

FAQs: CESR under the 2021 New Curriculum

Dual Running

Q. Is it correct that for CESR the 'old' curriculum can be followed up to 1 August 2023 after which you will have to apply under the 'new' 2021 curriculum?

A. Yes. You need to apply against the curriculum that is approved at the time of your application. This would normally now be the 2021 curriculum, which was approved in November 20. However, the GMC say:

The new surgical curricula were published on 17 November 2020. Due to the significant changes that are being made to the curriculum we will be offering applicants the opportunity to make your CESR application in either the new curriculum or the previous version of the curriculum.

This means that you can choose to submit your application *either* under the 'old' or 'new' (2021) until 01.08.23. You cannot submit under both, so please consider which curriculum is best for your circumstances. After 01.08.23 *all* applications will be made under the 2021 curriculum.

The Multiple Consultant Report (MCR)

Q. How many MCR reports are expected? One a year?

A. The MCR for CESR is like a final summative MCR. You will need to provide at least one MCR. It should cover at least the 6 months prior to your CESR application. It must be prospective.

Q. How do I go about getting a prospective MCR?

- A.
- Approach the consultants you are asking to assess you (Consultant Raters) as part of your evidence collection for CESR.
 - You should do this at least 6 months *in advance* of when you are going to submit your application.
 - You should provide them with the documentation and advice about the MCR for CESR.
 - You should then arrange a meeting with them to discuss the MCR for CESR and your objectives.
 - The onus is on you to ensure that the Consultant Raters are fully aware of the report that they need to produce at the end of the 'placement' so they can keep the Capabilities in Practice (CiPs) and General Professional Competences (GPCs) in mind while working with you.
 - You should provide a record of this initial meeting with your CESR application. This should be a document signed and dated at the time of the meeting by the Consultant Raters and state that they:
 - are aware of the report to be provided;
 - understand the (CiPs),(GPCs) and supervision levels for the MCR; and
 - will be observing your practice over this period.

- The meeting record should also set out your objectives.

Q. If I have been working with consultant surgeons for the last 2 years, can I ask them to provide an MCR for the last 2 years?

A. No. This is because the MCR needs to be prospective so that your Consultant Raters can consider you in the context of the GPCs and the CiPs as they work with you.

Q. Can that document of the meeting 6 months previously be with multiple consultants at the same time and signed by all of them at the same time?

A. Yes. You should arrange a meeting with them all together (can be virtual) and the record will be a joint record. The MCR will then be completed by them jointly. You should not be present at the meeting when the Consultant Raters discuss you and complete the MCR.

Q. Can I provide an MCR if I am working outside the UK?

A. Yes. The documentation on the website and the fact that you are using a PDF version means that you can do it from anywhere in the world. You should ensure that your Consultant Raters are aware of the report to be provided (and understand the CiPs, GPCs and supervision levels). You will need to follow the process in the answer to the question *How do I go about getting a prospective MCR?* above. It is very important that your Consultant Raters confirm that they understand the GPCs, CiPs, that they have read the curriculum and so understand what is required of a day 1 consultant in the UK, and that they understand the MCR process. This needs to be recorded and submitted with your application. With this knowledge in mind they should observe your work for at least 6 months before completing the MCR.

Q. What do I do if I can't provide an MCR for one of the CiPs or GPCs, not because my Consultant Raters haven't observed me, but because I haven't actually performed that CiP/GPC (eg. I haven't been to any MDTs).

A. If you put forward your application without this experience, it will not be successful. You should arrange to have this experience before you apply. You could use the MCR as a tool to plan how you will attain experience in this area in advance, ie. you could identify it as an area to be achieved and set it out in your objectives.

Q. Can I use the version of the MCR on ISCP?

A. No, you should use the MCR for CESR on the JCST Website [MCR form for CESR](#). This has been designed specifically for CESR applicants.

Q. Is the MCR obligatory for only the last 6 months before the application? Or it is mandatory for each equivalent placement?

A. You need to provide an MCR for the 6 months prior to your application. You can provide MCRs for a longer period than that, but the MCRs must be produced prospectively. The MCR is a useful formative feedback tool that can be used for

development towards a future CESR application and you might consider incorporating it into your PDP.

