of Radiologists	244	1	245

## Appendix 4 – Direct entry via mutual recognition

### Specialist and GP qualifications recognised 2018 by specialty

Specialties included in fewer than five applications have been grouped to minimise risk of identification. The below figures are not split by organisation as we don't require input from the medical royal colleges and faculties to process these applications.

Anaesthetics	78
Cardiology	74
Cardiothoracic surgery	6
Cardio-thoracic surgery	15
Child and adolescent psychiatry	6
Clinical radiology	63
Emergency medicine	8
Endocrinology and diabetes mellitus	13
Gastroenterology	20
General (internal) medicine	69
General medicine	9
General Practice	82
General psychiatry	21
General surgery	67
Haematology	6
Histopathology	14
Intensive care medicine	5
Medical oncology	20
Neurology	28

Neurosurgery	24
Nuclear medicine	8
Obstetrics and gynaecology	57
Ophthalmology	70
Otolaryngology	11
Paediatrics	69
Plastic surgery	18
Renal medicine	13
Respiratory medicine	19
Rheumatology	9
Trauma and orthopaedic surgery	45
Urology	21
Vascular surgery	10

Specialties numbering fewer than five applications – total number of applications across these specialties: **67**

Child psychiatry
Clinical genetics
Clinical neurophysiology
Clinical oncology
Diabetes
Diagnostic radiology
Endocrinology

General haematology
Geriatric medicine
Hand Surgery
Immunology
Infectious diseases
Infectious diseases and clinical pharmacology
Medical microbiology and virology
Neonatology
Nephrology
Neuroradiology
Occupational medicine
Oral and maxillo-facial surgery
Orthopaedic surgery
Orthopaedics
Paediatric cardiology
Paediatric Diabetes & Endocrinology
Paediatric Emergency Medicine
Paediatric surgery
Pathological anatomy
Psychiatry
Public health medicine
Radiology

Rehabilitation medicine
Sport and Exercise Medicine
Trauma and Orthopaedics
Trauma Surgery

## Appendix 5 – CESR/CEGPR

### Breakdown of CESR, CEGPR and general systems decisions by organisation and specialty 2018

Specialties numbering three or fewer applications have been grouped to minimise risk of identifying applicant. These numbers include review applications and general systems reassessments.

Organisation	Specialty	Application granted	Application rejected	Total
<b>Joint Committee on Surgical Training</b>		<b>80</b>	<b>85</b>	<b>165</b>
	Breast surgery	2	3	5
	Cardiothoracic surgery	3	7	10
	General surgery	17	21	38
	Neurosurgery	4	8	12
	Otolaryngology	6	6	12
	Plastic surgery	3	5	8
	Trauma and orthopaedic surgery	37	22	59
	Urology	4	7	11
	Oral and maxilla-facial surgery Paediatric surgery Transplant surgery	2	4	6
<b>Joint Royal Colleges of Physicians Training Board</b>		<b>57</b>	<b>63</b>	<b>120</b>
	Cardiology	7	13	20
	Dermatology	12	6	18
	Endocrinology and diabetes mellitus	4	2	6
	Gastroenterology	4	4	8
	General (internal) medicine	6	9	15
	Geriatric medicine	3	2	5
	Neurology	4	1	5
	Palliative medicine	4	3	7
	Sport and exercise medicine	3	6	9
	Acute internal medicine Clinical genetics Clinical neurophysiology General internal medicine (Acute) Genitourinary medicine Haematology Infectious diseases Medical oncology Nuclear medicine Occupational medicine* Paediatric cardiology Public health medicine† Rehabilitation medicine	10	17	27

\* For occupational medicine, we work with the Faculty for Occupational Medicine of the Royal College of Physicians

† For public health medicine we work with the Faculty of Public Health Medicine

	Renal medicine Respiratory medicine Rheumatology Tuberculosis			
<b>Royal College of Anaesthetists</b>		<b>17</b>	<b>11</b>	<b>28</b>
	Anaesthetics	14	6	20
	Intensive care medicine* Cardio-thoracic Anaesthesia	3	5	8
<b>Royal College of Emergency Medicine</b>	Emergency medicine	13	14	27
<b>Royal College of General Practitioners</b>	General practice	11	8	19
<b>Royal College of Obstetricians and Gynaecologists</b>		<b>23</b>	<b>24</b>	<b>47</b>
	Obstetrics and gynaecology Community sexual and reproductive health†	23	24	47
<b>Royal College of Ophthalmologists</b>		<b>13</b>	<b>14</b>	<b>27</b>
	Ophthalmology Uveitis, Scleritis & Immunosuppression	13	14	27
<b>Royal College of Paediatrics and Child Health</b>		<b>30</b>	<b>14</b>	<b>44</b>
	Paediatrics	21	7	28
	Community child health Neonatal medicine Paediatric allergy Paediatric diabetes & endocrinology Paediatric endocrinology Paediatric gastroenterology, hepatology & nutrition Paediatric immunology & infectious diseases Paediatric neurology Paediatric neuroradiology Paediatric oncology Paediatric respiratory medicine	9	7	16
<b>Royal College of Pathologists</b>		<b>13</b>	<b>4</b>	<b>17</b>
	Histopathology	13	1	14
	Diagnostic neuropathology Medical microbiology	0	3	3
<b>Royal College of Psychiatrists</b>		<b>12</b>	<b>15</b>	<b>27</b>

\* For intensive care medicine we work with the Faculty of Intensive Care Medicine

† For community and sexual reproductive health we work with the Faculty of Sexual and Reproductive Health

	General psychiatry	6	5	11
	Old age psychiatry	3	6	9
	Child and adolescent psychiatry			
	General adult psychiatry	3	4	7
	Psychiatry of learning disability			
<b>Royal College of Radiologists</b>		<b>38</b>	<b>8</b>	<b>46</b>
	Clinical radiology	31	7	38
	Clinical oncology			
	Diagnostic neuroradiology	7	1	8
	Interventional radiology			

## Appendix 6 – primary medical qualification and CCT

Country of primary medical qualification for CCT in 2018. Some applications are made in dual specialties, therefore the breakdown by country is higher in number than the number of CCT applications we approved. All countries with fewer than ten total applications have been grouped to avoid identification.

