



**Guidance for rotational schemes with support
for the Certificate of Eligibility for Specialist
Registration (CESR) in Psychiatry**

**Authored by Dr Nandini Chakraborty
Associate Dean for Equivalence**

NO HEALTH WITHOUT MENTAL HEALTH



Table of Contents

Foreword	3
Executive Summary	4
What is CESR?	5
Target doctors for CESR Programmes	7
Process of appointment	8
Duration of programme	9
Content of programme	9
Supervision	11
CESR Tutor Role	12
Evaluation and assessment	13
Additional opportunities	14
Required organisational resources	14
Additional guidance points	15
Contacts	15
Appendix A	16
Acknowledgements	17



Foreword

This paper was planned when the Royal College of Psychiatrists became aware that several NHS Trusts were advertising jobs for SAS doctors which assure specific support for Certificate of Eligibility for Specialist Registration (CESR) applications in psychiatry.

Whilst training programmes in psychiatry have a clear governance structure and trainees are assessed and supervised regularly through a process which is overseen by Health Education England and the Royal College of Psychiatrists, there is no specific guidance for jobs/rotations/schemes which claim to support CESR applications and promise success.

The Royal College of Psychiatrists has no legal binding, at present, to govern or advise on jobs which claim to have in-built support for CESR in psychiatry. It is left to the NHS Trust to make proper enquiries to build the appropriate support for applicants. It also requires interested applicants to carry out additional checks to ensure that the job provides what it claims. However, this document sets out guidance of what appropriate CESR support in a job should entail. The College hopes that organisations and doctors interested in CESR in psychiatry will find useful pointers which will benefit both parties.



Executive Summary

In recent years, numerous NHS Trusts and some private sector organisations have advertised jobs which include CESR in the job title. These can vary from 'CESR fellowships' to 'CESR schemes', 'CESR programmes' or 'CESR rotations'. In essence they are fixed term jobs for SAS doctors which promise to ensure a successful CESR application in psychiatry at the end of this time.

This paper includes guidance for the process of appointment, the job description, the appropriate supervision and the resources an organisation should have in order to successfully provide support for potential CESR applicants.

We hope that medical managers, educators and potential CESR in psychiatry applicants interested in a CESR related job will use this document to assess the suitability of a CESR fellowship/schemes/rotation. This could also be used to audit the performance of a scheme.

The appointment into the scheme should be made by an open, transparent competitive process which includes an assessment of the candidates' portfolio presentation and clinical skills. The job should allow exposure to various clinical settings which allow the candidate to cover the curriculum. There should be opportunities for audit/quality improvement, psychotherapy, teaching, training, and involvement in clinical governance.

The organisation should have a significant number of consultant colleagues who are active members of the Equivalence Committee of the Royal College of Psychiatrists. They should be able to provide educational supervision, mentoring and support to the doctors who engage in the organisation scheme for CESR.



What is CESR?

The Certificate of Eligibility for Specialist Registration (CESR) provides a route for doctors who have not completed a UK training programme to obtain specialist registration. It is an alternative route to the specialist register, in addition to the Certificate of Completion of Training (CCT) which is the qualification granted to doctors who have completed a structured training programme in the UK.

The competencies which CESR applicants are assessed against are described in the GMC approved College curricula. These are the same curricula for trainees in the UK. However, the portfolio of evidence and the process of application for a CESR applicant is distinctly different from a trainee progressing towards CCT.

Whilst trainees build their evidence in the College e-portfolio, have a requisite number of work place based assessments; go through an annual review of competencies progress (ARCP) year on year, CESR applicants have to present a onetime portfolio to the GMC to evidence the completion of the same competencies. The evidence presented for CESR is heavily weighed on primary evidence (clinical letters, minutes of meetings, email correspondence etc) which show the capabilities of applicant independent of testimonials, references or supervisor reports. For example, psychotherapy competencies might be adequately evidenced in a trainee portfolio by WPBAs such as SAPE or psychotherapy ACE and may include reflective diaries (secondary evidence). A CESR applicant however has to submit case summaries which detail the actual work done during the sessions along with the assessment and conclusion of the case (primary evidence).

