

Experience of Applying for CESR webinar, 29.10.20 - Q&A transcript

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Comment: I was promised at every job interview that I will be supported with this process. Once into my job, everyone forgot, and discouraged me because I did not complete RCPsych, so it is difficult.

JA: I am sorry to hear about your experience but it's very common – employers look at things differently to us. They are not supporting you but you do need to take the initiative and remind them that they have the responsibility to support you. If you start working and collecting things they will see the significant process you are making and it'll be difficult for them to ignore you, but if they do there's support available from your Training Programme Director (TPD), Director of Medical Education (DME) and others, so ask for help.

Q) What is the timeframe on how old the documents for evidence should be?

JA: Each department works differently, but regarding evidence the GMC will be clear on the time limit for evidence, usually 5-6 years depending on your specialty. Sometimes evidence older than that may be accepted; the GMC and Royal College will be flexible on some things and not others. If you make a strong argument as to why they should accept older evidence they may consider it.

LM: The advice from the GMC on the potential delays to evidencing skills due to COVID is for you to state that you weren't able to apply as promptly due to COVID and this will be taken into consideration. Obviously key operations and procedures will require more recent evidence, but if for instance you did an extensive piece of work not long before the 5-6 year limit that is sometimes considered. Your TPD will be helpful even if they're not able to guarantee what the GMC will accept; you can also look up your College's information. Colleges have CESR advisers but they are a small pool of people and by getting extensive advice from one you should be aware that they may become unable to mark your application themselves when it is submitted, due to conflict of interest concerns. Nevertheless, ask people, get advice, do the crossreferencing yourself and you should have a clearer idea of what you do need to update.

Q) How much does an application for CESR cost?

The initial application fee is £1,668 (rising to £1,676 from April 2021); if your application isn't successful, a review/reapplication will cost an additional £724 (rising to £728 from April 2021).

Q) Can you get CBDs, MiniCex, DOPS, etc. signed retrospectively?

JA: Yes, in fact I did that myself. You need to look up the number of each required for your specialty. For instance, if I had done breast reconstruction in the past, I will have a logbook that has been signed, but no-one has directly supervised it to sign off as WBAs. What I did was fill those missing links with CBDs, which demonstrate that I've done the number required by the College, and that I have the required knowledge. The GMC and Royal College will look at the totality of your experience; TPDs and the GMC website may not tell you this but I'm giving you

my personal experience. I realised I needed to do something about I just arranged to do a fresh couple of cases by offering to assist those doing the relevant procedure. I had worried for six months about how I was going to meet the required number, but by asking the breast surgery unit if I could assist, I was able to get an additional CBD within a week. There are opportunities to join relevant units for a couple of days, perhaps by taking study leave or annual leave, and lots of people are available to help.

Q) What is the one thing you wish you had known earlier in the process?

JA: Personally, controlling your emotions – there's a lot of sensitivity involved in it, you may have a lot of professional pride and passion in your job but are faced with the challenge of proving you can do it and can be trusted. There were times where I gave up for two or three weeks because I was upset with myself and the system failing me, but ultimately I was failing myself, as I was allowing myself to get emotional and delaying things further. I had to get up and re-energise myself to keep going. Keep your emotions aside, stick to the point, see what they require and how hard it is. If you try to get there, you will get there.

Q) I'm overwhelmed by all the information and requirements and don't know how to start: could you advise?

When you attend a lot of seminars, talk to people, and get a lot of information, I understand it can be daunting. A simple thing to start with is your CV; there is structure and guidance on how to do it and what to include. Another would be research: look at how many publications you've been involved in, and if it's not enough then go talk to your registrars and ask if there are any projects you can help with and become a part of the publication process. It's the same for audit: I hadn't done it for several years while an SAS doctor, but offered my assistance to my colleagues to do their data collection and put my name to the work.