Primary medical qualification country	Number of CCTs awarded	% total
<b>UK</b>	<b>5226</b>	<b>80.35%</b>

<b>EEA</b>	<b>279</b>	<b>4.26%</b>
Czech Republic	37	0.56%
Germany	22	0.34%
Greece	27	0.41%
Ireland	44	0.67%
Malta	15	0.23%
Poland	42	0.64%
Romania	27	0.41%
<b>All other EEA</b>	<b>65</b>	<b>0.99%</b>

<b>Rest of world (ROW)</b>	<b>1009</b>	<b>15.40%</b>
Bangladesh	22	0.34%
Egypt	14	0.21%
India	367	5.60%
Iran	10	0.15%
Iraq	34	0.52%

Myanmar	17	0.26%
Nepal	21	0.32%
Nigeria	104	1.59%
Pakistan	200	3.05%
Russian Federation	18	0.27%
South Africa	20	0.31%
Sri Lanka	15	0.23%
Sudan	37	0.56%
Ukraine	15	0.23%
<b>All other ROW</b>	<b>115</b>	<b>1.75%</b>

## Appendix 7 – primary medical qualification and CESR (CP) / CEGPR (CP)

Country of primary medical qualification for combined programme in 2018. Some applications are made in dual specialties, therefore the breakdown by country is higher in number than the number of combined programme applications we approved. All countries with fewer than five total applications have been grouped to avoid identification.

<b>Primary medical qualification country</b>	<b>Number of CESRs awarded through the combined programme</b>	<b>% total</b>
<b>UK</b>	<b>24</b>	<b>16.90%</b>

<b>EEA</b>	<b>11</b>	<b>7.75%</b>
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<b>ROW</b>	<b>107</b>	<b>75.35%</b>
India	52	36.62%
Pakistan	31	21.83%
<b>All other ROW</b>	<b>24</b>	<b>16.90%</b>

## Appendix 8 – primary medical qualification and direct entry via mutual recognition

Country of primary medical qualification for direct entry in 2018. All countries with fewer than five total applications have been grouped to avoid identification.

Primary medical qualification country	Number of applications granted direct entry via mutual recognition	% total
<b>UK</b>	<b>6</b>	<b>0.62%</b>

<b>EEA</b>	<b>857</b>	<b>88.90%</b>
Austria	9	0.93%
Belgium	18	1.87%
Bulgaria	27	2.80%
Croatia	12	1.24%
Czech Republic	19	1.97%
Denmark	6	0.62%
Estonia	5	0.52%
Finland	5	0.52%
France	28	2.90%
Germany	43	4.46%
Greece	159	16.49%
Hungary	19	1.97%
Ireland	46	4.77%
Italy	132	13.69%
Latvia	6	0.62%

Lithuania	11	1.14%
Malta	6	0.62%
Netherlands	35	3.63%
Poland	33	3.42%
Portugal	13	1.35%
Romania	105	10.89%
Slovakia	11	1.14%
Spain	67	6.95%
Sweden	14	1.45%
Switzerland	13	1.35%
<b>All other EEA</b>	<b>15</b>	<b>1.56%</b>

<b>ROW</b>	<b>101</b>	<b>10.48%</b>
Egypt	13	1.35%
India	7	0.73%
Iraq	9	0.93%
Pakistan	15	1.56%
Sudan	12	1.24%
<b>All other ROW</b>	<b>45</b>	<b>4.67%</b>

## Appendix 9 – primary medical qualification and CESR, CEGPR and general systems (GS)

Country of primary medical qualification for CESR, CEGPR and general systems decisions in 2018. All countries with fewer than five total applications have been grouped to avoid identification.

<b>Primary medical qualification country</b>	<b>CESR/CEGPR/GS approved</b>	<b>CESR/CEGPR/GS rejected</b>	<b>Total</b>	<b>% success</b>
<b>UK</b>	<b>40</b>	<b>22</b>	<b>62</b>	<b>64.51%</b>

<b>EEA</b>	<b>12</b>	<b>23</b>	<b>35</b>	<b>34.28%</b>
Spain	4	4	8	50%
<b>All other EEA</b>	<b>8</b>	<b>19</b>	<b>27</b>	<b>29.62%</b>

<b>ROW</b>	<b>255</b>	<b>215</b>	<b>470</b>	<b>54.25%</b>
Australia	9	7	16	56.25%
Bangladesh	3	3	6	50%
Egypt	30	28	58	51.72%
India	97	76	173	55.42%
Iran	5	4	9	55.55%
Iraq	8	9	17	47.05%
Israel	3	2	5	60%
Libya	2	6	8	25%
New Zealand	5	2	7	71.42%
Nigeria	2	11	13	15.38%
Pakistan	46	33	79	58.22%
South Africa	4	2	6	66.66%
Sri Lanka	6	4	10	60%
Sudan	5	3	8	62.5%

Syria	6	5	11	54.54%
<b>All other ROW</b>	<b>24</b>	<b>20</b>	<b>44</b>	<b>54.54%</b>