The challenges for overseas doctors when preparing for CESR

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Dumfries and Galloway Royal Infirmary

My journey

- General medicine and Rheumatology training: Nigeria 2011 to 2017
- MSc Clinical Research: 2018
- Worked as consultant in Nigeria: 2017 to 2018
- International Fellowship in Rheumatology (Aberdeen): 2018 to 2019
- Locum consultant rheumatologist (Dumfries): Since Dec 2019
- Submitted CESR application: 12 Dec 2020
- GMC adviser assigned: 28 Jan 2021
- First advice on submitted documents: March 2021
- Resubmitted: April 2021

…my journey

- Second advice: May 2021
- Resubmitted: May 2021
- Submission fully accepted: Jun 2021
- Sample for verification ready: Jun 24th 2021. Advised that verifiers should set up access to GMC Connect.
- GMC sent application to college: July 2021 (ideally max 3 months to outcome from here)
- Notification of delay and request for more time: Oct 2021 (Advised may be up to 3 more months)
- I sent a reminder e-mail: Jan 2022
- Outcome Feb 2022: Successful
- Became Chair, Ethnic Minority Staff Network: March 2022

Common challenges applicants experience

- Too little evidence gathered or too much trash.
- Difficulty securing necessary posts.
- Difficulty getting sponsorship for outside placements.
- Lack of reliable CESR mentorship.
- Fear of uncertainties
- Unsupportive work environment.
- Financial difficulties.
- ….

Common challenges international doctors experience

- Different epidemiology and disease exposure.
- Different healthcare structure from home country.
- Culture shock that keeps shocking
- Redundant skills and inadequate skills.
- Unfavourable contract.
- Lack of mentorship.
- Social isolation
- Fear of GMC and avoidance of unfamiliar tasks.
- Bullying and subsequent minimization of ambition.

- Fear of appearing overambitious.
- Unhealthy agreeableness
- Lack of assertiveness skills.
- Avoidance of difficult conversations.
- Lack of knowledge of rights or the courage to demand them.

Some challenges I experienced

- Wasting time writing exams I don't need.
  - Start emailing/phoning GMC early for advice on unclear things
  - Attend CESR workshop early, multiple times if needed.
- Difficulty prioritizing.
  - Speak to a senior or someone who has completed CESR.
- Bawa Garba Syndrome (the fear of getting into GMC's snare)
  - Speak to someone….maybe a therapist, universe, God, whatever you believe in.
- Dealing with consultants who wont complete tickets.
  - Remind them, ask for others' experience, demonstrate some strength of character
- Dealing with difficult patients
  - CPD, seek senior advice, try to understand the culture.

Some techniques I used

- I prioritised prioritization.
- It’s not a sprint, it’s not a marathon…It’s one good step at a time.
- I made it my identity.
- I’m not afraid to fail. So it was easy to start….and to submit when I should.
- Lists, lists, lists…and it was fun to cross them out.

The hundred ways to skin a cat

- Serve others and you would have served yourself.
- Have a dedicated CESR time. Try it for one month and you will get a lot of clarity.
- Prepare to do it in your own time.
- Try to triangulate evidence from overseas with UK evidence wherever possible.
- Be organised in your submission.
- You may not get every document you set your mind to but you can get other documents that will do the same job.
- Perfection is an illusion…

MINI-CLINICAL EVALUATION EXERCISE (MINI-CEX)

Assessor's GMC No.	Trainee's GMC No.	Year of training	Item No.
[redacted]	7 5 0 3 0 8 1	☐ 1 ☐ 2 ☐ 3 ☐ 4	

Patient problem/Diagnosis

Dermatomyositis

Case Complexity:	☐ Low	☐ Moderate	☑ High		
Context of Mini-CEX:	☐ Manager referral	☐ Self-referral	☐ Other referral	☐ Routine/statutory	☐ Other
Assessor:	☐ Clinical Supervisor	☐ Other consultant	☑ Peer	☐ Other	
Is the patient:	☐ New?	☑ Follow-up?			
No. of previous Mini-CEXs observed by assessor (with any trainee)	☑ None	☐ 1-5	☐ 6-10	☐ >10	
Have you had training in use of this tool?	☐ Read guidelines	☐ Face to face training	☐ Web/CD ROM	☐ Course	☐ Other

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered below expected, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

	BELOW EXPECTED			SATISFACTORY			ABOVE EXPECTED		
1. Medical interviewing skills									
☐ Not observed or applicable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☑ 8	☐ 9
2. Physical examination skills									
☑ Not observed or applicable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
3. Professionalism									
☐ Not observed or applicable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☑ 9

- Be wary of too much of super-specialised contents lest they take over the impression of the assessor about you. …and make your application unnecessarily bulky.

