

Applications to the GP and Specialist Registers 2019

Introduction

This report gives an overview of decisions we made on applications for specialist or general practitioner (GP) registration in 2019. 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.

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Meet our Specialist Applications team



Nicola Coles

My name is Nicola Coles and I am the Manager of the Specialist Applications Team (SAT). I joined the GMC over two years ago following my previous career in Forensics. I was attracted to the GMC as the organisational values are ones that I hold in high regard and I have a real passion and commitment to providing high quality healthcare and standards to all patients across the UK. SAT consists of six managers including myself, 15 dedicated Advisers, who support doctors throughout their applications for entry onto the Specialist and GP Register, and two Assistants.

Since joining the team I have discovered that the Advisers hold a wealth of knowledge and experience which is invaluable to doctors wishing to join the Specialist or GP register. Although not clinically trained they are highly skilled in knowing what makes a successful application and can provide support and advice to applicants. For anyone who is applying for Specialist or GP Registration through the CESR or CEGPR route I would definitely recommend listening to the advice of your Adviser as their suggestions could be the difference in getting that successful decision.

The Assistants provide some fantastic and much needed support to the Advisers and are on hand to help process tasks such as applicant's references and verifiers to name a few. My work within SAT has provided me with a real insight into the day to day work of a doctor and a real appreciation of the hard work and commitment shown by doctors, not only in the UK, but all across the world. I have a real sense of pride in the work of SAT and it is so rewarding when we can support a doctor being granted Specialist or GP Registration.

If you are considering making an application to the Specialist or GP register there are lots of ways you can make your evidence and information easier and quicker to access and my colleagues have put together a Top Tips list for applicants to help us process applications as quickly and effectively as possible.

And to anyone who is applying for Specialist or GP Registration may I take this opportunity to wish you all the best.

Top tips from the team

- **Group your evidence** – you don't need to upload every document separately and should group this according to the table below – you shouldn't provide more than 150 uploads in your application (around 1000 pages of evidence)
- **Describe your documents** – ensure your documents have a title that matches your evidence pro-forma and provide a concise and accurate description for each upload – if your evidence isn't clear it will be returned to you
- **Don't duplicate** – don't provide the same piece of evidence more than once as it will take us longer to process your application – you can cross-reference evidence in the summary of evidence you're providing for a section in your application
- **Verification of evidence** – it's important that your evidence meets these requirements. If it hasn't been verified, it won't be seen by the Royal College or Faculty. Further guidance on verification can be found [here](#)
- Ensure you **submit evidence of your eligibility** – this should be either a specialist medical qualification or an employment letter detailing the specialist medical training that makes you eligible
- **Familiarise yourself with the curriculum** – this is what your application will be assessed against; it's vital that you can demonstrate your equivalence to this in full
- **Read the specialty specific guidance (SSG)** for the specialty you're applying in – the online application gives a brief overview of what's required for each area of the application; the SSG goes into much more detail
- Make sure your **evidence is anonymised** – any evidence that doesn't meet anonymisation requirements won't be seen by the Royal College or Faculty. 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.
- **Listen to your adviser** – they are experts in processing these applications
- 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](#).
- **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.

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

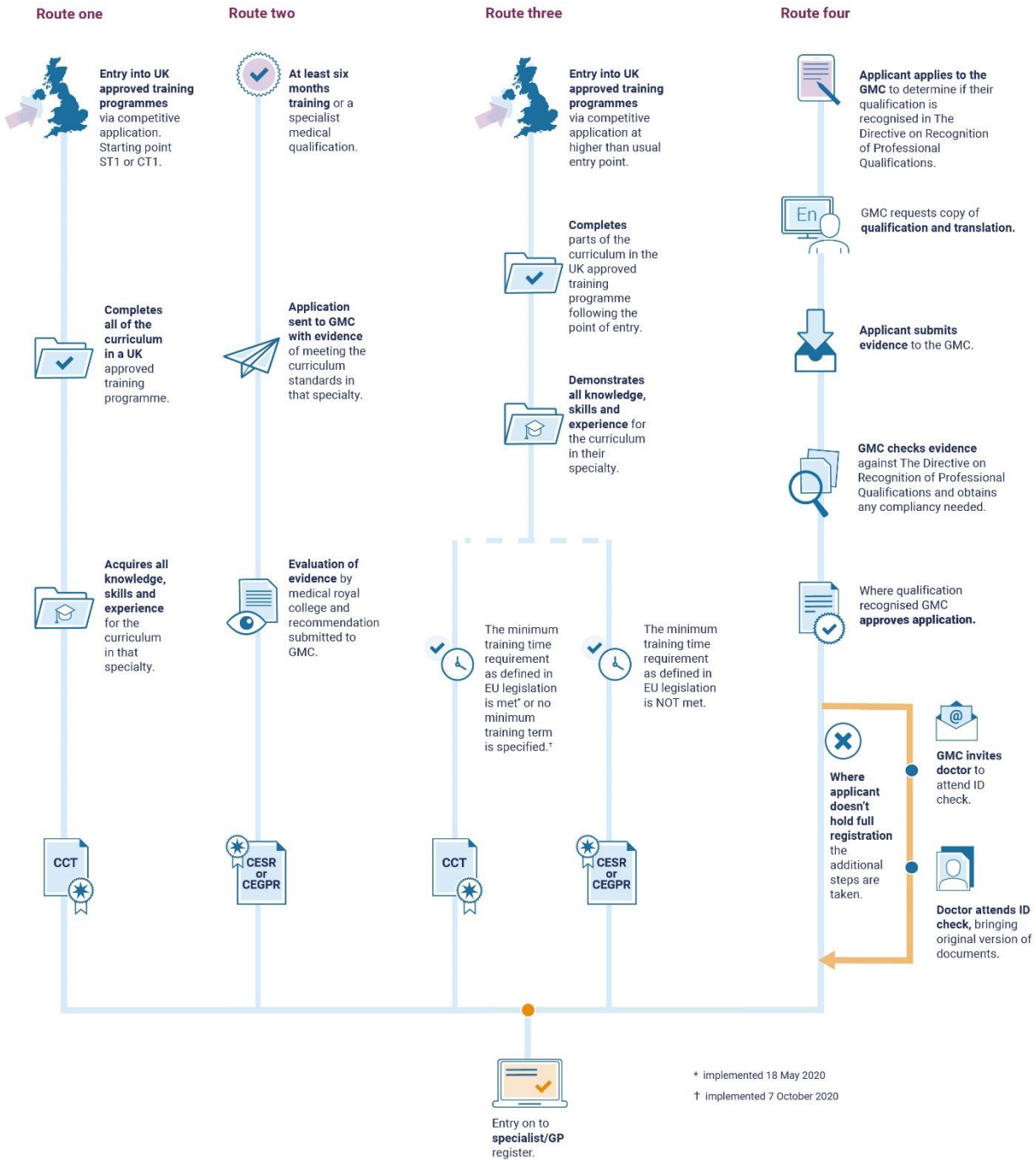
Since 1 April 2006, all doctors working as a GP in the UK health service must be on the GP Register, other than doctors in training, such as GP registrars. This requirement extends to locums. They also need to be on a GP performers' list. Our [General practice in the UK page](#) explains more about processes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

