2 CESR Statistics for Psychiatry

- Statistics from the last few years
- Successful and unsuccessful applications
- Applications in every specialty
- First-time applications, review applications and rates of success

The GMC and RCPsych are often asked about numbers related to CESR applications and success. The best way to break down some of the myths about CESR is to present hard figures. The years 2020–22 have been affected by COVID-19 in terms of a backlog of evaluations. Here, I present a variety of figures ranging from 2015 to 2019, which give us food for thought regarding the CESR evaluation process in psychiatry.

I will start by providing some statistics presented at a 2016 meeting by Genevieve Grainger, the RCPsych training and CESR coordinator from 2016 to 2020.

Figure 2 represents approximately what we see year-on-year. The majority of applications for CESR in psychiatry are in general adult, with Child and Adolescent Mental Health Services (CAMHS) and old age varying between second and third places year-on-year. Medical psychotherapy, intellectual disability and forensic see comparatively fewer applications and hence the percentages can become quite skewed. It is only very rarely that we see 'non-CCT' specialty applications.

The other way to classify applications, other than by specialty, is by the stage they are presented to the GMC (Figure 3). Processes have moved on since 2016. Currently, we have only applications and reviews, as explained in previous chapters. The largest number of submissions to the GMC per year are still first-time applications, but there are a substantial number of resubmissions in the form of reviews based on recommendations given to an unsuccessful

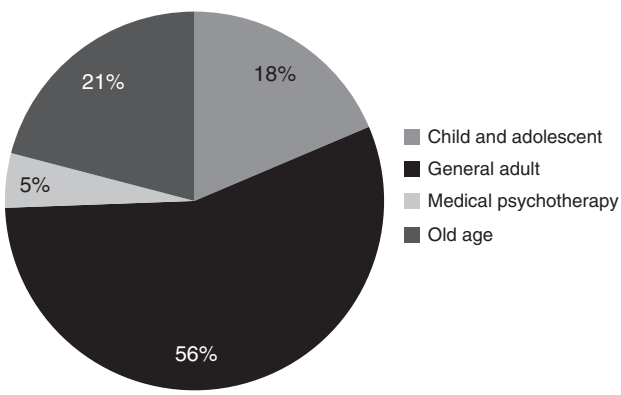

Figure 2 Applications by specialty, 2016

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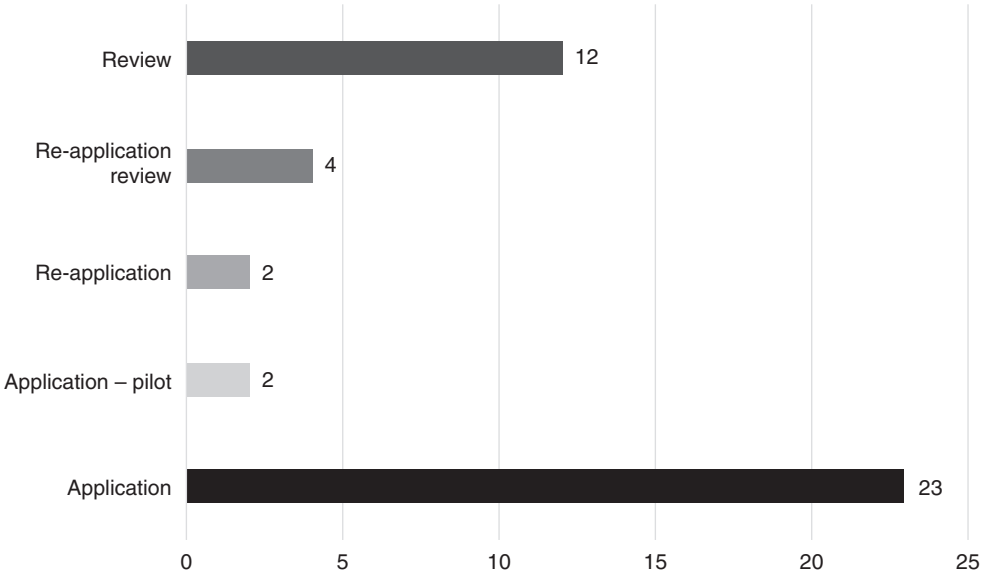

Figure 3 Applications by type, 2016

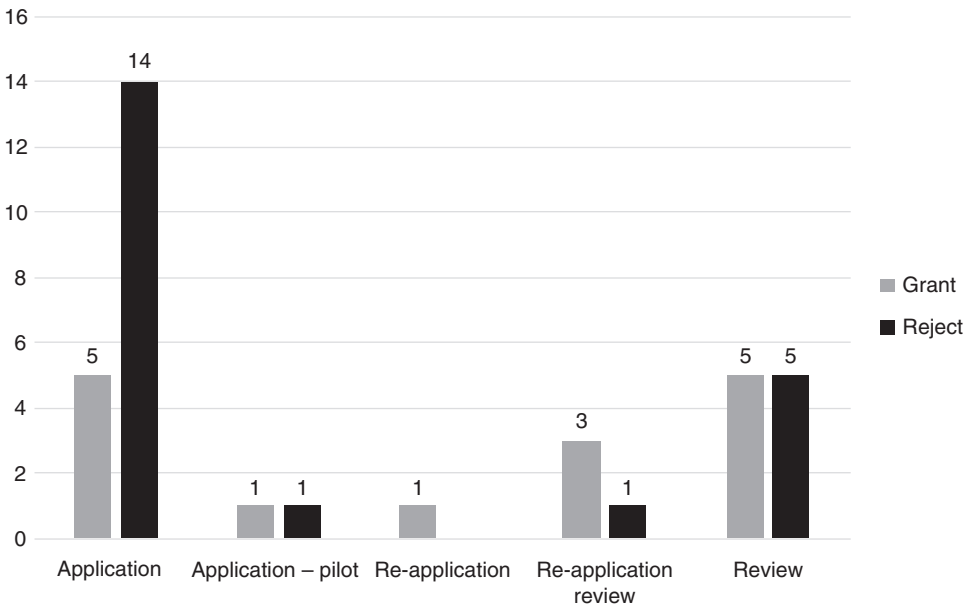

Figure 4 Applications outcome by application type, 2016

applicant, which demonstrates that applicants are persistent and do not give up when unsuccessful on the first attempt.

Figure 4 shows another feature of CESR applications which has been borne out through the years. The proportion of first-time successful applications is low, but the figures improve on subsequent attempts when the applicants are given better guidance about how to fill the gaps in their evidence.

