

CESR and Equivalence of Training



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CESR Assessor

In order to work in a substantive consultant post in the UK, doctors must be on the Specialist Register of the UK General Medical Council (GMC); this can be achieved by attaining a CCT or a CESR (Certificate of Eligibility for Specialist Registration). A CESR is awarded to doctors who have completed all or some of their training outside of a UK training programme and whose training and experience is assessed against the current UK CCT training programme.

Equivalence procedures are the responsibility of the GMC and are covered under Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. All CESR applications are made directly to the GMC and not to the Faculty.

A candidate must be able to demonstrate that they have the equivalent level of knowledge, skills, qualifications and experience outlined in the CCT curriculum. Applications will be judged against the GMC-approved Specialty Specific Guidance for ICM CESR applications, as well as the GMC's generic guidance of evidence to support a CESR application.

Candidates are required to provide substantial documentary evidence in order to support their application (usually 800-1000 pages). Applicants are required to demonstrate possession of an acceptable test of knowledge; previously accepted examples include the European Diploma for Intensive Care and the Fellowship of the College of Intensive Care Medicine of Australia and New Zealand. The GMC will then assign an advisor and request structured reports from the candidate before checking the evidence provided and issuing a checklist to the applicant.

Once the GMC has collected what it considers to be a satisfactory range of evidence, it will send the application to the Faculty for consideration. Applications are assessed by the Faculty's Equivalence Assessors against the most recent GMC approved curriculum under the four domains of Good Medical Practice. It is necessary to demonstrate competence at level four (expert) in most of the competencies outlined in the curriculum. A recommendation report is then submitted to the GMC. This is a recommendation rather than a decision as the GMC do not have to agree with the Faculty's recommendation and can issue their own decision (although they have always agreed to date). The GMC then has a statutory obligation to issue the applicant with a decision within three months.

If the application is approved then the doctor will be added to the specialist register. If the application is unsuccessful then the GMC will outline a series of recommendations on how the doctor can address these deficiencies in a clear and specific way. These recommendations will be divided into two parts: a description of the further training needed and the evidence required to support this. Unsuccessful applicants have the options to reapply once they have gathered the evidence to show they have met the recommendations or to appeal the initial decision.

Applications for a CESR involve a considerable amount of organisation and structure. Applicants should be aware that most weight is placed on evidence gained in the last five years and that all of the submitted evidence will be considered by the assessors.

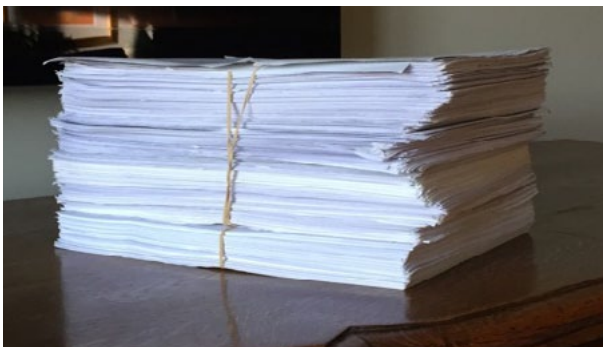
Further information can be found on both the GMC website www.gmc-uk.org and FICM website www.ficm.ac.uk/faqs/cesr-and-equivalence-queries.

CESR: a title of imperial character



Dr Lee Allen
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A Certificate of Eligibility for Specialist Registration (CESR) is a route for overseas Consultants, Specialty Doctors, Staff and Associate Specialists and others to gain entry to the specialist register, usually in order to apply for a UK Consultant post. Not one to do things by convention, this is the (lesser trodden) path I chose to take.



CESR application ready for posting

Firstly, applying for a CESR involves a considerable amount of work and the time this takes should not be underestimated. I say this not to discourage but to highlight the fact that this is a marathon not a sprint, so prepare and pace yourself. I would highly recommend speaking to someone who has experience of the process for tips and advice before starting.

It was my determination to pursue a career as a dedicated critical care doctor (combined with the lack of funded ICM training posts in Scotland) that led me to take ownership of my own 'training' as a Specialty Doctor. Gathering evidence is relatively easy, yet its importance cannot be overstated. A CESR application is simply a demonstration that you have adequately covered the current specialty curriculum. The GMC suggests an application

should be around 1000 (single sided!) A4 pages. Any less than this and the evidence is probably insufficient, but much more than this and you probably haven't exercised due diligence in refining your application. I found the GMC website guide a useful reference, and the equivalence advisors were helpful to talk to. I also contacted the Faculty of Intensive Care Medicine for advice, and would suggest this to anyone preparing a CESR application.

After many months of blood, sweat and tears I had amassed a significant bundle of evidence and was ready to submit my application. However a contents list of all evidence needs to be uploaded to the website, separated into 13 domains set out by the GMC. It takes some time to divide 1000 pages into the relevant sections, and I would advise printing out the dividers early in the process to make the life easier. Payment is made at this final stage, but officially the application is 'open' from the day it is started online. I would recommend collating as much evidence as possible prior to this since applications only remain active for six months.

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If by this time it has not been completed and submitted then the contents are lost and a new application is required. I submitted my application, and after three long months (plus five ink cartridges, one whole tree, £17 in postage and two tipp-ex mice) was unsuccessful. Disappointed was an understatement. However I received feedback from the Faculty that clearly laid out those areas where my application was felt to be insufficient. As much as I was deflated, this felt like a glimmer of light at the end of the tunnel. I had 12 months to complete the recommendations in order to re-submit the additional evidence under the same application. (It is worth noting that this re-submission also incurs a fee, payable over and above the initial application cost.)

The toughest challenge I encountered was arranging three and six month placements necessary for me

to fulfill the curriculum, (PICU, Acute Medicine), as a 'non-training' doctor the Trust had no

obligation to release me from my post to another specialty whilst continuing my salary. Furthermore, with staffing difficulties there was reluctance to agree to an unpaid sabbatical. Fortunately, my consultant colleagues were supportive and I eventually succeeded in negotiating time out for the necessary placements. There is an SAS development fund that can be accessed for such placements (See BMA website for

details). This support can cover salary payments during unpaid leave taken to complete 'top-up' training for a CESR application.

Finally, having fulfilled the Faculty recommendations I re-submitted my application and felt confident that it would now be approved. And luckily for me it was. Actually no, strike that. Luck played no part; just hard work and determination.

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MY TOP CESR TIPS

- Keep evidence of everything
- Be organised from the outset: It is much easier than trying to catch up on paperwork retrospectively
- Match your evidence to the current curriculum
- Arranging secondments from a service-provision post can be hard, but it is possible.
- Anonymise & redact ALL identifiable information from your evidence – check and check again. (See GMC rules for what this applies to.)
- Don't lose heart – perseverance will pay off

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www.ficm.ac.uk