



# **CESR Guidance Framework for Dermatologists**

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*\* The CESR application process is individual and will vary depending on the applicant's experience and the curriculum that it is measured against. These examples have been provided as guidance, but each application is unique and will be assessed on its own merit.*

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## **Before sending off your application, check you have done the following**

- Used the GMC structured CV template
- Employment dates are identical to those dates on your CV
- Taken time and care with presentation / organisation of evidence (e.g. use the GMC dividers and cross reference to other sections where needed)
- Made sure all pages are numbered
- Made sure you have 4 appropriate referees, with whom you have discussed the report that they will need to write, with reminders and suggestions of how they can best support your application
- Removed all patient /relative and any colleague / trainee details, ensuring that have been anonymised (wax crayon), except Date of Birth and gender, which are permitted
- All necessary pages are signed and stamped by someone in a supervisory capacity, at the place at which the event took place.
- Provided evidence for CMT competencies
- Demonstrated competency equivalent to the Pre-CCT Dermatology curriculum 2010 (updated 2012)
- Primary evidence such as work-place based assessments, completion of the specialty certificate examination, audits which you have designed, completed and presented, clinic lists, items of correspondence between yourself and colleagues, cases presented at multi-disciplinary team meetings where possible have been submitted, rather than relying on secondary evidence.
- Provided evidence of WPBAs sampling the whole curriculum. Do not forget to include evidence of experience of the more specialised areas e.g. Such as indications for Moh's micrographicsurgery; psychodermatology, prick testing, Oncology, GU medicine, Lasers and cosmetic dermatology, management,
- Provided 4 audits including at least one full audit loop against national standards for both medical dermatology and skin cancer e.g. treatment of non-melanocytic skin cancer, management of atopic eczema, psoriasis, prescription of biological therapies for the treatment of psoriasis etc.
- Provided evidence of clinical practice that is mainly within the last 5 years
- Demonstrated knowledge of working in the UK and particularly in the NHS
- Provided evidence of teaching, assessing and training of others

- Provided evidence of regular appraisal
- Provided evidence of patient survey and a 360 degree collegial feedback

## Background and Getting Started with the CESR Application

### What is the GMC Dermatology Specialist Register?

This is the GMC Quality Assurance Framework, which recognises and lists Dermatologists who have achieved the appropriate knowledge, skills and experience as detailed in the current GMC-approved Dermatology Curriculum. There are three routes for entry onto the Dermatology Specialist Register: through Certificate of Completion of Training (CCT); through Certificate of Eligibility for Specialist Registration via the Combined Programme (CESR CP); or through the Certificate of Eligibility for Specialist Registration (CESR). Entry onto the Specialist Register in Dermatology is a requirement to obtain a substantive NHS consultant post and in many cases reimbursement from private insurance companies.

### What is CCT?

This has been awarded by the GMC from April 2010 onwards, to doctors in training who satisfactorily complete their training in a GMC-approved Dermatology training programme and fulfil the approved curriculum.

### What is CESR CP?

The CESR Combined Programme is applicable to those trainees who have been appointed to a GMC-approved Dermatology training programme above the usual entry point, and who successfully complete the rest of the programme.

### What is CESR?

CESR is the Certificate of Eligibility for Specialist Registration. Doctors who have the knowledge, skills and experience in Dermatology, but have gained these outside of a GMC-approved training programme may apply for entry onto the Specialist Register via the CESR route. It is equivalent to CCT and certifies that the recipient has all the competences detailed in the GMC-approved Dermatology curriculum, indicating eligibility for entry onto the Specialist Register. CESR was formerly known as Article 14.

