

Getting ready -CESR

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My journey

- I started as a senior house officer in Obstetrics and Gynaecology in 2004, after 4 years I was unable to continue due to childcare.
- Took up a specialty doctor post in SRH and was delighted with it. Had excellent work life balance! Loved it..
- During this I gained numerous Special skills(modules) and did my membership.

Journey continues..

- I had not heard of CESR till 2013!
- At that time I was asked to cover a consultant's clinic while she was off sick. I did provide independent specialised clinics.
- Then I heard about article 14 but had no clue where to start as it appeared to be an impossible task at the time...

Continues...

- The 3 doctors who got CESR in SRH were all AS so I was not hopeful as a specialty doctor. I got a lot of support from them.
- At that time the evidence was paper based and I was told you need to submit 2500 pages of evidence which seemed like a mammoth task.
- In 2016 I decided that I will not pursue this and gave up. The reason being the thought of going back to hospital to complete some of the procedural training, CESR required.
- It was difficult to organise in my own time and study leave was miniscule. Trainees were given preference.

Support

- The other CESR successful candidates were very helpful.
- NES had been one of the greatest help. The application seems huge for it but I was never declined any of the funding. I owe a lot to NES..
- NES supported me through the most expensive trainings!!
- FSRH has CESR top up funding of £5000 and I was lucky enough to get this too. Faculty was very supportive.

Now

- All the application and evidence submission is online.
- The best way is to go through the SSG on GMC website and you won't go wrong (Curriculum changed this year 2022)
- GMC has made very clear what they are looking for.
- Start making folders for your evidence. Keep adding evidence every day.
- If you have e-portfolio, GMC has no access to it, but it can be good for your WPBA's and evidence.

Application

- If you open an application on GMC you have one year to submit.
- All the evidence has to be within last 5 years but some old will be accepted it all depends who is reviewing your evidence.
- Try to associate/involve with your faculty / college. Become SAS rep, guideline committee, audit committee, mentors. Any leadership role is beneficial.
- All the learn-pro/TURAS/college/faculty e-learning are important and will count.

evidence

- Audits are important. Try to complete the cycle(at least 2). Does not have to be clinical.
- Keep adding the evidence in your folders.
- Make a list of things you have to do and tick off what you have done. Make an index.
- Identify the courses relevant and complete them. If it brings improvement to your service even better.

Difficult evidence

- Cumulative data from trust is a difficult one and GMC accepts whatever you submit. You can get your data via IT and has to be submitted for all the hospitals you have worked for.
- Apart from WPBA, logbooks are important.
- Keep a list of patients you think were complex/difficult. Use it for the log book. Evidence has to be triangulated.
- Any cases you have discussed with your colleague can count as a WPBA. Get combination of CBD, OSAT, Mini Cex etc.(All changed to CIPS) More the merrier...

Difficult evidence

- I still haven't got the previous contracts as SHO, as they are obsolete. You can make the job description yourself if you ever have been one. GMC accepts it.
- The jobs should match your CV. Start your CV now and add stuff as you go along.
- There are clear guidance on CV by GMC. Do not spend money on getting your CV done by some company!

evidence

- One WPBA can be linked to various competencies. 3 is the magic number for one competency i.e 3 x WPBA for each.
- You somehow have to show that you have met the criteria for each competency.
- If something is a rarity for e.g a very rare carcinoma, you can do a reflective note after going through a paper/ guideline and discuss with a colleague / ES and achieve the required competency.

Meetings

- Try chairing meetings at any level. Get the minutes. Ensure your name and role is there.
- For me being on an interview panel/writing job description was a requirement. So if it is required please be involved. It can be an interview for HCA. You can achieve this using job training provided by HR.
- Any online meetings/ webinars- important

Teaching

- Very important .
- Again create a folder. Any teaching bedside/medical students/nurses/ANP all counts. Feedback is very important. Create your own feedback form (available from college/faculty/hospital).
- If you are involved with university regularly you can apply for honorary lecturer status, very easy.

Teaching

- If you supervise trainees, get feedback from them. Keep a log.
- Reflective notes of your teaching also helpful.

Appraisal

- SAS doctors can be appraisers.
- I had to fight for it but got it and have become an appraiser,
- For CESR it is not a requirement, but appraisers are scarce so grab the opportunity to become one, else you can do an online module which should be sufficient.
- Keep record of your last 5 years appraisal.

Research and Publication

- If you have one it is a bonus, but if you don't for attending a course and writing a paper is sufficient.
- If you want to publish do it now!! A small audit, a rare case, any correspondence to BMJ all counts.

Three suggestions from me

- be organised
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- GMC is very helpful over the phone and email.
- It can be done!!
- Awaiting decision from GMC for myself.

THANKS