Jayesh Jotangia has been advising internationally qualified doctors for several years becoming a specialist in registration appeals before the General Medical Council (GMC). Recently, he successfully assisted two doctors to obtain specialist registration via the equivalence route. The first doctor applied under the faculty of Trauma and Orthopaedics and the second doctor applied as a Plastic Surgeon.

Both were at their final attempts of the application process on review when Jayesh was instructed to draft and submit grounds of appeal on their behalf. The appeal was successful and both doctors were placed onto the specialist register immediately. Both doctors are now practising as substantive consultants in the UK.

The Portfolio Pathway route (formerly known as CESR) is a complicated application process where documents need to be presented in a particular format to satisfy knowledge, skills and experience equivalent to the training and curriculum of a traditional CCT trainee.

In this article, Jayesh discusses the overview of the application and appeal process as there is limited publicly available information on specific case law directly addressing specialist registration appeals for doctors, since most appeals are handled internally by the GMC's Registration Appeals Panel (RAP) and are not always published as formal legal precedents.

Overview of Portfolio Pathway (formerly known as CESR) and the Appeals Process

The Portfolio Pathway is an application process designed for doctors who have not completed a GMC-approved training program to gain entry onto the Specialist Register, allowing them to practise as consultants in the UK National Health Service (NHS). It requires demonstrating knowledge, skills, and experience equivalent to a Certificate of Completion of Training (CCT) holder. If a CESR application is rejected, applicants can request a review within 12 months or appeal the decision under specific circumstances.

If an application is unsuccessful on review, a doctor has a right to appeal the determination of the GMC's RAP where principles of equivalence are to be considered and not to be tested as an exact requirement. To approach the application/appeal against an exact requirement (expected of traditional trainees) would simply be wrong under the circumstances and applicable guidance notes. This was identified in relevant caselaw in such appeals in *Nakhla v GMC [2014] EWCA Civ 1522* which set out the application of criteria for an equivalence test pursuant to Article 8(2) (a) and (b) of The Postgraduate Medical Education and Training Order of Council 2010.

The appeals process involves submitting grounds for appeal to an independent GMC Appeals Panel, which assesses whether the original decision was fair and justified. The panel's decision is typically final, though in rare cases, applicants may seek to appeal at a county court if there are procedural or legal errors.

Significant Aspects of GMC Portfolio Pathway Appeals

While specific case law is scarce, the following points highlight significant aspects of CESR appeals based on available data and procedural insights.

Grounds for Appeal

Appeals are typically based on procedural errors, misapplication of GMC criteria, or failure to properly evaluate evidence. For example, an applicant submitting that their evidence was not adequately considered against the specialty curriculum applied under or that the GMC misinterpreted the standards for equivalence.

A notable example from a testimonial (not a legal case) involved a doctor whose CESR application was rejected twice. With legal assistance, the applicant reorganised evidence to align with the Royal College curriculum, resulting in a successful appeal before a formal hearing was required. This highlights the importance of precise evidence presentation in appeals.

Impact of Procedural Changes

Since November 2023, the GMC shifted its evaluations from requiring full equivalence of a CCT curriculum to assessing whether applicants can demonstrate knowledge, skills, and experience required to *practise* as a UK consultant. This change, aimed at reducing evidence burdens, may possibly influence appeal outcomes by allowing more flexibility with evidence types and time limits.

This shift introduced the Portfolio Pathway route (formerly CESR) with a change from strict curriculum mapping to potentially reducing appeal disputes related to rigid evidence requirements. However, no specific appeal cases have been documented post-2023 (as of May 2025) to confirm this impact.

Challenges Due to External Factors

A survey on CESR applications in ophthalmology, by way of example, highlighted concerns about the five-year evidence time limit, particularly during the COVID-19 pandemic, which disrupted evidence collection. Approximately 70% of respondents indicated they could not submit evidence within five years due to delays, raising potential grounds for appeals based on exceptional circumstances. The suggestion to extend the five-year limit for affected applicants could lead to appeals if such flexibility is denied.[1]

Historical Context

Historically, the CESR process was complex and time-consuming, often taking six months or more to complete due to the volume of evidence required and the need for evaluation by both the GMC and professional bodies like the Royal College of Physicians or Royal College of General Practitioners (RCGP). The process was seen as daunting, with applicants needing to align their experience with specialty-specific curricula and provide evidence from the last five years to demonstrate current competence and its maintenance. Appeals were available for unsuccessful applicants, but the process was often opaque, with limited guidance on how to address deficiencies or submit additional evidence.

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC8158076/

In 2014, the GMC improved CESR processing times, with 95% of applications processed within the three-month legal timescale, compared to less than 40% in 2012. This improvement followed a consultation to make the process fairer for non-UK trained doctors. While not directly about appeals, faster processing may reduce procedural errors that lead to appeals. In 2014, 551 CESR applications were decided, with 280 granted and 314 rejected, suggesting a significant number of potential appeals.[2]

In May 2017, the GMC introduced new standards for curricula development, requiring the inclusion of generic professional capabilities by 2020. This shift, delayed by the COVID-19 pandemic for some specialties, moved curricula toward high-level learning outcomes rather than exhaustive competency lists, impacting CESR applications.

The transition to the Portfolio Pathway in November 2023 marked a significant shift, emphasising knowledge, skills and experience over strict equivalence to CCT, aiming to make the process more flexible and accessible, particularly for specialties like Geriatric Medicine and General Internal Medicine, where dual certification was introduced.