The application for CESR is made to and the qualification is awarded by the General Medical Council. The Royal College of Psychiatrists hosts an Equivalence Committee which advises on the applications and recommends an outcome to the GMC.



When successful the GMC awards the applicant a CESR and grants entry on to the specialist register. If a CESR application is unsuccessful the first time, the applicant is given 12 months from the time of decision to put in a review application. A review application is a shorter process as it requires only the unmet competencies to be evidenced as per the specific recommendations given by the evaluators from the Equivalence Committee at the College, rather than the full curriculum. Due to the specific guided recommendations made for unmet competencies, applicants are likely to fulfil the requirements for a review much more easily than a first time application. Data shows that the success rate for review applications are substantially higher than that of first time applications.



Target doctors for CESR Programmes

- Doctors in long term specialty doctor posts with extensive experience comparable to a consultant psychiatrist.
- Doctors in long term locum consultant posts.
- Doctors in current UK training who also have extensive overseas experience. Doctors who have joined the medical training initiative (MTI scheme) may be particularly suitable for this.

Doctors who complete the MRCPsych might choose to take up non-training posts for the stability it allows them in terms of job placement and contractual agreements. Whilst the excellent structure of UK training is not to be undermined, psychiatry doctors in the UK need to be given the flexibility and information in order to make the right choices which offer them the best fit of career progression and work life balance.

Existing educators and substantive consultants need to exercise caution whilst suggesting the CESR route as an option for higher trainees who have for various reasons been given an outcome 4 at ARCP. The CESR is not an easier or less demanding route to the specialist register. If a trainee is seen to not gain competencies in a structured training scheme made for that purpose, a very careful and sensitive discussion needs to take place regarding why that would become possible in a CESR fellowship programme. Both training schemes and CESR fellowship programmes intend to help doctors attain the same competencies in the same curricula. The only difference is the way in which the evidence is presented and the method of application for the qualification.



Process of appointment

There should be a clearly auditable trail of advertising the posts with a proper job description followed by a competitive interview which has elements of clinical skills assessment and portfolio presentation.

A special feature of the portfolio should be the presentation of at least 10 anonymised case histories in a combination of new outpatient assessment letters, tribunal reports, medico legal reports, discharge letters, CPA reports and urgent assessments. Primary evidence is the backbone and often central deciding point of a CESR application. Whilst a doctor can be trained and guided to make improvements, depending on the time they have been in psychiatric practice, the shortlisting panel may have to be honest about doctors who do not show promise of gaining consultant competencies in major psychiatric skills of history taking, formulation, diagnosis and holistic management. It is more likely that a good clinician may need more guidance and opportunity to gain competencies in psychotherapy, audit/quality improvement, research, leadership, teaching and training. However if skills in history taking, diagnosis and management are poor compared to the time the doctor has spent in psychiatric practice, they are not likely to successfully attain CESR in psychiatry. Good clinical letters and reports are key in a CESR application and the recording skills of the doctor need to be assessed carefully before admitting them to a CESR fellowship scheme. In addition, an application should include a detailed CV.

The doctors also need to convince the interview panel that they are committed to a CESR application and the reasons for choosing this route. They need to demonstrate both some understanding of CESR, have some knowledge of application requirements and motivation to work towards CESR through the portfolio they present.



Duration of programme

At least two years subject to satisfactory progression should be offered to the doctor with possibility of extending to three years if needed. However exceptional candidates, or doctors with extensive past experience might need a lot less. The doctor should be encouraged to start the application process when their portfolio looks ready.

The doctor may be given a rotation with placements of at least six months' duration similar to a training rotation, or a specific job with special interest sessions and secondments which help to cover the needs of the curriculum being applied against.

Content of programme

Following successful appointment discussions between appointed CESR fellow and a CESR tutor/educational supervisor should take place to develop a bespoke program based on the assessment of the individual's specific strengths and needs.