### Who can apply for a CESR?

Any doctor from the UK or overseas with Dermatology experience who believes he/she is able to demonstrate equivalent knowledge, skills and experience compatible with the GMC-approved Dermatology Curriculum. This includes the Generic Progressive, Dermatology Specific Progressive and

Modular elements of the syllabus ([Click here to view 2010-12 curriculum](#)). Evidence of CMT competences is also a requirement. This is easily demonstrated with MRCP but can be evidenced in other ways

### Helpful Hints

Prior to application, complete [Essential Reading Before Starting](#), and then familiarise yourself with the [UK Dermatology curriculum 2012 and the UK Dermatology assessment blueprint](#). Your application must provide evidence that you have knowledge, skills and experience in all areas. If you identify any gaps in your CV, you can address these by arranging courses, rotations or observation sessions with relevant Consultants. Be sure to gather evidence as you go along, such as Workplace Based Assessments. It is inadequate to evidence knowledge only, but skill and experience are also required.

Collect as much prospective evidence as possible. Ideally a prospective ePortfolio aligned with the CCT trainees' is best as it simplifies the collection of evidence, but may not be possible if you are already some way along with your training. You must apply to the RCP directly for an [ePortfolio](#) (current cost £169 per annum)

Evidence must include; WPBA; surgical logbooks (a surgical logbook example is available at <http://www.bsds.org.uk/resources/surgery-log-books>); clinical letters addressed to patients, GPs or other specialists (delete personal details); thank you cards from patients or colleagues; summary of cases discussed at MDT, departmental, regional or international meetings; email correspondence with colleagues or administrative staff; appraisal. Understanding the structure of the NHS and the management of local healthcare systems is a curriculum requirement. It is therefore necessary to gain NHS experience prior to application. There is no minimum time requirement but the applicant must demonstrate they have the knowledge, skills and experience in all areas of the curriculum, including clinical, managerial, education and leadership roles. Adequate demonstration is provided through evidence. Primary evidence (e.g. minutes from meetings in which actively involved) is favoured over secondary evidence. (e.g. testimonials from colleagues).

Successful candidates must complete at least two but ideally 4 audits to demonstrate experience in quality and safety and understanding of the audit cycle. Evidence of participation in clinical governance activities, statutory and mandatory training, risk management, incident reporting and assessment of trainees is also required.

Candidates must satisfy equivalence in BOTH the Core Medical Training and Dermatology Curricula.

You will need to provide the name of four referees prepared to complete a structured report about you. Ideally these should be experienced senior members of the medical profession, Consultant Dermatologists or other senior allied interface professionals such as Plastic surgeons or Oncologists who are present at the skin cancer multi-disciplinary meetings (see for more details below).

The BMA, GMC and RCP all host courses on the CESR process, which provide good information though they are generic. The BAD hosts a practical Dermatology-specific CESR Workshop, with representation from the GMC, Dermatology CESR Assessors and successful CESR applicants. It is important to have read and understood the [Essential Reading](#) prior to attendance in order to optimise the experience.

It is strongly recommended that you familiarise yourself with the CESR application form.

For guidance purposes, you can view the application form of a successful CESR applicant by clicking [here](#).

*Please note: The CESR application process is individual and will vary depending on the applicant's experience. This example of a successful application might provide you with guidance, but each application is unique and will be assessed on its own merit.*

## Frequently Asked Questions

### **The CESR process is currently under review by the GMC, will this affect my application?**

The GMC conducted a review of the CESR process in 2012 and published its findings as well as a list of 13 recommendations approved by Council.

The BMA and SASC were closely involved in this review and the BMA will be represented on the GMC Equivalence Group, which had its first meeting in July 2014. The group will be considering how to take forward the recommendations. Although changes are proposed, it will be some time before any amendments are made, so if you have an application underway or are beginning the process soon, you will not be greatly affected by these proposals.

For further information from the GMC, please visit the following links:

[GMC Review link](#)

[GMC CESR homepage](#)

[GMC link to validation & authentication of evidence](#)

### **When can I apply and what are my chances of success?**

Applications can be made as soon as an applicant is sure they have fulfilled all the relevant criteria, and feel confident that they have provided enough evidence to demonstrate this.

Approximately 50% of all applicants are successful. In the vast majority of unsuccessful cases is due to inadequate provision of sufficient information to demonstrate equivalence. Feedback will be provided in all unsuccessful cases.