Q. After having the prospective meeting about the MCR, what if I have to delay the application?

A. That should be fine, you will just have an MCR for a longer period of time. The main thing is that the MCR needs to be over enough time for it to be valuable (at least 6 months) and be prospective.

Q. I have been working at the consultant level for the past 6 years, do I need to start a prospective MCR from now onwards?

A. You need a prospective MCR for at least the 6 months prior to your application.

Q. I am working as a locum consultant and therefore it could be difficult for another consultant to observe me in some situations for example in clinic or theatre or ward rounds.

A. You need to be able to demonstrate that you are performing at the level of a Day-1 consultant; if there is no-one to observe you, you must submit alternative evidence to the MCR for this CiP or GPC. Further information is in the 2021 version of the Specialty Specific Guidance (SSG) for your specialty- <https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/specialty-specific-guidance-for-cesr-and-cegpr>.

Q. If I apply under the 'old' curriculum system, would the MCR help?

A. The MCR is a tool for assessment under the new curriculum to provide evidence of the CiPs and GPCs. It is not designed for use for CESRs under the old curriculum.

Numbers of cases and Work Based Assessments (WBAs)

Q. How many WBAs should I provide and in what areas?

A. This depends on your specialty; you should look at the Curriculum and SSG (both on the GMC Website). All specialty curricula require PBAs for index procedures and CBDs or CEXs for critical conditions. In addition, you will need to provide evidence of competence in a much broader area than that defined, looking not only at the index and critical conditions but across the breadth of generality of the specialty, including emergency care and any Special Interest areas if required. (See appendix 2 of the curriculum-the syllabus).

Q. How can I find out about logbook requirements, index cases and critical conditions?

A. Full details of the depth and breadth of knowledge, skills and experience is set out in section 5.4 of the curriculum together and appendices 3 and 4. In addition you should look at the SSG for your specialty which tells you how to set this out when making your CESR application.

Q. Can I evidence all my knowledge, skills and experience from the same unit?

A. That depends on the curriculum for your specialty. Some curricula require that you gain skills and experience in more than one unit (e.g. Urology and Plastic Surgery). It is important to check your specialty curriculum for details.

Q Can non GMC Consultants validate WBAs on ISCP?

A. Grades other than consultants can sign off WBAs. If you and your WBA assessors are not signed up to ISCP then you may wish to use blank WBA forms. The following is relevant

CBD - Consultants and senior specialty registrars who are trained in the use of the method.

CEX - Consultants, specialty registrars, staff grades and other health care professionals who are trained and expert in the clinical problem/task.

PBA - consultants and senior trainees depending upon their level of training and the complexity of the procedure. Assessors need training in using the PBA and sufficient expertise in carrying out the chosen procedure.

Q. If a PBA is submitted or signed off after a delay (say submitted a month after the procedure was performed) does it qualify as evidence?

A. It would depend on how long. A delay of a month may be acceptable, but it is important that WBAs are not provided retrospectively. You should try to have WBAs signed off as close to the event as possible.

Q. I do independent clinics and theatres. Do I need current WBAs for that?

A. You need to provide WBAs as set out in your curriculum. It is very important that they are not retrospective. If you have been working independently you may wish to use the time, when you are gathering your evidence, to ask colleagues to undertake and act as Raters for you for WBAs.

Q. As WBAs cannot be retrospective, for previous years' surgical performance would letters from colleagues be enough evidence?

A. No. Evidence of your competence should not be retrospective. You should use the period when you are gathering your evidence to undertake WBAs.

Q. Can the entries in the WBAs be typed to enable their comments to be clear and easy to read and then signed by the consultant in writing?

A. Yes.

Research in the 2021 curricula

Q. What do I need to provide under the 2021 curriculum for research? Will the MCR provide sufficient evidence of this?

A. No, you have to provide evidence. You should look at the SSG which states the 4 broad areas that your evidence should cover and some suggested items that may show this. You should provide a statement to say how your evidence shows your capability in the 4 broad areas and the descriptors for GPC 9.

Your evidence of research needs to be substantive, current (within the 6 years prior to your application), and show your contribution clearly.