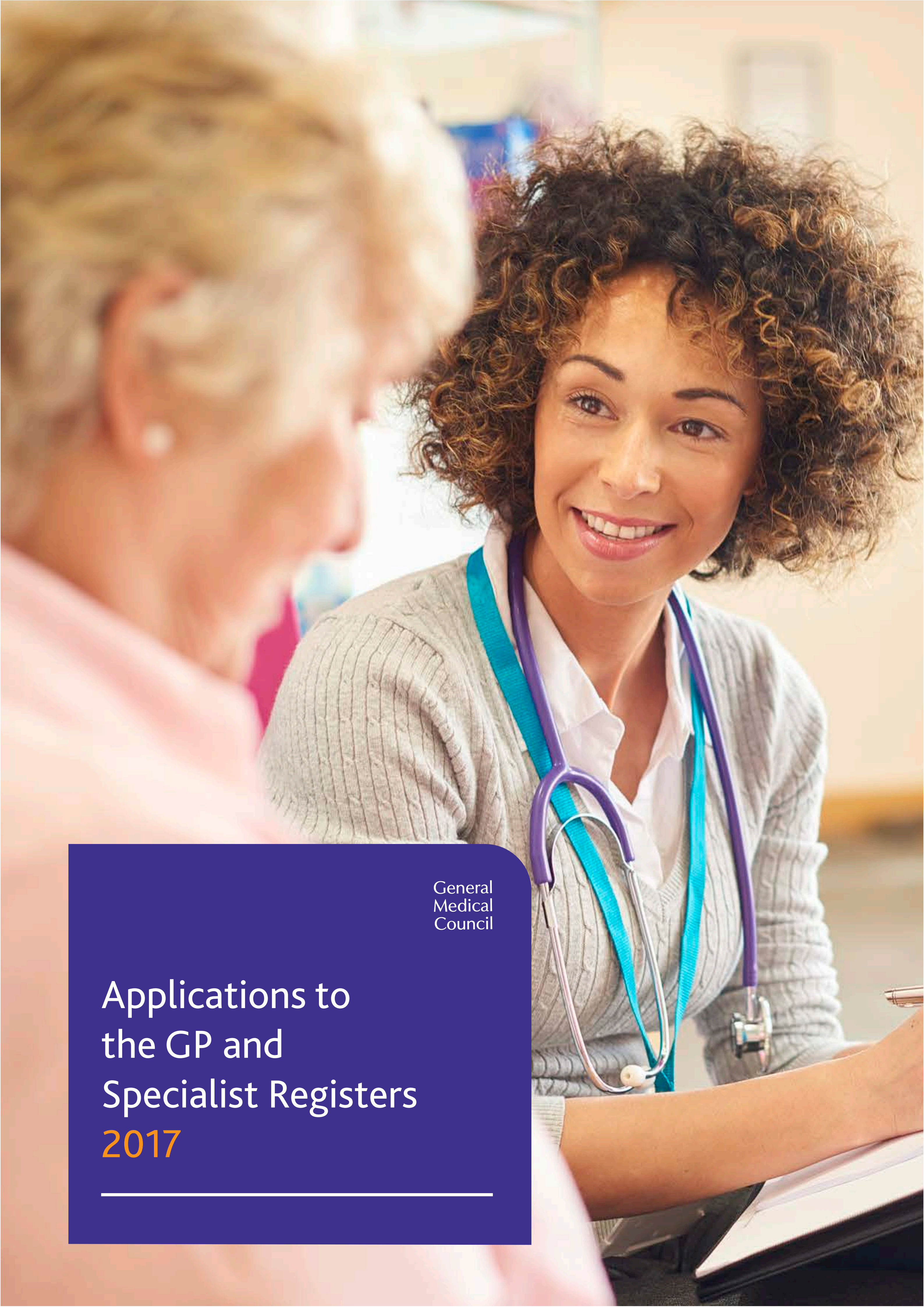


General
Medical
Council

Applications to the GP and Specialist Registers 2017

Introduction

This report gives an overview of decisions we made on applications for specialist or general practitioner (GP) registration in 2017. It covers applications for entry onto the Specialist and GP Registers from 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 2017 10

Where applicants worked and where they gained their primary medical qualification 19

What we've learnt from previous applications 22

Meet our Specialist Applications team 24

Improvements we're making to our processes 26

Applicants' experiences 29

Guidance from those supporting doctors in their CESR or CEGPR application 31

Other ways we've supported prospective applicants 33

Appendices 36

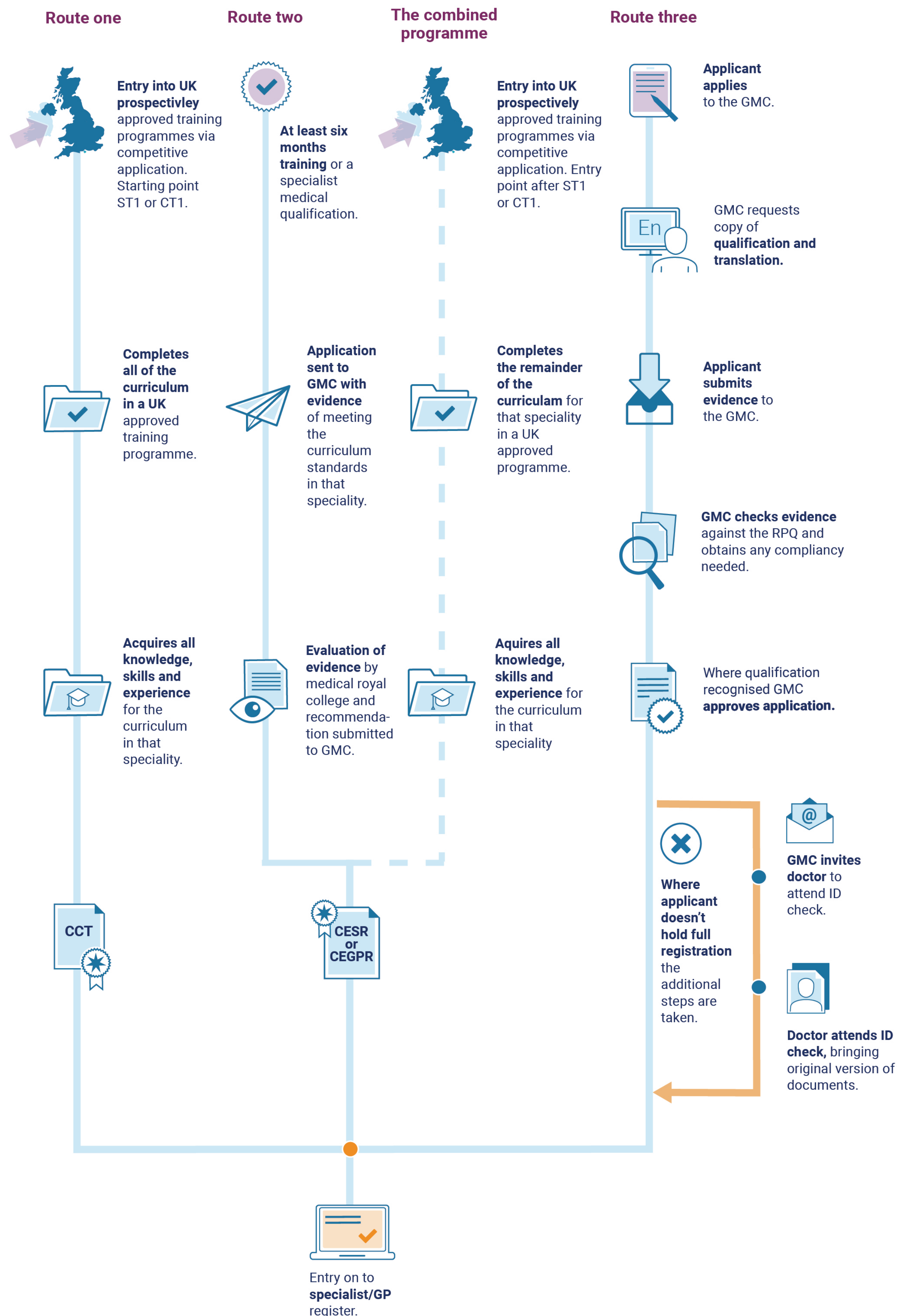
How a doctor's name is added to the Specialist or GP Register

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.

