

CERTIFICATE OF ELIGIBILITY FOR SPECIALIST REGISTRATION (CESR)

This document provides guidance and information on the
CESR requirements for applicants in surgical specialties

GUIDANCE
FOR
APPLICANTS

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HISTORY

Previously the legislation governing equivalence was Article 14 of the PMETB Order, hence these applications were known as Article 14 applications. The PMETB was subsumed by the GMC in 2010 and the legislation became incorporated into the Medical Act. The applications are now referred to as Certificates of Eligibility for Specialist Registration (CESRs).

PROCEDURE

You can apply for a CESR in a CCT specialty or a CESR in a non-CCT specialty. CESRs in a non-CCT specialty are uncommon and will be discussed separately later in this document.

You must make an application directly to the GMC. After they have taken you through the initial stages of the application process to where your application will be deemed 'complete', it will be passed over to the relevant Royal College or Faculty for evaluation. We, the Joint Committee on Surgical Training (JCST), will evaluate all applications in surgical specialities. The following document should give you some indication of the evidence that our assessors are looking for and what you will need to provide to show equivalence. This document should be used in conjunction with the Specialty Specific Guidance and the CCT Curriculum in your specialty.

STANDARD

To apply you will need to have either a specialist qualification or have undertaken a period of specialist training (not less than 6 months anywhere in the world).

To be awarded a CESR, however, you must demonstrate that your specialist qualifications and/or specialist training, together with any other knowledge, skills and experience (this can be gained in non-training posts) are 'equivalent to a CCT in the specialty in question' (The Postgraduate Medical Education and Training Order of Council 2010).

This means that you need to demonstrate equivalence to the curriculum current at the time of application. Not only must you demonstrate that you have gained the competencies, but you must also demonstrate that you are currently maintaining those competencies across the depth and breadth of the curriculum.

Throughout your application you should refer to the [Specialty Specific Guidance](#) in your specialty (or the most relevant if applying in a non-CCT specialty). You should also refer to the relevant [CCT curriculum](#) in your specialty; as this is the standard that all CCT applicants will be measured against.

GMC DOMAINS

The GMC break down the standard into four domains mirroring the headings of Good Medical Practice. We recommend that you allocate the evidence you provide with your application in the following way:

- Domain 1: Knowledge, Skills and Performance - 75%
- Domain 2: Safety and Quality - 20%
- Domain 3: Communication, Partnership and Teamwork - 5% (combined for both domains 3 & 4)
- Domain 4: Maintaining Trust - 5% (combined for both domains 3 & 4)

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

GATHERING YOUR EVIDENCE

As CESR applications are currently a completely paper-based process it is important to think about the evidence you present. We suggest that you should:

- Research/think about the types of evidence you will need and begin to gather your evidence well in advance of making your application.
- Ensure that your evidence is current and of a high quality.
- Be aware that you will be assessed against the curriculum in place at the time of your application. You should note any planned curriculum changes.
- Ensure that the evidence you collect demonstrates your competence across the depth and breadth of the curriculum. Your practice may have become specialised and so you may need to consider taking a role that will expose you to the depth and breadth of the curriculum in your specialty.
- Use the tools available to you that will make your application easier to assess. For example use the [Intercollegiate Surgical Curriculum Programme \(ISCP\)](#) website to record your workplace-based assessments (WPBAs) and the [eLogbook](#) format for your logbooks and consolidation reports.

APPLICATION TIPS

The two most helpful pieces of advice we can give you are:

1. Look thoroughly at the [GMC guidance](#) available and get advice on your application from the GMC before you apply.
2. Remember to refer to the relevant [CCT Curriculum](#) and [Specialty Specific Guidance](#) for the evidence requirements in your specialty.

Throughout the application process you should:

- Plan your application in advance; collecting the evidence you will require to show your equivalence will take some time.
- Anonymise your evidence appropriately; please refer to the [GMC Anonymising Guidance](#).
- Validate your evidence appropriately; please refer to the [GMC Validation Guidance](#).
- Authenticate your evidence appropriately; please refer to the [GMC Authentication Guidance](#).
- For any documents that are not in English, ensure these are translated appropriately; please refer to the [GMC Translation Guidance](#).
- Select the right referees; see the [GMC Referee Guidance](#).
- Use the appropriate page orientation for your evidence.
- Ensure all evidence is dated (e.g. audit presentations/reports, teaching presentations, etc.) so the evaluators can assess your current competencies.
- Ensure evidence is current as assessors will look for evidence that not only have you gained competencies in the past, but that you are currently maintaining those competencies.
- The CV you submit should be your most recent and it should be as up-to-date as possible. We suggest that you should not only ensure your work posts are accurate, but your CV should also reflect your most recent CPD courses, research publications/presentation, etc. [GMC CV guidance](#) is available.

