The Non-training Route to the Specialist Register in Psychiatry

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How to Make a Successful Application for a CESR and Beyond

Edited by
Nandini Chakraborty
Former Associate Dean for Equivalence at the Royal College of Psychiatrists; Consultant Psychiatrist in Early Intervention for Psychosis, Leicestershire Partnership NHS Trust

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This book is dedicated to Debashis and Debi, the two people in my life to whom I owe everything.

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Foreword

The General Medical Council (GMC) was established in 1858 to regulate the medical profession in the UK by establishing a register of qualified doctors. Today, the GMC takes its mandate from the Medical Act 1983 and holds the medical register, an online list of doctors who are qualified to practise medicine in the UK. Despite being recommended by the Merrison Report in 1975[1], it was not until 1997 that the specialist register was established by the GMC amidst initial resistance by the medical profession[2]. Inclusion on the specialist register became a requirement in law for appointment to a fixed-term, substantive or honorary consultant post in the relevant medical specialty. Prior to this, there was no standardised UK-wide system for establishing medical specialty status. Further reform was undertaken in 2006 which saw the establishment of the General Practice Register, which for the first time recognised standardised training and the specialty of General Practice.

The Postgraduate Medical Education and Training Board (PMETB) was established in 2005 following the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003[3]. The PMETB established a system to assess and recognise the experience and skills of doctors who had not completed a standardised UK postgraduate specialist training programme and enabled an alternative route of entry to the specialist register through the award of a Certificate of Eligibility for Specialist Registration (CESR). Doctors wishing to apply for inclusion on the specialist register via this route were required to provide extensive written evidence of competences, matched against the specialty curriculum, which were screened before being sent to the relevant medical royal college to ascertain support for their application. Specially trained CESR evaluators were established to scrutinise applications against curriculum competences prior to making recommendations for inclusion to the GMC specialist register. Hitherto, since it had been established in 1997, entry to the specialist register had only been the preserve of those who had completed a recognised postgraduate UK training programme.

In 2010, functions of the PMETB were subsumed into the GMC following the recommendations of the Tooke Report in 2008[4]. In subsequent years, the CESR process for entry into the UK medical register has become well established. Since 2014, the RCPsych has made 153 recommendations to the specialist register through this route, which represents approximately 5.5 per cent of new entries to the specialist register[5]. The work of making recommendations is overseen by a college team supported by an associate dean for equivalence and a team of CESR evaluators[6].

There are many reasons why experienced psychiatrists wishing to practise at consultant level in the UK will not have completed a UK training programme. They may have undertaken the whole of a recognised postgraduate training programme overseas or they may have undertaken part of a postgraduate training programme in the UK I before, for a variety of personal reasons, stepping off to take up specialty and associate specialist (SAS) doctor posts. Although some SAS doctors may wish to continue in this grade long term as an active career choice, there are many who recognise the skills and expertise they have gained in the role and will be keen to progress their careers to become consultant psychiatrists.

Despite what on the face of it would appear to be a relatively straightforward though rightly rigorous process, applying for CESR has been described as convoluted[7] and concerns have

been expressed that CESR holders may be at a disadvantage in achieving a consultant position compared with Certificate of Completion of Training (CCT) holders[8]. While most applicants to the specialist register still come through the UK training route[5], it has become evident that what has traditionally been assumed to be a consecutive six-year programme is the exception for most trainees obtaining a CCT, with around 85 per cent taking longer than this to progress through training[9]. In 2019, 19 new specialists in psychiatry were added to the specialist register via the equivalence route, with a 49 per cent success rate for applications[10].

This book draws on more than a decade of experience in supporting doctors in psychiatry going through the equivalence process. It will help bust common myths and presents a structured and encouraging strategy with specific examples on which to build an educational portfolio. It will be invaluable to overseas doctors contemplating medical careers in the UK; to SAS doctors exploring career development opportunities; to doctors in training considering alternative routes; to directors of medical education and organisations considering setting up CESR fellowship schemes[11]; and to SAS tutors and supervising consultants. For all psychiatrists, this book demonstrates once and for all that equivalence really does mean equivalence and that this route to specialist registration has significant scope for expansion to help meet UK psychiatric workforce demands[12].

Dr Kate Lovett
Consultant Psychiatrist; former dean of the Royal College of Psychiatrists
January 2022

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Acknowledgements

This book is the result of a long journey. It began the day I first heard about article 14 and decided that it would be my way to the specialist register. In time, article 14 evolved into the Certificate of Eligibility for Specialist Registration (CESR). I first became an evaluator and then the associate dean for equivalence; led the Equivalence Committee of the Royal College of Psychiatrists (RCPsych); and developed training and guidelines around CESR and CESR-related support. This journey would not have been possible without the help, direction and encouragement of a number of people.

The first name that springs to mind is Dr Susan H. Smith. She was my clinical supervisor in the only full year of higher specialty training I ultimately completed. I was her first higher trainee and she was so excited. I turned out to be the unconventional trainee who left the rotation midway but her faith in my abilities never wavered. She was the first one to hug me on the news of my successful consultant interview. She has remained a friend and mentor ever since. I have always said that successful CESR requires organisational support, that is, key people behind you. Sue was my key support. Without her, my successful CESR and subsequent career would have been near impossible.

Professor Helen Bruce, my predecessor in the post, taught me the basics and more of being a CESR evaluator. From her, I learnt to be kind but fair, empathic but objective, as an associate dean for equivalence. She taught me how to lead in the role, the responsibilities and the value of having a committee strongly behind you.

