

ELIGIBILITY FOR SPECIALIST REGISTRATION (CESR)

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

January 2021

GUIDANCE
FOR
APPLICANTS

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HISTORY

Applications are now referred to as Certificates of Eligibility for Specialist Registration (CESRs). 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.

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 apply 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 sets out the evidence that the JCST evaluators are looking for and what you will need to provide to show equivalence.

STANDARD

To apply, you will need either to have a specialist qualification or to 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 Post-graduate 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.

CESR applications focus on evidence from the six years prior to the application, so that the GMC and Royal College assessors can be assured that the applicant is fully competent in all curricula requirements at the point that they are entered onto the Specialist Register.

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](#) and their accompanying document the [Certification Guidelines](#) in your specialty or if you applying under the August 2021 curriculum section 5.4 of that curriculum headed Completion of Training; 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 a completely paper-based process, it is important to think about the evidence you present. You should also bear in mind that the GMC evaluation will focus on the last 6 years prior to the application. 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 speciality.
- 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.

If you are applying under the August 2021 curriculum you should not use the ISCP version of the multiple consultant report (MCR) but instead use the version on the JCST website.

APPLICATION TIPS

Before applying:

- Take time to read the [GMC guidance](#) in particular the [Specialty Specific Guidance](#) as the GMC application form is based on this.
- Remember to refer to the [CCT Curriculum](#) and [Certification Guidelines](#) in place at the time you make your application or if you are applying using the August 2021 curriculum section 5.4 *Completion of training*.
- Find a 'supervisor' or 'critical friend'. Discuss your CESR application with them - be very clear/think hard about the evidence that you need; this could be part of a 'learning agreement'.
- Contact the CESR team at JCST - it will help if you think about what you want to ask before calling.

Note: JCST cannot do a pre-application assessment.

Throughout the application process, you should:

- Anonymise your evidence appropriately; please refer to [GMC How to Anonymise Evidence](#).
- Validate your evidence appropriately; please refer to the [GMC Verification 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 (eg. audit presentations/reports, research, 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. It is important to make sure that the information summarised in your CV corresponds with the primary evidence that you submit'

Final check before submission (Common reasons for failure)

- **Knowledge:** If you are submitting alternative evidence to the FRCS have you clearly shown how your evidence maps to the UK curriculum?
- **Skills & Experience:** Have you demonstrated the required number of procedures and provided the required numbers of Workplace Based Assessments?
- **Research:** Have you provided the required number and types of publications and presentations? Have you provided evidence of a GCP course and/or a Research Methodology course, if required?
- **Teaching & Training:** Does your training course cover the curriculum requirements? If unclear, send a copy of the programme to assist the evaluators.
- **Audit:** Have you included the required numbers, including an example of closure of the audit loop and, if appropriate, an audit of personal outcomes?
- **Governance:** Does your course cover Management Aspects of the NHS Structure as well as leadership? If unclear, send a copy of the programme to assist the evaluators.

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.

If you provide a portfolio of knowledge, you will need to map the evidence against the curriculum for that specialty. You will need to show how the individual elements of your portfolio combine to demonstrate equivalent knowledge across the whole curriculum. The onus is on you to provide this mapping exercise.

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 or tests of knowledge including overseas qualifications. You will need to provide a certificate of success and you should supply the relevant syllabus/ curriculum and show what the qualification tests and how it tests. You will also need to provide information on standard setting, examiner selection, examiner training, and number of examiners, quality control, and validation of questions. You should provide this in a clear format and it needs to be the curriculum from when you undertook the qualification. 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 Joint Surgical Colleges Fellowship Examination (JSCFE) is not the test of knowledge set out in the curriculum and on its own does not show knowledge equivalent to the curriculum. The European Board examinations (eg. FEBU and FEBVS) are not equivalent on their own.
- 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.

You must list any failed attempts at the FRCS where you have not subsequently been successful.

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 current 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 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 (eg. assisting, you as the surgeon, assisted by a trainer), and the outcome/any complication.