- As an international doctor who has been in the speciality for some time, you may have plenty of experience/evidence that are not relevant.

Marathon, not sprint…

- Set a date for proposed submission.
- Break it down to milestones that need to be achieved and time.
- Communicate these targets to key persons e.g clinical lead, supervising consultant etc This has a major psychological impact.
- Pluck a fruit regularly, low hanging or not. Fresh looking or not.
  - Set aside evidence as they come, whether tidy and standard or not.
- Tell yourself ‘I get to do it’ not ‘I have to do it’. It’s easy to bear and enjoy when you love your fate than when you just accept it.

How to know when you are ready

- Ask yourself, can I now practice independently as a consultant in the NHS?
- If not, is it possible that I have an unrealistic believe about the competence of a first year consultant? Especially in the non-clinical aspects.
- If you are sure you are not ready, write out what is left and break it down to time and milestones.
- Don’t fixate on the tree and lose sight of the forest….Don’t only master how to generate evidence and fail to master your profession.

The 2 sides (or more) of a coin

International Phase	UK
Usually, CESR was not the plan originally. So evidence was not set aside. The curriculum and service may be significantly different from the UK. Chances are plenty of useful documents from home country are now older than 5 years.	A knowledge of the system helps to understand the expectations of the assessors. If no formal training before and no previous intention to CESR, there may have been competences/evidences that were ignored.

Get into the mind of the assessors

- Capture both the checklist and perception.
- Checklist:
  - meaningful evidence for all mandatory sections.
  - Proper deidentification of documents.
  - Don’t use a referee you cannot trust.
  - If the GMC adviser is having problems with your application, ask for clear guidance.
  - If something is important but you have no evidence for it, see if doing a CPD on it may suffice.

- Perception:
  - Use your appraisal strategically. You can do wonders with appraisals since you dictate agenda.
  - Know how many pages your documents are.
  - If there is something you don’t want people to see, don’t submit it if you don’t have to.

How to turn the adversity to advantage

- Most new immigrants tend to be highly motivated to find their place in the UK. Use this drive to your advantage in the pursuit of CESR.
- Make up your mind now.
- Prioritise prioritisation.
- Wear it like an identity.
- Get a list for everything.
- You will be surprised what you can get funding for if you ask.
- Get creative…..

Adversity-Advantage Analysis

?Adversity	Advantage
I am too old for this.	I am quite experienced and CESR will likely take a shorter time.
I already trained and tired of struggling to become a consultant all over again.	I don’t have to learn everything again, CESR will be perfect.
Some superspecialist skills I have are not relevant.	I have special qualifications that will sell me as advanced.
There are gaps from my previous experience. It’s frustrating.	There are only few new things to learn.
I don’t want the trouble of spending some time away from family to do extra placement.	I don’t have to uproot the whole family to pick up training which will take years in a far away city.

Most of our problems are due to our opinions of our situation.

- I am too old for this.
- I already trained and tired of struggling to become a consultant all over again.
- Some superspecialist skill I have are not relevant.
- There are gaps from my previous experience. It's frustrating.
- I don't want the trouble of spending some time away from family to do extra posting.

No matter what you do, don’t leave any requirement on the ARCP decision aid unfulfilled!

- Sum up the total WPBAs for all years of training and get them all.
- Then get some more.
- Extract the ARCP decision aid and demonstrate achieving each component.
- If you have a role for acting up as consultant, present evidence to that effect. If appointed locum consultant, even better.