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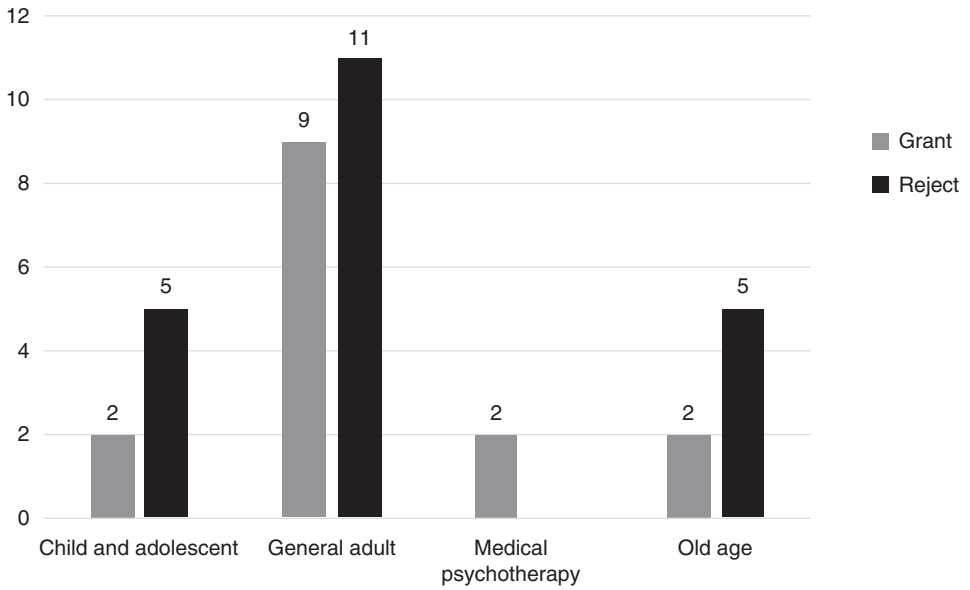

Figure 5 Applications outcome by specialty, 2016

Figure 5 relates only to 2016 and compares interestingly to later statistics. It demonstrates that all specialties have a spread of successful and unsuccessful applications, and none completely stand out as being more difficult or easy to achieve. Smaller numbers of applications are difficult to generalise. For example, this year had only one medical psychotherapy application, which could allow only a 0 per cent or 100 per cent success or failure rate.

Let us now compare these figures to statistics from 2018 presented to RCPsych's Education and Training Standards Committee in March 2019 (Figures 6–9).

There is a definite improvement in review rates for success compared to 2016. It is worth noting that the RCPsych started delivering widespread training, both centralised and in-house in NHS Trusts, about CESR applications and support for applicants. Though not represented in the statistics, and though our figures for first-time success were not encouraging, the number of competences applicants were failing for were reduced.

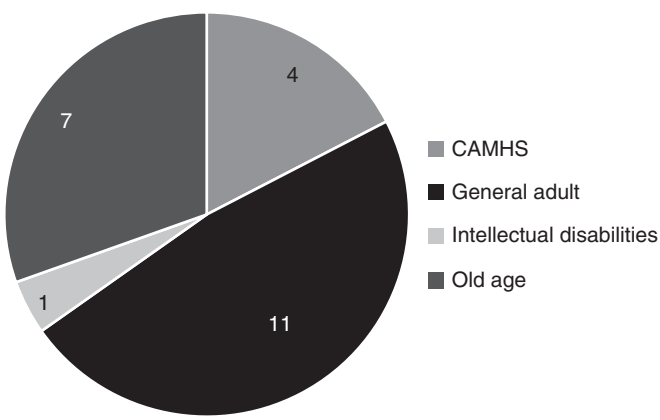

Figure 6 Applications by specialty, 2018

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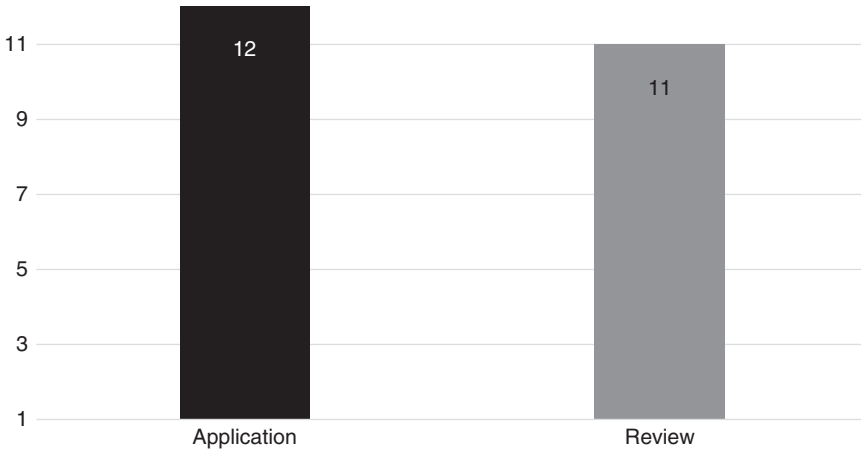

Figure 7 Applications by type, 2018

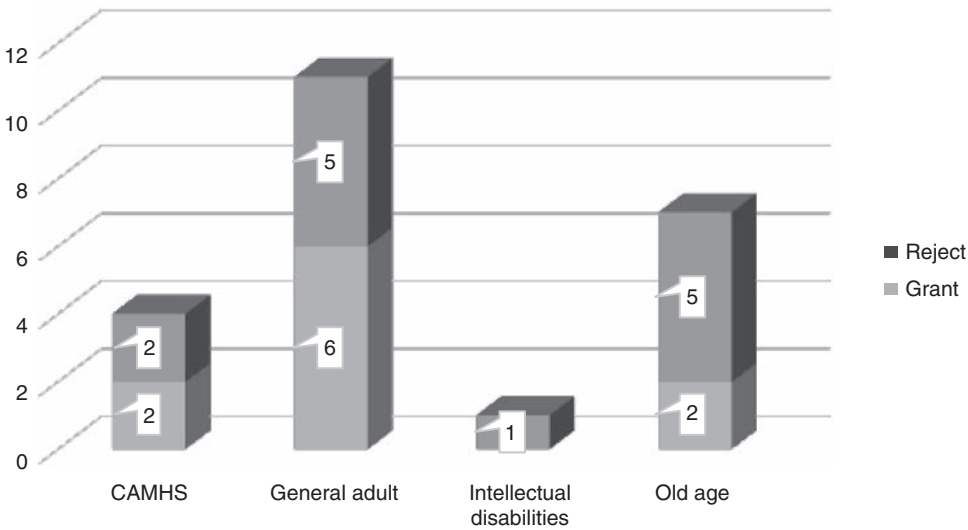

Figure 8 Application outcomes by specialty, 2018

Figure 10 is an interesting figure that answers a frequently asked question: how important is it to have an MRCPsych in order to pass? The figure shows that the pass rates for applicants with an MRCPsych and those without were fairly similar.

