



## Changes to CESR Standards of Assessment 2023

Webinar panel:

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## Summary – what is CESR?

- A route to specialist registration for doctors who have not completed a GMC-approved training programme
- Able to demonstrate training, qualifications and experience required to become a substantive consultant in the UK
- Currently CESR equivalent to requirements for the award of the CCT in the UK
- From November, equivalence, will be replaced by assessment of Knowledge, Skills and Experience
- Overall outcome has not changed – once awarded the CESR, entry to the Specialist Register will be granted with eligibility for substantive consultant posts in the UK



## Why the change?

- Response to House of Commons report (2022) Workforce: recruitment, training and retention in health and social care)
- Wording of the legislation prior to the changes was rigid and prescriptive, requiring applicants to submit a portfolio of evidence demonstrating that their training was ‘equivalent to a CCT in the specialty in question’.
- GMC required by law to update the Postgraduate Medical Education and Training Order 2010 to confirm that doctors applying for specialist and GP registration for all pathways, other than CCT, will need to demonstrate they have the *‘knowledge, skills and experience’* to enter the specialist/GP registers rather than that their training was ‘equivalent to a CCT in the specialty in question’.
- The new standards have been introduced to enable more evidential flexibility, such as being able to consider the minimum evidentiary requirements to demonstrate capability rather than mirroring evidence that a CCT trainee would need to provide.



## How did the RCOG respond to this?

From the outset, the College have been supportive of changes proposed for:

- a) Non-UK doctors: The new standard will introduce greater flexibility including recognising relevant experience gained overseas. College to gain more insight into how their country's healthcare systems differs from the UK and how we might better bridge that gap to ensure the applicant has a good knowledge of NHS policies & practice when they come to the UK.
- b) Experienced UK doctors who did certain courses/training outside the current timeframe OR just didn't have experience in certain areas, but were offered no alternative.

**The College will continue to ensure that any new processes are still fair, robust and must categorically determine an applicant's abilities to work as a Day 1 Obstetrics and Gynaecology Consultant in the UK.**



## RCOG's approach to implementing KSE's

- The framework for assessing KSE's will reflect the high-level learning outcomes (HLLOs) of the O&G curriculum.
- Opportunity to be creative and flexible in the way we assure ourselves that the competency of the HLLOs have been met.
- Splitting out evidence across the KSE's, for each CiP, with more emphasis on addressing each of the key skills individually.
- Most evidence listed to be suggested, not mandatory.
- Applicants to use their background and experience more efficiently to match the key skills.
- CESR applicant will no longer need to address the full detail of the curriculum (ST1 -ST7).
- Key Skill descriptors condensed slightly to hone in on the HLLOs. **Over-arching key skills remain the same.**
- Focus more on quality than quantity resulting in the numbers of indicative evidence that you see in the current guidance have been removed (with some exceptions)



## Knowledge, Skills and Experience – how will it work?

- Evidence using **Knowledge, Skill, or Experience** will be linked to each key skill
- The strongest evidence for a particular key skill is when it has been linked to all three areas
- Applicants can use their judgement as to how they can cover key skill effectively – e.g. they may consider their experience in one area to cover all descriptors such that knowledge and skills are not necessary
- It is unlikely an applicant will fulfil a CiP demonstrating knowledge alone – a mixture of evidence most likely to be successful
- The majority of evidence will be suggestions rather than mandatory. This is with the exception of a few areas such as OSATS, Mini-CEX, CBDs, reflective practice and clinical logbooks which must be provided to confirm independent clinical competence and skill
- There are also some Skills and Experience that have been highlighted as mandatory (Knowledge on its own would not suffice), although there are several ways an applicant may be able to demonstrate this particular area



## How should applicants approach this?

We will ask applicants to upload the evidence pertaining to each key skill in a separate file. A file may be entitled '*Understanding human behaviour when leading a team and managing conflict*' and in that file will be all evidence demonstrating how that particular key skill has been met. A contents page should preface each key skill, listing evidence included and the descriptors it covers. For example:

### **Key Skill: Understands human behaviour when leading a team and manages conflict**

**Relevant descriptors covered:** *Understands the basic principles and importance of emotional intelligence, understands and implements the methods and tools used to manage conflict and its resolution, understands the concept of conflict etc...*

**1. Knowledge** - Conflict Resolution course certificate (page xx)

**2. Skill** – A reflective practice regarding managing a particular conflict and my personal management of negative staff behaviours in the workplace (page xx)