There is no set quota for successful applicants, and success rate is independent of the availability of consultant posts. We would therefore strongly advise you to make sure you do not apply until you are certain you have sufficient evidence to cover all the requirements. You can increase your chances of approval by mapping the application very closely to the current Dermatology Curriculum. Primary evidence is viewed favourable compared to secondary evidence.

### **How much evidence is needed?**

You are required to submit sufficient data to evidence the knowledge, skills and experience to satisfy all curriculum competences. Remember volume of evidence is not the key, but rather demonstration of competency in all aspects of the current curriculum is required. If evidence is missing from one area of the curriculum, then your application will fail.

All the information for your application should, as a rough guide, fit inside a foolscap box file (24cmx34cmx7cm). If your application exceeds this size limit then it is likely that you are including information, which is not relevant or not helpful to your application, and it may be returned to you to reduce it.

Please do not submit originals, only copies. All copies submitted must be authenticated, anonymised and verified. If you wish to submit original signed letters as evidence then this will avoid the need for validation. However, this is considered to be at your own risk.

### **How long will it take to prepare my application?**

Proving equivalence is a complex and time consuming process and it is important that you are committed to gathering all the required evidence. This will, however, be time well spent, as a failed submission will confer further cost, both in terms of time and financially. It is not uncommon for candidates to take between 3 to 12 months to prepare their application.

### **How much does the CESR cost?**

A CESR application costs £1600. Applicants resubmitting additional documentary evidence within one year are charged £695. It will also cost £695 to have your application reviewed. A written appeal costs £1600 and an oral hearing is £2420. If you will be using e-Portfolio, the current cost is £169 per annum.

### **Who should I ask to be my referees?**

It is recommended that you provide the names and details of four referees. Providing fewer will decrease your chances of success significantly.

Your first referee **must be** your current Medical Director (or Clinical Director), and it is very important that the remaining referees are senior to you and have worked with you within the last five years.

These referees do not all have to be consultants and could be other SAS colleagues, provided that they are not junior to you. It is best to try to identify senior colleagues where possible. Try to provide as many dermatology colleagues as feasible, provided they are colleagues who have witnessed your practice—they are required to complete very detailed statements within the domains of Good Medical Practice. Other options would be consultants in other specialties who have worked closely with you, e.g. MDTs, with shared patients, or colleagues who have appraised you and can identify and confirm your skill set. If your referee has retired, remember he/she must provide evidence of your skills within the last 5 years.

**Can I access the CESR application in advance?**

Yes. It is strongly recommended that you familiarise yourself with the CESR application form. For guidance purposes, you can view the application form of two successful CESR applicants by clicking [here](#).

**Does possession of an additional degree for example Diploma Glasgow or Cardiff or Kings College help in CESR application?**

Possession of a diploma will increase your knowledge. The Specialty Certificate Exam (SCE) is the gold standard for demonstrating knowledge-based competency and is encouraged. In fact it is likely soon to be mandatory

**How many years work in NHS dermatology need before applying for CESR?**

There is no defined time period, but it must allow you to gain experience in NHS, complete at least one audit and re-audit, undergo appraisals, collect relevant evidence and work with UK colleagues who will be prepared to complete a structured report about you.

**As I am in my early sixties, I would like to know if it would be a barrier, i.e. is there an age limit to be successful entry onto the Specialist Register?**

No



### **What if my referee has retired?**

Gathering evidence from a supervisor who has retired is not an impediment as long as he/she is prepared to complete the structured report and provide other evidence you may require. Bear in mind however, that he/she must be able to provide evidence of your skills within the last 5 years.

### **Essential Reading Before Starting**

[GMC Review link](#)

[GMC CESR homepage](#)

[GMC link to validation & authentication of evidence](#)

[GMC Guidance](#)

[GMC Common Errors to Avoid](#)

[Click here for GMC Referee guidance](#)

## Core Medical Training Requirements and MRCP

Core Medical Training (CMT) is the primary entry point and initial stage of training for doctors who wish to follow a career in the medical specialities. Upon successful completion of CMT, doctors can then progress and access specialty training, which includes Dermatology.