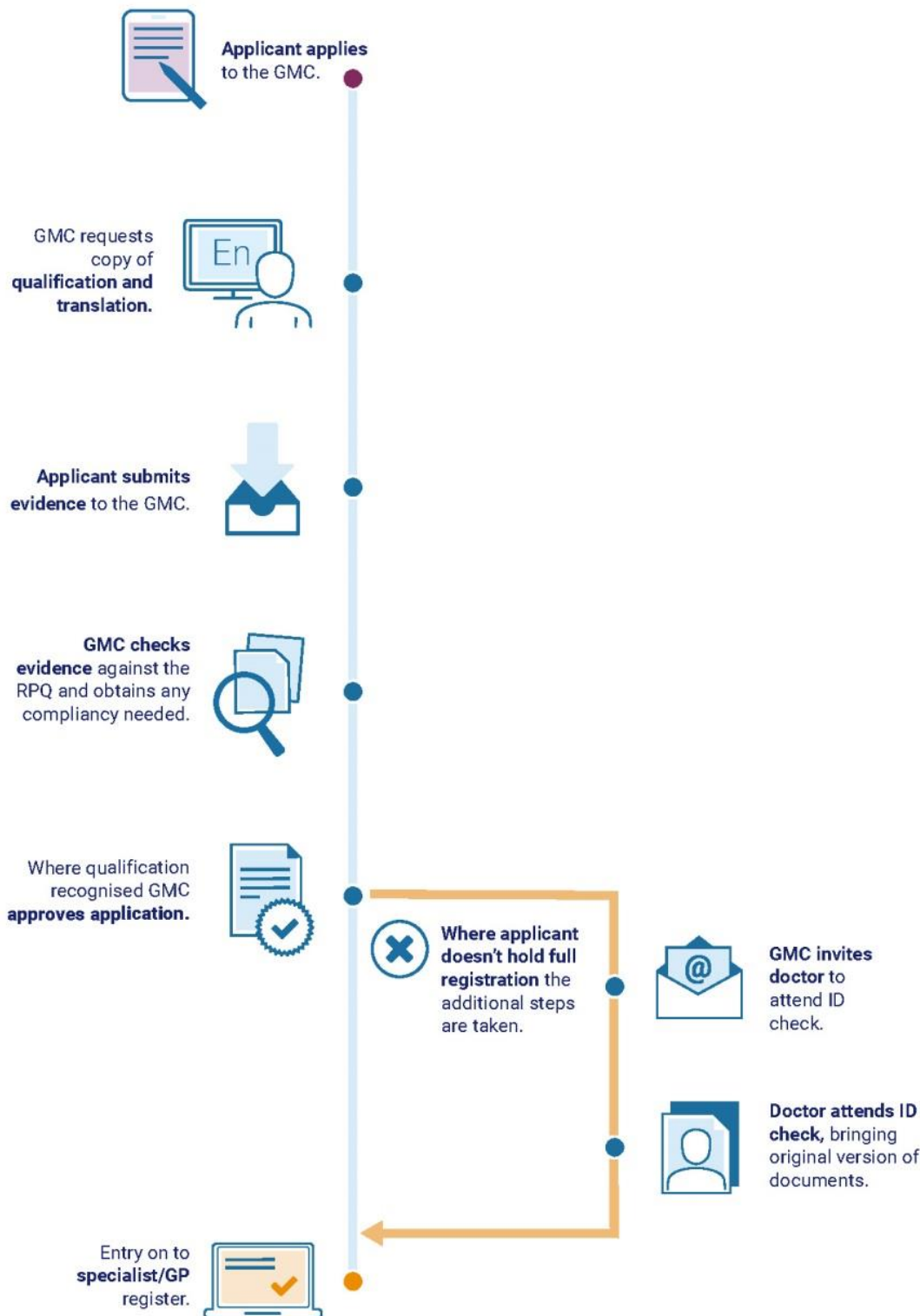
Some doctors have not completed the minimum amount of time training in the UK as defined in EU legislation but already have skills and knowledge gained in non-UK approved training or experience before they apply to enter a UK training programme. This means they can demonstrate they have already acquired 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.

*To improve the flexibility of postgraduate medical education and training, doctors on the combined programme who trained for the minimum number of years in the UK, [as defined in EU legislation](#), are eligible to apply for a CCT instead of a CESR from 18 May 2020. From 7 October 2020 doctors on the combined programme in specialties with no minimum training time are also eligible to apply for a CCT, rather than a CESR.



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.