In this way, you slowly achieve the requirements; you could say that in a given month, you're going to work towards a specific goal, whether obtaining signoffs for DOPS, WBAs, etc. It's a long process and realistically you will have other commitments, so be organised; it is a lot to take in, but if you break the information down and organise your approach, you can do it.

Q) I attended various MDTs – how do you document that as evidence?

JA: There is always an MDT coordinator; go and get them to sign the paper for you. If you're unlucky enough to be a community with no MDT coordinator, you could ask your trainer or clinical lead to sign a paper confirming the specific dates of your MDTs. An attendance sheet from the coordinator is preferable, and if some are missing then get the written confirmation. It is mandatory for any Health Board to record this information for you.

LM: We've had some feedback from those unsuccessful in their initial CESR application that they needed to clarify what their role was in the MDT – you may want to devise your own spreadsheet tracking the dates you attended, although take care not to include any identifying patient information. You can record that the case involved a patient of a given age displaying given

symptoms, and say what your role was, whether discussing, presenting, etc. In MDT meetings they want to know that you took an active role and were part of the system. In auditing, make sure you completely audit loop; the GMC want to know that you did a test of change and re-auditing.

Q) These CESR advisers: are their details/contact information available? Why is this not made clear to prospective CESR candidates that this service is available? I have reached a dead end with General Internal Medicine.

JA: I don't remember who my own CESR adviser was; I was in a fortunate position by already being on the Scottish training committee for my specialty. For CESR advice you can contact your DME or ADME, as they should be able to give you some advice locally in your Health Boards, and if any surgical colleague wants to talk to me personally, I'm an experienced mentor and happy to guide you if that's needed. There are always good people around and you need to seek them out yourself; I know they're not always visible and it can be frustrating, but if you don't have colleagues locally you can contact your College, your SAS Education Adviser, and others.

LM: When you've registered with the GMC to start uploading your CESR portfolio, for that maximum 12 month period, you are allocated a CESR adviser by the GMC who can support you as well.

Q) How many Work-Based Assessments (WBAs) did you submit, e.g. CBD and MiniCex?

JA: I luckily had a logbook I had kept of all my training for a good 10-15 years, which was a good start, but I didn't have CBDs and things done because I wasn't on RSCP with the surgical side. So what I did was figured out a way to give a snapshot of everything required. We have 15-16 categories including burn management, hand surgery, breast reconstruction, etc. and these are clearly written in the GMC's Specialty Specific Guidance. I looked at it from the perspective of an assessor and thought that if I was given a good snapshot of everything done those would serve as WBAs. I did a snapshot of 60 recently performed hand surgeries as I wasn't in the training programme.

Q) Can your supervisor or line manager sign off an entire logbook for the year, for example?

JA: I think so, if they are comfortable. It depends in how you've recorded it. I used as an e-logbook so it's already a transparent process, but otherwise the supervisor or line manager would need to trust your having all your records in order.

Q) I don't have a logbook going back the whole 5 years but will have 2-3 years on record; is it worth trying to retrospectively produce a logbook for the other years, if she has WBAs and a training ARCP for that time.

JA: Yes, I do think that would be a good way to approach it; produce your own logbook and get it signed and validated, it's all doable. The NHSS system does work to provide records of how many operations you've done. You can always ask Health Intelligence departments from your previous job to print off records of operations, procedures etc. performed in the past. You just need to work a bit harder to put it together.

LM: We suggest you sign up for your College's e-portfolio to gather the evidence as you go along, and update it e.g. every week rather than having to work on it retrospectively.

Q) Is there an estimated length of time for people to successfully go through CESR?

JA: There are things you'll want to do before you open your application with the GMC. If you're dedicated, it takes about a year, but you'd have to have most of your requirements ready to go, including things like publications. Lynne and I know one senior clinician colleague who was rejected more than once as he was lacking research to submit, and that is difficult to achieve in a year, as it can take closer to two years to get a publication to your name. Case reports do count but won't be enough on their own.