Summary of fulfilment of all components of the ARCP decision aid

Assessment / Evidence	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5 = PYA)	ARCP year 6 (End of ST6 = CCT)	EVIDENCE OF FULFILMENT
Expected competence	Trainees should be competent in the initial assessment of patients presenting with a common rheumatological problem. They should be competent in the management of a patient presenting with an acute "hot" joint. Trainees must demonstrate appropriate professional behaviours throughout	Trainees should be competent in the assessment of patients presenting with any of the common rheumatological conditions Trainees should be competent in the assessment and management of all common rheumatological emergencies. Trainees must demonstrate appropriate professional behaviours throughout	Trainees should be autonomously competent in the assessment and management of patients presenting with all common rheumatological conditions. Trainees must demonstrate appropriate professional behaviours throughout	Trainees should be autonomously competent in the assessment and management of patients presenting with all core rheumatological conditions – ie, those that are common but also those that a non sub-specialised rheumatologist would expect to see in a typical year's practice. Trainees must demonstrate appropriate professional behaviours throughout	**Achieved.** Sample clinical letters showing all aspects of patient care in rheumatology for all classes of rheumatic disease (all common diseases and several rare ones) submitted. Signed logbook entries of cases managed during training period, WPBAs etc Letters capture initial assessments, follow up, in-patient care, discharge summary and a wide range of clinical decision making. Logbook cases capture all common and several rare diseases.
Rheumatology Specialty Clinical Examination		Opportunity to attempt at this stage	Must have attempted	Must have passed to obtain CCT	**Achieved**
MSF	Satisfactory	Satisfactory	Satisfactory	Satisfactory	**Achieved** Up-to-date MSF and 360-degree assessments submitted
DOPS	Have demonstrated competence by DOPS in 2 core techniques	Have demonstrated competence by DOPS in 3 further core techniques	Have demonstrated competence by DOPS in 3 further core techniques (+/- specialist techniques)	Competence should have been demonstrated in the full spectrum of core techniques, covering all types of core injection, but not necessarily every site.	**Achieved** 10 DOPS submitted including the full spectrum of core techniques and covering all types of core injection as in the curriculum.
Patient Survey		Satisfactory*	Satisfactory*		**Achieved**
mini-CEX	2 mini-CEX in which the emphasis is on history/exam in common conditions. 1 mini-CEX or CBD must be on acute hot joint.	4 mini-CEX where the emphasis is on the assessment and management of patients with common rheumatological conditions	4 mini-CEX on the assessment and management of patients with common conditions and the assessment of patients with more complex rheumatological conditions	4 mini-CEX on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions	**Achieved** 17 mini-CEX capturing various categories of common and mostly complex rheumatological conditions.
CbD	2 CBD in which the emphasis is on history/exam in common conditions. 1 CbD or mini-CEX must be on acute hot joint	4 CbD where the emphasis is on the assessment and management of patients with common rheumatological conditions	4 CbD on the assessment and management of patients with common conditions and the assessment of patients with more complex rheumatological conditions	4 CbDs on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions	**Achieved** 19 CbD capturing various categories of common and mostly complex rheumatological conditions. One CbD is on acute hot joint.
ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS	**Achieved**
Audit		Evidence of participation in an audit. Indicative evidence would include an audit proposal, audit report,	Evidence of completion of an audit – with major involvement in design, implementation, analysis and	Satisfactory portfolio of audit involvement,	**Achieved** Full audit reports showing all stages of the audit cycle, evidence of reflective

Get at least the total for each WPBA etc

MSF	Satisfactory	Satisfactory	Satisfactory	Satisfactory	**Achieved** Up-to-date MSF and 360-degree assessments submitted
DOPS	Have demonstrated competence by DOPS in 2 core techniques	Have demonstrated competence by DOPS in 3 further core techniques	Have demonstrated competence by DOPS in 3 further core techniques (+/- specialist techniques)	Competence should have been demonstrated in the full spectrum of core techniques, covering all types of core injection, but not necessarily every site.	**Achieved** 10 DOPS submitted including the full spectrum of core techniques and covering all types of core injection as in the curriculum.
Patient Survey		Satisfactory*	Satisfactory*		**Achieved**
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Other ways of creativity I used

- Volunteered for GMC Pilot for FTP test.
- I submitted an audit from home country for publication in a journal and then submitted the publication as evidence of both audit and research. Also, the date is now closer.
- Downloaded several clinic letters showing how I diagnosed and managed several complex cases and created a table of content. Competence demonstrated, disease, curriculum component.
- Generated a log of polarised microscopy samples I read over a period.
- Attended sessions in conferences that are key to evidence I am still looking for and evidenced that.

A lot of high quality evidence may be buried in your emails

- Complex cases reviewed for colleagues by email.
- Response to request for clinical advice.
- Provision of references for others.
- Invitation (or confirmation of completion) to review paper for journals.
- Participation in interview panels.
- Attachments to emails showing work statistics, commendations, feedback of colleagues and patients.

etc

EDUCATION-CENTRE, DG (NHS DUMFRIES AND GALLOWAY)

Mon 01/06/2020 10:59

To:EDUCATION-CENTRE, DG (NHS DUMFRIES AND GALLOWAY) <dg.educationcentre@nhs.net>;

Today's presentation is:

"How real is Fibromyalgia"

By Dr Richard Akintayo, Consultant Rheumatologist

1st June 2020

Lecture Theatre 13.00pm

All interested staff and students are welcome to attend.

Please attend this meeting by videoconference rather than in person unless absolutely necessary.
If attending in person, please maintain an appropriate social distance from your colleague and do not sit directly next to anyone else in the Lecture Theatre.

If you have access to a VC system or Jabber software, please dial 500500524 to join.