DOMAIN 1 - KNOWLEDGE, SKILLS AND PERFORMANCE

According to the GMC this domain carries approximately 75% weight of the complete evaluation. It includes:

- Knowledge.
- Skills and experience.
- Research.
- Continuing Professional Development.
- Teaching, training, assessing and appraising.

KNOWLEDGE

As an applicant you will need to:

- **Demonstrate knowledge across the depth and breadth of the curriculum.**

You will be measured against the standards of a CCT and the formal test of knowledge required for a CCT is the Intercollegiate Specialty Fellowship Exam (ICB Exam). If you cannot demonstrate success in this examination in your specialty, other supporting evidence of your knowledge must be very strong indeed. It must also be current and cover the depth and breadth of the curriculum.

Evidence

The following are examples of what you might include in a portfolio of evidence other than the ICB Exam to demonstrate your knowledge. As it is very unlikely that any one element on its own will do this, you should consider submitting a combination of elements:

- Other examinations including overseas qualifications. You will need to provide a certificate of success with validated details of what the examination covers and to what level; alternatively the official curriculum/syllabus could demonstrate this. A certificate of success alone will not show that you have the appropriate level or currency of knowledge. It is unlikely that any qualification other than the ICB exam will show direct equivalence as no other qualification is templated directly against the CCT curricula. The European examinations (e.g. FEBU and FEBVS) do not appear to be equivalent.
- Post-graduate degree gained through research. You should include your original certificate or notarised copy. This is unlikely on its own to show enough depth and breadth as research will be focussed on one area.
- Peer-reviewed publications. You should include a copy of the complete text of each publication you wish to use to demonstrate knowledge equivalent to the ICB exam, detailing your involvement. The best evidence will be recent first-name publications in high-impact factor peer-review journals of work

relating to knowledge normally achieved in the last year(s) of the CCT curriculum.

- Presentations at national and international meetings and conferences. You should include a programme detailing the date and title of presentation, when and where presented, any feedback and your role in the work. Include the slides used (with dates) for each presentation.

SKILLS AND EXPERIENCE

As an applicant you will need to:

- **Demonstrate skills and experience across the depth and breadth of the curriculum.**

You will be assessed against and need to show equivalence to the CCT curriculum in your specialty. This means you will need to demonstrate currency along with an area of special interest for specialties where this is required. You must also show that you have retained competencies in the whole field of your specialty, equivalent to those a CCT holder would show.

Evidence

Logbooks and consolidation sheets

The major evidence for this section is your logbooks and consolidation sheets. You should present your logbook in [eLogbook](#) format.

Your logbook should provide:

- A complete picture of your surgical experience over a minimum of the last 6 years.
- The age and gender of the patient, the procedure name and date, whether the procedure was elective or emergency, your involvement (e.g. assisting, you as the surgeon, assisted by a trainer), and the outcome/any complication.

You also need to provide consolidation sheets. If you do not provide these in the format described then it may be impossible to assess your skills and experience and this could lead to your application being turned down. You should provide consolidation sheet in the eLogbook format showing:

- Your operative experience over the last 6 years. The consolidation sheets need to show the dates between which the operations have been recorded. Each operation group must show the cumulative totals for each category e.g. assisting, you as the surgeon, assisted by a trainer.
- Cumulative totals for the operation groups in your specialty for each 6 or 12 months during that period. This will enable the evaluators to see your progression over the 6 years into more complex cases and more independent operating.

- Where specific numbers of specified operations are required (often called 'indicative procedures'), you should provide a consolidation sheet filtered to show these totals.
- Your operative experience for the rest of your career (split into UK/Overseas).

Your logbooks must also be correctly validated. Please refer to [GMC Validation Guidance](#) for the requirements before you submit your application. Validation requires you to get every page of your logbook validated with relevant hospital stamp and a signature of someone in a supervisory position at that hospital who can attest to this being a true and accurate record of your work. Each page must show their full name and title, original signature and a hospital stamp so the GMC can contact them if necessary.