You should provide consolidation sheet in the eLogbook format for the last 6 years by:

- operation group; and
- SAC indicative procedures.

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, eg. assisting, you as the surgeon, assisted by a trainer.

If you do not provide consolidation sheets in this format, it may not be possible to perform a proper evaluation of your skills and experience.

The evaluators will be looking for evidence of your current competence and experience, which is why reports need to cover the last 6 years only. If you provide logbooks and consolidation sheets for longer, these should be in addition to and separate from the above.

Your logbooks and consolidation sheets must also be correctly verified. Please refer to GMC Verification Guidance for how.

Assessments

An important part of your evidence is being able to demonstrate how you perform. The way of doing this, as set out in the curriculum, is by work-based assessments (WBAs). The Intercollegiate Surgical Curriculum Programme (ISCP) has published guidance on [Good Practice on the use of WBAs](#).

The following is a list of types of WBAs:

- Procedure-Based Assessment (PBA).
- Case-Based Discussion (CBD).
- Clinical Evaluation Exercise (CEX).
- Direct Observation of Procedural Skills in Surgery (DOPS).

These are available for use by those who are not in training.

You should provide WBAs, especially CBDs and PBAs, for the main topics and procedures across the full breadth of the curriculum. The curriculum contains key topics, index procedures and other operations to guide you in what to cover. The Guidelines for CCT for your specialty will give more details.

WBAs should be sufficiently frequent to be able to demonstrate progress and should be undertaken with different assessors in different settings on a variety of patients. **WBAs completed retrospectively will hold no weight.**

It is very important that your WBAs are as meaningful as possible and therefore they should show evidence of feedback and guidance. They should include comments from your assessors and, where appropriate, demonstrate reflection by you. Block entries of 'satisfactory' are not acceptable.

You are strongly advised to undertake WBAs, and when you are preparing your application should think about how to facilitate this.

If you are unable to provide WBAs, it may be possible to provide other evidence of ongoing evaluation of your performance. This may take the format of assessment of procedures by your department head or line manager (clinical director, medical director, professor). You should ensure that they provide evidence of competence across the depth and breadth of the curriculum. However, as WBAs are required by the curricula, it will be very difficult to show satisfactory evidence of performance without them.

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, eg. three peer-reviewed papers (not case reports) published in a PubMed indexed journal and three presentations at national or international meetings. You will need to check the relevant [CCT Curriculum](#), and Guidelines for Certification for your specialty.

You will also need to provide a Good Clinical Practice (GCP) course in Research Governance and a research methodologies course.

It is important to submit evidence where your contribution has been significant, for example, first-author publications (not case reports or letters) 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. Your role in the publication or presentation should be clear.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

As an applicant, you will need to:

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

You should provide a variety of CPD to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialized, evidence of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.

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, eg. some specialties require up to date Advanced Trauma Life Support (ATLS) qualification, courses on Management and Leadership in the UK Health Services or attendance at professional meetings. One course could satisfy the requirements for management and leadership provided the course gives evidence of both leadership and specific management in the UK health services. You should provide evidence of the course content. For full details you should refer to the [CCT Curriculum](#), and [Certification Guidelines](#) for your specialty.

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 the specialty.**

Evidence

Teaching and Training

You will need to submit primary evidence of your participation in teaching and training others; evidence in this section should include:

- Training the Trainers course or equivalent. (An equivalent course to Training the Trainers course would be one covering educational theory underpinning adult learning, application to surgery, teaching methods, assessment principles.) You should provide the syllabus and details.
- A variety of written structured feedback from those taught.
- Teaching timetables (no more than 3).
- Lecture slides-details of lectures (no more than 3).
- Evidence of carrying out assessment and appraisal of junior colleagues - this could include assessing WBAS, taking part in appointments.

For full details, you should refer to [CCT Curriculum](#), and [Certification Guidelines](#) for your specialty.