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

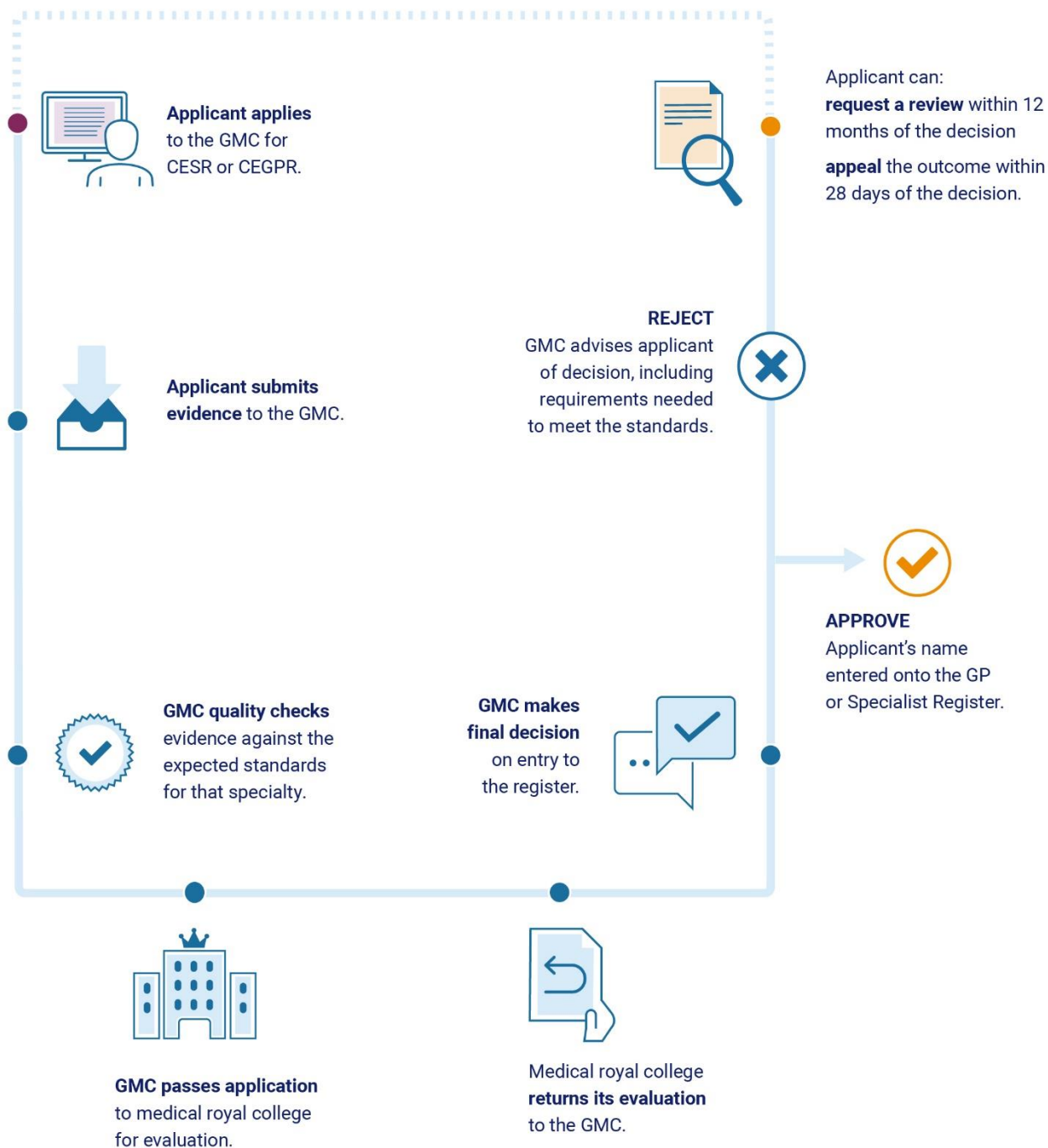
The UK left the European Union in January 2020 and we are currently in a transition period until 31 December 2020.

We have created a [webpage with information on Brexit](#), which provides up to date information on the implications of Brexit for all doctors.

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.



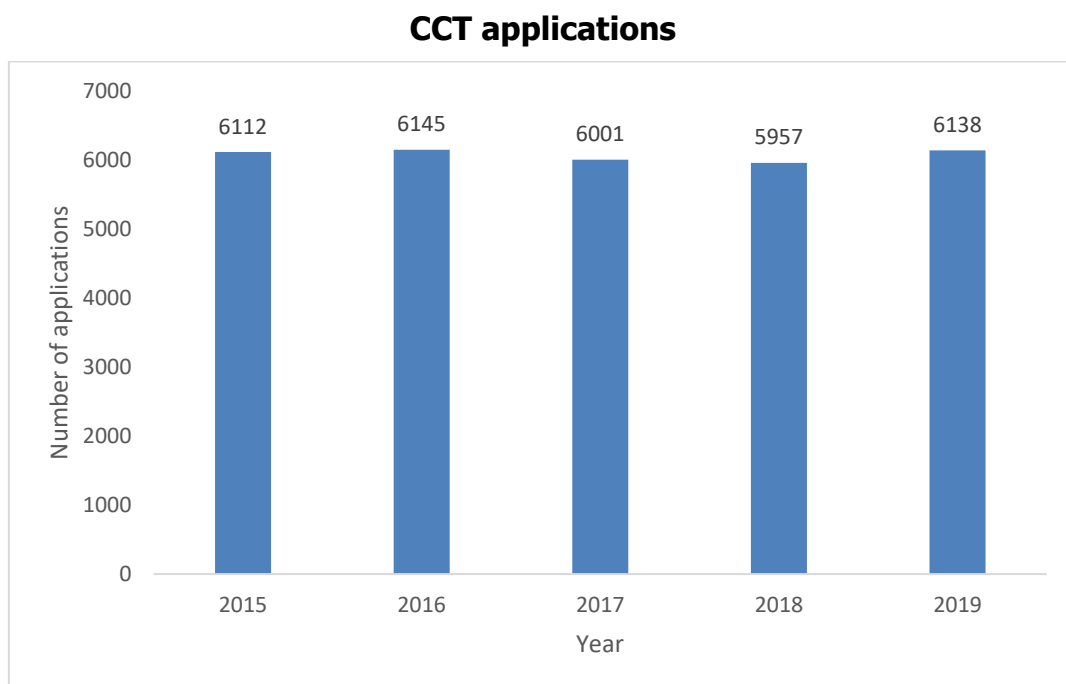
What happened in 2019

How many applications for CCT did we approve?