This should include:

- A bespoke learning plan
- Regular Clinical and Educational Supervision
- Opportunities to gain experience of working in specific clinical placements as needed following review of the individual's work experience against Specialty Curriculum requirements.
- Modular components covering Clinical and Communication skills, Teaching, Research, Psychotherapy, Leadership and Management and Clinical Governance.

The programme will include opportunities to work in specific clinical areas depending on the individual's needs.



The doctor needs to have elements that cover the scope of the curriculum they are applying against. There needs to be appropriate scope for psychotherapy, audit/quality improvement, research competencies, and clinical governance. A special interest opportunity of at least 2 SPA, preferably as a single special interest day is recommended for the job description.

For example, an applicant in general adult psychiatry needs to have exposure to in-patient, out-patient and emergency work. An old age psychiatry applicant will need exposure to both organic and functional illnesses. Specialist placements like liaison psychiatry, eating disorders, rehabilitation, early intervention in psychosis, neuropsychiatric inpatient- are not well suited to fulfil the range of the curriculum. If posted to such units, doctors will need seconded placements or the use of their special interest day to fulfil the range of competencies from other clinical settings.

Acting up opportunities could be arranged provided appropriate competencies have been achieved. This will be supported with ongoing supervision.



Supervision

The CESR fellow will have a designated clinical supervisor for the clinical setting they have a placement in. The clinical supervisor may or may not have direct knowledge or experience of CESR but we would expect them to at least be designated supervisors for regular trainees to reflect their seniority and expertise.

The CESR fellow should have a designated educational supervisor who ideally should be a member of the College Equivalence Committee. It is only CESR evaluators on the Equivalence committee who have direct knowledge of what a CESR portfolio should look like and can provide guidance to a potential applicant.

The CESR fellow could in addition have a mentor who could be a previous successful CESR applicant currently in a substantive consultant post. However, it is recommended that the educational supervisor be a current Equivalence Committee member i.e. a CESR evaluator at the College who advises GMC on applications.

Clinical supervision should be weekly as expected with regular trainees. Focus should be more on looking directly at clinical notes, letters and reports rather than work place based assessments.

Educational supervision should be at least three monthly to look at portfolio progress, set specific targets for the next few months, to identify strengths and weaknesses and smoothen obstructions if needed within the programme.

The recommendation is to have at least a ratio of 1:3 of educational supervisors to CESR fellows.

In addition to CESR educational supervisors, the Trust might consider appointing a CESR tutor to provide a higher level of support and expertise. If necessary, a number of neighbouring Trusts might consider appointing a common CESR tutor to provide leadership to a number of schemes.



CESR Tutor Role

- Coordinate the training of CESR fellows/Doctors
- Support and guide CESR fellow/Doctors
- Support CESR fellows/doctors and supervisors
- Provide leadership in the professional development of fellows
- Develop and action a professional educational strategy for the fellows
- Identify fellows' educational needs and report to senior management
- Participate in annual review of competency progression
- Provide career advice and practical support to CESR fellows/doctors
- Support recruitment of new CESR fellows/doctors
- Provide specific advice to colleagues in difficulty
- Support where failure is encountered
- Confidential help where needed



Evaluation and assessment

In addition to the 3 monthly supervision and evaluation of portfolio by a CESR educational supervisor, there should be a six-monthly evaluation of portfolio by a panel of local two CESR evaluators who have no knowledge of the candidate face to face. This is to replicate the process of an actual CESR evaluation where evaluators form their opinion of the applicant only on the basis of a portfolio.

The outcome of the assessment should not simply be satisfactory or unsatisfactory. There should be a specific list drawn out of the evidence and what competencies they fulfil and the specific list of evidence that need to be further provided for competencies still not met.