Some curricula will show the required numbers for your specialty and some will not, we recommend you check your curricula requirements before submitting your application.

Assessments

In this section, not only is it important that you show your operative experience through your logbooks and consolidation sheets, but you need to also show how you perform. You must therefore include some workplace-based assessments (WPBAs) to support your level of competence.

There are many different forms of assessment which form part of the various CCT curriculums, these tools are available for use by those who are not in training. The Intercollegiate Surgical Curriculum Programme (ISCP) has published guidance on [Good Practice](#) use of the WPBAs:

The following is a list of WPBAs together with a link to the ISCP website which gives more information about them:

- [PBA](#) (Procedure-Based Assessment). It should be noted that it is a curriculum requirement that those following the CCT curriculum should complete all the index PBAs to level 4.
- [CBD](#) (Case Based Discussion).
- [CEX](#) (Clinical Evaluation Exercise).
- [DOPS](#) (Direct Observation of Procedural Skills in Surgery).
- [Multi-Source Feedback](#) (Peer Assessment Tool).

You should submit evidence of WPBAs that are sufficiently frequent to demonstrate progress and should be undertaken with different assessors in different settings on a variety of patients. It is important for you to provide details of assessment of the same competency from at least 2/3 assessors in order to triangulate the information.

WPBAs should include comments from your assessors and, where appropriate, demonstrate reflection by you. Block entries of 'satisfactory' are not acceptable.

Please note: WPBAs completed retrospectively will hold no weight.

You are advised strongly to undertake WPBAs and when you are preparing your application should think about how to facilitate this. If you are unable to provide WPBAs then it may be possible to provide other evidence. However, as WPBAs are required by the curricula it will be very difficult to show satisfactory evidence of performance without them.

If WPBAs are not available then you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by your department head or line manager (clinical director, medical director, professor). Where no formal appraisal or assessment forms are available you must provide validated information on the method of career review or progression. Alternative evidence may include letters (written at the time) commenting on your performance. We should stress that if you are providing this alternative evidence you should bear in mind that it will be very difficult to show equivalence.

RESEARCH

As an applicant you will need to:

- **Demonstrate an understanding of, and participation in, research as defined in the curriculum of your specialty.**

The different curricula have different requirements for the types of research required for you to be successful in this criterion, e.g. three peer-reviewed papers (not case reports) published in an indexed journal. You will need to check the relevant curriculum and as a shortcut could look at the Guidance for CCT for your specialty- <http://www.jcst.org/quality-assurance/certification-guidelines>.

Evidence

Your evidence needs to demonstrate that you have competence in research methodology and data interpretation. This could be demonstrated using the following types of evidence:

- Evidence of publication of research in peer-reviewed indexed journals.
- Presentations at a regional, national or international meetings.
- Evidence of undertaking a Good Clinical Practice in Research course.
- Slides from presentations and feedback.
- Awards of grants.
- Portfolio records.
- Reflective diaries.

You should bear in mind that it is important to submit evidence where your contribution has been significant; the evaluators will look for first-author publications/presentations and those referenced on PubMed. The evidence you submit should show currency and you should ensure that all evidence is dated so the evaluators of your application are able to assess it accurately.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

As an applicant you will need to:

- **Demonstrate the ability to keep up to date and to review their learning.**

It is important that you show that, not only have you undertaken generic CPD and CPD in the area of your practice, but that you demonstrate that you are maintaining the full breadth and depth of the curriculum. This is particularly important where your practice has become focussed on a particular area.

Evidence

Although your CV should attest to your competence in this area, you must provide primary evidence of your activity; such as:

- Certificates of attendance at regional, national or international meetings.
- Certificates from courses/workshops.
- Formal CPD points.
- Membership of professional body by selection/examination.
- Honours and Prizes.

You should also provide evidence that shows how you have acted on what you have learnt.

You should pay particular attention to evidence required for any mandatory courses e.g. some specialties require up to date Advanced Trauma Life Support (ATLS) qualification, courses on management in the UK Health Services or attendance at professional meetings.

TEACHING, TRAINING, ASSESSING AND APPRAISING

As an applicant you will need to:

- **Provide evidence of an understanding of, and participation in, medical education, training, assessing and appraising as defined by their specialty.**

Some curricula will have specific requirements for this section, e.g. successful completion of the "Training the Trainers" course.