In 2019, we granted 6,138 CCT applications based on recommendations from medical royal colleges and faculties across all specialties. This is higher than in 2018 when we granted 5,957 applications.

A full breakdown of applications by specialty for 2019 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 2015. This shows that, overall, the numbers of applications have remained fairly consistent.



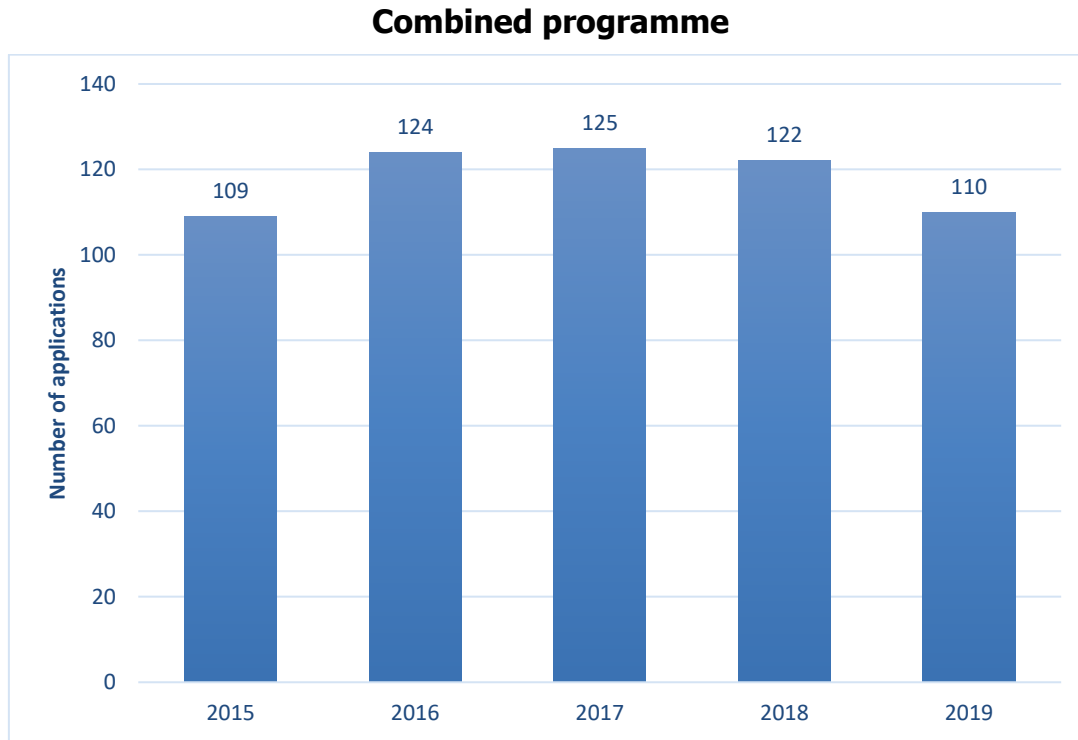
How many combined programme applications did we grant?

In 2019, we granted 110 combined programme applications in 50 specialties. This is twelve fewer than the applications granted in 2018.

A full breakdown of applications by specialty for 2019 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 2015, which has remained fairly static.



The figures we report for CCT and combined programme applications are those that were successful. We only report successful outcomes, but not all doctors initially appointed to training programmes complete their training programme. UK training programmes are robust and standards are high - 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 2019, we approved 1096 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 1036 specialist medical qualifications and 105 GP qualifications via direct entry. A full breakdown of applications by specialty for 2019 is shown in appendix 4.

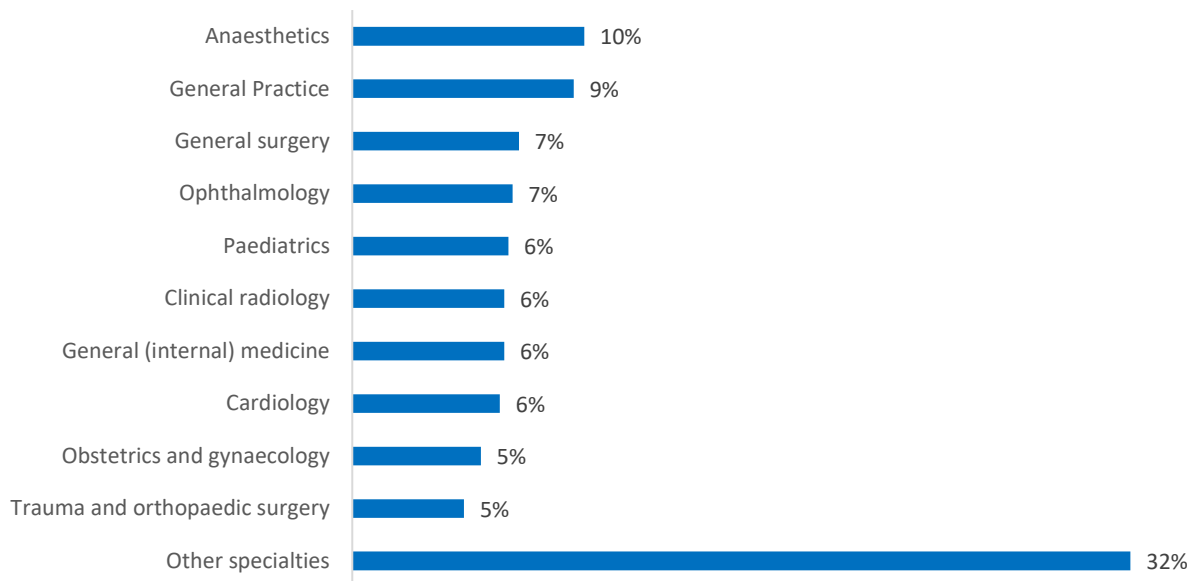
2019 – Total 1,141

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

Speciality	Number of applications
Anaesthetics	110
General practice	105
General surgery	79
Ophthalmology	76
Paediatrics	74
Clinical radiology	72
General internal medicine	72
Cardiology	70
Obstetrics and gynaecology	61
Trauma and orthopaedic surgery	53

The diagram below shows the total number of direct entry applications completed, detailing the percentages of the ten most common specialties in 2019.