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

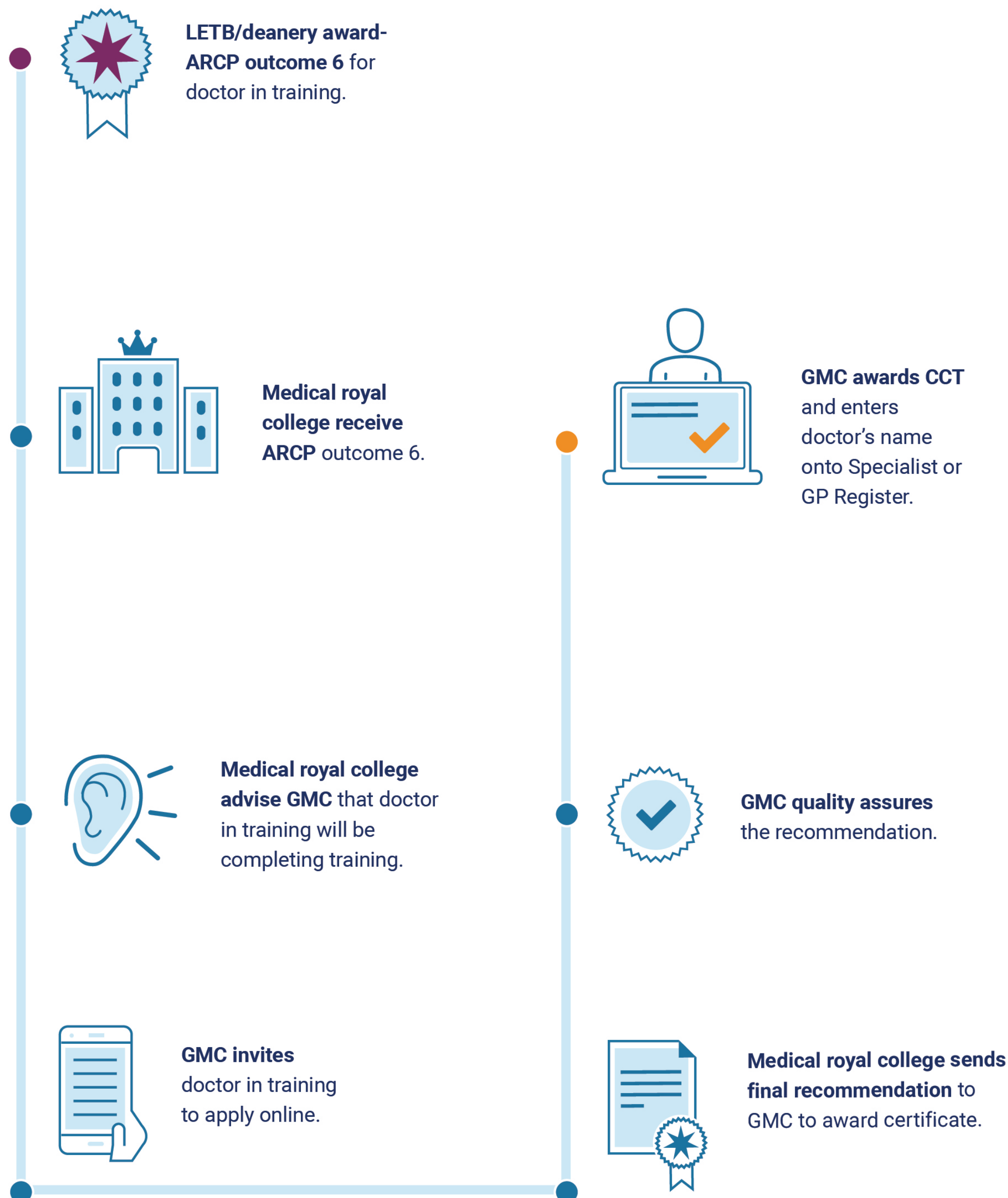
- Certificates of Completion of Training
- Certificates of Eligibility for Specialist Registration
- Certificates of Eligibility for GP Registration
- The general system of assessment under the Directive on the Recognition of Professional Qualifications
- Direct entry via automatic recognition under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

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.



Getting specialist or GP registration with a CESR or CEGPR

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

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

Full application to the GMC for CESR or CEGPR

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

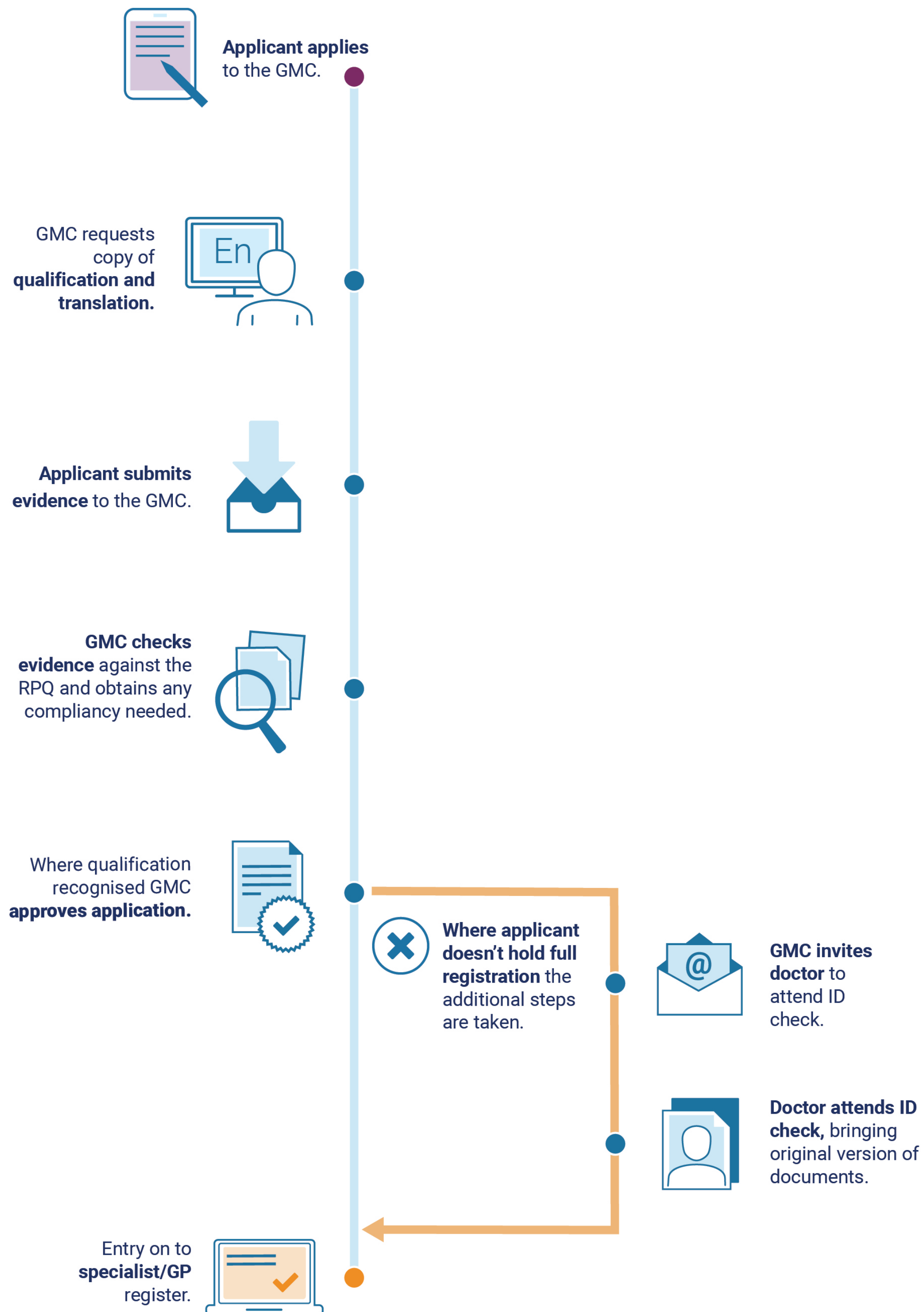
Combined programme – CESR (CP) and CEGPR (CP)

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.

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.



Applications for specialist or GP registration via CCT or CESR and CEGPR

When determining who is eligible for specialist or GP registration via CCT, CESR or CEGPR, and 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.