Processing Improvements in the Portfolio Pathway

The transition to the Portfolio Pathway has brought several improvements to streamline the application and appeals process:

Shift to Knowledge, Skills, and Experience: The Portfolio Pathway focuses on demonstrating knowledge, skills and experience rather than strict equivalence to CCT standards, reducing the burden of proving identical training pathways. This change acknowledges diverse training backgrounds, particularly for international doctors, and clarifies requirements for specialties like Emergency Medicine or Geriatric Medicine. For example, the Membership of the Royal College of Physicians (MRCP) is not mandatory if competencies are demonstrated through other evidence.

Updated Specialty-Specific Guidance (SSG): The GMC introduced detailed SSG documents to clarify evidence requirements for each specialty, helping applicants organise their portfolios effectively. These documents outline how to map evidence to curriculum outcomes and emphasise recent evidence (within five years) for greater relevance.

Dual Running of Curricula: To ensure fairness, the GMC allows applicants to apply under either the new or previous curriculum during a transition period, accommodating those already in the process. This "dual running" is specialty-specific and typically lasts until CCT training is fully implemented. Applicants are kept informed of curriculum updates via GMC Online accounts.

Interactive Application Guides: The GMC developed interactive user guides to walk applicants through the online application process, improving transparency and ease of use. Additional guidance on submitting supplementary evidence post-application was also introduced.

Streamlined Evidence Submission: The Portfolio Pathway encourages structured portfolios with clear evidence mapping to SSG requirements. Applicants are advised to start early and

[2] https://www.bmj.com/content/350/bmj.h2617.full

include recent clinical practise evidence, reducing delays caused by incomplete submissions. The GMC's online portal facilitates document uploads and communication for additional information requests.

Support for Applicants and Referees: Guidance for employers, supervisors, and referees clarifies their roles in verifying evidence or providing structured reports, reducing errors and delays. The GMC also provides resources like self-assessment tools and references to external learning platforms (e.g., NICE guidelines, RCGP Learning) to help applicants prepare robust portfolios.

Improvements in the Appeals Process

For unsuccessful CESR or Portfolio Pathway applications, the GMC offers a review process, with the following improvements:

Clear Review Eligibility: Applicants are informed of their eligibility to request a review of the GMC's decision, with guidance on the steps involved. This includes an interactive guide to streamline the review application process.

Recommendations for Resubmission: Unsuccessful applicants receive recommendations on addressing deficiencies, enabling them to submit additional evidence or strengthen their portfolio for a review or reapplication.

Transparency in Evaluation: The review process involves evaluation by panels, often including Royal College representatives, ensuring decisions are consistent with specialty standards. The GMC's final decision-making role is clearly communicated, with contact points for queries.

Alignment with Performers List Requirements: For GP applicants, the GMC clarifies that Portfolio Pathway approval is separate from inclusion on the Performers List, which requires completion of the International Induction Programme. This distinction helps applicants plan their next steps post-appeal.

Role of Legal Support

Legal representation, as seen in testimonials, can be critical in CESR appeals. For instance, a meticulous reorganisation of evidence can lead to successful appeals, emphasising the need for expert guidance in navigating the complex process.

These examples suggest that appeals often succeed when evidence is better aligned with GMC standards, though no formal case law is cited.

Lack of Specific Case Law

Why Specific Cases Are Limited: CESR appeals are primarily administrative and handled internally by the GMC. Decisions are rarely escalated to courts and further to appellate courts where judgments become reported. Typically, a judgment of an appeal at the county court will not be a detailed public case report, limiting their visibility as "significant cases.

Alternative Sources: The GMC website and Royal College guidance (e.g., RCOG, RCEM) provide procedural details but no specific appeal case outcomes.

Recommendations for Applicants

Prepare Thorough Evidence: Appeals often hinge on whether evidence was correctly interpreted. Applicants should ensure their portfolio aligns with the specialty's curriculum or knowledge, skills and experience standards, using GMC and Royal College guidance including Specialty Specific Guidance (SSG) documents).

Seek Legal Advice: Engaging specialists can improve appeal outcomes by addressing procedural or evidential deficiencies.

Understand Time Limits: The five-year evidence limit and 12-month review window are critical. Applicants affected by delays (e.g., COVID-19) should document these to strengthen appeal grounds.

Check GMC Updates: Post-2023 changes to the CESR process may affect appeal strategies, as the focus on knowledge, skills and experience could make it easier to argue equivalence.

Conclusion

While there are only a few landmark court cases specifically addressing GMC CESR appeals that are publicly documented, significant issues in appeals revolve around procedural fairness, evidence evaluation, and external disruptions like COVID-19. Testimonials highlight the importance of legal support and precise evidence presentation in overturning rejections. The GMC's 2023 shift to a knowledge, skills and experience focussed based assessment may reduce appeal disputes by offering more flexibility, but its impact on appeal outcomes remains untested in public records.

Despite improvements, challenges may remain. The Portfolio Pathway application can still take three to six months due to the complexity of evidence gathering. Applicants with older evidence or gaps in clinical practise (e.g., due to maternity or sick leave) may struggle to demonstrate current competence (maintenance of skills). The appeals process, while clearer, still requires applicants to navigate detailed feedback and resubmit evidence promptly. Additionally, curriculum transitions can create uncertainty, as applicants must stay updated on SSG and curriculum changes.

However, applicants must remain proactive in gathering recent evidence and staying informed about curriculum changes to maximize their chances of success.

For the latest or specific application details, applicants should contact the GMC directly or consult legal experts specialising in CESR/Portfolio Pathway appeals.

If you need further assistance, Jayesh can be contacted via his clerks at clerks@4-5.co.uk