Direct entry via mutual recognition



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

In 2019, we made decisions on 657 applications for specialist registration and 23 applications for GP registration via these routes. This is a significant overall increase compared with 2018, when we made decisions on 548 applications for specialist registration and 19 applications for GP registration via these routes. This increase is reflective of the trend in rising applications we have seen over the past few years. As a result of this increase the number of decisions we make is also increasing.

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 take into account any additional experience or qualifications. In practice, the process for applying under this route is very similar to that described above for CESR/CEGPR. Where we identify

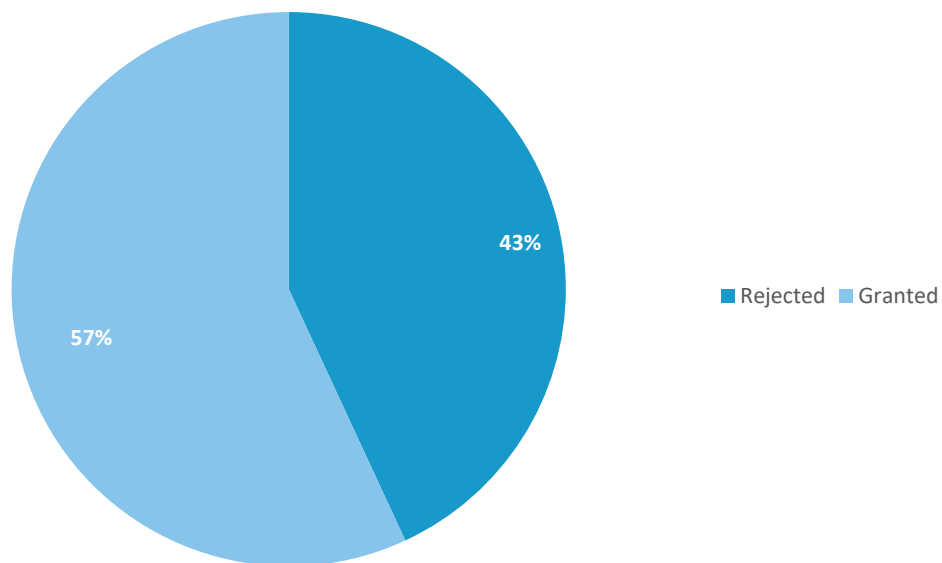
* Does not include combined programme applications

differences we can ask an applicant to undertake an adaptation period – and then they can submit a reassessment.

The diagram below shows the numbers of applications we granted and rejected in 2019. 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.

2019 – Total 680

CESR, CEGPR & general systems applications



The full breakdown of numbers of decisions by organisation* and specialty in 2019 is shown in appendix 5.

We made decisions on applications in 76 specialties.

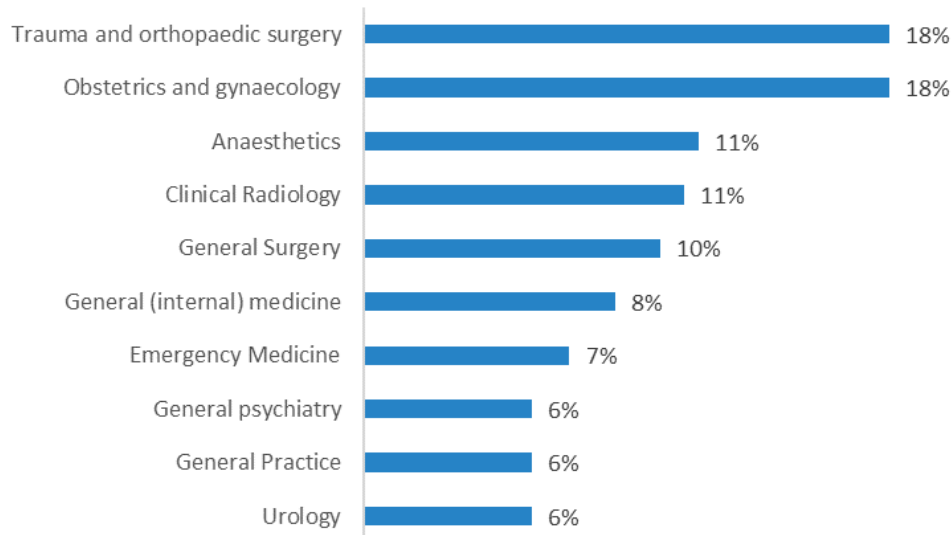
* The relevant medical royal college or faculty

The ten most common specialties we made decisions on were:

Speciality	Number of applications
Trauma and orthopaedic surgery	69
Obstetrics and gynaecology	69
Anaesthetics	44
Clinical Radiology	42
General Surgery	39
General (internal) medicine	33
Emergency Medicine	27
General psychiatry	22
General Practice	22
Urology	22

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 2019.

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.