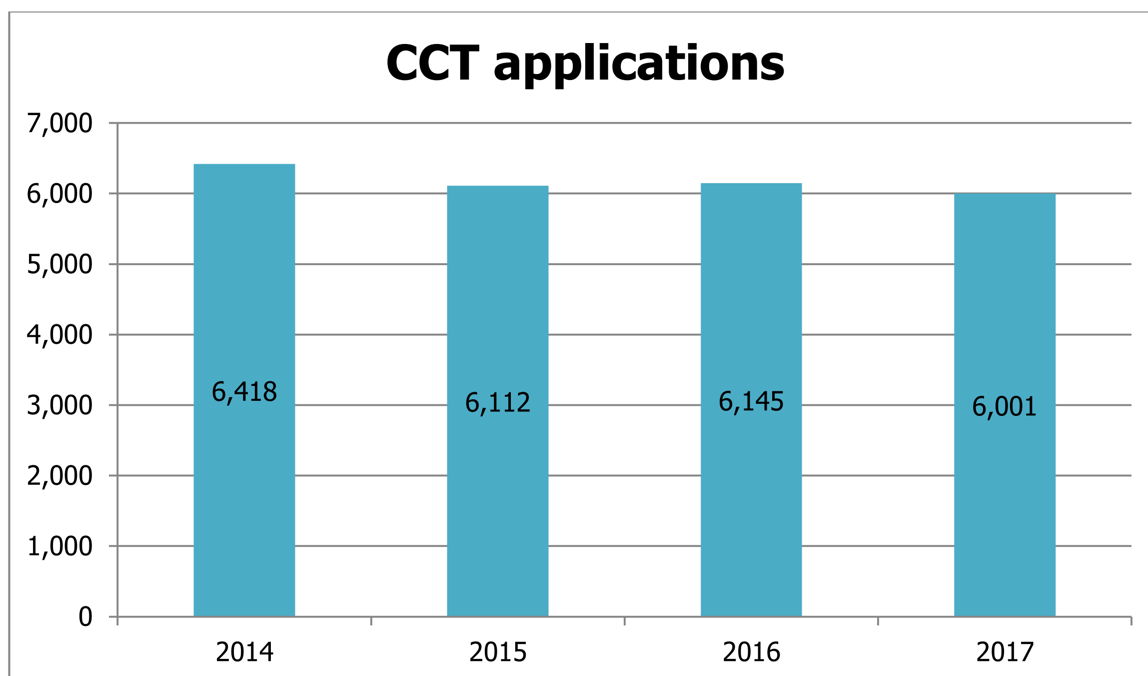
What happened in 2017

How many applications for CCT did we approve?

In 2017, we granted 6,001 CCT applications based on recommendations from medical royal colleges and faculties across all specialties. This is slightly lower than in 2016 when we granted 6,145 applications.

A full breakdown of applications by specialty for 2017 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:



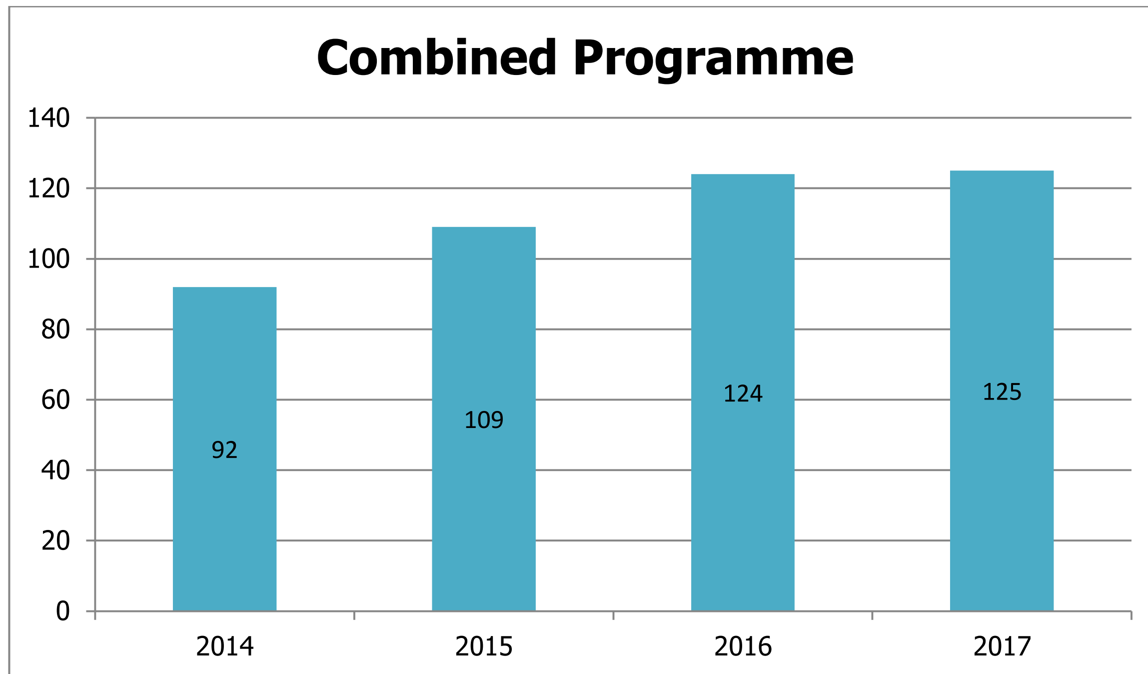
How many combined programme applications did we grant?

In 2017, we granted 125 combined programme applications in 29 specialties. This is one more than the applications granted in 2016.

A full breakdown of applications by specialty for 2017 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 gradual 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?

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.

In 2017, we approved 1,115 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 entries on to the specialist and GP registers is higher than the number of applications approved.

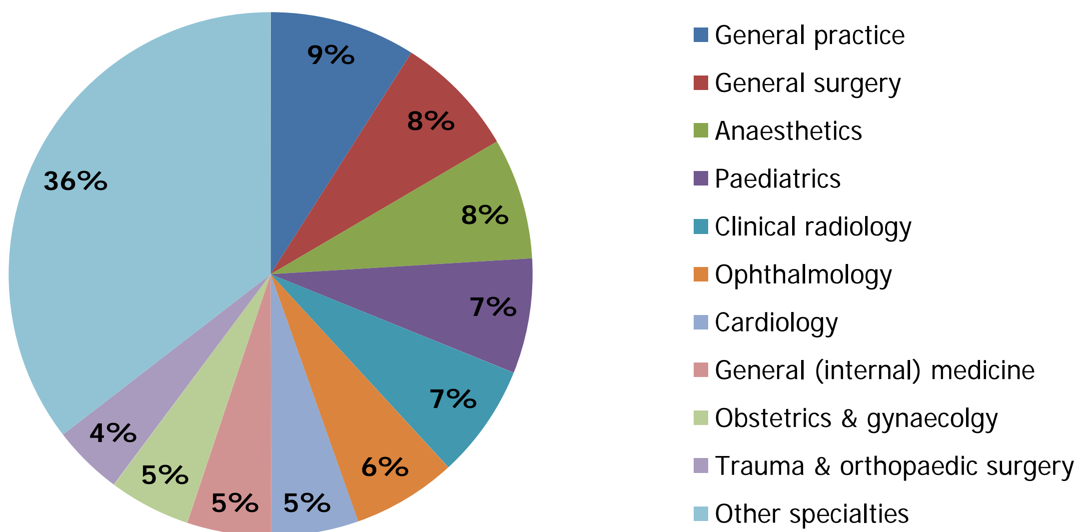
We recognised 1,049 specialist medical qualifications and 104 GP qualifications via direct entry. A full breakdown of applications by specialty for 2017 is shown in appendix 4.

2017 – Total 1,153

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

Specialty	Number of applications
General practice	104
General surgery	87
Anaesthetics	86
Paediatrics	82
Clinical radiology	81
Ophthalmology	74
Cardiology	62
General (internal) medicine	60
Obstetrics and gynaecology	58
Trauma and orthopaedic surgery	50

The diagram below shows the total number of direct entry applications completed, detailing the percentages of the ten most common specialties in 2017.



How many decisions did we make on CESR, CEGPR applications made under the European general system of assessment?*

In 2017, we made decisions on 571 applications for specialist registration and 32 applications for GP registration via these routes. This is an overall decrease compared with 2016, when we made decisions on 593 applications for specialist registration and 23 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.