My associate deanship overlapped with the deanship of Dr Kate Lovett, RCPsych dean from 2016 to 2021. Under her leadership and encouragement, CESR in psychiatry flourished. She always considered it as it should be, equivalent to the Certificate of Completion of Training (CCT), and made sure I had all the support and resources I needed to make CESR understood, valued and accepted.

Over the years, I have had the chance to know some excellent colleagues on the Equivalence Committee. Kathy Leighton and Elizabeth Fellow-Smith, my deputy chairs, brought their wealth of experience in Child and Adolescent Mental Health Services (CAMHS) and CESR. I have had the pleasure of knowing Kuben Naidoo, Josiette Quinn, Yasmin Siddiqi, Christopher Ubawuchi, Iqbal Naeem, Priti Singh, Aniruddha Rajkonwar, Mina Bobdey, Mary Evans, Chris Bools, William Badenhorst, Shimrit Ziv, Purvesh Madhani, Declan Hyland, Scott Cherry, Samantha Hamer, Suneeta James, Prem Jeyapaul, Baxi Neeraj Sinha, Mani Krishnan, Lily Read and probably more than I can remember in one go. Many of them are co-authors of this book. I have enjoyed every discussion I have had with you all over evaluations, where we have agreed or disagreed, debated and discussed and learnt from and taught each other. It is a committee I have been proud to chair. It was a committee which stood solidly behind its chair.

The work around CESR has also been possible due to the support of colleagues from the RCPsych and the General Medical Council (GMC). Genevieve Grainger and I started our CESR posts at the same time. Gen's organisation, hard work and depth of understanding about the CESR made us the perfect team. Over the years, I got to know Kathryn Squire, Nikki Cochrane and Liz Boxall. As we started the training around CESR, it was Michelle Braithwaite from the Centre for Advanced Learning and Conferences (CALC) who made sure that it ran like clockwork. Before I started as associate dean, I had learnt from other postgraduate and

CESR coordinators, Lena Hartley, Trevor Brent and Kate Medland. Each of them added a bit more to the organisation and running of the Equivalence Committee.

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No list of acknowledgements would be complete without mentioning my husband Debashis and daughter Debadrita (Debi). A career is not built by an individual alone. It is built by a family.

Author's Note
The Changes That May Be Coming

At the point of writing this book, there are legislative changes to CESR being discussed between the General Medical Council (GMC) and the Royal Colleges. What the final shape of these legislative changes might look like is still fluid but there are some basic foundational points around the non-training route to the specialist register which are not likely to change soon. While applicants need to keep an eye on the CESR pages of the GMC's website, what is still evident from the proposals is that:

- *A non-training route to the specialist register is here to stay, irrespective of what it might be called.*

  The names might change. Years ago, the RCPsych worked on the basis of article 9 to recommend psychiatrists without UK training for the specialist register in psychiatry. With the Postgraduate Medical Education and Training Board (PMETB) came article 14 which unified the process of non-training routes to the specialist register for all medical specialties and Royal Colleges. Over time, what was known as article 14 is now CESR – the Certificate of Eligibility for Specialist Registration. There might be a change in name afoot again, but it will take time for 'CESR' to give way to a different name in public memory. However, the essence of a non-training pathway to specialist registration will remain.

- *The standard which applicants will be expected to match is that of a substantive consultant in the UK. This will be according to the specialist curricula of the UK.*

  Whatever the name of the process, and however the standards are judged, the standards being looked at will be matched against the higher curricula of a specialty, more specifically the high-level learning outcomes (HLLOs) which now form the structure of all specialist curricula. The HLLOs 1 to 9 are written according to the GMC generic professional capabilities (GPCs), which are made relevant to each specialty. The CESR has always taken specialist curricula into account. Now, HLLOs 1 to 9 will frame the competencies that GMC will expect to be evidenced. Owing to our ongoing knowledge of curricular revision, this book has been written according to HLLOs instead of the intended learning outcomes (or ILOs) of the old curricula. However, most of the content of the curricula remain the same, only reorganised and restructured under different headings. Hence a lot of the past examples available to us at the moment remain according to the ILOs.

  The framework for assessing the knowledge, skills and experience of applicants in order to judge their suitability for specialist registration will reflect the HLLOs of the relevant speciality curriculum.

- *The focus is still on primary evidence versus secondary evidence.*
  There is extensive discussion around primary evidence and secondary evidence in the book. This still remains very relevant and these concepts will continue to underpin non-training routes to the specialist register.

- *The GMC is keen to streamline processes and make it easier for CESR applicants while maintaining standards.*
  The GMC is in the process of recruiting specialist registration assessors under its umbrella. There is also a dialogue with the Royal Colleges to consider how the evidence asked for can be simplified for certain groups of doctors – for example, those who are already licensed in the UK – to undergo appraisal and revalidation. The direction of travel is towards making the process simpler, quicker and more attainable.

I would encourage applicants to focus on the six key chapters (Chapters 4–9) which detail the requirements of the portfolio evidence in the six CCT specialties. Whether you are in the midst of an evidence-gathering journey or yet to start, these chapters will guide you to collect evidence in the right direction. You will always need to check the current curricula and GMC specialty-specific guidelines before you do a final submission and tie off any loose ends. However, the main content in these chapters (written according to the new curricula which are here to stay for a long time) will help you build most of your evidence bundle.