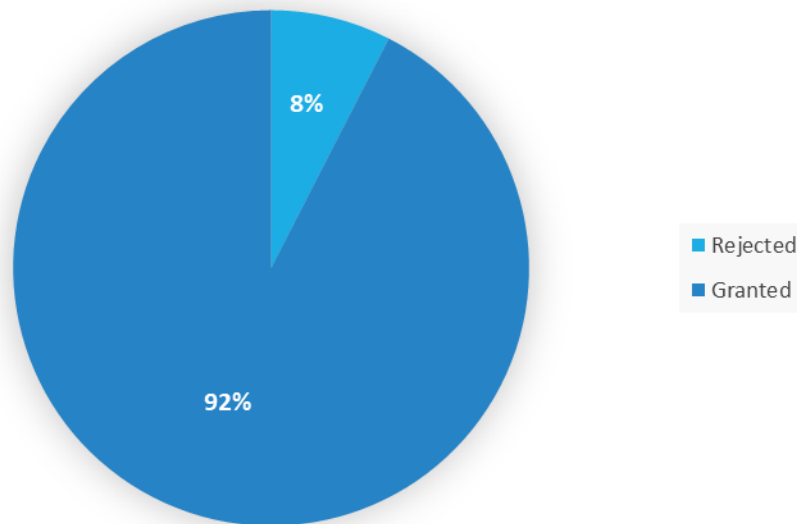
Where applicants have been unsuccessful in a CESR or CEGPR application they can request that we reconsider our decision not to grant a CESR or CEGPR application. This is called a review application.

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 previously 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 2019, we made decisions on 199 review applications. The diagram below shows the numbers of review applications we granted and rejected across all specialties in 2019.

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 previously 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 2019. Of these 19 assessments:

- 58% were successful
- One of these was a reassessment which was successful.

Where applicants worked and where they gained their primary medical qualification

Where did our 2019 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
UK	78.8%	0.5%
EEA	2.1%	0.2
Rest of the world	14.7%	3.7%

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.

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

Where did our 2019 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	79.2%	23.7%
EEA	3.8%	4.4%
Rest of the world	15.2%	71.9%

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	
UK	1.4%
EEA	87.5%
Rest of the world	11.2%

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
UK	11.3%	58.4%
EEA	6.0%	61.0%
Rest of the world	82.6%	56.4%

A more detailed breakdown is in appendix 9.

What our applicants are telling us and what we are changing as a result

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

175 applicants completed the first survey in 2019 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?

99% of applicants who completed the survey reviewed the application guidance on the GMC website before submitting their application.

Responses to this question were positive. **83.2%** 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?

80.6% 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'**.

- Great help provided by the team; very supportive; able to deal with very specific queries; the link sent for user guide on how to upload evidence extremely helpful.
- I have found all the advice really helpful. Specialist advisors are easily contactable, and I have always received a prompt response. Thank you!
- The information is clear and comprehensive, and I have found the specialty specific guidelines extremely helpful.
- Excellent service from my adviser who was very kind, fully aware of my needs and helped me to address outstanding documents with flexibility.

- The advisor was extremely helpful and available. The advisor endeavoured to answer all enquiries promptly and provided clear answers to my questions. I appreciated that the advisor was available on the phone as well as via email correspondence - leading up to the submission of my application it was useful to be able to have a verbal conversation in order to clarify any outstanding queries.
- Their positive attitude, willing to help, providing right advice and guidance, all were of great support.



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

230 applicants completed the second survey in 2019. The questions asked of applicants were revised from July 2019 and it is therefore not possible to make comparison with previous years. Some of the questions they were asked:

To what extent do you agree or disagree with the following statements about our evaluation?

- The format and layout was clear – 79.3% of applicants **'strongly agreed'** or **'agreed'**.
- The evaluation commentary provided a good amount of detail – 84.2% of applicants **'strongly agreed'** or **'agreed'**.
- The evaluation commentary was easy to understand - 80.9% of applicants **'strongly agreed'** or **'agreed'**.
- The evaluation was fair – 69.4% of applicants **'strongly agreed'** or **'agreed'**.

- The report that I received has been very comprehensive. This is very helpful to me and this will also be useful when I guide other future applicants.
- The evaluation was extremely thorough with great attention paid to each and every aspect of my evidence. I feel extremely satisfied with all aspects of evaluation.
- I was satisfied that the vast documentary evidence which I had provided was thoroughly evaluated.
- The CESR evaluation document contained a thorough summary of the evidence and presented the data in a logical and easy to read format. The assessor had clearly spent a lot of time going through the submitted evidence, which was especially clear because quotes from supervisor reports were included in the final summary. The assessor was complimentary and I was also happy with the eventual outcome.

Please rate your overall experience with the GMC application process:

Out of the applicants who completed the survey, 64.7% of applicants rated their overall experience with the **GMC application process** as '**very satisfactory**' or '**satisfactory**'.

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

- Keep the SSG handy and work prospectively rather than collecting evidence retrospectively
- A thorough understanding of curriculum is very important as the evidence submitted needs to be matched with the curriculum requirements.
- Start working on evidence well ahead of the submission and ask colleagues who have recently gone through the process for up to date advice.
- Visit the GMC website well ahead of their planned application to plan well ahead. Some evidence takes a long time to accumulate.
- Carefully study the requirements before starting the process

Future Improvements to our processes

Online guidance and procedures

Feedback from our applicant survey has indicated that some of our online guidance and procedures can be complicated and difficult to follow. As a result, we are undertaking a review of our website pages and User Guide in order to improve the accessibility and content of these. Updates will be made to our guidance and procedures as they are developed.

CESR (CP)

As part of our ongoing work to improve flexibility in postgraduate medical education and training, we have been looking at the combined programme route to the Specialist/GP Register. This is where doctors who have gained skills and experience outside of a UK training programme can have those capabilities recognised, allowing them to join their UK training programme above the first year of specialist training.

During 2019, all doctors who entered the Specialist or GP Register through the combined programme were granted a Certificate of Eligibility for Specialist Registration (CESR), or Certificate of Eligibility for General Practice Registration (CEGPR). While we have always been clear that these are of equal standing with a Certificate of Completion of Training (CCT), outside of the UK, they're not always treated or perceived to be the same

From 18 May 2020, doctors on a combined programme who have completed the minimum amount of time training in the UK will qualify for a CCT. Where eligible, we will retrospectively award CCTs to doctors who were previously issued with a CESR through the combined programme.