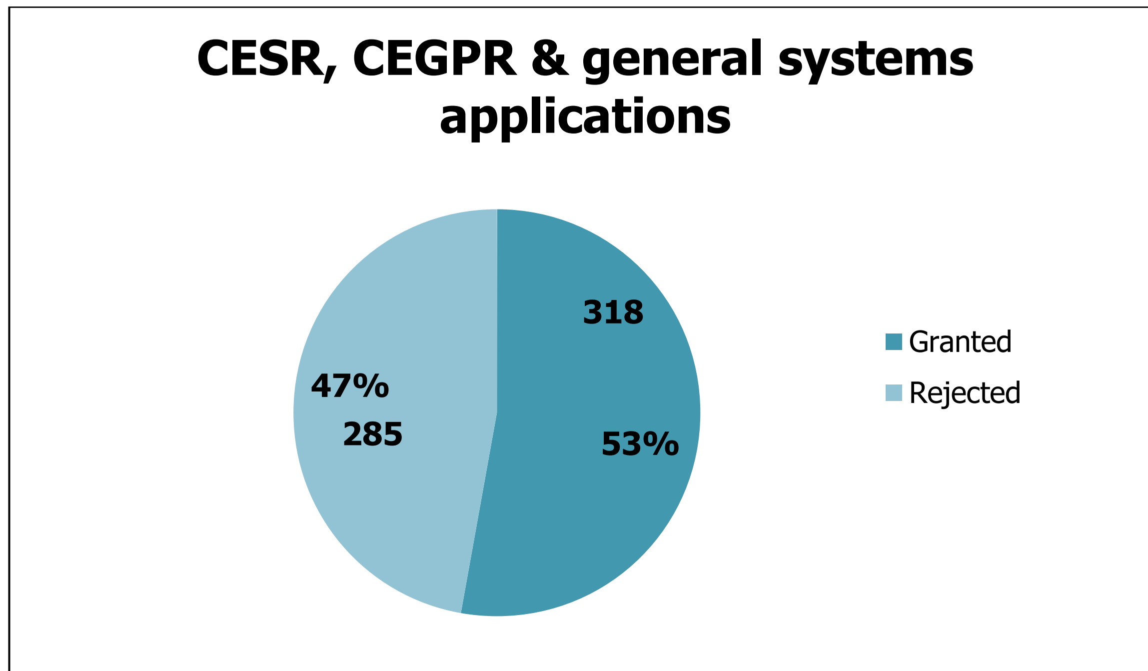
Where these doctors don't hold a mutually recognised specialist or GP qualification they aren't eligible for direct entry. They may be eligible to have their qualification assessed under the general system of assessment if they've completed training in an EEA country (or had training they completed elsewhere recognised in an EEA country). This process requires the GMC to compare their training against the UK training and also take into account any additional experience or qualifications. Where we identify differences we can

* Does not include combined programme applications

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 2017. 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.

2017 – Total 603



The full breakdown of numbers of decisions by organisation* and specialty in 2017 is shown in appendix 5.

We made decisions on applications in 72 specialties.

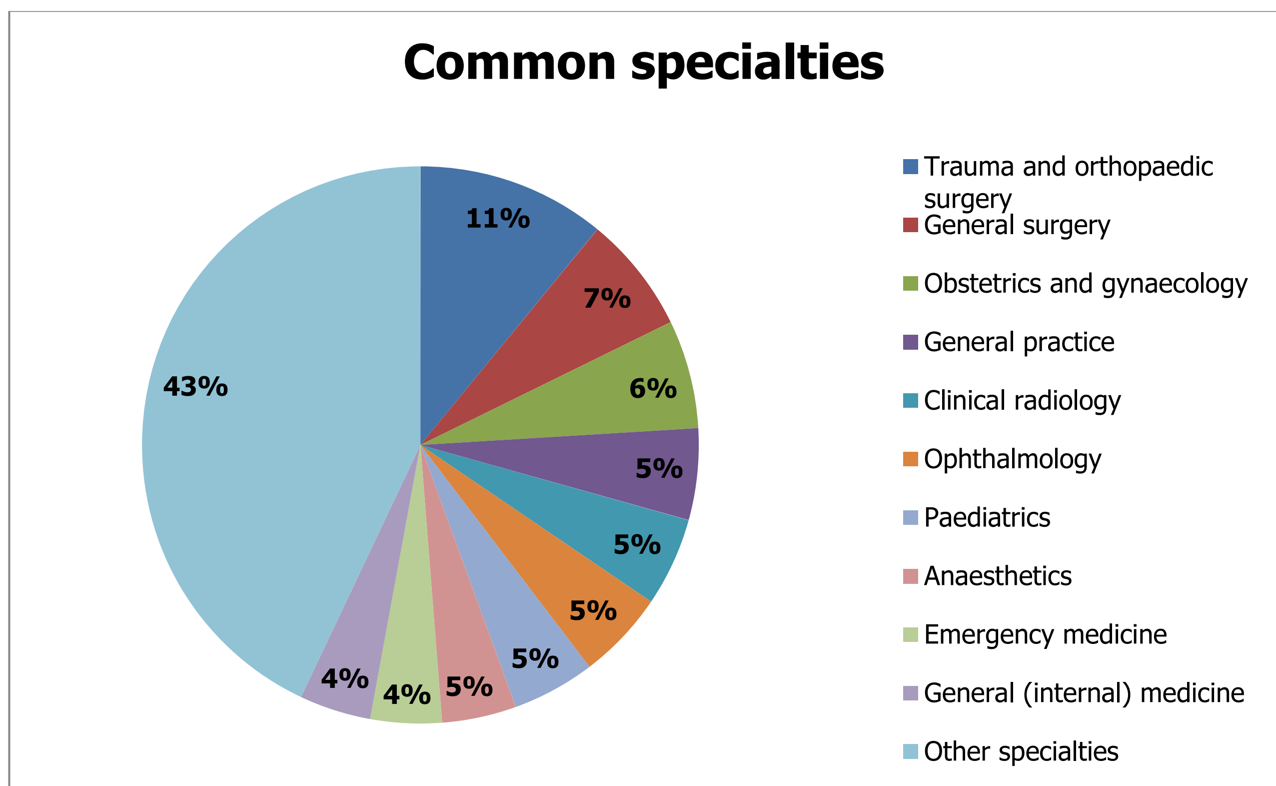
The ten most common specialties we made decisions on were:

Specialty	Number of applications
Trauma and orthopaedic surgery	66

* The relevant medical royal college or faculty

General surgery	41
Obstetrics and gynaecology	38
General practice	32
Clinical radiology	31
Ophthalmology	31
Paediatrics	29
Anaesthetics	26
Emergency medicine	25
General (internal) medicine	25

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 2017.



As mentioned above, 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

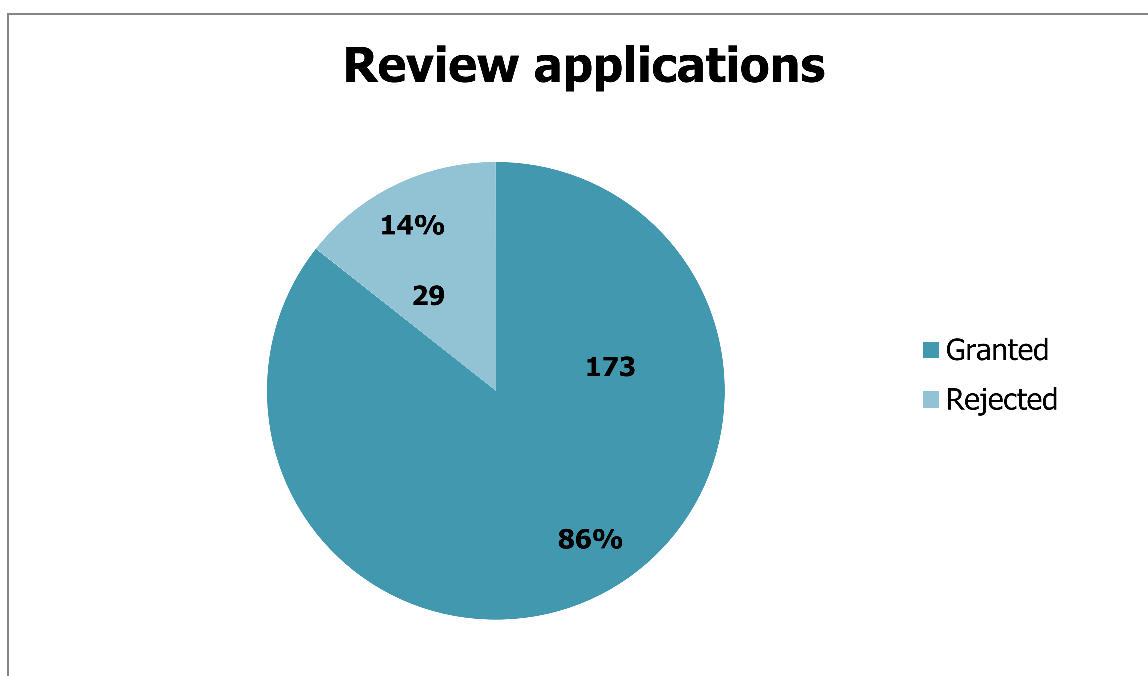
While we can give detailed guidance and advice to CESR and CEGPR applicants before and during the application process, unfortunately not all applicants are successful.