LM: The GMC have told us that if you don't have publications, you can still evidence you have the knowledge by e.g. completion of the research methodology course, demonstrating the ability that you can support a trainee through the research process. However, we would usually advise to try and get the stipulated number of publications as evidence.

JA: Some of you thinking about doing MScs, that will support you very well for research evidence as you are submitting a thesis, although you should try to ensure that the MSc is in your own specialty.

Q) I completed an MSc over 10 years ago – can an older MSc's thesis and publication count?

JA: Yes, if you pass it to the College. I completed my own MSc in 2004, which was thrown out in my first application as being more than 5 years old, but I insisted they submit it to the Royal College and it was accepted. I may be lucky, but it is possible.

Q) Is it necessary to pass a membership/fellowship exam of the specialty you're applying for in order to be successful?

JA: I would highly recommend passing the exam. Some people have done the exam equivalents in their home countries outside of the UK, which can be considered, but to be honest I think College assessors prefer that these exams be completed in the UK. I have a colleague who completed the residents' programme in the USA; she had so much evidence in her logbook and such a strong CV that she was accepted, but that was an exceptional case. In general, I would say yes, you should pass the exam before applying if you want to be successful.

LM: A consistent comment from the Colleges that we've had is that you meet the requirements of the exit exam, matching the curriculum at the time that you apply. So if you meet the current

curriculum requirements but they're due to be updated in (e.g.) February 2021, you would need to submit your application ahead of the date of the changes, or else make sure that your application conforms to the upcoming curriculum. Keep an eye on your speciality's current requirements.

Q) Does a full training programme with ARCP signoff count as a logbook equivalent, say for core medical training?

JA: I think so; a TPD will give you good insight about what's required, but they should be able to accept this. Get your TPD involved and they can sign off your training and provide a supporting letter.

Q) I'm planning to submit an application next year and I'm still uncertain whether activity from longer than 5 years ago will be accepted due to COVID or not. I'm quite surprised that the GMC was very strict about the 5 year timescale for research and logbook, despite it being irrelevant for surgeons who get their CCT over 8 years of training. My question is about the conversation you had with the GMC insisting to forward evidence from within the past 5 years – did this happen after the application or before?

JA: It was after the application; the GMC have to review everything you've submitted and respond within 3 weeks. Of the 1,400-1,500 documents I sent, they quickly sent me 800 documents back as not required or not accepted. I knew not all of it might be accepted and I had tried my best, but I felt strongly that the MSc should be. Don't quote me to the GMC, but personally I requested with my supervisor that it be submitted anyway, with the understanding that the GMC thought it was highly unlikely that the College would accept it. You do need to be realistic as to whether it's worth fighting for a piece of evidence like that and judge whether it'll make any difference; it's preferable to be fighting for inclusion of the MSc in addition to your publications, rather than instead of them.

Regarding COVID, the situation is unique, and people are aware of it at all levels in each organisation. The GMC will be aware of the impact it's had on training, etc. so I'd expect them to be more flexible about it; is that correct, Lynne?

LM: That's what the GMC senior adviser has said; although they're not medically trained, they're there to facilitate the process and are very aware of the guidance, but your evidence will ultimately go to your Royal College for them to write a report on whether you've met requirements. The GMC have said that if you submit a letter giving the details of what happened due to COVID they can potentially take that into account.

JA: I was lucky to see the response from my Royal College to my colleague who was going through the same process. He was very frustrated at the response he got outlining the gaps in his initial application, so I aimed to calm him down, look again and see how these gaps were achievable. We were able to contact a senior surgeon from another Board, say that we

were going on leave and offer to work in their services to obtain WBAs; we were welcome to, especially as it was on our own money and time. It did take time to formally arrange between our Health Boards, but it worked out.

Q) Do publications related to subjects not to do with your own speciality count?

JA: It depends on the impact factors; if I had a publication concerning general surgery rather than my own speciality of plastic surgery, it should count. I'd advise that you balance these out with the majority of publications concerning your own speciality.

LM: It does show that you can put a paper together and understand how to support trainees through the same process.