As we will see in later chapters, applicants without an MRPsych need to submit more evidence in their portfolio to meet core competences as well as higher competences, but once they have done that appropriately their chances of success are no lower than applicants with an MRCPsych. The results in Figure 10 are from 2018, but again repeating it in other years has shown similar results.

Figure 11 is an interesting graph which shows that success rates rose between 2014 and 2015 but then fell steadily. The number of passes has been rising again steadily since 2017. The rates for successful reviews currently stand at around 80 per cent, while first-time applications have around a 30 per cent chance of success.

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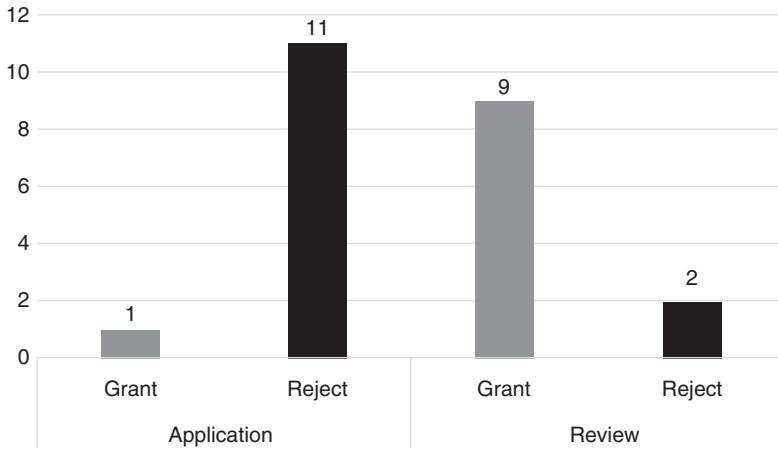

Figure 9 Application outcomes by application type, 2018

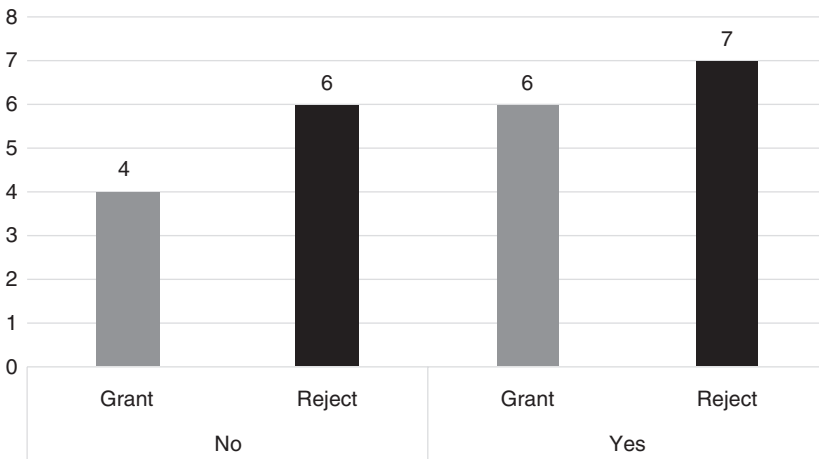

Figure 10 Application outcomes: does having an MRCPsych help?

Figure 12 demonstrates

- that all applicants passed the following ILOs:
  - 9a, 9b, 9c – lifelong learning
  - 12 c – personal health
  - 16a, 16c – managing time and problems
  - 19b, 19d, 19f – maintaining trust
- that applicants struggled with the following ILOs:
  - 1a, 1b – clinical history and patient examination: 13 applicants failed these ILOs
  - 2a – diagnosis: 13 failed this ILO
  - 3a – individual consideration: 12 applicants failed this ILO
  - 4c – mental health legislation: 10 applicants failed this ILO
  - 5a – psychological therapies: 11 applicants failed this ILO.

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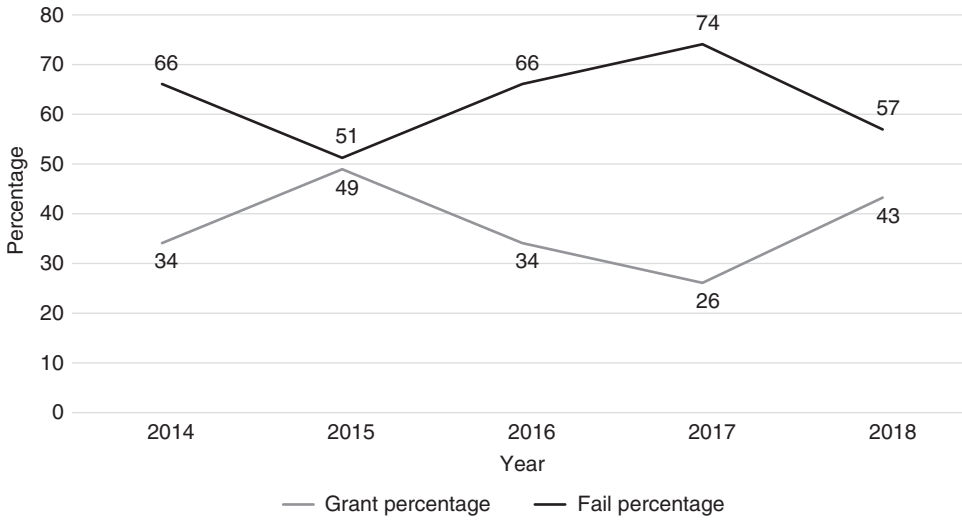

Figure 11 Application outcomes over the years, 2014–18

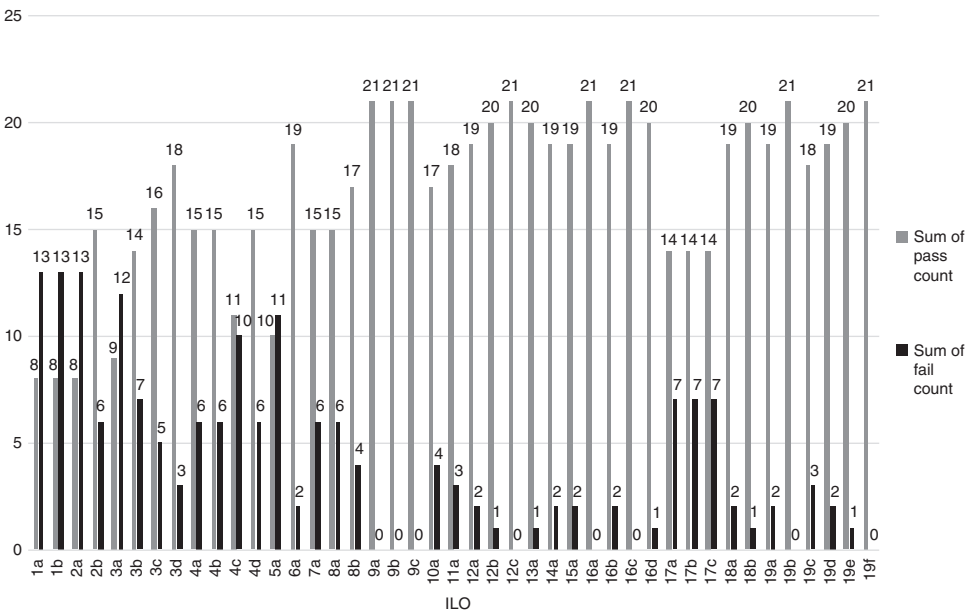

Figure 12 Pass/fail rate for intended learning outcomes (ILOs) for general adult CESR applications between 2017 and 2018