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 2017, we made decisions on 202 review applications. The diagram below shows the numbers of review applications we granted and rejected across all specialties in 2017.



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 they 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 20 assessments under the general system for recognition of training in 2017. Of these 20 assessments:

- 55% were successful
- Seven of these were reassessments – six of these assessments 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.

It's possible that Brexit could have significant impacts on the regulation and movement of doctors. But it's unclear at the moment what the full scale of this will be, partly because we aren't yet able to confirm whether we'll continue to recognise qualifications automatically using the Directive on Recognition of Professional Qualifications.

We hope that Brexit will give us an opportunity to reform the current legislation to allow more flexibility, while making sure all doctors practising in the UK meet the same standards.

What we are certain of is that EEA doctors won't lose their registration due to Brexit. There will be no retrospective changes to the medical register once the UK leaves the EU.

The Withdrawal Agreement of 15 December 2017 agreed that recognition of decisions made before EU exit will be respected – this means that the registration status of doctors with an EEA qualification who are currently on the medical register will not be affected. It was also agreed that any applications for registration, or compensation measures, that are underway as of Brexit day will benefit from legacy Directive on Recognition of Professional Qualifications rights for the remainder of that application process.

Both the European Commission and UK Government have indicated that they would like to include a framework for the recognition of professional qualifications as part of the future trade agreement between the UK and EU post 2022 but the details of this have not yet been discussed.

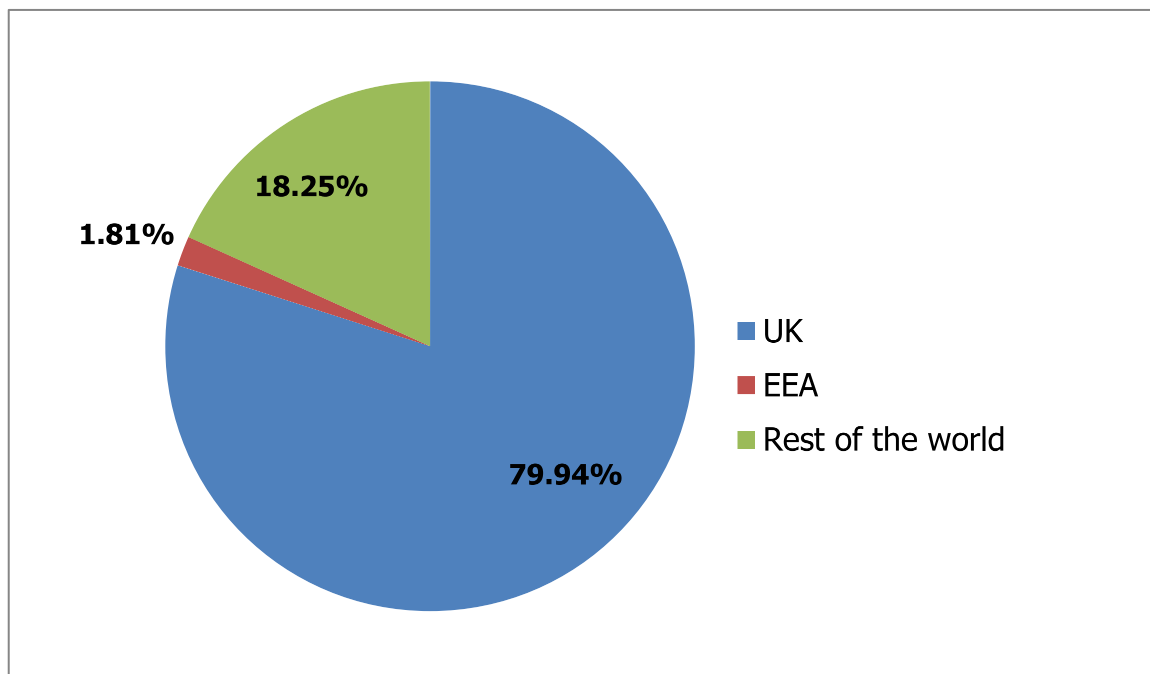
Where applicants worked and where they gained their primary medical qualification

Where did our 2017 applicants get their most recent experience before they applied for CESR, CEGPR or assessment under the general system?*

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

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

	Specialist	GP
UK	77.3%	2.65%
EEA	1.81%	0%
Rest of the world	15.74%	2.51%



* 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 2017 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)**
UK	78.07%	18.97%
EEA	4.27%	9.48%
Rest of the world	17.64%	71.53%

This shows that the region where the primary medical qualification is awarded is not a barrier to entering and successfully completing a UK training programme. More detailed breakdowns are available in appendices 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
UK	1.25%
EEA	88.60%
Rest of the world	10.13%

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

	Proportion of doctors by region of primary medical qualification	Success rate by primary medical qualification region
UK	12.45%	70.66%
EEA	5.64%	58.82%
Rest of the world	81.89%	49.59%

While we can see that most applications are from international medical graduates, a majority of applicants have recent UK experience prior to applying. A more detailed breakdown is in appendix 9.

What we've learnt from previous applications

With the help of our partners at the medical royal colleges and faculties, we've identified some key reasons why applications are unsuccessful or difficult to assess. We also include detailed specialty specific reason in our specialty specific guidance on our website. We've come up with a list of do's and don'ts for applicants to refer to when considering making a CESR or CEGPR application.

Do

- Make sure evidence is well organised. Consider putting your own dividers into the evidence to guide the evaluators to evidence relating to specific competencies. It's your responsibility to make it clear how you've met each competency.

- Look at the website of the college/faculty your specialty falls within – there is often specific advice for CESR and CEGPR applicants available.

- Make sure the specific guidance on key pieces of evidence for your specialty is followed – the format and requirements for evidence can be very different depending on the specialty. The royal colleges and faculties have given precise guidance in their specialty specific guidance on the way evidence should be presented and you should follow this to make your evidence easier to interpret.

- Provide evidence across the breadth of your specialty – this is one of the most common reasons why applicants are unsuccessful. More evidence in one area of the curriculum can't make up for a deficiency in another area.

- Demonstrate two way communication with colleagues and patients in your evidence.

- Read the relevant specialty curriculum before finalising your evidence – it's important you make sure you are providing evidence for any sub-specialty areas in the curriculum if it's a requirement.

- Try and gain a good understanding of the assessment process used in the UK for your specialty – while you may not have the same evidence as a UK trainee, understanding the assessment process will help you understand the level of competence expected.

- Consider UK evidence formats. It can be very difficult to demonstrate equivalence to the knowledge test set out in the UK curriculum and demonstrate competence without using workplace based assessments which are used in the UK as standard. Where you're confident you already have equivalent knowledge and competency, it may not always be clear this is the case from your evidence. While the evaluators will consider equivalent qualifications and assessment forms in great

depth to make sure they're fully equivalent, completion of UK curricula exams and assessments is the most efficient way to fulfil these requirements.

- Act on any suggestions that the GMC make in their initial checklist.
- Start collecting evidence early – use the curriculum and GMC guidance to help target where you might need to gather additional evidence.
- Speak to your referees before you nominate them in your application – you need them to provide a detailed report so should provide them with your CV in advance.

Don't

- Submit an application until the majority of evidence has been obtained – this is likely to delay the application process and mean your application is unsuccessful.
- Submit duplicate evidence – if evidence is relevant to more than one part of your application, you should cross reference this.
- Assume that reports, references and testimonials on your level of ability will be sufficient for your application to be successful. Although you may be working at a senior level, CESR and CEGPR is an evidence based process – without primary evidence your application won't be successful.
- Submit unnecessary evidence – this complicates your bundle and doesn't show clearly how each competency has been met. Consider the curriculum and submit focused evidence accordingly.
- Rely heavily on evidence that's over five years old – the evaluators will expect to see evidence of your recent and maintained knowledge, skills and experience.
- Forget to check our website for updates to curricula, specialty specific guidance and guidance on the application process – these can change and it's important to remember that you'll be evaluated against the standard of assessment in place at the time you submit your application.
- Be disheartened when the GMC ask for additional evidence after they've reviewed your first bundle – this is your opportunity to bolster your evidence, making your application more likely to be successful.
- Submit certificates for expired courses in your evidence – these will need to be valid when you submit your application.

