Association for
Palliative Medicine

Tel: 01489 668332
Email: office@compleat-online.co.uk
Website: www.apmonline.org

FREQUENTLY ASKED QUESTIONS REGARDING PALLIATIVE CARE CESR APPLICATION

From information from the Chair and other members of the Speciality Advisory committee

APPLICATION

What is the final date for applications for single accreditation CESR to be made? – *uploaded by the 30 October 2024*

This is under review but there is no further advice regarding this. Will be updated when this information is available

What curriculum will be used to assess a single accreditation CESR? – *this will be the 2010 (2014 amendments) curriculum*

All CESR applications after October 2024 will be against the 2022 curriculum, i.e. dual training in Palliative Medicine and Internal Medicine

How will I know if I am eligible to apply? – *review the details in the specific guidance. If unsure then please contact your regional Training Programme Director (listed with the guidance)*

How will I know if I have had enough general medical experience to meet the eligibility criteria? *Contact your training programme director and they can review this with you*

ASSESSMENT PROCESS

The standard the applicant must meet is that they have the 'knowledge, skills and experience' expected to be on the specialist register and work as a consultant

The language of assessment has also changed from talking about competence to capabilities in practice (these are high level learning outcomes) and meeting every competence or requirement from the 2010 curriculum is no longer required

Who will assess my application? *A panel of assessors, usually current or recent members of the SAC, with up to date knowledge of the CESR process, training and the curriculum, including the standards expected for doctors to be on the specialist register*

How long will it take to assess my application? – *should be around three months. The assessment panel will write a report after reviewing all of your evidence, which is sent to the GMC who then will inform you of the outcome*

EVIDENCE

This will need to be submitted against the GMC domains

Domain 1 knowledge, skills and performance (largest amount of information)

Domain 2 safety and quality

Domain 3 communication, partnership and teamwork

Domain 4 maintaining trust

Do I have to use evidence from just the last 5 years? - *This was previously the case, but there is now more flexibility regarding this. More weight will be given to the more recent evidence.*
What will assist is showing the maintenance of skills, knowledge and performance in current practice

Do I have to complete the same number of supervised learning events (SLE) such as DOPs, mini CEX, CBD as a specialist trainee does? *– no it is not about numbers, but about using the assessments to show you are working at the level of a consultant*

How important are the structured reports? *– very important, these should be written, so the author assesses against the curriculum and can comment on whether the applicant is working independently across the domains, at the level expected of a consultant. The people you ask to complete structured reports should have experience of working with you currently or the very recent past. Most structured reports will come from consultants, but reports from senior nursing or AHP staff can provide helpful supporting information, although they will not be able to comment on all aspects of the domains. The assessors want to get feedback on whether the applicant has the knowledge, skills and attitudes and is able to work at the level of a consultant?*

Do I have to take the SCE Examination? - *No this is not mandated but it is helpful to demonstrate the required level of medical and specialist knowledge*

DOMAIN ONE

Candidates should provide evidence of working as a senior clinician in an inpatient unit, home/ outpatient/ community and hospital environments

Candidates do not need to have worked on multiple sites and it is recognised that this is often unrealistic. They must demonstrate capability across all care settings. Experience of NHS and third sector services is ideal.

Candidates may choose to demonstrate capability in specific areas of the curriculum from attendance at specialist clinics or via attachments to services such as oncology and pain. These are not mandated – candidates can demonstrate capability across the range of curriculum outcomes in a number of ways. Discussion with a supervisor and the local training programme director can help to identify gaps in knowledge and experience, such that bespoke programmes can be agreed for applicants.
How much evidence should I put in the application? – *there is no set amount of information to include. It should show that you are or capable or working at the level of a consultant.*

What evidence should I include? – *all clinical information must be redacted! Evidence should be focused and relevant and should be:*

CLINICAL

Samples of personal clinical activity (home visits, ward rounds, clinics, telephone advice). If possible, put in the context of the service you work in. for example managing 5 patients on a ward round of 12 inpatients weekly or twice weekly. Service level data (no. referrals/ beds etc.) can provide useful context for the setting.

The samples could include patient lists from all sectors and highlight the applicant's clinical practice (e.g. details of case, an assessment of the main issues and summary of applicants recommendations/ actions and outcome)

Also include clinical correspondence, e.g. referral/ discharge/ bereavement letters, clinical emails, summaries of best interest or complex patient meetings – these give assessors a sense of the level an applicant is working at and the complexity of their practice

Job plans and descriptions, rotas showing your role

Multisource feedback, testimonial letters

Do I have to complete all the DOPS assessments? – *no but you should have evidence of capability for the mandated practical procedures in the curriculum, including via appraisals and structured reports. Attendance at Sim training days is also useful*

RESEARCH

Evidence can include:

Attendance at courses on research and reflection

Evidence of engagement n in research or quality improvement – e.g. helping design study or supporting literature, IRAS process, recruiting patients, supporting recruitment, participating in writing up

Literature reviews for clinical guideline development

Involvement in research meetings and journal clubs

PRFESSIONAL DEVELOPMENT

CPD diaries with reflection on learning events

Learning should cover all of the domains of practice,

Should show maintenance of earlier achieved capabilities

Certificates of courses focused at working at a senior level

TEACHING

Are you involved in teaching and training? Examples of range of teaching/ different audiences and feedback from teaching

Teaching observations

Teaching evaluation

Formal training in teaching and use in practice

Evidence of formal teaching role and/ or course organisation

Training as a clinical or educational supervisor

RECORD KEEPING

Show redacted clinical referral letters, discharge summaries, outpatient, home visit letters

Redacted inpatient reviews

DOMAIN TWO

This should show evidence in participation in quality improvement processes

Chairing governance meetings – use of minutes and what you have completed from those meetings

Include annual appraisal information and evidence of mandatory training – infection control, safeguarding etc

Evidence of involvement in audit (GMC ask for completion of an audit loop – need to at a min demonstrate involvement in audit cycle)

Evidence of involvement in and review of clinical guidelines

DOMAIN THREE

Use evidence from appraisals and revalidation

Patient feedback, multisource feedback

Attendance and engagement at MDT and management meetings

DOMAIN FOUR

This should include patient and multisource feedback

Evidence of dealing with complaints and learning from these

Participation in appraisals

Author: Dr Helen Bonwick

Review Date: October 2024