In summary, applicants are unsuccessful in CESR applications mostly due to clinical rather than non-clinical competences. We have stressed in the training that started in 2017 the importance of focussing on the quality of clinical evidence submitted in one's portfolio.

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Analysis

An analysis carried out by Kate Medland, the previous CESR and training coordinator, of 164 applications submitted between 2013 and 2015 reflects similar messages from our more recent statistics given in this chapter. Figures 13–29 are all based on the 164 applications where a decision has been made. Figures 26–29 analyse in more depth 78 out of the 164 applications. These 78 applications excluded CAMHS applications and reviews because the CAMHS curriculum was structured very differently from other specialties and hence it was difficult to integrate the findings with other specialties. It included those applications which had recommendations given by the GMC and RCPsych to the applicants after evaluation.

Each ILO that has not been passed has a recommendation given for it. The number of ILOs shown in Figures 27–29 signify the number of ILOs not passed by an applicant. Hence, 1–3 ILOs means that three ILOs/competences were not passed and hence three recommendations were given by the assessors for the applicant to further work on.

Again, the most striking and important message demonstrated in this chapter is the importance of clinical evidence. Applicants need to provide good case histories and give more effort and time to seeing patients and documenting these clinical assessments well. This is a message we will repeat throughout the chapters that follow, with several examples and tips on how to attain clinical competencies.

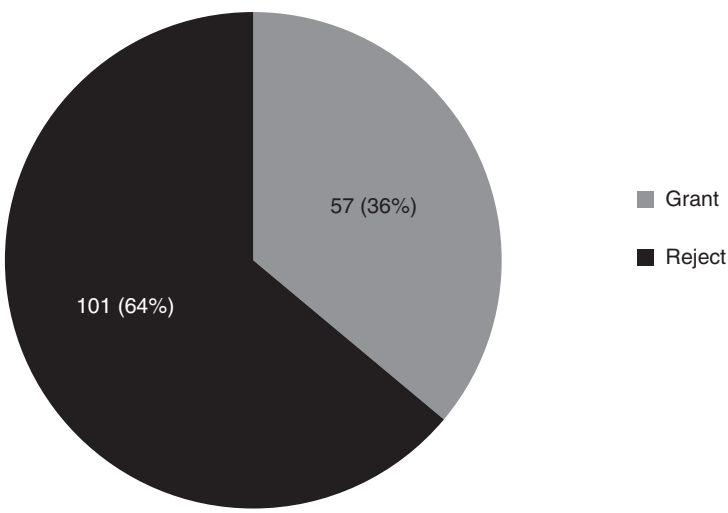

Figure 13 Total number of grants and rejections, 2013–15

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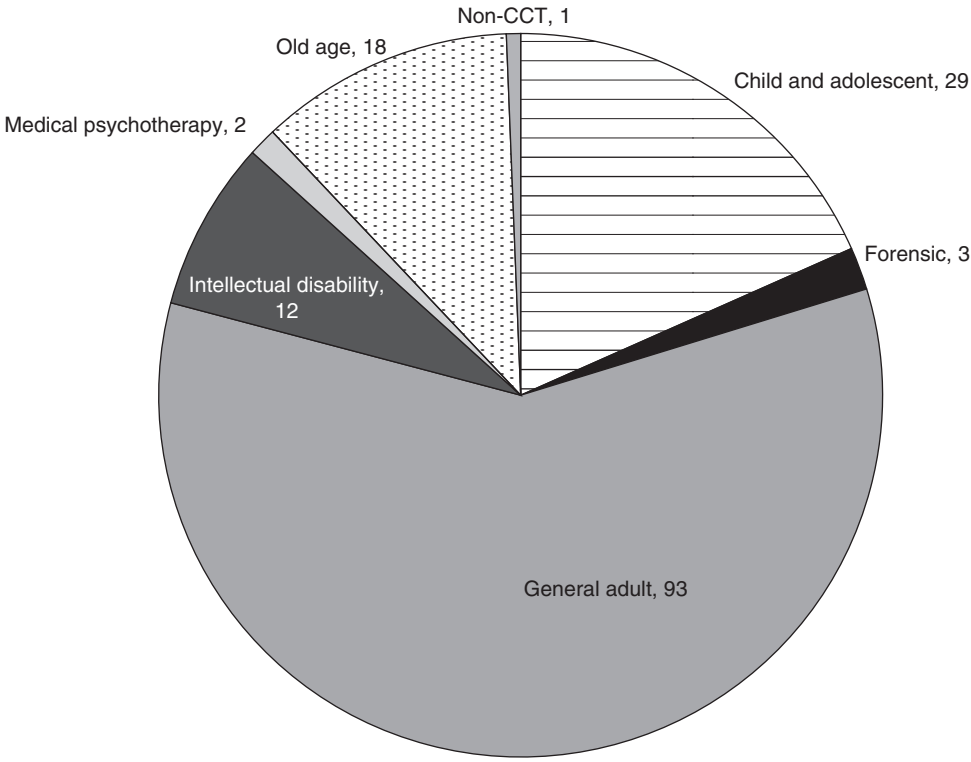