For more information on physicianly specialties, which can be accessed via CMT, please visit the JRCPTB website at the following link: <http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/Introduction.aspx>

For guidance regarding compiling evidence of your Core Medical Training, we recommend visiting the following links:

[Core medical training and acute care](#)

[CMT procedure logbook](#)

[Quality criteria for core medical training](#)

[Summary of Clinical Activity and Teaching Attendance](#)

Consider compiling evidence using an ePortfolio. Benefits include obtaining Workplace Based Assessments (WBA) which you can be sent as an electronic ticket requests to assessors to provide primary evidence. ePortfolio allows for information and evidence, which can be uploaded and stored in the library section, as well as organised storage of your reflective practice. The current cost for an ePortfolio is £169 per annum. You can find the application form by [clicking here](#).

## Frequently Asked Questions

### What documents should be submitted as evidence for CMT equivalence?

Examples documentation to be considered includes:

1. **Testimonials from colleagues** at various levels and disciplines who have worked alongside you, or in a supervisory capacity, and can vouch for your General Medical skills and knowledge.

If you were a GP consider including statements confirming the nature of the General Practice in sites where you were a partner. Highlight responsibility for inpatients within Cottage Hospitals and any practice responsibility for medical cover in a rehabilitation facility etc.

2. **Complete CMT summary of clinical activity and teaching form**—see link above

3. **Identify copy letters from your period as a General Medical SHO**, demonstrating exposure to as many of the 'top 20' CMT presentations as possible.
4. Consider including a copy of the **RCGP practice experience questionnaire** completed as part of your MRCGP membership examination. This demonstrates examples of experience gained while on the VTS, particularly if it shows exposure to several of the 'top 20' diagnoses. This could be helpful if it shows independent working and on call & night visits exposure to patients. Evidence of direct involvement of the management in emergency medical care, not just "cold cases" in General Practice, is essential.
5. Provide examples of numerous **GP consultations** while working as a GP Principal, which specifically demonstrate experience and competency in CMT syllabus areas.
6. **Letters from more recent exposures to patients in Dermatology** while working as an SAS, which demonstrate continued skills and experience in General Medicine. This is can be triangulated and demonstrated in the OPD clinic letters that you have included as case reports.
7. **If you have obtained Dermatology qualifications abroad** and had medical post as a part of the rotation, include this either as a curriculum, details of rotation or a detailed description of your course validated by supervising consultant.
8. **Letter from supervising consultant during medical post** detailing duties undertaken and include as many as CMT presentations and procedures undertaken during the post.
9. **Copies of inpatient referral letters** received from other specialities during your Dermatology post and summary of your findings and recommendation.

### **Is submission of a large volume of data required to demonstrate equivalence of Core Medical Training?**

The volume of evidence is not as valid as quality of evidence which must cover the breadth and range of CMT competences. The clinical management of emergency and acute medical cases within Community Hospitals is useful to demonstrate skills and experience. Qualifications such as the Diploma in Child Health can evidence knowledge.

### **How to evidence core General Medical competencies**

Examples include Certificates, letters signed by supervisors, ePortfolio, WPBA, anonymised letters about patients as above.

**I was sponsored via the RCP International Sponsorship Scheme, which allowed me to gain GMC registration. One of the criteria of the scheme was to possess the knowledge, skills and experience in General Medicine at least equivalent to a UK graduate at the end of their CMT training. Would this be sufficient evidence for CMT equivalence on my CESR application?**

A document stating the criteria that possession of CMT skills and competencies is essential for enrollment in to sponsorship programme would be helpful and would provide evidence that your sponsor felt this was achieved. However, equivalence would need to be determined by the Assessors who evaluate your evidence in its entirety.

**Is MRCP a prerequisite for CESR success?**

No, it is not essential but if one has MRCP it demonstrates CMT competences.

