Health Education England

A Guide to Supervising a CESR Candidate

Contents

1. Document purpose

This document outlines the key considerations when supervising a CESR candidate. It is designed for anyone currently supervising a CESR candidate or someone who is interested in doing so in the future.

2. Introduction

Supervising a CESR candidate may initially seem quite daunting but the good news is that it is not that different from supervising a programme trainee! The principles of education supervision apply generally and thanks to the work of a number of people at the RCEM, the profile of CESR is rising and there is now a critical mass of people who have done it and are in a position to mentor those who plan on undertaking the route. The video below offers more detail on how to successfully supervise a CESR candidate: https://youtu.be/4WHX_GoohRw .

3. Supervising a CESR candidates

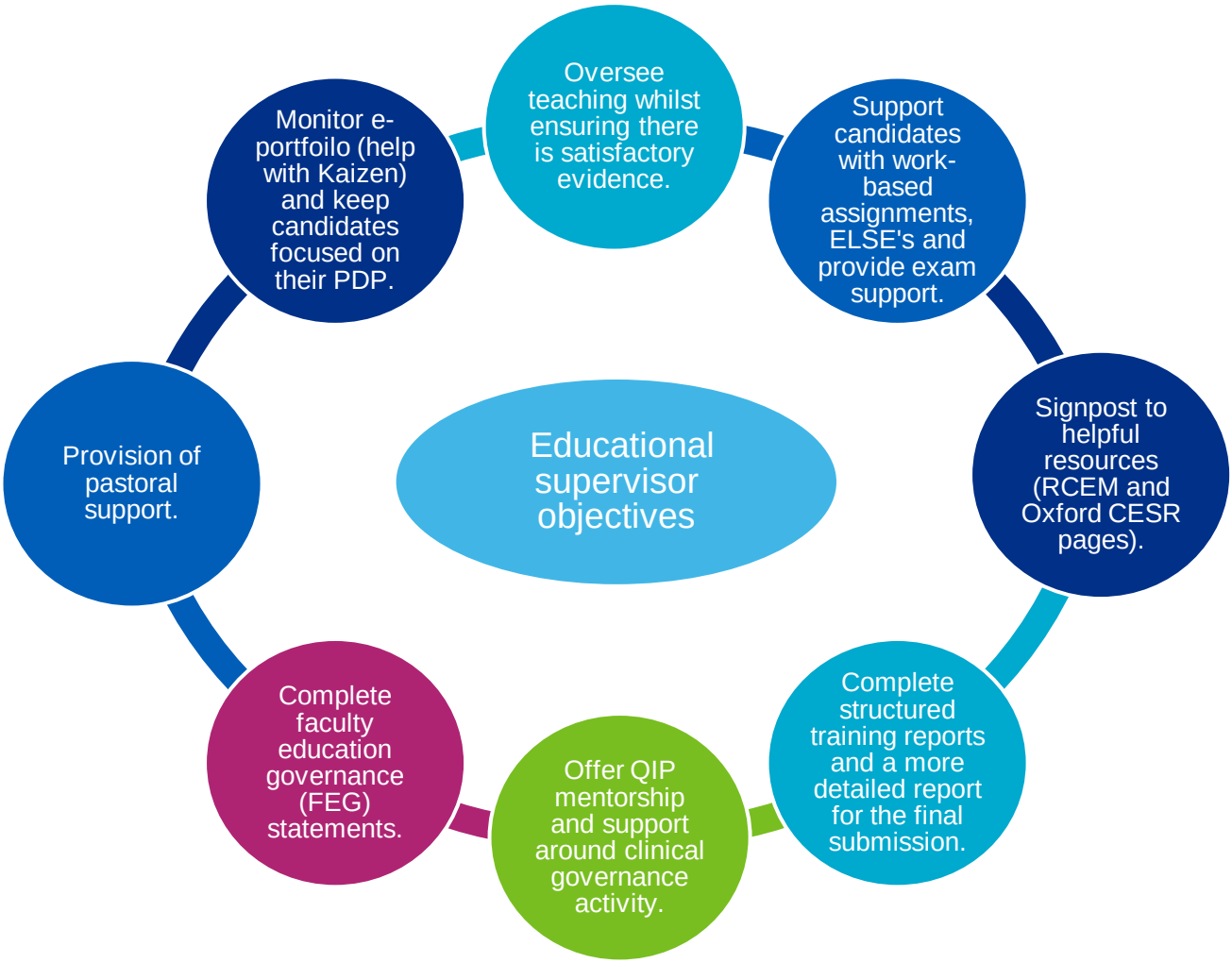
a. Approach to supervision

One of the keys to successful supervision is to consider and treat CESR candidates as trainees in their own right. This should include being job planned to supervise CESR candidates **(The RCEM has suggested 0.4PA per 4 CESR candidates supervised).** The RCEM and GMC will look at the candidates evidence from the past five years. This is a considerable amount of time and can result in two main pitfalls:

- The scale of the task can be so daunting that their enthusiasm starts fizzle out.
- A lot of developmental activity passes under the bridge until the final six months of submission. This results in a mad rush to create evidence at the last minute or locate evidence hiding in dusty email archives or somewhere in the nether reaches of the hospital shared drive!

The best way to avoid these situations is to sit down with the candidate and with the aid of the speciality specific guidance (SSG) map out the next few years in broad terms. Most candidates have already got some evidence which you can frame as them having started a marathon and serendipitously found themselves 5km in! The next step is to then help the candidate to come up with a PDP that is as **SMART** *(Appendix A)* as possible, addressing gaps in their experience or evidence. This might require both short (6 months) and longer term (3 year) development plans that can be reviewed at the regular ES meetings.

The diagram below summarises the key aspects of supervising a CESR candidate.



b. Protected time to do CESR work

As you all know, the demands of this process are particularly onerous and rely heavily on the candidates being able to find time to collect evidence. In my case, I had passed the FRCEM exam and was hired as a locum consultant. This meant that I had weekly SPA time to compile the evidence. The new specialty doctor contract contains protected SPA time that now provides time for personal development as well as the recording and documenting of that activity. For those departments, where CESR candidates are employed as clinical fellows, consideration should be given to providing SPA time on the rota.