As part of this project, we've spoken to relevant stakeholders who are all supportive of these changes and keen to see them introduced. This includes the medical royal colleges/faculties, and the Medical Education and Training Bodies (Health Education England local offices, Health Education and Improvement Wales and deaneries in Scotland and Northern Ireland).

Doctor representative groups, such as the BMA and the British Association of Physicians of Indian Origin (BAPIO) are also supportive.

From 7 October 2020 we extended these changes so doctors completing the combined programme in specialties with no minimum training duration will also be eligible for a Certificate of Completion of Training (CCT), rather than a Certificate of Eligibility for Specialist Registration (CESR). We will also retrospectively award CCTs in place of CESR on request to doctors on the combined programme in these specialties.

Appendices

Appendix 1 – CCT

CCT awarded 2019 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	62
Anaesthetics	359
Cardiology	103
Cardio-thoracic surgery	16
Chemical pathology	6
Child and adolescent psychiatry	44
Clinical genetics	13
Clinical neurophysiology	8
Clinical oncology	41
Clinical pharmacology and therapeutics	6
Clinical radiology	198
Dermatology	58
Emergency medicine	127
Endocrinology and diabetes mellitus	78
Forensic psychiatry	29
Gastroenterology	96

General (internal) medicine	535
General Practice	2853
General psychiatry	180
General surgery	124
Genito-urinary medicine	26
Geriatric medicine	119
Haematology	86
Histopathology	44
Infectious diseases	35
Intensive care medicine	90
Medical microbiology	41
Medical oncology	34
Medical psychotherapy	9
Neurology	42
Neurosurgery	22
Obstetrics and gynaecology	167
Occupational medicine	16
Old age psychiatry	78
Ophthalmology	68
Oral and maxillo-facial surgery	17
Otolaryngology	47
Paediatric cardiology	10
Paediatric surgery	14

Paediatrics	330
Palliative medicine	39
Pharmaceutical medicine	18
Plastic surgery	41
Psychiatry of learning disability	25
Public health medicine	21
Rehabilitation medicine	9
Renal medicine	50
Respiratory medicine	88
Rheumatology	36
Sport and Exercise Medicine	10
Trauma and orthopaedic surgery	140
Urology	59
Vascular surgery	9

Specialties numbering fewer than five applications – total number of applications across these specialties: **29**

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

Total number of CCTs awarded in 2019: **6,238**

Appendix 2 – CESR (CP) / CEGPR (CP)

CESR (CP) / CEGPR (CP) awarded 2019 by specialty

In 2019, we awarded 120 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	13
Emergency medicine	25
General (internal) medicine	9
General Practice	8
General psychiatry	6
Obstetrics and gynaecology	4
Paediatrics	17

Specialties numbering three or fewer applications - total number of applications across these specialties: **38**

Acute Internal Medicine
Cardiothoracic
Child and adolescent psychiatry
Clinical neurophysiology
Clinical oncology
Clinical radiology
Endocrinology and diabetes mellitus

Forensic psychiatry
Gastroenterology
General surgery
Geriatric medicine
Haematology
Intensive care medicine
Neurosurgery
Old age psychiatry
Ophthalmology
Oral and Maxillo-facial surgery
Pharmaceutical medicine
Psychiatry of learning disability
Respiratory medicine
Sport and Exercise Medicine
Trauma and orthopaedic surgery

Total number of doctors awarded a CESR or CEGPR through combined programme: **120**

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

CCT and CESR (CP) / CEGPR (CP) specialist and GP registration applications by organisation 2019

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	16	0	16
Faculty of Intensive Care Medicine	90	1	91
Faculty of Public Health	21	0	21
Faculty of Sexual and Reproductive Healthcare	3	0	3
Joint Committee on Surgical Training	489	8	497
Joint Royal Colleges of Physicians Training Board	1573	25	1598
Royal College of Anaesthetists	359	13	372
Royal College of Emergency Medicine	127	25	152
Royal College of General Practitioners	2853	8	2861
Royal College of Obstetricians and Gynaecologists	167	4	171
Royal College of Ophthalmologists	68	3	71
Royal College of Paediatrics and Child Health	330	17	347
Royal College of Pathologists	104	0	104

Royal College of Psychiatrists	365	14	379
Royal College of Radiologists	239	2	241

Appendix 4 – Direct entry via mutual recognition

Specialist and GP qualifications recognised 2019 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	110
Cardiology	70
Cardiothoracic surgery	6
Cardio-thoracic surgery	9
Child and adolescent psychiatry	2
Clinical radiology	72
Clinical Oncology	11
Emergency medicine	16
Endocrinology and diabetes mellitus	10
Gastroenterology	29
General (internal) medicine	72
General Practice	105
General psychiatry	30
General surgery	79
Geriatric medicine	7
Haematology	12
Histopathology	16
Infectious diseases	9
Medical oncology	10

Me	
Neurology	32
Neurosurgery	20
Obstetrics and gynaecology	61
Ophthalmology	76
Otolaryngology	22
Paediatric surgery	11
Plastic surgery	16
Renal medicine	10
Respiratory medicine	14
Rheumatology	7
Trauma and orthopaedic surgery	53
Urology	24
Vascular surgery	7

Specialties numbering fewer than five applications – total number of applications across these specialties: **41**

Accident and Emergency medicine
Chemical pathology
Child and adolescent psychiatry
Clinical genetics
Clinical neurophysiology
Clinical pharmacology and therapeutics

Diagnostic radiology
General haematology
General medicine
Immunology
Medical microbiology and virology
Nephrology
Neurological surgery
Nuclear medicine
Occupational medicine
Orthopaedic surgery
Orthopaedics
Oto rhino layrngolog
Pathological anatomy
Psychiatry
Public health medicine
Trauma and Orthopaedics
Tropical medicine

Appendix 5 – CESR/CEGPR

Breakdown of CESR, CEGPR and general systems decisions by organisation and specialty 2019