Meet our Specialist Applications team

Victoria Murphy

My name is Vicky and I've worked as a specialist applications adviser for five years.

There are 12 advisers in the Specialist Applications team who process all the different types of applications the team are responsible for, including CESR and CEGPR applications in all specialties. We're also supported by two assistants, who are responsible for the structured report requests in CESR and CEGPR applications.

I've assessed applications in all specialties during my time in the team, which makes it a really interesting role. While my colleagues and I aren't clinically trained, processing applications and working with the royal colleges and faculties has allowed us to develop knowledge about specialties to be able to give applicants detailed advice on how to improve their application.

What I most enjoy about the role is the interaction with doctors and being part of helping them develop the best portfolio of evidence they can for their CESR or CEGPR application – it's really rewarding to see these doctors be successful in achieving their goal of gaining specialist or GP registration.

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.

- Make sure your evidence is organised under the correct divider and include your own sub-dividers where relevant – 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 – 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.

Improvements we're making to our processes

CESR and CEGPR evidence

Verification of evidence

In 2017 we did some work to see how we could make specialist and GP registration more accessible for doctors. We've looked at the responsibilities placed on doctors applying for specialist and GP registration via CESR and CEGPR applications and made improvements that we implemented on 27 March 2018 – we updated our website to reflect this.

Background

We wanted to review and improve how we seek assurance about the accuracy and authenticity of the evidence submitted by applicants for CESR and CEGPR applications while reducing the burden this places on applicants.

The focus of our improvement work was the requirement that every page of a document that demonstrates an applicant's medical training and experience is stamped and signed by a doctor in a supervisory position.

Issues we identified with the existing process

Applicants have difficulty:

- locating a hospital stamp
- finding a supervisor with the time to stamp and sign every page of the evidence
- fulfilling these requirements if they've gained experience overseas or in short term locum positions.

Some reasons why we've not accepted evidence previously:

- it hasn't been stamped
- it hasn't been signed
- it was signed by a person in a non-supervisory position.

Our Specialist Applications team return evidence that doesn't meet our standards – combined these factors cause delays to doctors' applications, and place time pressures on supervisory doctors.

The improvements we've made

- We've removed the requirement for stamping and signing every page of evidence as it's difficult for the applicants to fulfil and offers no reassurance that the supervising doctor has completed it.
- We've introduced one form which the applicant completes for each hospital or institution their evidence relates to. It now needs just one signature from the relevant supervisory doctor.
- We've introduced the primary source verification of every application and we'll contact the supervisory doctor directly to get confirmation they've signed the form, plus verify a proportion of the evidence.

What are the benefits in making these changes?

We've made improvements so that the verification process is more consistent, accessible and robust, with the benefits of:

- easing the burden on applicants and doctors who verify their evidence
- satisfying the medical royal colleges and faculties that the evidence we submit to them is an accurate reflection of the applicant's experience and knowledge
- saving time checking stamps and signatures in applications
- reducing the number of documents we need to return in applications.

Structured reports

Structured reports are an important part of CESR and CEGPR applications. During the evaluation process, they are used to cross-reference an applicant's evidence and verify their work, training and experience. They also provide details on an applicant's personal attributes, skills and competencies from the last five years.

Based on feedback from applicants and our discussions with the medical royal colleges and faculties, we've reduced the minimum number of structured reports from six to four.

In our experience a maximum of five or six detailed reports is more than sufficient to provide information to support primary evidence being provided.

Reducing the number of structured reports required eases the burden on both applicants and their referees.

GP workstreams

In 2017 we began working with our partners in Health Education England, the Royal College of General Practitioners and the BMA on a range of initiatives to increase the number of GPs in practice in the UK.

One initiative, of targeted GP training, has been advertised by Health Education England.

The programme targets GP trainees who passed their Work Place Based Assessments and one of the two required exams (either Applied Knowledge Test or Clinical Skills Assessment) but left training without passing the second exam. These doctors will be given the chance to resume their training through the Targeted GP Training scheme.

We remain committed to working with our partners to increase the GP workforce and improve our processes.

Applicants' experiences

The following accounts are from doctors who have been successful in their applications for specialist registration via a CESR. They've shared their experiences and also some tips for other applicants.

Successful CESR application in neurorehabilitation

I'd worked in my specialty for 19 years as a staff grade and associate specialist in the NHS prior to submitting my application, taking on more senior roles in the most recent five years of my career. Since my application was approved, I've been appointed to a substantive consultant post in my specialty.

With the advice provided by the GMC, I was able to target my application specifically to my non-CCT specialty of neuro-rehabilitation. I wanted to apply to formalise recognition of my work at a senior level and for a sense of achievement by reaching the pinnacle of my medical career in the NHS.

The first thing I would advise prospective applicants to do is read the GMC's guidance and call their advisers to discuss any queries. It's also helpful to discuss your application with a previously successful applicant if you can. Attending a CESR training event is extremely helpful – I attended events organised by the GMC and Royal College of Physicians.

You need to decide if you want to apply and why – make sure you're able to put in the time and effort required. If you decide to apply, discuss your decision with your family, friends, and consultants in your department, clinical lead and current clinical or medical director. Their support will be crucial, especially if you want some of them to act as your referees.

Ideally, aim to collect your evidence prospectively as this is more robust, verifiable and current – and you can do this according to the GMC and specialty curricula requirements. More weight is given to your knowledge, skills and performance for the last five years so it's important to obtain high quality evidence from this period.

Remember that the process takes time, effort and persistence. If I were to apply again, I would set aside more time to allow for any delays in collecting evidence – I had set aside two years but it took me three. Overall though, I found the process manageable and the GMC were extremely helpful in advising me throughout the application, being easily contactable. My assigned specialist applications adviser provided me with specific and focused advice.

When I received the decision on my application I had a genuine sense of achievement. The evaluation form sent to me by the GMC contained very pertinent comments.

Successful CESR application in Rheumatology

I wanted to apply for specialist registration to progress my career. I had done the Specialty Certificate Examination (SCE) in Rheumatology for my own personal development and felt I could continue on, with CESR being something I was in a position to achieve.

My first serious thought about applying was around four years before I actually did, with the 12 months preceding my application being more focused. My advice would be to start by doing the SCE, or the one from your relevant specialty curriculum. Really, if you want to be a consultant in your specialty you *should* know it inside out and the exam is a fantastic way to demonstrate your learning and knowledge. While you plan and study for the exam start keeping lists and recording what you are doing day to day, such as clinics, procedures, patients seen and conditions treated.

I really recommend attending a CESR course – I went to one at the Royal College of Physicians which I found useful.

I was relieved when I finally submitted my application and I was grateful to be able to add some additional evidence throughout the application. Emails from the Specialist Applications team were always helpful and promptly replied to and I was elated to receive a positive decision.

Guidance from those supporting doctors in their CESR or CEGPR application

We've spoken with some of the CESR champions from Health Education England to get advice on how they've supported applicants through an application. Collectively, they've supported 12 applicants to success in their applications and several have also been through the process themselves.

Dr Ganesan Kumar, Consultant Cardiologist

I've managed to bring more interest of the process within my directorate and we've supported successful candidates since 2014 as a result. CESR is a golden opportunity for any self-motivated doctor who is keen to progress. The tips I give to those I'm supporting include:

- reflect on your desire to apply, discuss this with your appraiser each year and demonstrate your progress
- collect data over a continuous period – NHS documents are electronic so store your evidence in an organised file electronically. When you submit this, make sure it's been fully anonymised
- try to get funding for e-portfolio through your SAS body or invest in this and use it well – it's a great way to collate evidence and make sure you cover all areas of your curriculum
- familiarise yourself with the application process – the GMC's specialist applications advisers are there to help
- once you're successful share your knowledge and help others.

Dr Sajida Ajjawi, Locum Consultant in Obstetrics and Gynaecology

I was very proud when I was successful in my CESR application. However, it wasn't an easy journey so I was keen to support others through the process where I could. CESR can be challenging as it's still unfamiliar for many colleagues so it can be difficult to obtain guidance locally. Having said that, I often turned to my GMC applications adviser and the Royal College of Obstetricians and Gynaecologists for guidance – both were very supportive, prompt in their responses and simply brilliant!