Figure 14 Total applications by specialty, 2013–15

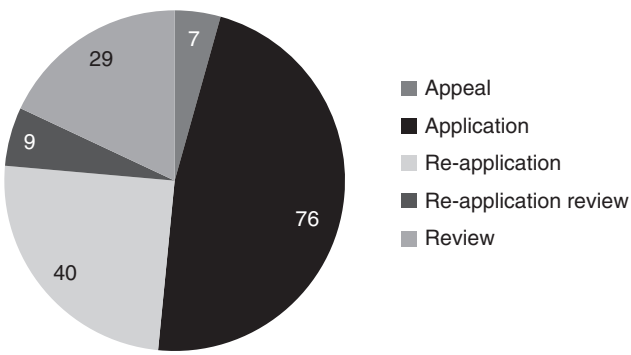

Figure 15 Total applications by type, 2013–15

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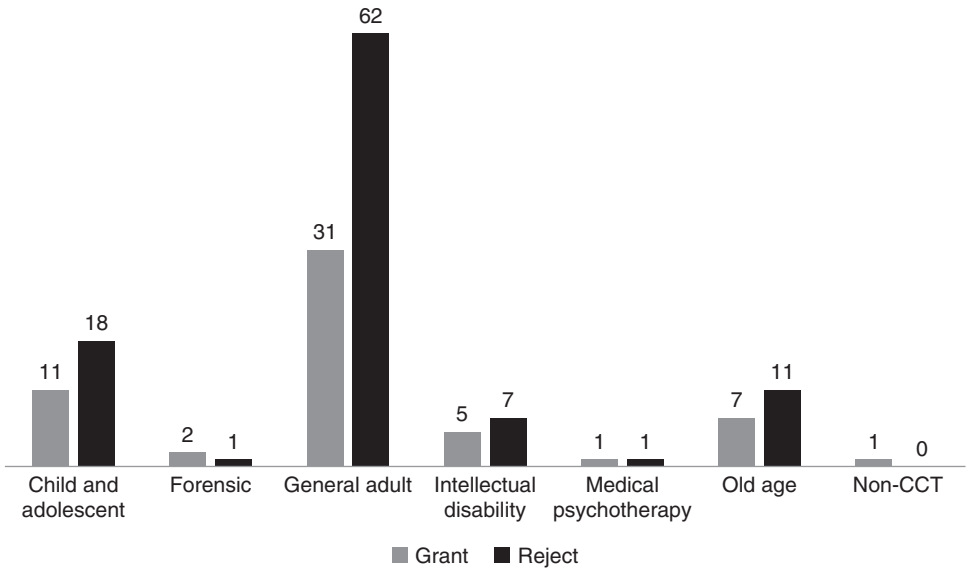

Figure 16 Grants and rejections by specialty, 2013–15

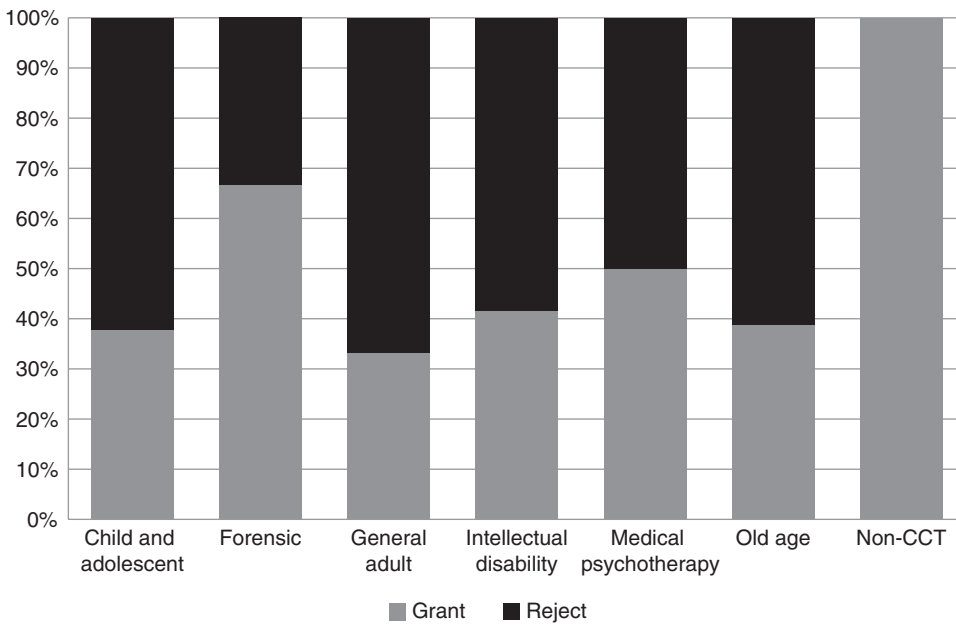

Figure 17 Grants and rejections by specialty (%), 2013–15

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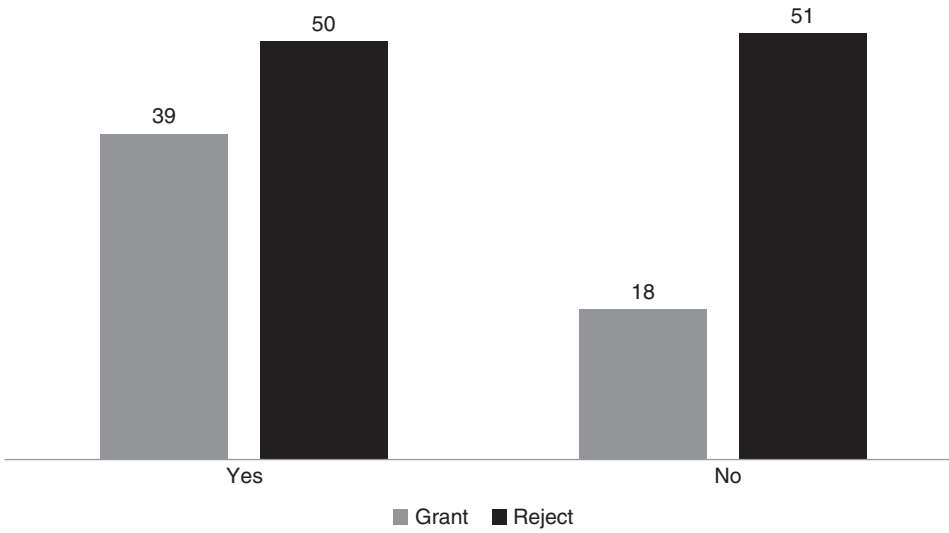