Evidence

Teaching and Training

You will need to submit evidence of your participation in teaching and training others, strong evidence in this section can include:

- Teaching timetables/rotas.

- Teaching materials e.g. presentation slides.
- Programmes of lectures.
- Formal and informal trainee feedback.
- Attendance at courses for teaching and training.

Assessing and Appraising

It is important that you provide examples of assessing and appraisal of others, strong examples of evidence can include:

- Acting as an examiner or designing examinations.
- Undertaking appraisals.
- Involvement in appointment processes.
- Workplace-based assessments (WPBAs) of others.
- Attendance at courses for assessing and appraising.

Although your CV should list much of the evidence required in this section, you must also provide primary evidence for the evaluators of your application to give any weight to it. You should also, as ever, ensure that all evidence is dated to show the currency of evidence submitted. Your evidence should also be validated and be clear about the level of knowledge it displays as well as which parts of the curriculum it relates to.

MAKING APPROPRIATE REFFERALS/KEEPING CLEAR AND LEGIBLE RECORDS

As an applicant you will need to:

- **Demonstrate that you make appropriate referrals as well as keeping clear and legible records.**

You should show that you provide a good standard of practice and care by making appropriate referrals to colleagues and promptly providing or arranging suitable treatment as appropriate. You should also show that the documentation you produce to record your work is clear, accurate and legible.

Evidence

The evidence you should submit to show your competence in this area might include:

- Patient referral letters.
- Patient handover letters.
- Appraisals.
- Multi-Disciplinary Meeting participation and attendance.
- Testimonials/recommendations from colleagues.

DOMAIN 2 - SAFETY AND QUALITY

According to the GMC this domain carries approximately 20% weight of the complete evaluation. It includes:

- Audit, service improvement, clinical governance and risk management.
- Personal appraisal.
- Patient safety.
- Own health.

AUDIT

As an applicant you will need to:

- **Provide specific and broad evidence of audit, including reference to a full cycle of audit which includes re-audit.**

You should take part in regular and systematic medical and clinical audits and re-audits, recording data honestly and, where necessary, responding to audit findings in order to improve practice. The different curriculums have different requirements for audit and you should check with the relevant curriculum and Guidance for CCT to find out what you need to present for your specialty.

Evidence

You should provide evidence of your recent role in complete audit cycles, including the development of conclusions, changes needed for improvement and implementation of findings. You should provide evidence of a re-audit to identify whether changes in practice were needed and, if so, to assess the effectiveness of those changes. Emphasis will be placed on your role in the audit and more weight will be given to audits completed within the last five years.

The evidence expected from you is a written-up case study or a presentation of the whole audit, with examples of medical and clinical audit activity including outcomes where appropriate. If you are submitting presentation slides as evidence, your role in the audit should be clear and you should ensure that the presentation is dated.

GOVERNANCE

As an applicant you will need to:

- **Demonstrate that your exposure to management issues, contract issues, rotas and budgeting for a department.**

This usually comes in the form of involvement in participation in Multi-Disciplinary Team meetings, Clinical Governance activity, management courses, organising rotas and work schedules.

Evidence

The evidence you should submit to show your competence in this area might include:

- Participation in Service Improvement meetings (meeting invitations, agendas, minutes, etc.).
- Participation in Multi-Disciplinary Team meetings (MDTs) (meeting invitations, agendas, minutes, etc.).
- Participation in Clinical Governance meetings (meeting invitations, agendas, minutes, etc.).
- Attendance at Clinical Governance courses; you should demonstrate a knowledge of governance in the NHS.
- Budgetary activities.
- Organisation of rotas and work schedules.
- Acting as a trainee representative.
- Membership of working party.

APPRAISAL

As an applicant you will need to:

- **Demonstrate that your practise has been examined and that you have used this process as a continuous development tool.**

The standard way for you to do this is through participation and engagement in structured appraisals. Appraisals should also include a personal development plan (PDP) and you should submit any PDPs along with your appraisal documentation.

Evidence

You should submit at least two yearly appraisals and we suggest that one of those should be your most recent one. Please note, retrospectively constructed appraisals will hold no value.

If you have been in structured training in the UK then you should also submit any RITAs or ARCPs as these will also demonstrate your competence in this criterion.