Comment: The TPD for my speciality is delightful and very helpful, but my experience is that TPDs have no knowledge of the CESR process and cannot answer this level of question.

LM: TPDs are usually Consultants who have come through the standard CCT process and might not have experience of the CESR process. They should still be able to advise to help you identify the gaps to address in your own training to make it equivalent to standard training.

JA: Some, not all TPDs, may not be keen on supporting CESR candidates, but if you persist you can do it.

LM: The TPD may be able to refer you to someone with knowledge of CESR, either as a Dean or having gone through the process themselves. You are going to need help and support through this as it's a challenging process, so good to make these contacts.

Q) We don't have Radiology trainees in the department where I work. How can I improve upon the teaching aspect in the application?

JA: My friend, who is a Specialty Doctor in a district general hospital without a teaching programme that he can participate in, applied to the Royal College to offer to teach basic surgical skills and was accepted as a tutor. I'm giving you an example of how to think more broadly; I know it's frustrating to have no opportunities in your own department, but look at the Deanery level, Board level, etc. Your hospital should have a medical committee that features lectures each month from the department; every Board has those kinds of things, so if you have experience of that, it will count towards teaching and training.

LM: COVID does mean that there's more opportunity for teaching remotely rather than on-site, so you could contact universities and seek a tutor post or other extended roles, facilitate grand rounds in your team to discuss cases and be part of the teaching, or give a talk or presentation that can be put online. Ideally your teaching will be for other doctors or medical students, but it doesn't have to be, so you could do something for nurses or ANPs. If you want to set up a more

formal role, you could ask your Medical Education department if you can help with the teaching there, perhaps developing online teaching or resources, and you could look into obtaining a formal qualification to get the skills and knowledge for that. Universities offer summer skills courses such as the University of Edinburgh's Clinical Educator Programme, which is one intensive week of study. You could also be an online mentor and discuss cases. As Jamil says, if you think more widely you can find opportunities for this sort of evidence.

JA: You can offer to participate in a weekly or monthly Continuing Medical Education (CME) day to teach; again, if it's on your own time and at your own expense, you're unlikely to be turned down.

Q) You managed to complete the gaps in your essential training using study leave and training in your normal post. However, as SAS Education Adviser you have helped other people who have gaps in their Clinical experience and need to get top-up training for CESR; can you describe that experience of helping them?

JA: The process is clear You have to go through the SAS Development Fund application process, and should talk to your training clinical lead to get your gaps clearly identified, and arrange your training in the relevant units. It is challenging and I know we had some apply who were successful and others who had difficulties, particularly as you may need to obtain time away from your normal duties. Although it's a challenge, the support and funding is there and you can get through the process; Lynne and the other SAS Education Advisers can guide you.

LM: We typically support applications for top-up training from those people nearing the end of the CESR process where they have specific gaps remaining; we'd expect people to work to complete audits and research before coming to us. However, it'll take time to get planned and organised for top-up training so contact your SAS Education Adviser early for their help.

Q) Where do we access the Research Methodology course? I undertook a course in Critical Appraisal, will that count?

LM: I don't believe that Critical Appraisal will count - see the requirements of your curriculum

JA: Research Methodology is a mandatory course, from memory I was able to do a relevant course quite cheaply online in about an hour. Local Boards have research departments that will run courses, as will NES and the Colleges, so you need to start looking at what's available.

LM: Previously the SAS Development Fund have supported SAS to undertake a two-day course with the University of Edinburgh for Research Methodology, which was quite intense but it certainly got them qualified.

Q) If my published research relevant to my speciality is more than 5 years, will that be counted?

JA: That's difficult, you can try but it might depend on the quality of the publication. In terms of what I would look for as an assessor, if your publication was 7 years old but had high impact

factors, I don't feel that I could ignore it. I know this is outside of the GMC guidance but the assessor at the College may feel differently. Some will be strict and not accept it, but if it's a good enough publication it may be worth a try.