Figure 18 Grants and rejections by MRCPsych, 2013–15

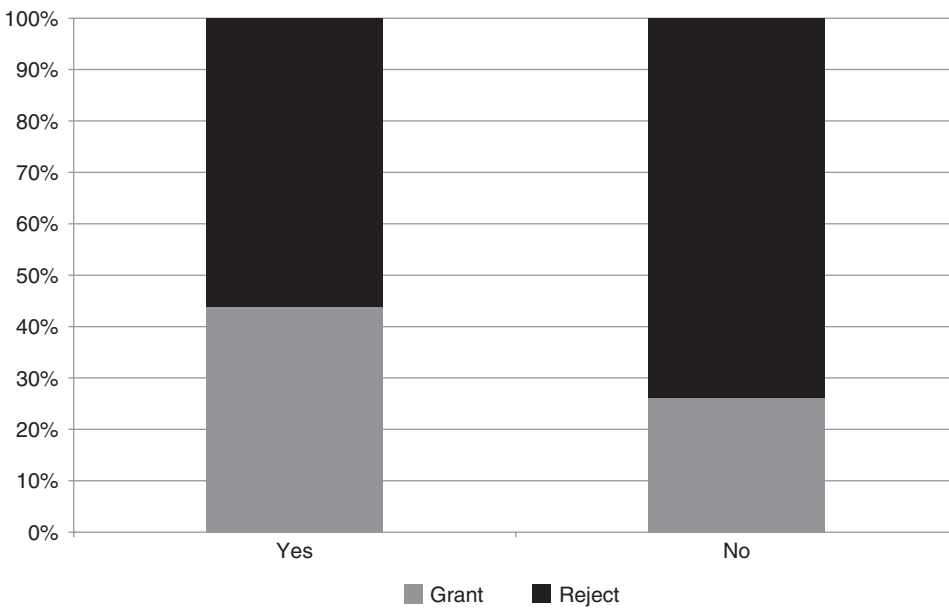

Figure 19 Grants and rejections by MRCPsych (%), 2013–15

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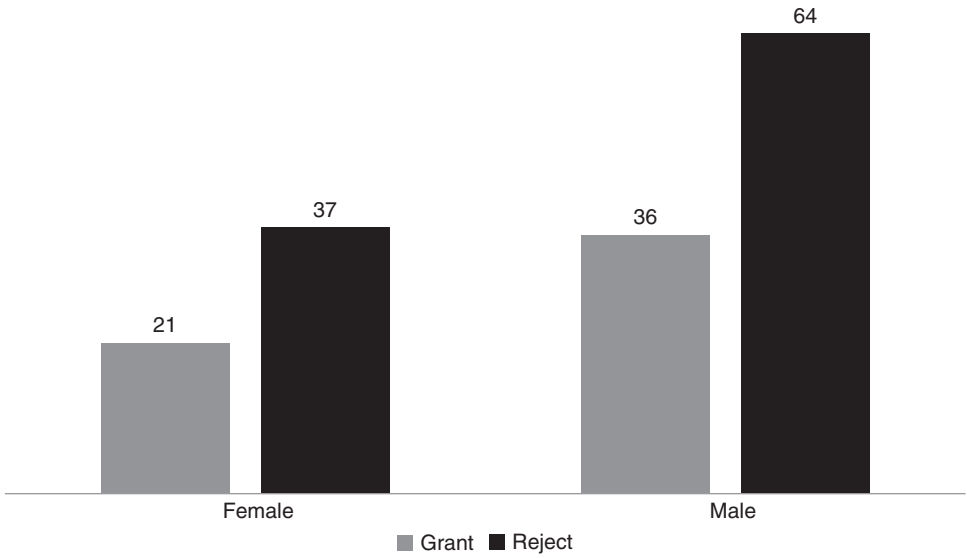

Figure 20 Grants and rejections by gender, 2013–15

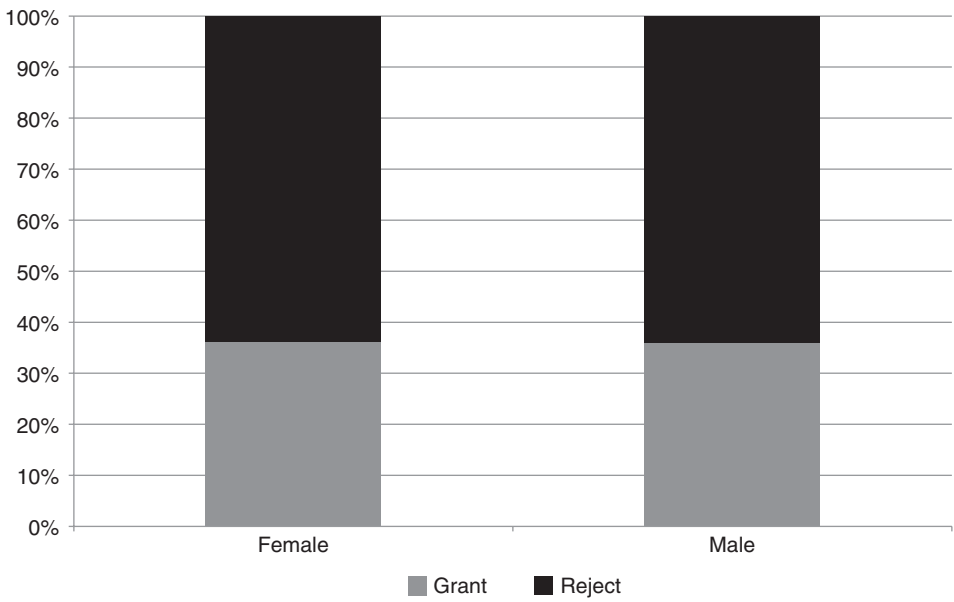

Figure 21 Grants and rejections by gender (%), 2013–15

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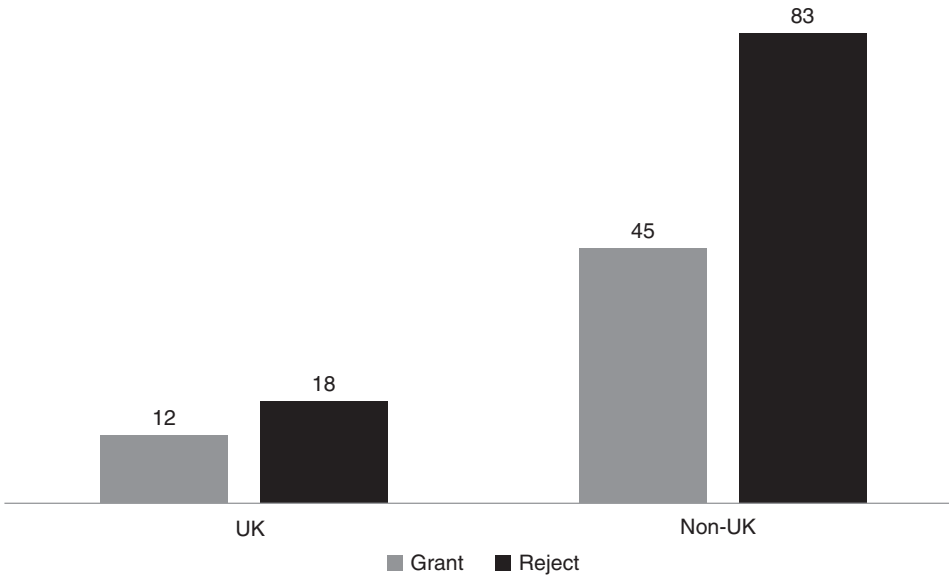