**What is the importance of medical training and MRCP?**

Medical training is necessary to satisfy CMT requirements. There are many ways to achieve this as indicated above.

**Is MRCGP recognised or helpful?**

MRCGP provides evidence to support a CESR application and demonstrates a commitment to postgraduate education. There will be parts of the syllabus, which overlap with CMT skills and experience. Any work as a GP trainee involving admissions, or acute or emergency medical care is relevant and testimonials from supervisors could demonstrate evidence, particularly if it involved independent working.

## **Queries from Applicants Outside the UK**

**My medical training was obtained outside UK and I rotated through various specialities including Dermatology. Can this count as evidence of speciality training?**

Any experience in Dermatology can count towards evidence. The GMC website states at least 6 months of training in Dermatology is required but you will need to prove knowledge, skills and experience equivalent to a CCT trainee, which in the UK is a minimum of 4 years in teaching departments.

Any experience in other relevant speciality can count towards CMT.

**I received my qualifications outside UK. How can I evidence I have met the UK curriculum requirements, is a transcript or syllabus of my foreign training adequate?**

Every candidate needs to read the 2010 UK Dermatology Curriculum and Blueprint to use as fundamental guidance for their application. They will need to provide some form of evidence for every curriculum area and competence. Examples of evidence that can be used are listed [here](#).

Provision of the curriculum validated by an appropriate body, e.g. College or University may be helpful.

If you do not have a published curriculum, provide a detailed description of postgraduate residency training programme including eligibility criteria, details of rotation, if entry exam or exit exam, standard of examination, any research component such as thesis for MD/MSc etc. This can be in the form of a letter from Head of Department / Supervisor for Postgraduate qualifications obtained abroad.

**I started my career in dermatology in India from 2000. Apart from my formal qualification Degree Certificate, I don't have much else. What is the sort of evidence I need to produce for this?**

Collect evidence prospectively whilst in your current UK post. Examples are: logbooks; anonymised clinic letters; patients lists; data sets on your own practice; WA; "to whom it may concern" medical reports.

If there is no evidence of your past experience, then draft documents that accurately describe different aspects of your training and experience retrospectively. Ask a former colleague or supervisor to validate and sign them. Examples of these are: job descriptions; job plans; summary of management activities or quality improvement projects completed; teaching experience. You can create retrospective logbooks with cases presented at departmental, regional, or national meetings. Ask former colleagues to write testimonial letters about your training and experience.

**I have completed formal training in Dermatology at the American University of Beirut and graduated as a Specialist in Dermatology. How could I utilize this degree to endorse my CESR application?**

The Degree Certificate can be included as supporting evidence as part of your application but you must also include details of that training, in the form of prospective evidence collected at the time. If this is not available then describe and detail your training accurately and retrospectively. The process of CESR takes all evidence into account so establishing equivalence of qualification outside UK is not adequate. The Degree Certificate, curriculum for the course and details of the clinical component of the course can provide evidence. For any shortfalls in curriculum component not matched, you can provide prospective evidence from UK experience.

Qualifications obtained outside UK can be difficult to assess for equivalence. There is current work underway to create some benchmarking for more standardised foreign Dermatology post-graduate training programmes.

**My general medical training posts were over ten years ago. I did not do MRCP. I have worked exclusively in Dermatology since. A GMC advisor suggested that CMT needed to have been completed within the past 3-5 years. Is this correct?**

The 3-5 year rule for CMT competences is a recommendation but not a rigid rule. The CESR evaluator can use specialty-specific discretion though it is preferred for the dermatology evidence to be within 3-5 years. It is appreciated that established SAS doctors are unlikely to have satisfied CMT recently and this alone should not be a barrier to applying.

## Dermatology Requirement

[Click here](#) to view the dermatology curriculum and blueprint.