If you are working outside the NHS and your current role does not involve participation in structured yearly appraisals with PDPs then you should provide alternative evidence that demonstrates examination of your practise which results in personal development, e.g. a letter from your supervisor. It is worth bearing in mind that you still need to show equivalence and this will be difficult to demonstrate without participating in a structured appraisal system.

SAFETY

As an applicant you will need to:

- **Demonstrate that you promptly and appropriately respond to risks to safety**

You need to show that you promote and encourage a culture that allows all staff to raise concerns openly and safely, take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised as well as considering the needs and welfare of vulnerable people.

Evidence

The evidence you should submit to show your competence in this area might include:

- Attendance at appropriate course (e.g. infection control, safeguarding vulnerable adults, safeguarding vulnerable children, etc.).
- Involvement in infection control (e.g. membership of committees etc.).
- Logbook information on infections.
- Audit on infections and subsequent changes in activity.
- Creating guidance to protect patient safety and putting that guidance in place.
- Participation in Morbidity and Mortality meetings (invitations to meetings, agendas, minutes, presentations, etc.).

OWN HEALTH

As an applicant you will need to:

- **Demonstrate that you protect patients and colleagues from any risk posed by your own health.**

You should demonstrate that if there have been any risks to others posed by your own health, you have taken appropriate action and/or would do so if this were to happen in the future e.g. if your judgment could be affected by a condition or its treatment, you should consult a suitably qualified colleague, follow their advice and make appropriate changes.

Evidence

The evidence you should submit to show your competence in this area might include:

- A declaration of health.
- Appraisals.
- Immunisation record.
- Health assessments.

DOMAIN 3- COMMUNICATION, PARTNERSHIP AND TEAMWORK

According to the GMC this domain carries approximately 5% weight (combined with domain 4) of the complete evaluation. It includes:

- Communication with patients.
- Communication with colleagues.
- Teamwork.
- Leadership.

COMMUNICATION WITH PATIENTS

As an applicant you will need to:

- **Demonstrate that you can communicate effectively with patients and build effective relationships with patients and families.**

You should include evidence of your competence in this area. Examples of what you will need to demonstrate include: keeping patients informed about the progress of their care, establishing and maintaining partnerships with patients, obtaining appropriate consent and encouraging patients to take an interest in their own health.

Evidence

The evidence you should submit to show your competence in this area may also be applicable to other areas of your application (i.e. in the other domains) so the evidence for this section may be cross-referenced from throughout the rest of your application. The evidence you should consider providing for this criterion could include:

- 360° Feedback/ Multisource Feedback (MSF).
- Comments in appraisals/performance reviews.
- Patient satisfaction surveys.
- 'Thank you' letters/cards from patients and families.

- Letters to patients.
- Training on “Effective Communication”, “Informed Consent”, “Mental Capacity”, etc.
- Testimonials from colleagues.

COMMUNICATION WITH COLLEAGUES

As an applicant you will need to:

- **Demonstrate that you can communicate effectively with colleagues.**

You should be able to provide evidence of your interpersonal skills which enable you to develop and maintain productive working relationships within the healthcare team and with wider multidisciplinary agencies.

Evidence

You will find that as before much of the evidence in this area may have already been submitted in other areas of your application and will need to be cross-referenced. The evidence you should consider submitting for this criterion should include:

- Patient handovers/referrals to colleagues.
- 360° appraisals (Mini PATs) and Multisource Feedback.
- Testimonials or recommendations from colleagues.
- Training on “Effective Communication”.
- ‘Thank you’ cards/ letters from colleagues.
- Attendance and participation in MDT meetings.

TEAMWORK AND LEADERSHIP

As an applicant you will need to:

- **Demonstrate that you can build partnerships and work well in a team with colleagues in both clinical and management situations.**

In particular, you will need to show that you work constructively with colleagues by supporting them, delegating effectively, acting as a positive role model and providing effective leadership.

Evidence

You will find that as before much of the evidence in this area may have already been submitted in other areas of your application and will need to be cross-referenced. You should note that some of the curricula require a management in the NHS course. The evidence you should consider submitting for this criterion should include:

- Patient handovers/referrals to colleagues.
- 360° appraisals (Mini PATs) and Multisource Feedback.
- Testimonials or recommendations from colleagues.
- Participation in directorate and management meetings.
- Chairing meetings and leading projects.
- Job plans which indicate leadership and/or management duties.
- Leadership and Management training courses.