Figure 22 Grants and rejections by UK/non-UK primary medical qualification (PMQ), 2013–15

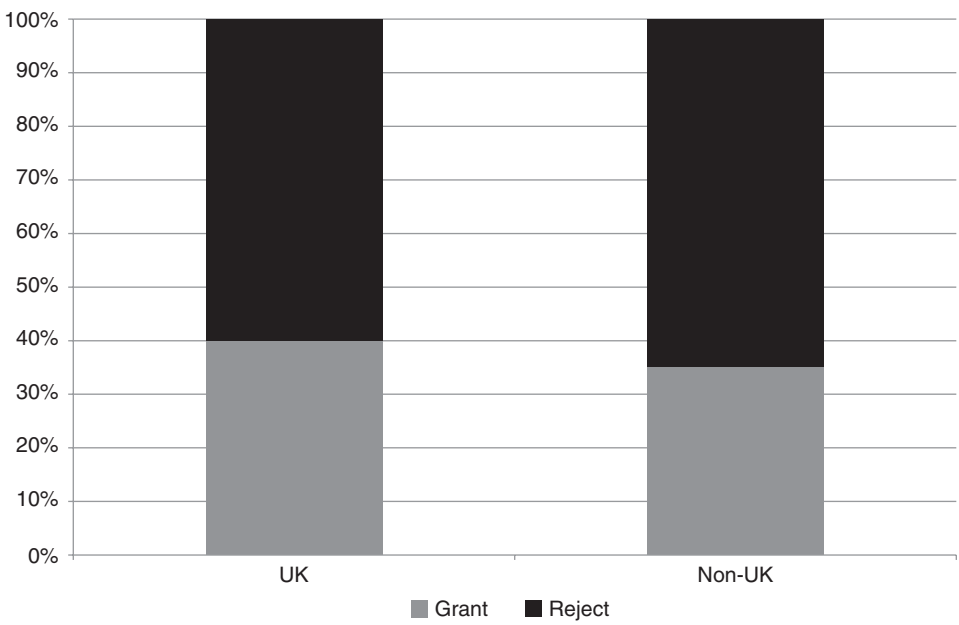

Figure 23 Grants and rejections by UK/non-UK primary medical qualification (PMQ) (%), 2013–15

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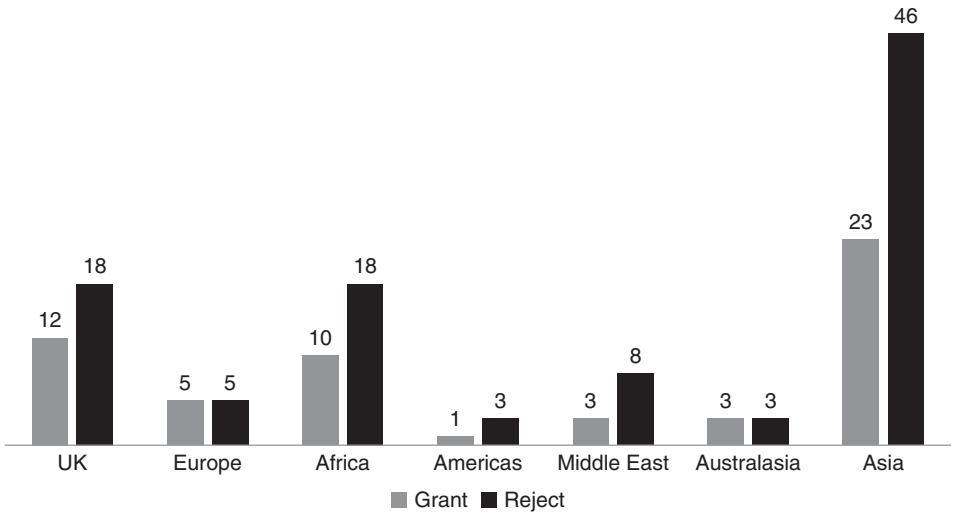
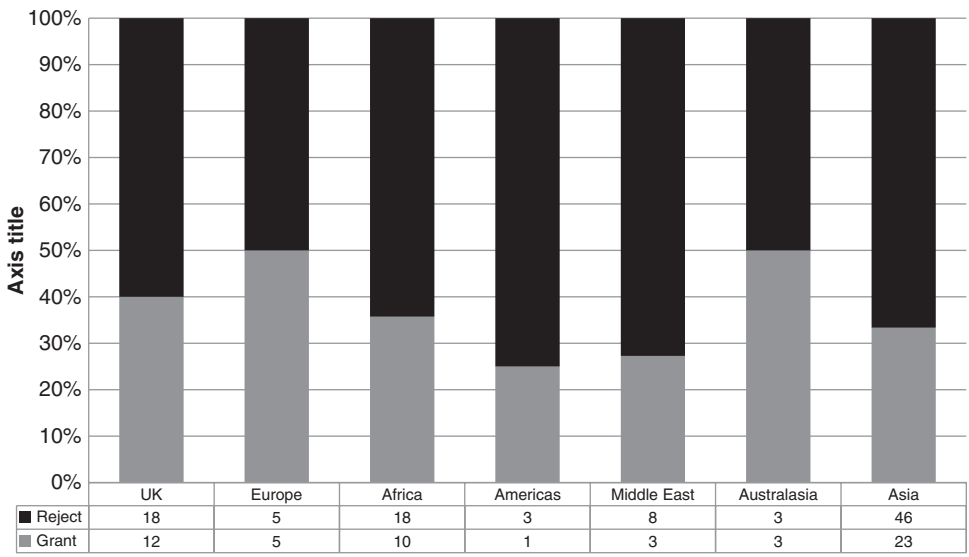


Figure 24 Grants and rejections by primary medical qualification (PMQ) region, 2013–15



	UK	Europe	Africa	Americas	Middle East	Australasia	Asia
Reject	18	5	18	3	8	3	46
Grant	12	5	10	1	3	3	23

Figure 25 Grants and rejections by primary medical qualification (PMQ) region (%), 2013–15