If you have qualification from abroad it will be very helpful to provide the curriculum of the course. For the work undertaken in UK Dermatology department, you can give a range of evidence such as:

- Annual Dermatology clinic case-load information
- Representative data set of: Patients seen in clinic with patient demographics, diagnosis and very brief management.
- Log of Dermatology Minor Operation and Procedures
- Representative data set of: Patients discussed in MDT
- Case Histories (e.g. provide evidence of 25 cases ranging from common to rare diseases and align them with curriculum competences)
- Examples of Medical Report (e.g. Child protection, Reports to DWP).
- GP referrals
- In-Patient Referrals and Ward Consultations
- Communication with Clinical Colleagues
- Letter stating attendance at Specialist Clinics

## Frequently Asked Questions

**Are there a minimum number of workplace-based assessments (WPBAs), which must be submitted?**

**Must it match the number required by CCT Trainees?**

Over their four years of training, the current specialty trainees in Dermatology are expected submit:

- 16 Surgical DOPS
- 8 Non Surgical DOPS
- 40 CBD
- 16 Mini-CEXs
- 2 MSFs

- 4 teaching observations
- 4 patient surveys

There is no set number of WPBAs required by equivalence must be demonstrated.

WPBAs, however, are an accepted and objective measure of knowledge / performance so it is important to try and include as many as possible. Incorporate them into your weekly practice. If you discuss an interesting case with a senior colleague, ask them to complete a CBD for you at that time, or if you inject a patient with intralesional triamcinolone, ask an experienced clinic nurse to complete a Non Surgical DOPS. Have the forms printed out and carry them with you for easy access and then load them onto the ePortfolio if you have one.

Other options to demonstrate knowledge, skills and experience include: submission of a series of cases evidenced in letters to GPs, strengthened with follow up letters to support correct diagnosis and outcomes if possible; and Reflective Learning after conferences.

Multi-Source Feedback (MSFs), patient surveys, and teaching observations (TOs) and feedback are required. Complete the standard forms to demonstrate these skills.

### **How are “competences” in the specialty quantified?**

The list of relevant competences is listed in the Dermatology Blueprint. A number of WPBAs include assessment metrics to reflect the level of competence. WPBAs are designed to demonstrate trainee progression through escalating levels of competence.

### **Which evidence should I provide for RITAs, ARCPs and training assessments as I am not in a training post?**

The following evidence can be provided:

- DoH Appraisal Forms 4 & 5 and Annual Review of PDP for last 5 years
- 360 degree Multi Source Feedback appraisal
- Mini CEX and DOPS assessments
- Reflective Learning experiences



- Discretionary Points award letters
- Letter of Award of. BAD Travel Fellowship
- Ticket confirming your assessment of trainees' WPBAs
- Ticket Code Request to take part in MSF of GP VTS Trainee doing Dermatology Post
- Anonymised Record of Input in MSF of Colleague
- Learning, Teaching & Assessment in Dermatology Course
- Completed Appraisal Training course

You do not need to be on a training post to engage in WPBA. The forms can be downloaded from [JRCPTB website](#). You can also use appraisals forms or reports from supervisors.

#### **Will completion of the Dermatology Specialty Certificate Examination (SCE) help?**

It is not essential but will provide good primary evidence of Dermatology knowledge. The curriculum blueprint denotes acceptable means to evidence competencies; the SCE is documented as an appropriate measure of competency for approximately 40% of the curriculum. Success in the exam may reduce the amount of other evidence you need to submit. In future the Dermatology SCE may be mandatory for successful CESR application.

#### **Is it necessary to have spoken or presented at international meetings?**

No it isn't essential, but evidence of presentations can be useful in demonstrating competencies in the absence of the SCE examination.

#### **Is it necessary to have peer-reviewed publications in Journals or any research involvement for the application to be successful?**

Not essential but is recommended, as it would be expected for a UK CCT trainee as per the curriculum.

**What evidence should I provide for Medical Reports?**

If possible, you should provide anonymised medical reports. Examples include reports for insurance companies, letters to solicitors, War Pensions Agency, DLA. Evidence of attendance of Medico-legal workshops is also useful.

