

My experience of CESR

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Current position

- ▶ Consultant psychiatrist –General adult psychiatry
- ▶ ECT consultant
- ▶ Teaching coordinator
- ▶ CESR Tutor
- ▶ CESR Evaluator

Background

- ▶ India–MBBS, Internship, Housestaffship
- ▶ Scotland–Clinical Observership–SHO–part 1
MRCPsych
- ▶ Mat leave
- ▶ Kent–Flexible trainee CAMHS>MRCPsych2
>Staffgrade CRHT
- ▶ Mat leave
- ▶ MMC–missed the boat
- ▶ Series of staff grade jobs

Posts before CESR

- ▶ CRHT and Assessment unit
 - ▶ Inpatient and CRT
 - ▶ Forensic medium secure unit
 - ▶ Locum consultant inpatient and CRT
 - ▶ Specialty doctor community
- ▶ 12 months
 - ▶ 9 months
 - ▶ 9 months
 - ▶ 1 year
 - ▶ 1 year

Evidence gathered

Evidence submitted

Preparation for CESR

- ▶ **Mentor**

Inspire, motivate, support, validate

- ▶ **RCPsych CESR course**

Teach you the rules of the game

- ▶ **Folders with headings of application form**

Hold your random evidences as you go along,
ready for being shortlisted

Focus on present

- ▶ Complex cases covering ICD-10
- ▶ On call and MHA assessment
- ▶ Tribunal reports and attendance documents
- ▶ Management groups
- ▶ Audit-multidisciplinary complete cycle
- ▶ Teaching-Multidisciplinary
- ▶ Supervision-junior and MDT
- ▶ Service development-small and big
- ▶ Feedback/testimonial-
colleague,MDT,Manager,trainee,patient

Go back

- ▶ Forensic–Risk management training and HCR–20, good court/prison report, good audit, testimonial
- ▶ Inpatient post–appraisals and testimonials
- ▶ Trainee–RITA, testimonial from clinical tutor about publication

Pause and plan

- ▶ Shortlist evidence
- ▶ Anonymised and validated
- ▶ Submission and feedback
- ▶ Planned how to fill the gaps

Stage 1 submission

- ▶ Good quality evidence
- ▶ Toothcomb revision of evidence against criteria
- ▶ Send evidence through
- ▶ Kept fingers crossed but focussed on other things in life

Outcome

- ▶ Stage 1
- ▶ Communication from administrator—asked for more evidence before final submission.
- ▶ Pause and plan
- ▶ Evidence covering community psychiatry
- ▶ Change of trust, change of post
- ▶ Reassess and resubmit
- ▶ Referee chosen carefully (one clinical director)

Stage 2

- ▶ Close communication with administrator
- ▶ Success was sweet.

CESR tutor

- ▶ Change of system–PMETB to GMC
- ▶ More awareness of CESR
- ▶ Management support
- ▶ MRCPsych is not mandatory
- ▶ New curriculum
- ▶ Relearning the rules.

Key message

- ▶ Choosing the right time–Bio–psycho–social
- ▶ Knowing rule of the game
- ▶ Organising according to application heading
- ▶ Portfolio presentation of experience–avoid duplication
- ▶ Networking
- ▶ Sell your portfolio to College and GMC with pride.

Discussions and questions

- ▶ Thank you