My main advice for applying:

- read and thoroughly analyse the GMC guidance

- don’t be put off by the volume of work required – break it down in to smaller goals at regular, planned stages
- construct your CV in line with GMC guidance as this helps you to make sure all areas are covered
- make sure your application covers a wide spectrum of what the specialty involves and highlights your strengths and ability to work independently – the GMC and medical royal college or faculty are seeking evidence that you are capable of working safely in the dynamic and demanding role of a consultant
- it’s invaluable to seek advice from your colleagues, particularly if they’ve been through the process – this will help you prepare and minimise delays.

Other ways we've supported prospective applicants

In 2017 the Specialist Applications team attended 22 events being run for prospective CESR and CEGPR applicants. We attended events at the BMA, in local trusts and medical royal colleges and faculties across England, Northern Ireland and Scotland.

CESR and CEGPR events are a great opportunity for those thinking of applying to ask questions in person. We've put together a list of common questions we were asked at these events so our answers can be shared more widely.

Are workplace based assessments necessary? My logbooks and case records demonstrate the breadth of my experience.

Generally, yes.

It's important to remember that workplace based assessments are available to non-trainees. In addition to showing the volume and range of work you've done, you must demonstrate how well you perform. You must show your clinical competences meet the standards required by the curriculum. The most robust and efficient way of doing this is through evidence of objective assessments of your skills across the breadth of the curriculum.

Workplace based assessments should be done prospectively, with a range of assessors in different settings and on a variety of patients. They should be completed sufficiently frequently to demonstrate progress and include comments, learning points and reflections to show they've been completed properly. Retrospective assessments hold no value.

Is my qualification equivalent to the examination in the curriculum?

You must demonstrate a level of current knowledge equivalent to that required by the CCT curriculum. Refer to the specialty specific guidance for your specialty to see if there are any recognised equivalents. The most straightforward way of demonstrating the specialty standard of knowledge is to pass the examination required by the curriculum.

Alternatively, you must consider whether you can provide a portfolio of evidence that shows you have an equivalent level of knowledge. This could include:

- evidence of research
- peer reviewed publications
- presentations at national and international meetings
- other specialty qualifications and examinations.

Your portfolio of evidence must be very strong and current to show equivalent knowledge. It must show knowledge across the breadth and depth of the specialty. It's unlikely that one of the above items alone would demonstrate equivalent knowledge. We recommend you review the syllabus for the examination required by the CCT curriculum to make sure you have sufficient evidence of knowledge.

How much evidence of my involvement in audit do I need to provide?

You should refer to the CCT curriculum for your specialty to understand the audit competences you must demonstrate. Most curricula expect engagement in regular audit throughout the last five years. As a general guide, evidence of two to four audits are required, with a least one demonstrating you have led all stages of a full audit cycle, including a re-audit. Your role in each stage of the audit must be clear. You should provide primary evidence of your audits through audit reports or presentation slides.

Is CESR/CEGPR the right option for me?

It's important to consider whether CESR or CEGPR is the right option for you, based on your knowledge, skills and experience in your chosen specialty. We can't make this decision for you. If you choose to apply for a CESR or CEGPR, the first thing to do is check you're eligible on our website.

How do I choose which specialty to apply in?

You should carefully read our guidance and the curriculum for the specialty where you think you have significant experience. This will allow you to determine the specialty which most closely matches yours – you can then check you're eligible to apply in that specialty on our website.

Do I have to demonstrate core competencies?

You need to check the specialty specific guidance for the specialty you're applying in. All physician specialties require evidence of core medical knowledge and the recent application of this knowledge, as do some others.

Can I use my e-Portfolio to submit evidence?

Collating evidence in an e-Portfolio can help you organise your evidence to make sure you cover all competences required by the curriculum. If you've been using an e-Portfolio to do this, you can submit this evidence but you'll still need to print this evidence and get it verified in line with our guidance.

What are my employment prospects after obtaining CESR or CEGPR, compared to CCT?

It's not within our remit to support you in future employment following success in a CESR or CEGPR application. You'll be entitled to exactly the same practising privileges in the UK as a CCT holder in your specialty. CESR and CEGPR certificates are not, however, mutually recognised for direct entry on to a specialist or GP register in another EEA country.

I think my evidence from over five years ago is relevant – why can't I include this?

From a patient safety perspective we need to be satisfied that you are performing at the appropriate level for entry on to the GP or Specialist Register at the point your application is concluded. This means we need to see evidence of recent and maintained competences – we consider this to be from within the last five years.

We hold CCT and CESR or CEGPR applications to the same standard – the requirements of the curriculum must be met at the point of application. CCT trainees follow a structured programme that, by design, allows us to be assured that competences acquired in the early years of that programme are maintained in later years.

We need the same assurance from CESR and CEGPR applicants. However, while it's generally true that evidence from the last five years carries most weight, older evidence can still be useful if it's accompanied by evidence that the relevant competences have been maintained.

Appendices

Appendix 1 – CCT

CCT awarded 2017 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	25
Anaesthetics	56
Cardiology	88
Cardiothoracic surgery	22
Chemical pathology	6
Child and adolescent psychiatry	52
Clinical genetics	10
Clinical neurophysiology	5
Clinical oncology	48
Clinical pharmacology and therapeutics	6
Clinical radiology	188
Dermatology	43
Emergency medicine	117
Endocrinology and diabetes mellitus	66
Forensic psychiatry	34
Gastroenterology	80
General (internal) medicine	484

General practice	2801
General psychiatry	150
General surgery	152
Genitourinary medicine	18
Geriatric medicine	93
Haematology	54
Histopathology	53
Infectious diseases	30
Intensive care medicine	82
Medical microbiology	26
Medical microbiology and virology	10
Medical oncology	32
Medical psychotherapy	8
Neurology	51
Neurosurgery	19
Obstetrics and gynaecology	160
Occupational medicine	13
Old age psychiatry	39
Ophthalmology	72
Oral and maxillofacial surgery	27
Otolaryngology	55
Paediatric cardiology	9
Paediatric surgery	14

Paediatrics	285
Palliative medicine	39
Pharmaceutical medicine	17
Plastic surgery	46
Psychiatry of learning disability	15
Public health medicine	36
Rehabilitation medicine	21
Renal medicine	46
Respiratory medicine	94
Rheumatology	32
Sport and exercise medicine	5
Trauma and orthopaedic surgery	193
Urology	54

Specialties numbering fewer than five applications – total number of applications across these specialties: **14**

Audio vestibular medicine
Community sexual and reproductive health
Diagnostic neuropathology
Forensic histopathology
Immunology
Medical ophthalmology
Medical virology
Paediatric and perinatal pathology

Total number of CCTs awarded in 2017: **6,001**

Appendix 2 – CESR (CP) / CEGPR (CP)

CESR (CP) / CEGPR (CP) awarded 2017 by specialty

In 2017, we awarded 125 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.

Acute internal medicine	4
Anaesthetics	26
Emergency medicine	23
Endocrinology and diabetes mellitus	5
General (internal) medicine	11
General psychiatry	4
Obstetrics and gynaecology	11
Paediatrics	16
Psychiatry of learning disability	4

Specialties numbering fewer than three applications - total number of applications across these specialties: **33**

Child and adolescent psychiatry
Clinical genetics
Clinical pharmacology and therapeutics

Community sexual and reproductive health
Dermatology
Gastroenterology
General practice
General surgery
Geriatric medicine
Haematology
Intensive care medicine
Neurology
Nuclear medicine
Ophthalmology
Paediatric cardiology
Pharmaceutical medicine
Rehabilitation medicine
Renal medicine
Sport and exercise medicine
Urology

Total number of doctors awarded a CESR or CEGPR through combined programme: **125**

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

CCT and CESR (CP) / CEGPR (CP) specialist and GP registration applications by organisation 2017

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	13	0	13
Faculty of Intensive Care Medicine	82	2	84
Faculty of Public Health	36	0	36
Faculty of Sexual and Reproductive Healthcare	1	3	4
Joint Committee on Surgical Training	582	3	585
Joint Royal Colleges of Physicians Training Board	1,392	39	1,431
Royal College of Anaesthetists	56	26	82
Royal College of Emergency Medicine	117	23	140
Royal College of General Practitioners	2,801	3	2,804
Royal College of Obstetricians and Gynaecologists	160	11	171
Royal College of Ophthalmologists	72	2	74
Royal College of Paediatrics and Child Health	285	16	301
Royal College of Pathologists	64	0	64
Royal College of Psychiatrists	298	9	307
Royal College of Radiologists	236	0	236