**Do we need to shadow specialised dermatology clinics such as skin lymphoma clinics or GUM clinics including HIV clinics, radiotherapy sessions etc?**

Attendance at a number of GUM clinics is deemed essential. The dermatology curriculum 2010 (page 66) advises observation, assistance and discussion with senior staff in STI OPD. It does not specify a number of clinics, but 4-8 is widely quoted.

Similarly, ideally you should attend as many specialised clinics as possible in other areas such as oral medicine, cutaneous lymphoma, skin cancer MDT, patch test and photobiology. You could ask the registrars in your unit or your region to establish what sort of specialist clinics, approximate number of sessions they do and contact details of consultants that allow doctors observing in their clinics.

If this has not been feasible in a certain module then it may be appropriate to demonstrate skills, knowledge and experience in alternative ways. Examples include: providing a case report of a patient you have managed that required referral to a tertiary centre that specialised in this field, including the responses received, or a specific educational course that includes academic and clinical exposure.

**How can I demonstrate competence in 'delivering bad news'?**

CBDs with an experienced skin cancer nurse as well as attendance at advanced communication skills courses and patient feedback can be helpful. Consider doing a Reflective Practice.

## Verification of Evidence

Your evidence needs to be verified ideally by your current Dermatology Clinical Director, or by a person in a supervisory capacity, at the place at which the event / experience took place (if outside of your current workplace).

You may need to ask your former colleagues to sign and verify a number of documents in order to confirm your experience. Examples of those are your own country dermatology curriculum, job descriptions, job plans, contracts of employment, rotations, evaluations and assessments, courses and conferences attended, cases presented at meetings, case-based discussions, patients lists, departmental workload statistics.

### **[GMC guidelines for verification of evidence](#)**

<https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/how-to-verify-evidence-for-specialist-and-gp-applications>

## How the BAD Education Unit Can Help

### Attend a CESR Course or Workshop

The BMA, GMC and RCP all run generic courses on how to apply for CESR, so one of those is worth considering.

The BAD host a more practical Dermatology-specific CESR Workshop semi-annually. This is supported with a team of GMC CESR Advisors, Dermatology CESR Assessors and successful Dermatology CESR applicants. ([details of the next CESR workshop can be found by clicking here](#)).

It is important to have read this CESR Guidance document and the Essential Reading recommended prior to the BAD CESR Workshop. Questions for the speakers are collated before the Workshop, and can also be asked during the Q&A session in order to ensure the focus is on what delegates really want to understand. The responses to any questions will continue to be recorded and shared on this site.

At other times, questions can also be forwarded to the Education Unit or SAS Sub-committee, and can be answered by the CESR Leads.

### Further Queries

For generic advice, contact the [GMC](#).

For questions regarding CMT requirements, please contact the [JRCPTB](#).

### Access to Mentorship System

We recommend attendance at the BAD CESR Workshop where you will have the opportunity to meet other CESR applicants and develop your own network. We encourage a “Buddy” system for extra support.

We may be able to link candidates with common issues e.g. those taking the academic route to CESR. Please e-mail [education@bad.org.uk](mailto:education@bad.org.uk) for further discussion regarding this.

## How to fill the gaps

We recommend that you communicate with Dermatology Specialist Trainees who will have extensive knowledge of the course and curriculum. Alternatively, you can discuss this with your local Trainee Programme Director (TPD), contactable via your local LETB/Deanery.

## Successful Dermatology CESR applications

For further guidance, [click here](#) to view examples of candidates who have kindly offered to share their approach to achieving a successful application. These will hopefully create a flavour of what is required to be successful.

Please remember that every application is unique and consider that these do not include the whole of their application. They are included as a reflection of different ways to achieve success.