An example of good practice is the informal educational agreement at Northwick Park. *(Appendix A)*. Whilst such an agreement holds no legal weight, it outlines in a transparent and explicit fashion that the consultant body commits to supporting the educational and career development of the candidate in exchange for candidate being able to evidence that they are progressing against the mutually agreed PDP. Adapting such an agreement in each trust maybe of benefit to demonstrate commitment to the learning and development for each candidate.

c. Candidate Selection

Workforces differ between hospitals: some EDs have a whole tier of speciality doctors whereas others may be predominantly staffed with programme trainees. The decision of who to offer secondments can be complicated: strain can be put on the rota and can introduce disharmony if it is felt that opportunities are being preferentially offered to some candidates.

Principles that can help with candidate selection:

- **Be honest:** budgets are limited and the service needs to run, so not everyone is going to get the same educational opportunities as established trainees.
- **Be transparent:** Establish and distribute the rules that govern who gets sent on secondments. This could be on a first come, first serve basis with the longest serving doctors getting first refusal. It could also be made contingent on exam progression or as part of the educational agreement outlined above.
- **Be realistic:** candidates need to understand what a CESR entails and whether they are likely to complete the process. If the candidate has no real desire to become a consultant in emergency medicine and wants to work predominantly in minors, then perhaps they 3 months of anaesthetics training will not be of much use to their professional development.
- **Establish the ES role early:** they are indispensable in this process from the generation and verification of evidence to the more pastoral role that may be required when the whole thing seems a bit too much!
- **Advocate for the candidate:** getting some rather mundane and obscure pieces of evidence verified is very low on the priority list of some consultants. I can personally attest to evidence that took almost a year to get validated during the evidence compiling stage. The power of an email, a phone call or even a gentle reminder in the corridor can make a huge difference.

4. Specialities and Organisation Models

There are many ways to approach this particular issue and a number of models that are being piloted around the country. The exposure to paediatrics and acute medicine is seldom a problem. Problems relate, in the main, to anaesthetics and ITU secondments. Building links between the ED, anaesthetics and ITU departments is an important role of CESR leads.

Below are a few models that could be proposed in order to facilitate secondments. From the candidates perspective, the most important pieces of information are the following:

- **Ensure that the candidate can evidence 400 hours of exposure to anaesthetics and ITU** - this can be done by providing a verified copy of the rota and a training report at the end of the placement from the head of department or educational supervisor.

