



# CESR: THE PITFALLS

Dr Louie Plenderleith

Chair: FICM Equivalence Assessors

The number of applications and enquiries to the FICM and Regional Advisors about obtaining a Certificate of Eligibility for Specialist Training (CESR) via equivalence have been rising. While 80% of applications are ultimately successful, only 30% are successful on first application.

Applications are made via the GMC who review the information, verify evidence and feedback issues to the applicant, who may then provide further evidence. The applications are usually 800 to 1000 pages and following GMC review, are passed electronically to the FICM for assessment by the Equivalence Committee. Two assessors review the documentation against the current ICM curriculum; they then make a recommendation to the GMC, quoting the evidence for supporting or rejecting coverage of each section of the curriculum. If rejected, the recommendation must also state what further evidence or training is needed for successful reapplication.

The GMC requires applicants to have competencies equivalent to those of a UK trainee who has just completed training; it is not enough for them to be functioning well in an ICM post. For example, an applicant may be functioning as a locum consultant in a general adult ICU but, if they have no training in paediatric ICM, they will not have achieved equivalency. This is directly comparable to a trainee who would not achieve their CCT if they were missing an area of training. The assessors must compare the evidence for the applicant's training and experience with that required for the **full, current** ICM curriculum. They look at duration and breadth of training/experience as well as the **current** level of competencies. The applicant must provide evidence to demonstrate all of this. When the new curriculum is introduced in 2020, applications received after that point will be assessed against the new curriculum. Possible, future applicants should be made aware of this.

Applications fail because the applicant has not covered the full curriculum. The assessors are not looking for identical training, but coverage must be similar and they will consider relevant experience in addition to formal training. Applications often have more than one failing; the most common failings are:

- Insufficient Anaesthesia training: there is flexibility on how this is achieved, but applications with less than one year of Anaesthesia training, and no other experience, will fail.
- Lack of Specialist ICM: this particularly applies to Paediatric ICM but also Cardiac and Neuro ICM.
- Lack of evidence for Quality Improvement/Audit and Teaching and Training.

How can an applicant reduce the chances of failure?

- Read the ICM curriculum. Look especially at Parts I, II and III.
- Read the GMC General and Specialty Specific Guidance documents. These contain guidance on what type of evidence is acceptable in general and for ICM specifically.
- Make sure you **show** you have covered all areas both in duration and competency level.
- Make it easy for the assessors to identify relevant evidence.

For experience gained in the UK, the standard UK training documentation can be used. For other training, applicants need to supply information and assessments that show the range and competency level they have achieved. Ensure competencies are current. If any evidence is more than five years old, there must be evidence of maintenance of skills. This can be an issue for specialist ICM.

For more information, visit: [www.ficm.ac.uk/training-examinations/equivalence](http://www.ficm.ac.uk/training-examinations/equivalence).