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
Joint Committee on Surgical Training		92	87	179
	Cardiothoracic surgery	7	6	13
	General surgery	18	21	39
	Neurosurgery	5	2	7
	Otolaryngology	6	4	10
	Plastic surgery	4	5	9
	Trauma and orthopaedic surgery	37	32	69
	Urology	8	14	22
	Oral and maxilla-facial surgery Breast Surgery Paediatric surgery Transplant surgery Vascular surgery	7	3	10
Joint Royal Colleges of Physicians Training Board		85	63	148
	Cardiology	12	8	20
	Dermatology	11	9	20
	Gastroenterology	6	4	10
	General (internal) medicine	17	16	33
	Geriatric medicine	1	4	5
	Haematology	8	1	9
	Medical oncology	4	1	5
	Neurology	2	2	4
	Palliative medicine	3	2	5
	Rehabilitation medicine	5	2	7
	Respiratory medicine	3	1	4
	Rheumatology	5	0	5
	Sport and exercise medicine	2	6	8
	Acute internal medicine Clinical neurophysiology Endocrinology and diabetes mellitus Infectious diseases Nuclear medicine Paediatric cardiology Renal medicine Tuberculosis	6	1	13
Royal College of Anaesthetists		33	24	57

	Anaesthetics Intensive care medicine* Cardio-thoracic Anaesthesia	33	24	57
Royal College of Emergency Medicine	Emergency medicine	16	11	27
Royal College of General Practitioners	General practice	12	10	22
Royal College of Obstetricians and Gynaecologists		35	37	72
	Obstetrics and gynaecology Community sexual and reproductive health†	35	37	72
Royal College of Ophthalmologists		9	12	21
	Ophthalmology	9	12	21
Royal College of Paediatrics and Child Health		23	10	33
	Paediatrics	12	8	20
	Neonatal medicine	4	1	5
	Community child health Paediatric allergy Paediatric gastroenterology, hepatology & nutrition Paediatric neurology Paediatric oncology	7	1	8
Royal College of Pathologists		4	4	17
	Histopathology	3	3	16
	Diagnostic neuropathology Medical microbiology	1	1	1
Royal College of Psychiatrists		19	20	39
	General psychiatry	12	10	22
	Old age psychiatry	5	6	11
	Child and adolescent psychiatry Psychiatry of learning disability	2	4	6
Royal College of Radiologists		41	7	48
	Clinical radiology	35	7	42

* 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

	Clinical oncology Diagnostic neuroradiology	6	0	6
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Appendix 6 – primary medical qualification and CCT

Country of primary medical qualification for CCT in 2019. 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	5453	80.13%

EEA	259	3.81%
Czech Republic	29	0.43%
Greece	39	0.57%
Ireland	35	0.51%
Italy	16	0.24
Malta	20	0.29%
Poland	32	0.47%
Romania	22	0.32%
All other EEA	66	0.97%

Rest of world (ROW)	1093	16.06%
Bangladesh	28	0.41%
Egypt	23	0.34%
India	337	4.95%
Iran	15	0.22%
Iraq	52	0.76%

Jordan	12	0.18%
Nepal	15	0.22%
Nigeria	150	2.20%
Pakistan	226	3.32%
Russian Federation	17	0.25%
South Africa	13	0.19%
Sudan	43	0.63%
Syrian Arab Republic	21	0.31%
Ukraine	14	0.21%
Zimbabwe	14	0.21
All other ROW	113	1.66%

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

Country of primary medical qualification for combined programme in 2019. 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	29	24.17%

EEA	7	5.83%
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ROW	84	70.00%
India	28	23.33%
Pakistan	20	16.67%
All other ROW	36	3.00%

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

Country of primary medical qualification for direct entry in 2019. 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	15	1.36%

EEA	966	87.82%
Austria	8	0.73%
Belgium	20	1.82%
Bulgaria	30	2.73%
Croatia	27	2.45%
Czech Republic	16	1.45%
Denmark	8	0.73%
Finland	5	0.45%
France	28	2.55%
Germany	65	5.91%
Greece	177	16.09%
Hungary	24	2.18%
Ireland	61	5.55%
Italy	133	12.09%
Lithuania	25	2.27%

Malta	17	1.55%
Netherlands	31	2.82%
Poland	36	3.27%
Portugal	13	1.18%
Romania	117	10.64%
Slovakia	6	0.55%
Spain	76	6.91%
Sweden	10	0.91%
Switzerland	17	1.55%
All other EEA	16	1.45%

ROW	119	10.82%
Colombia	7	0.64%
Egypt	13	1.18%
India	11	1.00%
Libya	5	0.45%
Nigeria	6	0.55%
Pakistan	25	2.27%
Sudan	12	1.09%
All other ROW	40	3.64%

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 2019. All countries with fewer than five total applications have been grouped to avoid identification.

Primary medical qualification country	CESR/CEGPR/GS approved	CESR/CEGPR/GS rejected	Total	% success
UK	45	32	77	58.44%

EEA	25	16	41	60.97%
Ireland	5	1	6	83.33%
Italy	1	4	5	20%
Spain	3	4	7	42.86%
All other EEA	16	7	23	69.57%

ROW	317	245	562	56.41%
Australia	15	10	25	60.00%
Bangladesh	4	1	5	80.00%
Egypt	46	35	81	56.79%
India	102	83	185	55.14%
Iran	2	5	7	28.57%
Iraq	11	9	20	55.00%
Libya	6	4	10	20.00%
Myanmar	1	4	5	100.00%
New Zealand	5	0	5	52.94%

Nigeria	9	8	17	62.96%
Pakistan	51	30	81	46.15%
South Africa	6	7	13	73.68%
Sri Lanka	14	5	19	61.54%
Sudan	8	5	13	61.54%
Syria	8	5	13	42.86%
Turkey	3	4	7	60.00%
Ukraine	3	2	5	50.00%
United States	4	4	8	44.19%
All other ROW	19	24	43	56.41%