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 and governance.
- Appraisal.
- Reflection.
- 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.**

For full details of how many audits to provide you should refer to the [CCT Curriculum](#), and [Certification Guidelines](#) 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 6 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 (MDT) meetings, clinical governance activity, management courses, organising rotas, and work schedules. You also need to demonstrate knowledge of governance in the UK Health Services and complete a management in the NHS course.

Evidence

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

- Management in UK Health Services course.
- Participation in service improvement meetings (meeting invitations, agendas, minutes).
- Participation in multi-disciplinary team meetings (MDTs) (meeting invitations, agendas, minutes).
- Participation in clinical governance meetings (meeting invitations, agendas, minutes).
- Budgetary activities.
- Organisation of rotas and work schedules.
- Membership of working party.

In these cases, your role should be made clear.

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 relevant PDPs along with your appraisal documentation.

Evidence

You should submit at least three full cycles of recent appraisals and PDPs. Please note, retrospectively constructed appraisals will hold no value.

If you are working outside the NHS and your current role does not involve participation in structured yearly appraisals with PDPs, you should provide alternative evidence that demonstrates examination of your practise, which results in personal development, eg. 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, which 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 (eg. infection control, safeguarding vulnerable adults, safeguarding vulnerable children, etc).
- Involvement in infection control (eg. membership of committees etc).
- Audit on infections and subsequent changes in activity.
- Creating guidance to protect patient safety and putting that guidance in place.

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, eg. 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.
- 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.

Evidence of reflection will provide valuable evidence for Domains 3 and 4. The Academy of Medical Royal Colleges and COPMeD [Reflective Practice Toolkit](#) gives advice about reflection.

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 (ie. in the other domains) so you may cross-reference the evidence for this section from throughout the rest of your application. The evidence you should consider providing for this criterion could include:

- Course certificates, including patient confidentiality, data protection and information governance, equality and diversity.
- 360° feedback/ multi-source feedback (MSF).
- Comments in appraisals/performance reviews.
- Patient satisfaction surveys.
- 'Thank you' letters/cards from patients and families.
- Correspondence with patients.
- Examples of complaints handling.
- Evidence of reflection-reflective notes and diaries. The Academy and COPMeD [Reflective Practice Toolkit](#) gives advice about reflection.
- Training on 'Effective Communication', 'Informed Consent', 'Mental Capacity', etc.
- Structured reports.
- 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 multi-disciplinary 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.
- Course certificates, including patient confidentiality, data protection and information governance, equality and diversity.
- Discharge summaries.

- Correspondence with colleagues demonstrating collaboration over management of patient care across multi-disciplinary teams.
- 360° appraisals (Mini PATs) and multi-source 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 you will need to cross-reference it. You should note that some of the curricula require a leadership course. The evidence you should consider submitting for this criterion should include:

- Patient handovers/referrals to colleagues.
- 360° appraisals (Mini PATs) and multi-source 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.

Evidence of reflection will provide valuable evidence for Domains 3 and 4. The Academy of Medical Royal Colleges and COPMed [Reflective Practice Toolkit](#) gives advice about reflection.

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 building relationships of trust with patients and families, maintaining confidentiality, responding appropriately to complaints, as well as giving fair assessments appraisals and feedback. You should also demonstrate your knowledge of legislation and understanding of 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 (ie. in the previous domains) so you may cross-reference the evidence for this section 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 multi-source feedback.
- Attendance at relevant courses, eg. information governance and confidentiality.
- Equality and diversity training.
- Undertaking appraisal and assessment of others.
- Reflective notes.
- Examples of complaint management.

You should be careful not breach patient or colleague confidentiality in your evidence; please refer to the GMC guidance [GMC How to Anonymise Evidence](#).

PROBITY

As an applicant, you will need to:

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

You should provide evidence that shows there is no cause for concern about your probity.

Evidence

With regard 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; ie. 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.

CESR IN A NON-CCT SPECIALTY

To be able to apply for CESR in a non CCT specialty, 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 non-CCT specialty must be consistent with practice in the UK Health Services. The GMC Guidance 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 that 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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