- **The candidate must fill out the work-based assessments for the speciality**. At a minimum that includes the certificate of competence for anaesthetics (IAC) for anaesthetics and the requisite WBAs for ITU.
- **Keeping a logbook of cases seen and procedures performed with brief reflections is excellent evidence for a CESR submission.**

Another problem that may arise is if the candidate has done anaesthetics or ITU previously but their experience is more than 5 years prior to the submission of the CESR application. In this case, the candidate could provide all the evidence from the original training (WBAs, logbooks, rotas etc) and then either do another brief secondment, keep a logbook of relevant cases, complete additional WBAs or demonstrate evidence of reflection on cases in which anaesthetic/ITU skills were required *(See appendix C for suggestions on how to facilitate this learning).*

Appendices

Appendix A: SMART Objectives

SMART Objectives	
Specific	**WHAT** do you want to achieve? (include subgoals)
Measurable	**HOW** will you know that you have got there? (include sub-goals)
Achievable	**WHAT** steps will you need to take to ensure success? (include subgoals)
Relevant	**WHY** is this goal relevant to you? (include subgoals)
Time-bound	**WHEN** do you expect to achieve this goal? (include sub-goals)

Appendix B: Educational Agreement:

An Example used by LNWHT

Educational contract for CESR trainees	
1	Your educational supervisor as allocated by the ED consultant has overall responsibility for your education. You will also be allocated an CESR clinical supervisor who has responsibility for your clinical supervision. However, any of the substantive A&E consultants may act as day-to-day clinical supervisors
2	You will be allocated a clinical supervisor when on secondment with other specialties including: anaesthetics, acute medicine, paediatrics and Critical care/ ITU. This will be in order to complete the expected work Based assessments and sign off required.
3	You will be granted and are expected to meet frequently with your supervisors on an ad hoc basis to discuss your progress in your emergency medicine attachment. You will also approach appropriate members of staff to ensure that you complete the required number of CBDs, miniCEXs and DOPS during your attachment
4	If requested you will keep an educational logbook regarding your time in the Emergency Department
5	Your duties and hours of work, including on-call periods in the ED will continue as set up by HR in your employment contract. Any placements will provide a full rostered period within the specialty (except when covering paediatrics which will be shared experience in the ED and some allocated time with the paediatric team).
6	If you are unable to come to work because of ill health you should inform, by telephone, the most senior doctor in the department immediately it is apparent you will not be able to come in and, if that doctor is not a consultant, then you will also ring in when a consultant is next on duty to inform them. You should make the call yourself unless the illness is of such a nature that you are unable to speak at all. Specifically, you will not leave messages with nurses, secretaries, junior doctors, or on answerphones, or inform using e-mail or text messaging, nor will you have friends or relatives to ring up on your behalf.
7	You will be at all times registered with the General Medical Council, and will follow its policies and standards, including those with respect to patient confidentiality
8	You will be expected to take significant clinical responsibility (under supervision) for a range of undifferentiated patient presentations, with whom you will be expected to: • Conduct consultations under supervision or alone, taking a focused history and performing a focused examination • Order appropriate investigations • Make and initiate plans for dealing with the patient's problem • Where clinically appropriate, to refer the patient on to an inpatient specialty, admit the patient under the care of A&E, liaise with the multidisciplinary team or discharge the patient, all the while liaising with the patient and / or patient's family • You will make clear and legible contemporaneous notes in line with the Trust's guidelines In carrying out these duties you must always identify yourself to patients You will ensure that you spend time in all areas of the Emergency Department, including paediatrics, resuscitation, majors and minors.
9	You will ensure that you understand and follow Trust policies at all times, and understand and follow departmental guidelines unless it is clinically justified to do otherwise, when you will document the reasons for variance from the guideline