If you have Google Chrome, you can join by clicking this link or copying and pasting it into the address bar in Chrome.
https://cms.vc.scot.nhs.uk/invited.sf?id=500500524&secret=f49dd405-6f01-43b6-8a17-0f5343394916
This is only live from 12.45pm so please don't click the link before this

The structured reports have a huge impact on their perception of you.

The structured reports offer strong supportive statements for this criterion. Dr Andrew Russell, Consultant Rheumatologist and Clinical Director for Medicine at Dumfries and Galloway Royal Infirmary, writes: 'I think that Dr Akintayo has the full range, depth, breadth of experience and skills required by the CCT curriculum' (p2). This is based on his review of the evidence submitted by Dr Akintayo, case-based discussion of complex cases, feedback from Dr Akintayo's colleagues, MDT meeting discussions, knowledge of Dr Akintayo's ongoing CPD activity and a review of shared cases.

This criterion has been met.

The assessors will review everything…and cite them in their report.

Research

Dr Akintayo has provided comprehensive evidence to support his engagement with research (p1036-1179).

Dr Akintayo has shown involvement in research trials and studies including the ongoing clinical trial 'Comparative clinical efficacy between intra-articular corticosteroids and intra-articular platelet rich plasma in symptomatic knee osteoarthritis' and the study 'Incidence of Hyperuricemia and Gout in Patients on Anti-Koch's'.

He has published numerous papers, abstracts, case reports and articles in peer reviewed journals such as *Clinical Rheumatology, Lancet Rheumatology,* the *European Journal of Rheumatology* and *Annals of the Rheumatic Diseases.*

Dr Akintayo has submitted numerous poster presentations on topics such as fibromyalgia, gout and sarcoidosis.

Packaging matters

Clear record keeping

Dr Akintayo has submitted clear clinical letters and referral letters discussing patient handling, logbooks, medical reports and case histories (p359-903). Dr Akintayo's overall application is clear, concise and well organised. It contains comprehensive evidence to attest to his clear record keeping skills. Further positive comments with regards to this criterion can be found in Dr Akintayo's multi-source feedback and appraisals (p66-304).

Further support can be found in the structured reports. Dr Alcorn writes, 'I reviewed a great proportion of his workload whilst with us as these patients came back to my return clinic and he demonstrated sound clinical judgement and clear record keeping' (p17).

Pick the head of others and you will see more evidence around you.

Case histories

Letter 118

NHS DUMFRIES AND GALLOWAY
Department of Rheumatology
Dumfries and Galloway Royal Infirmary
Cargenbridge
Dumfries
DG2 8RX

NHS Dumfries & Galloway

Ref: [redacted]
Letter Ref: [redacted]

Dr [redacted]

Telephone: [redacted]
Direct Dial: [redacted]
Fax: [redacted]
Email: [redacted]
Website: [redacted]

Clinic [redacted]
Clinic Location: [redacted]
Clinic Date: [redacted]

Date Typed: [redacted]

Dear Dr [redacted]

Patient Name: [redacted]

Type of Referral:	**Return Routine**
Diagnosis:	**Adult-onset Stills Disease**
Drugs:	**Prednisolone 30mg od**
Results Awaited:	**Whole body CT-PET: Non-specific moderately increased diffuse bone marrow activity which may be reactive. No FDG avid adenopathy. Bulky spleen. No evidence of malignancy at any other site. No evidence of metabolically active vasculitis**
Recommendations:	**1. Bloods for pre DMARD assessment** **2. Kindly prescribe Calcium and Vitamin D for her as long as she is on steroids** **3. To commence Anakinra if bone marrow is clear**

The psychology of CESR

The typical trainee does not think of all the tasks and years leading to CCT at once.

That’s why it is less scary!

If you think:

The typical trainee does not need to look for motivation, the training is structured.

…Structure your own CESR journey in a day and the motivation will come.

When you first went through the SSG, what did you think?

Impossible or Achievable

Conclusion

- Decide now: To do or not to do.
- Challenging but can be fun.
- Pay attention to details: speak to others
- Get creative and you will see evidence everywhere.
- Where someone else’s application is strong, yours may be weak and vice versa. You can both succeed.

CESR is…

- Hard, arduous, fun, long, onerous, stressful, back-breaking, uncertain, achievable, dragged out, time wasting, rewarding, convoluted, inferior, worthwhile, frustrating, exhausting, fulfilling, stressful, soul-sapping, tough, gruelling or perfect.

…it is whatever you say it is.

THANK YOU

CESR is...

…what you think it is.

But

‘we suffer more in imagination than in reality’

Seneca