

FAQ's on applying to the Specialist Register for Palliative Medicine under Article 14 (CESR) route

1. What essential equivalent experience do I need to have to be able to apply for a CESR? (Certificate of Eligibility for Specialist Registration)

You need to provide evidence to show that you have a *“combination of training, qualifications and experience, which taken together, are equivalent to the current standard required for award of a CCT in palliative medicine on the date of application.”*

Please remember that this includes the entire curriculum, from the end of Foundation Training (or house jobs), so your core training is included in this. You will need to read the whole curriculum very carefully, not just the syllabus grids. This outlines the experience that you will need, including minimum times spent in different care settings. The GMC states that you will be assessed against the curriculum in place at the time you submit your application, so currently that is the 2010 curriculum.

2. If I lack any part of this essential experience, do I have any other options?

Your experience does not need to be in training posts or training organisations and you can obtain it in unconventional ways. For example, if you lack general and acute medical experience, you would need to provide good evidence that you are competent to diagnose and manage patients presenting with these types of problems - equivalent to that expected of a CCT holder.

3. Do I need an MRCP(UK) or MRCGP to apply?

No you do not need either of these qualifications, although if you had one or other of them, they would provide good evidence as part of your portfolio for the areas they cover. For example, MRCP(UK) is considered the knowledge test for successful completion of Core Medical Training. If you have done medical jobs without obtaining the MRCP(UK), you need to provide alternative evidence that your knowledge and clinical skills are equivalent.

Before you can be considered for a CESR however, you do need either a minimum of 6 months specialist training (not core training) or a qualification in palliative medicine in order to be eligible to apply. Examples of suitable qualifications include the Specialty Certificate Exam (SCE) in palliative medicine or a Diploma in Palliative Medicine. Postgraduate qualifications in palliative **care** will need to be assessed individually to check that the modules taken represent a qualification in palliative medicine.

4. What experience in Palliative Care do I need?

Please check the curriculum carefully for a full list. You will need experience of delivering palliative medicine as part of a full MDT in all care settings - home, hospice and hospital (DGH and cancer centre/unit). There is a core list in section 4.1 of the 2010 curriculum.

5. Does this experience need to be with more than one consultant and in different palliative medicine environments?

Different palliative medicine environments are essential, as outlined before. Ideally they would include more than one consultant as this strengthens your evidence. In any case, you will need to provide the names of 5 referees who can write in detail about your practice. We would advise that one of those could be a senior nurse who can attest to your communication skills, team working, management skills etc. The rest should be as follows:

- Your medical director or equivalent (this should be a medical manager who may not necessarily be in palliative medicine, but would have access to your appraisals or know if there have been any concerns about your practice. This person may be your responsible officer for revalidation purposes)
- Two current (or at least within 5 years) colleagues who are consultants in palliative medicine
- Your most recent training supervisor, or someone who can write in detail about your training (this is relevant even if it was more than 5 years ago)

The JRCPTB also advise that an FRCP holder or equivalent is included who may be in a closely related specialty such as oncology. They must be able to comment from direct experience of working with you.

6. Can I use an e portfolio as evidence to support my CESR application?

You can sign up to use an ePortfolio and record your competencies, but be aware that the GMC currently requires evidence to be submitted in paper format so you would need to print the summary reviews and workplace based assessments.

7. Is there a time limit over which the evidence needs to be gathered?

There is no set time over which you need to collect the information, however once the application is first opened with the GMC they expect all the evidence to be finalised and submitted within 90 days – please see the GMC website for exact details on their administration of the CESR process.

8. With the advent of a palliative medicine exit exam will this be a part of obtaining a CESR?

No specific exam is required for CESR. However, you are required to provide detailed evidence, and the SCE in palliative medicine is an excellent way of providing evidence against a substantial part of the curriculum. It will be quite difficult to provide equivalent evidence any other way, so applicants are strongly advised to pass the exam.

9. If I pass the SCE exam can I bypass the rest of the CESR route to obtain a certificate?

The SCE provides good evidence of your knowledge and applied knowledge in defined parts of the curriculum. These are outlined in the curriculum itself where the SCE is listed against the competencies. However, it does not cover every aspect of the syllabus, and you will still need to provide other appropriate evidence. In addition, it does not override other aspects of the curriculum that describe the experience that you would need.

10. Where can the full curriculum for obtaining a CESR be accessed?

[2010 Palliative medicine curriculum](#)

11. Is there anyone I can contact to ask specific questions about CESR application?

The GMC provide helpful generic guidance on the administrative process and what counts as specialist qualifications to meet the eligibility criteria.

Stephen Beglan at the JRCPTB is very experienced and helpful and will advise on details of the process and collecting/collating/ presenting evidence.

There are also a number of CESR evaluators in palliative medicine who can give advice. You can find out who these are through your local head of specialty training, or contact me as SAC chair.

Fiona Hicks, Chair of Specialist Advisory Committee for Palliative Medicine, March 2012