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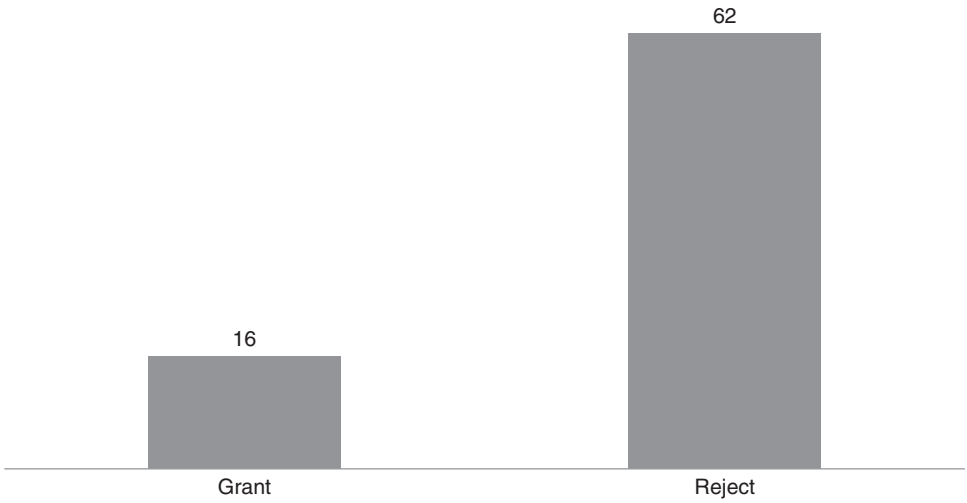

Figure 26 Applications and re-applications excluding CAMHS with recommendations, 2013–15

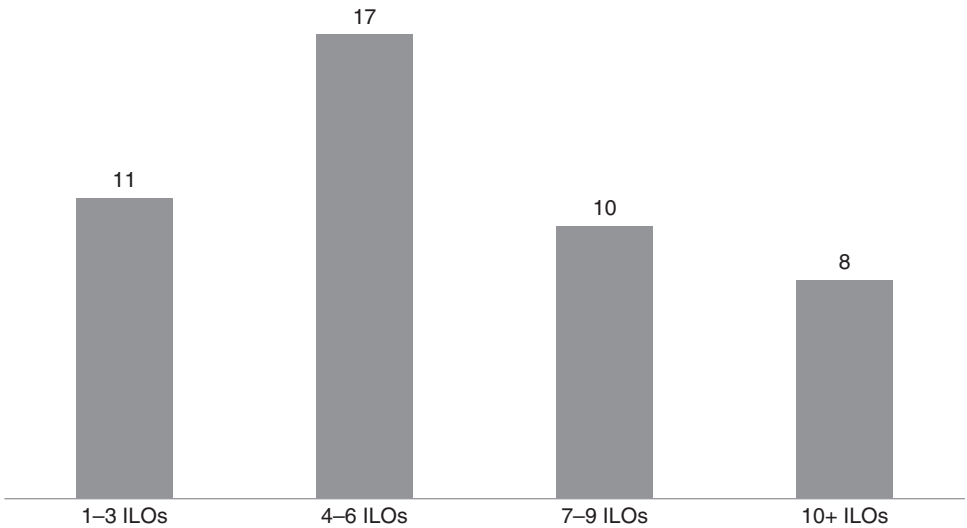

Figure 27 Number of recommendations, 2013–15

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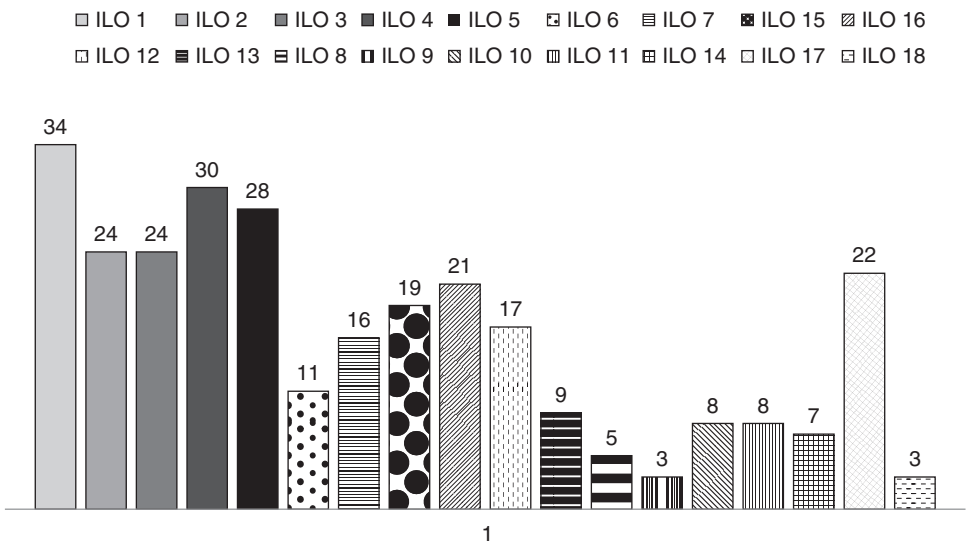

Figure 28 Number of recommendations by intended learning outcomes (ILOs) for all applications, 2013–15

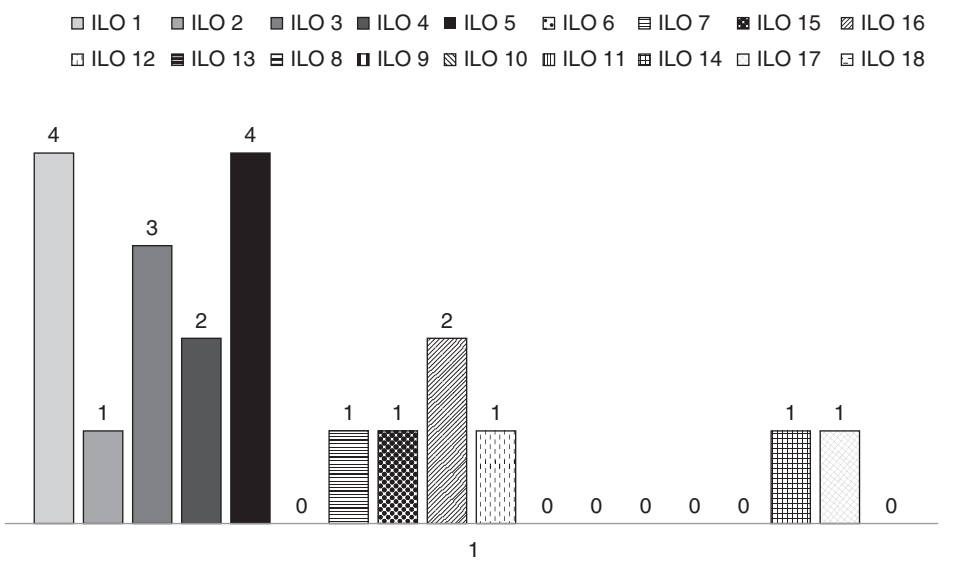

Figure 29 ILOs failed for the 11 applications which had 1–3 recommendations, 2013–15

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