## Top Tips from Successful Candidates

- It is important to remember that the CESR Assessor will be marking your application in their spare time, free of charge. Try to streamline and organise your application to make their job as smooth as possible. Consider a front cover sheet with a bundle of evidence giving some background information and number of pages, or index (for example - 25 case history evidence.)
- Your Clinical Supervisor will need to validate a large volume of evidence for your application. Make this easier for him/her by having a stamp made that states their name, title and hospital address.
- Number all pages in evidence submitted.
- Scrutinize your evidence to ensure all patient details are anonymised. It is permissible to include the sex, age and DOB of the patient only. It is easy to miss these details in the text of a lengthy letter so be sure to double check before submission. Use a wax crayon to strike out details, as it is better than a permanent marker for disguising details from the GMC scanner.
- Give your referees a copy of your CV and warn them about the necessity to provide as detailed reference as possible, including examples of your skills. The GMC often include excerpts of such comments in their concluding statements.
- It might be useful to use [ePortfolio](#) and [surgical logbook](#)

- E-learning for Health provides resources for training and can provide certification in areas that are difficult to cover such as Equality and Diversity and Information Governance. Your Trust will also have Mandatory Training courses that cover these areas.
- Choose Audit and Quality Improvement programmes that may help you to demonstrate your skills in these areas. Try and choose audit against a national standard such as BAD or NICE guidelines for medical and skin cancer type work
- Make sure 360° appraisals and feedback are up to date and contain sufficient detail. One suggestion is to include the feedback in bar- or pie-graph format, with comparison number of assessments in your speciality and comparison of your average with national average. Some 360° appraisal tools are more detailed and useful than others. Consider independent providers of these tools, which may provide more information about you, e.g. Equinity.
- To help fulfil the SCE blueprint, useful resources include attendance at BAD's Essential Medical Dermatology Course (usually takes place in March) and E-learning for Health.
- Official documents from outside of the UK will need to be translated by one of the GMC's recommended translators.
- If you have not added your information on the GMC electronic submission form as you go along, allow at least two weekends' worth of work to download the text in a streamlined and easy to follow manner. The various sections of the form have a word count restriction, so you must be concise.

## APPENDIX A

### CESR Framework Working Party

#### Project Lead

Cathy Christie  
CESR Lead BAD Education Unit  
Associate Specialist in Dermatology  
Portsmouth Hospital NHS Trust

#### Successful CESR applicants and CESR workshop speakers

Rebeca Goiriz- Valdés  
Consultant Dermatologist  
Barts Health NHS Trust

Nicola Hart  
Consultant Dermatologist  
St Michael's Clinic, Shrewsbury

Glenda Hill  
Associate Specialist in Dermatology  
Betsi Cadwaladr University Health Board

Trupti Desai  
Consultant Dermatologist  
Doncaster and Bassetlaw Teaching Hospitals

#### BAD Education Unit

Tamara Griffiths  
BAD Education Unit Director  
Salford Royal NHS Foundation Trust

Ruth Murphy  
BAD Academic Vice President  
Sheffield Teaching Hospitals NHS Foundation Trust

## APPENDIX B: Further Reading

Examples of successful applications: UK and European

<http://www.bad.org.uk/library-media/documents/Examples%20of%20successful%20candidates.pdf>

Essential reading before starting

[GMC Review link](#)

[GMC CESR homepage](#)

[GMC link to validation & authentication of evidence](#)

[GMC Guidance](#)

[GMC Common Errors to Avoid](#)

[Surgical Logbooks](#)

[E-portfolio](#)

Further information from the GMC:

[GMC Review link](#)

[GMC CESR homepage](#)

[GMC link to validation & authentication of evidence](#)

[GMC Referee guidance](#)

Dermatology Curriculum:

[UK Dermatology curriculum 2010. and UK Dermatology assessment blueprint](#)

Further Reading for CMT

<http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/Introduction.aspx>

[Core medical training and acute care](#)

[CMT procedure logbook](#)

[Quality criteria for core medical training](#)

[Summary of Clinical Activity and Teaching Attendance](#)

[Generic Advice](#)

Further reading from the BAD

<http://www.bad.org.uk/healthcare-professionals/clinical-services/cesr>