**3. Experience** – Evidence of chairing a meeting, via a set of minutes from a challenging MDT meeting where I was required to mediate formal discussions and consolidate outcomes (page xx)





## How should applicants approach this? (continued)

- Under each CiP there will be different examples of how key skills can be evidenced.
- The examples listed differ to show how they can be personalised (as long as the key skills AND descriptors have been met). For example:
  - a) some may be covered by knowledge, skills and experience (ideal evidence)
  - b) some may be covered by skills and experience alone (if your clinical experience outweighs the need for demonstrating your knowledge via a course/teaching session)
  - c) you may be able to cover two key skills with one piece of good evidence
  - d) you may find that one piece of evidence fulfils more than one key skill, or that you covered a descriptor more than once. Occasionally you can use evidence from another CiP.

**This is all fine but please cross-reference appropriately. Please do not submit duplicates of evidence. Any cross-referencing can simply be confirmed in an applicant's content page.**



# Timelines and what this means for YOU

**Change date is Thursday 30 November 2023.** Applicants should not be disadvantaged by this change, no matter where they are in the CESR process.

## *I'm thinking about starting an application*

Go ahead/continue to gather the required evidence against the guidance in place at that time. Key skills have and will not change so evidence on the current guidance will be valid under the new system in some form. Delaying starting your application until after the implementation date won't provide a greater advantage. Starting your application and getting ahead in your preparation will mean that when you're ready to submit it you'll be contributing to a consistent flow of applications which will help us and evaluators to process your application as quickly and efficiently as possible.

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## Timelines and what this means for YOU (continued)

### *Applicants with in progress applications on GMC Online*

- 1) Applications submitted **before** 30 November will be assessed using the current standard and specialty guidance.*
- 2) Applications submitted **on or after** 30 November will be assessed using the new standard with revised speciality guidance. Please contact GMC for further information if you are in this particular scenario.*

*The college strongly recommend that you do not try and rush your application through, just to submit it to the GMC before 30th November. This may result in a poor quality application and may end up prolonging the whole process for you in the long-run.*



## Timelines and what this means for YOU (continued)

### ***Applicants who have submitted applications which have not yet been sent to the College for evaluation***

*Applications submitted to the GMC, but not yet sent to the Royal College or Faculty for evaluation will be assessed against the current standard and specialty guidance. The GMC will continue to process applications and provide a decision as normal, the same as those applications already with the College for assessment.*

### ***Applicants with an unsuccessful application before 30 November 2023***

If your initial application was submitted before 30 November, then your application and any subsequent review application or appeal you make will be considered against the standard and specialty guidance that was in place before 30 November 2023. We recommend you continue to engage with the review application and your recommendations.

**Please refer to the GMC website for regular updates**



## Should I just wait?

The College recommends that applicants in the system continue with their submission of evidence. Rushing to get it through, or waiting until the standards change will not put applicants at a greater advantage. The evidence amassed on the current guidelines will be relevant for both sets of standards.

**In the meantime, one piece of advice from the college is to pay attention to the individual key skills as you continue to amass evidence – perhaps giving some consideration to what evidence meets which key skill. This will likely give you peace of mind as you will see how the current evidence requirements already meet the key skills in the majority of cases.**

**BUT if you think a certain key skill has not been covered by your evidence, it might be worthwhile strengthening your application in those specific areas.**



## Take-away messages

- 1) Please be assured that the outcome of a successful CESR application is to be added to the Specialist Register to work as a Consultant in the UK. It is not 'equivalent' to CCT, purely because CESR will now have its own set of standards.
- 2) Key skills have not changed. The curriculum has not changed. In essence, the main changes are that the key skill descriptors have been honed down slightly to focus on those HLLOs.
- 3) The College strongly recommends that applicants in the system continue with their submission of evidence as planned. Rushing or waiting until the standards change will not put applicants at a greater advantage. It will also create an unnecessary backlog of applications for the college, which may result in longer timelines for completion.



## Take-away messages (continued)

- 4) In the meantime, one piece of advice from the college is to pay attention to the individual key skills as you continue to amass evidence – perhaps giving some consideration to what evidence might meet which key skill.
- 5) Please note that the GMC will be regularly updating their website as we approach November. Please keep an eye on the following website page - <https://www.gmc-uk.org/registration-and-licensing/join-the-register/applying-for-specialist-or-gp-registration/changes-to-how-doctors-demonstrate-the-standard-required-for-specialist-and-gp-registration>

Both the GMC and RCOG will be there to support you through this transition

**Find out more at [rcog.org.uk/cesr-change](https://rcog.org.uk/cesr-change)**



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