10	You will be granted time for, and be expected to attend, various other activities commensurate with your training requirements following agreement with your educational supervisor. These may include (but are not limited to): • •Attachments with other specialties, such as paediatrics or anaesthetics • •Committee attendance and management project work • •Roster and training programme management • •Clinical governance and complaint management • •Observational medicine and A&E ward work • •Review clinic work •Research projects The basic roster already allows approximately 4 hours per week to accommodate non-clinical activities (including audit), but if further time is required then this must be agreed with the roster coordinator.
11	You will be granted time to go to and will participate in Trust level and departmental level teaching whenever rostered, a departmental induction programme covering all sites at which you will be working, and will complete an audit and/or QUIP project.
12	The formal teaching will include the online teaching platform, completing a minimum of 50 CPD activities a year and attending CESR specific training sessions within the department.
13	You will be granted leave for and attend courses and simulation days which are deemed mandatory, and will be granted leave for others as approved and / or recommended by your educational supervisor and roster co-ordinator. You will give at least 6 weeks' notice to both your educational supervisor and roster co-ordinator for all leave unless there are exceptional circumstances (with a written / emailed request outlining the exceptional circumstance and the reason this could not have been predicted 6 weeks in advance)
14	Private study leave: the following rules will be followed wherever possible • Private study leave will be granted only before college / royal college membership and fellowship examinations • The day of the examination will be given as study leave. If on night duty, the night before the examination will be given as study leave, but the night of the day of the examination will be worked as a normal shift • Private study leave will be granted for an additional shift the day before the examination •In addition, the shift on the day before this (ie. two days before the examination) will be re-arranged wherever possible to be a daytime shift finishing at or before 6pm. However this may not always be possible and is dependent on availability of locums and how the roster falls Specific individual educational arrangements / requirements agreed Trainee signature Supervisor signature

The CESR trainee will	
1	Take an active part in the appraisal process including setting educational objectives and development of a personal development plan.

2	Visit the ePortfolio web-site at least weekly to collect personal messages from trainers and supervisors
3	Endeavour to achieve the learning objectives by: • Utilising the opportunities for learning provided in everyday practice • Attending all formal teaching sessions • Undertaking personal study, Audit (yearly), QUIP • Utilising locally provided educational resources Using designated study leave funds appropriately
4	Act on the principles of adult learning: • Reflecting and building upon their own learning experiences • Identifying his/her learning needs • Be involved in planning his/her education and training Evaluating the effectiveness of their own learning experiences

The educational/clinical supervisor will	
1	Be available for, and take an active part in the appraisal process including setting educational objectives in a personal learning plan
2	Ensure that objectives are realistic, achievable and within the scope of available learning opportunities.
3	Ensure help and advice is always available.
4	Ensure that there is a "climate for learning".
5	Ensure that an individual doctor's timetable allows attendance at formal teaching sessions, is appropriate for his/her learning needs and that there is a correct balance between training and service in the post.

I have read and understand the requirements of my role as set out above.

Trainee Signature : _____ **Date:** _____

Supervisor Signature : _____ **Date:** _____

Appendix C: Facilitating Secondments:

Model	Time	Who pays	Benefits	Problems

Candidates are seconded to the speciality for 4-6 months and do nights and weekends in the ED. **NB the trainee needs to complete 400 hours**	6/12 and 6/12	The ED	• Less rota impact. • Specialities do not pay • Secondments easier to arrange	• Specialities don't like it as there is no on-call commitment • Training more ad hoc. • Limited time to do WBAs • Questionable sustainability
A full year with six months each in ITU and Anaesthetics. The anaesthetic department takes on the role of ES for a year.	6/12 and 6/12	Anaesthetics Department	• Good exposure for the trainee • Time out from speciality with different pace • Cost transferred from ED	• Lost service potential to ED • More disruptive to rotas • Loss of contact with the ED department
Rotation through different local hospitals with 9 months service for 3 month secondment.	3/12 every year	Various EDs	• Candidate exposed to different department • Service disruption minimal • Even spacing of secondments	• The department that has to organise the anaesthetics is in a harder position • Candidate does not gain traction in one department and will struggle with accumulating other CESR evidence.

Useful Links:

The RCEM CESR page: https://rcem.ac.uk/certificate-of-eligibility-for-specialist-registration/

The Oxford CESR page: https://oxfordemergencymedicine.com/cesr

Crossing the Rubicon: reflections on my journey:

https://docs.google.com/document/d/1hPdrgXsAFeZvjtq65mMbyDihc8B-xw5f8c7Ix2rvvrw/edit?usp=sharing