DOMAIN 4- MAINTAINING TRUST

According to the GMC this domain carries approximately 5% weight (combined with domain 3) of the complete evaluation. It includes:

- Respect for patients and colleagues.
- Probity.

RESPECT FOR PATIENTS AND COLLEAGUES

As an applicant you will need to:

- **Demonstrate that you treat patients and colleagues fairly and without discrimination.**

You should provide evidence that shows you can building relationships of trust with patients and families, maintain confidentiality, respond appropriately to complaints as well as giving fair assessments appraisals & feedback. You should also demonstrate your knowledge of legislation and understanding issues surrounding equality and diversity.

Evidence

As with domain three, the evidence you should submit to show your competence in this area may also be applicable to other areas of your application (i.e. in the previous domains) so the evidence for this section may be cross-referenced from throughout the rest of your application. The evidence you should consider providing for this criterion could include:

- 'Thank you' letters/cards from patients and colleagues.
- Appraisals.
- 360° appraisal and multisource feedback.
- Attendance at relevant courses e.g. information governance and confidentiality.
- Equality and diversity training.
- Undertaking appraisal and assessment of others.
- Examples of complaint management.

You should be careful not to breach patient or colleague confidentiality in your evidence; please refer to the GMC guidance on [anonymising evidence](#) before you submit your application.

PROBITY

As an applicant you will need to:

- **Demonstrate that you act with honesty and integrity.**

You should provide evidence that show there is no cause for concern with regards to your probity.

Evidence

With regards to probity, the GMC have confirmed “*having current GMC registration with a licence or overseas current registration, together with the declarations in the application form can be acceptable evidence*”. There is however further evidence you can also consider providing for this criterion, this could include:

- Any details of gaining ethics committee approval.
- Appraisals.
- Having no restrictions on your registration (UK-based doctors).
- Certificate of Good Standing (overseas-based doctors).

WHAT HAPPENS NEXT

Once we have made our evaluation of your application, we will return it to the GMC to take into account when making their decision. When the GMC issues their decision, they will include the JCST evaluation with their decision letter for your information. It will contain the JCST evaluators' comments and highlight in which areas you have/have not demonstrated your equivalence. Where necessary it will also provide recommendations on how you can demonstrate your equivalence in the areas where you have fallen short.

REVIEWS

Following an unsuccessful application, you can apply for a review within 12 months of receiving your decision from the GMC. You can apply for a review of the GMC's decision on the grounds that:

- You now have additional evidence to submit that addresses the areas of your application in which you were previously unsuccessful i.e. evidence which addresses the recommendations made.

- You believe that there has been a procedural error or unfairness in the processing of your original application.

Please refer to the [GMC guidance](#) for further information on applying for a review.

RE-APPLICATIONS

The GMC closed the option to apply for a re-application on 1st May 2014. Only those applicants who received their original decisions on or before the 30th April 2014 are still eligible to make re-applications. There are very few applicants left who are eligible to apply for a re-application.

If you are eligible to re-apply, you must be aware that not only will you be required to show that you have addressed the GMC's recommendations made in your original application or review; but also that you have maintained your knowledge, skills and experience since your original application. Please note that you will be assessed against the curriculum current at time of re-application. If there has been a new curriculum introduced, you will be required to show that you have addressed any changes.

CESR IN A NON-CCT SPECIALTY

To be able to apply you must have either a specialist qualification in a non-CCT specialty gained **outside the UK** or 6 months specialist training in a non-CCT specialty again gained **outside the UK**.

The standard you are being compared with is:

Consistent with practice as a consultant in any of the UK health services for the purposes of article 8(3) of the 2010 Order.

What is a non-CCT specialty?

In terms of the 'non-CCT specialty', it has to exist as a specialty somewhere in the world and should be covered by a distinct part of the GMC approved parent curriculum. The GMC Guidance also states that it must not be a specialty listed in the GMC list of approved specialties.

The GMC have said that they would not accept a specialty that was too narrow. An example of a non CCT specialty which was too narrow was trauma and orthopaedic oncology.

Examples of non-CCT specialties where applications have been approved are Cardiac surgery, Transplant surgery, Paediatric Trauma and Orthopaedics and Breast Surgery.

CONTACTS

If you have any questions, please do not hesitate to contact the JCST office.

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