However, in the case of some candidates it might become obvious earlier on in the course that the quality of clinical work is not improving at the rate expected and may even show a plateau. It is not sufficient to simply collect case histories; they should show the quality that is expected from a senior clinical in terms of history taking, formulation, diagnosis, risk assessment and management. If this is not reflected in a candidate portfolio the panel should be able to give an honest opinion to a doctor who might be a safe clinician but does not show the capability to take on the challenges of the post of a substantive consultant. Candidates who are eventually unsuccessful in a CESR support programme will have to be supported and directed towards realistic career options.



Additional opportunities

- CESR fellows should be given the opportunity to be part of a peer group.
- They should be able to attend educational programmes.
- Their appraisal process should be tied in with the six-monthly assessments so that there is no duplication of paperwork.

Required organisational resources

The main resource the organisation should have is a significant number of CESR evaluators on the consultant workforce. Members of the Equivalence committee who are evaluators and advisors to GMC on CESR applications are the only body of trained consultant psychiatrists who have a practical working knowledge of what CESR requires. A number of myths and misconceptions about the CESR process and requirements of a CESR portfolio abound in the system. Whilst regular trainers can make good clinical supervisors, educational supervision can only be appropriately provided by active evaluators.

CESR evaluators who are involved in CESR fellowship work in their local NHS Trusts should be appropriately remunerated.

There should be training sessions regarding CESR applications at least annually which are specific to psychiatry applications. These could be run in-house by CESR evaluators who are in the organisation or organised with the help of the Royal College of Psychiatrists.



Additional guidance points

Regional advisers should be aware of these guidelines in order to assess proposed CESR fellowship jobs when such job descriptions are put forward for approval. Such jobs should be carefully scrutinised to make sure that they provide opportunities with potential CESR applicants at the heart of the job description rather than service provision.

Lastly the guidance would like to make it clear that though this should be taken as a gold standard as to how Trusts should design CESR fellowship schemes and to candidates on what they should expect from such a post, this should not be regulatory or discriminate against SAS doctors not in such a fellowship who wish to pursue CESR for entry to the specialist register.

Also a proposed CESR scheme/programme is not intended to be a rivalling parallel to a regular training rotation or the second alternative when a doctor has been unsuccessful at a training rotation. This is intended to be a flexible option for doctors who choose it as better suited to their levels of expertise, career journeys and work life balance.

Contacts

The RCPsych equivalence team are able to assist with a variety of queries related to; circumstance specific CESR queries, non-CCT CESR advice, advice for Trusts and how best to support CESR applicants. The RCPsych Equivalence team can be contacted at: equivalence@rcpsych.ac.uk.

For administrative queries related to verification of documents, the submission process please contact the Specialist Applications Team at the GMC who manage CESR: equivalence@gmc-uk.org.



Appendix A

Suggested Audit Tool for a CESR support programme

Number of CESR fellows in the scheme to number of CESR evaluators in the organisation.	3:1 or more evaluators	Less evaluators to candidates	
Appointment is competitive	Yes	No	Partially
Appointment includes the assessment of a portfolio with primary evidence	Yes	No	Partially
Posts cover the range of the curriculum clinically	Yes	No	Partially
Weekly supervision with clinical supervisors	Yes	No	Partially
3 monthly supervision with an appropriate educational supervisor	Yes	No	Partially
6 monthly evaluation of portfolio with independent panel	Yes	No	Partially
At least one training supported for CESR in psychiatry supported annually by the organisation	Yes	No	Partially
CESR fellows can participate and contribute to a teaching programme	Yes	No	Partially
CESR fellows are encouraged and supported to make peer groups	Yes	No	Partially
There is an annual survey/feedback sought from CESR fellows	Yes	No	Partially



Acknowledgements

We would like to acknowledge and thank the below for their contribution to the creation of this guidance:

Dr Josiette Quinn, CESR Evaluator, Equivalence Committee

Dr Kuben Naidoo, General Adult Specialty Lead, Equivalence Committee

Dr Monique Schelhase, Co-Chair of SAS Committee

Dr Nicoleta Read, Co-Chair of SAS Committee

Dr Saadia Alvi, IMG Representative, Psychiatric Trainees' Committee