Appendix 4 – Direct entry via mutual recognition

Specialist and GP qualifications recognised 2017 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	86
Cardiology	62
Cardiothoracic surgery	18
Clinical oncology	12
Clinical radiology	81
Emergency medicine	10
Endocrinology and diabetes mellitus	16
Gastroenterology	26
General (internal) medicine	60
General practice	104
General psychiatry	24
General surgery	87
Geriatric medicine	7
Haematology	15
Histopathology	11
Medical microbiology and virology	11
Medical oncology	18
Neurology	39
Neurosurgery	22

Obstetrics and gynaecology	58
Ophthalmology	74
Otolaryngology	28
Paediatric surgery	10
Paediatrics	82
Plastic surgery	21
Public health medicine	8
Renal medicine	8
Respiratory medicine	13
Rheumatology	12
Trauma and orthopaedic surgery	50
Urology	34
Vascular surgery	10

Specialties numbering fewer than five applications – total number of applications across these specialties: **36**

Child and adolescent psychiatry
Clinical genetics
Clinical neurophysiology
Community medicine
Dermatology
Diagnostic radiology
Endocrinology

General medicine
Geriatrics
Immunology
Infectious diseases
Nuclear medicine
Occupational medicine
Oral and maxilla-facial surgery
Orthopaedic surgery
Orthopaedics
Otorhinolaryngology
Psychiatry
Radiology
Trauma and orthopaedics

Appendix 5 – CESR/CEGPR

Breakdown of CESR, CEGPR and general systems decisions by organisation and specialty 2017

Specialties numbering fewer than three 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
Faculty of Public Health	Public health medicine	0	3	3
Faculty of Sexual and Reproductive Healthcare	Community sexual and reproductive health	3	1	4
Joint Committee on Surgical Training		**83**	**92**	**175**
	Cardiothoracic surgery	3	2	5

	General surgery	17	24	41
	Neurosurgery	5	7	12
	Otolaryngology	5	11	16
	Paediatric surgery	3	1	4
	Plastic surgery	2	4	6
	Transplant surgery	0	4	4
	Trauma and orthopaedic surgery	39	27	66
	Urology	7	8	15
	Breast surgery Renal transplantation and vascular access Vascular surgery	2	4	6
Joint Royal Colleges of Physicians Training Board		**74**	**63**	**137**
	Cardiology	1	10	11
	Dermatology	9	10	19
	Gastroenterology	7	5	12
	General (internal) medicine	19	6	25
	Geriatric medicine	5	2	7
	Haematology	2	4	6
	Neurology	6	3	9
	Palliative medicine	4	1	5
	Respiratory medicine	7	4	11
	Sport and exercise medicine	2	2	4
	Acute internal medicine Allergy Bone marrow failure syndrome Endocrinology and diabetes mellitus Forensic and Legal Medicine Genitourinary medicine Immunology Infectious diseases Medical microbiology Medical oncology Neurological rehabilitation Occupational medicine* Paediatric cardiology Rehabilitation medicine Renal medicine Rheumatology Stroke medicine Transfusion medicine	13	16	29
Royal College of Anaesthetists		**16**	**12**	**28**
	Anaesthetics	14	12	26
	Intensive care medicine	2	0	2
Royal College of Emergency Medicine	Emergency medicine	16	9	25
Royal College of General Practitioners	General practice	20	12	32
Royal College of Obstetricians and Gynaecologists		**19**	**21**	**40**

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

	Obstetrics and gynaecology	19	19	38
	Gynaecological oncology Maternal and fetal medicine	0	2	2
Royal College of Ophthalmologists	Ophthalmology	**13**	**18**	**31**
Royal College of Paediatrics and Child Health		**23**	**19**	**42**
	Paediatrics	13	16	29
	Neonatal medicine Neonatal neural developmental Biology Neonatology Paediatric allergy, immunology and infectious diseases Paediatric intensive care medicine Paediatric neurology Paediatric oncology Paediatric respiratory medicine Paediatric rheumatology	10	3	13
Royal College of Pathologists		**9**	**4**	**13**
	Histopathology	8	2	10
	Chemical pathology Diagnostic neuropathology Paediatric and perinatal pathology	1	2	3
Royal College of Psychiatrists		**12**	**25**	**37**
	General psychiatry	5	18	23
	Old age psychiatry	3	6	9
	Child and adolescent psychiatry Liaison psychiatry Psychiatry of learning disability	4	1	5
Royal College of Radiologists		**28**	**7**	**35**
	Clinical radiology	25	6	31
	Clinical oncology Paediatric radiology	3	1	4

Appendix 6 – primary medical qualification and CCT

Country of primary medical qualification for CCT in 2017. 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
UK	**4,837**	**78.07%**

EEA	**265**	**4.27%**
Czech Republic	41	0.66%
Germany	17	0.27%
Greece	23	0.37%
Ireland	47	0.76%
Malta	14	0.23%
Poland	48	0.77%
Romania	25	0.40%
All other EEA	**50**	0.81%

Rest of world (ROW)	**1,093**	**17.64%**
Bangladesh	17	0.27%
Egypt	25	0.40%
India	437	7.05%
Iran	21	0.34%
Iraq	53	0.86%
Myanmar	12	0.19%
Nigeria	109	1.76%
Pakistan	201	3.24%
Russian Federation	15	0.24%
South Africa	23	0.37%
Sudan	30	0.48%
Syrian Arab Republic	20	0.32%

Ukraine	18	0.29%
All other ROW	**112**	**1.80%**

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

Country of primary medical qualification for combined programme in 2017. 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.

Primary medical qualification country	Number of CESRs awarded through the combined programme	% total
UK	**26**	**18.97%**
EEA	**13**	**9.48%**
ROW	**98**	**71.53%**
India	49	35.77%
Pakistan	21	15.33%
All other ROW	**28**	**20.43%**

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

Country of primary medical qualification for direct entry in 2017. 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

UK	**14**	**1.25%**

EEA	**988**	**88.60%**
Austria	18	1.61%
Belgium	21	1.88%
Bulgaria	26	2.33%
Croatia	21	1.88%
Czech Republic	15	1.35%
Denmark	11	0.98%
Finland	8	0.71%
France	34	3.04%
Germany	53	4.75%
Greece	174	15.60%
Hungary	26	2.33%
Ireland	58	5.20%
Italy	150	13.45%
Latvia	10	0.89%
Lithuania	20	1.79%
Malta	6	0.53%
Netherlands	35	3.13%
Poland	55	4.93%
Portugal	27	2.42%
Romania	90	8.07%

Slovakia	10	0.89%
Slovenia	6	0.53%
Spain	84	7.53%
Sweden	11	0.98%
Switzerland	13	1.16%
All other EEA	**6**	0.53%

ROW	**113**	**10.13%**
Egypt	8	0.71%
India	6	0.53%
Iraq	9	0.80%
Jordan	5	0.44%
Pakistan	21	1.88%
Serbia	5	0.44%
South Africa	6	0.53%
Sudan	14	1.25%
All other ROW	**39**	**3.49%**

Appendix 9 – primary medical qualification and CESR, CEGPR and general systems

Country of primary medical qualification for CESR, CEGPR and general systems decisions in 2017. All countries with fewer than five total applications have been grouped to avoid identification.

Primary medical qualification	CESR/CEGPR approved	CESR/CEGPR rejected	Total	% success

country				
UK	**53**	**22**	**75**	**70.66%**

EEA	**20**	**14**	**34**	**58.82%**
Ireland	6	3	3	50.00%
Italy	3	4	7	42.85%
Spain	5	1	6	83.33%
All other EEA	**6**	**6**	**12**	**50.00%**

ROW	**245**	**249**	**494**	**49.59%**
Australia	7	9	16	43.75%
Bangladesh	2	3	5	40.00%
Egypt	31	26	57	54.38%
India	101	77	178	56.74%
Iraq	6	7	13	46.15%
Nigeria	1	10	11	9.09%
Pakistan	44	48	92	47.82%
South Africa	8	5	13	61.53%
Sri Lanka	11	6	17	64.70%
Sudan	6	5	11	54.54%
Syria	5	5	10	50.00%
United States	2	10	12	16.66%
All other ROW	**21**	**38**	**59**	**35.59%**

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

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

Textphone: **please dial the prefix 18001** then
0161 923 6602 to use the Text Relay service

Join the conversation

@gmcuk

facebook.com/gmcuk

linkd.in/gmcuk

youtube.com/gmcuktv

To ask for this publication in Welsh, or in another format or language,
please call us on **0161 923 6602** or email us at **publications@gmc-uk.org**.

Published May 2018
© 2018 General Medical Council

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

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

GMC/AGPASR/0518

General
Medical
Council