

General Practice

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the GP Register via the Portfolio pathway.

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Introduction

Before you begin your application and start to gather your evidence, we recommend visiting the Royal College of General Practitioners (RCGP) [website](#). Here you can get advice on what makes a good application, listen to evaluators on video discussing the evidence they expect to see in your application, review frequently asked questions and read examples of case studies. We understand that this application may appear a daunting task at first. If you have any questions, please [contact us](#) for advice. If you're unsure about any aspect of your evidence, the CEGPR team at the Royal College of General Practitioners can offer specific guidance and suggest alternatives if you don't have some of the evidence described here. The CEGPR team can be contacted at cegpr@rcgp.org.uk.

Demonstrating the general practice capabilities

Your application for a CEGPR will be assessed against the standards of the training curriculum for general practice. Your application must show that you have the knowledge, skills and experience required to practise independently as a GP in the UK. Your evidence should demonstrate that you have achieved the curriculum learning outcomes (provided as [13 capabilities](#)) and that you are practising at the standard required.

As a GP in the UK, you will be expected to care for an increasingly diverse population, often living with multiple health conditions and taking numerous medications. Your role will also include preventing disease and encouraging your patients to manage their own health. As a family practitioner, you will need to apply a holistic knowledge of the patient and adopt a person-centred approach, involving your patient in shared decision-making. In addition, you must work effectively with multi-disciplinary teams and services, coordinating and leading care across organisational boundaries and using resources cost-effectively.

As well as demonstrating that you meet the learning outcomes (13 specific capabilities) in the curriculum, your evidence must show that you understand the healthcare setting and services in the UK. You must also demonstrate that you are a reflective practitioner, always reflecting on your practice and how it can be improved. Your personal reflections are essential and should form a significant part of your evidence. To help with this, we recommend the RCGP Mini Guides, templates and other resources listed on page 28.

Your case studies based on real clinical examples should include reflection on how the management of these patients in the UK might differ from your current practice. We also expect to see evidence of the learning you have undertaken to prepare for UK general practice.

When thinking about what to include in your case studies, try to select a variety of presentations and patients across the full age range and gender to illustrate the breadth of your practice. If in your current practice you don't provide care for some patient groups (for example, in some countries general practitioners rarely see children, or male doctors do not see female patients), please acknowledge this in your reflections on cases and your

patient log. The evaluators will expect to read how you are preparing for the full breadth of patient care in the UK, and to see evidence of this in your learning objectives for the coming year in your Personal Development Plan.

More information about the specific capabilities and the standard expected for each capability is provided on the [RCGP website](#).

Currency of evidence

As you are demonstrating current competence, we consider evidence from the last five years to be more relevant than older experience and it is therefore given greater weighting when we evaluate your application. This is because general practitioners in the UK must keep their knowledge and skills up to date over a five year cycle; your more recent experience will show that your capabilities are being maintained. Greater weight is also given to evidence where your personal involvement is clearly demonstrated with reflection and any consequent change in practice described. Evidence of assessments and successful completion of training is likely to be dated more than five years ago but should still be included. When determining our guideline on older evidence for the portfolio pathway, accessibility and inclusivity were key considerations for us. We also took account of the volume and type of evidence we suggest applicants provide.

Choosing your referees

The GMC will write to your nominated referees to obtain structured reports. We recommend that you provide a minimum of three referees, two of whom should be general practitioners. Try to choose referees who can comment authoritatively on your skills and experience from their own direct observation in the last five years. Your primary referee should be your current employer or the general practitioner with whom you have worked most recently. Referees who are familiar with the requirements for GP registration in the UK and can attest in detail to your work as a general practitioner will provide the best support for your application.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

Organising your evidence

Your evidence needs to be organised to reflect the structure of the online application. You will submit each item of evidence electronically, uploading it to the relevant capability. Where you need to provide hard copy evidence you will need to create your own dividers to confirm which section of the application the hard copy evidence relates to.

Try to match your training, knowledge, skills and experience to the 13 specific capabilities.

Bear in mind that you won't be able to compensate for shortfalls in your evidence of training, knowledge, skills and experience in one area of the curriculum by providing extra evidence in other areas.

A list of suggested evidence is provided for each specific capability. You should present **a variety of evidence** for each area. You will find that some evidence, such as case studies, can be used to demonstrate competence in more than one area. Please refer to the table on pages 13 to 14 which will help you decide how much evidence to include.

These are important points to keep in mind when selecting your evidence to demonstrate the 13 capabilities:

- The evaluators want to see high quality, relevant evidence. A common problem is too much evidence – it is much better to carefully select and present the evidence in a well organised way, than to provide a very large number of documents.

- As a general guide, most applications contain **around 500 to 600 pages** of evidence. **This equates to around 80 electronically uploaded documents** – please follow our guidance on how to group your evidence in the online application.
- A very large bundle of more than 600 pages can often distract the reader from important detail you want to highlight.
- Evidence which shows your personal participation in an activity and your personal reflection on it will carry most weight.
- You must provide evidence that you have managed a broad range of patients of all ages and presentations, as seen day to day by general practitioners in the UK.
- Evidence that is more than five years old will be given less weight than more recent evidence, so you may not need to include it.
- Your evidence must be legible.
- Where a document does not have a title, please identify it for the evaluators and explain how it relates to the capability you are demonstrating.
- If you have an item of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, provide one copy and list it in your application under each relevant area, stating that the document is located elsewhere, and you would like to cross-reference it.
- You may have alternative evidence which you would like to discuss with an Adviser. Contact the RCGP CEGPR team for advice if you're unsure about any aspect of your evidence. You can write to the team at cegpr@rcgp.org.uk or telephone 020 3188 7656 (+44 20 3188 7656 from outside the UK).

The Five Areas of Capability

A. Knowing yourself and relating to others
B. Applying clinical knowledge and skill
C. Managing complex and long-term care
D. Working well in organisations and systems of care
E. Caring for the whole person and the wider community

Specific capabilities and curriculum learning outcomes

The specific capabilities for general practice are listed below under their five broad Areas of Capability. You will need to provide evidence to demonstrate your capability in each of the 13 areas. The curriculum learning outcomes for each capability are also provided to help you, these appear on page 15 onwards.

A. Knowing yourself and relating to others
1. Fitness to practise
2. Maintaining an ethical approach
3. Communication and consultation
B. Applying clinical knowledge and skill
4. Data gathering and interpretation
5. Clinical examination and procedural skills
6. Making decisions
7. Clinical management
C. Managing complex and long-term care
8. Managing medical complexity
9. Working with colleagues and in teams
D. Working well in organisations and systems of care
10. Improving performance, learning and teaching
11. Organisation, management and leadership
E. Caring for the whole person and the wider community
12. Practising holistically, promoting health and safeguarding
13. Community orientation

Areas to focus on and some common pitfalls

We have listed below key elements of general practice in the UK and areas of the curriculum where applicants often fail to provide sufficient evidence:

- Exposure to the full range of patients and problems expected in UK general practice, dealing with problems in patients of all ages presenting randomly, and coordinating care with other professionals in primary and secondary care (Learning outcome: Provide general clinical care to patients of all ages and backgrounds)
- Providing family orientated, comprehensive care to a range of patients (both planned care and acute and unscheduled care) and home visits, with your reflection on managing the consultation in the patient's home if not part of your current practice (Learning outcome: Provide urgent care when needed)
- Understanding the importance of holistic or person-centred care as a core competence of general practice (Learning outcome: Demonstrate the holistic mind set of a generalist medical practitioner)
- Long-term continuity of care as determined by the needs of the patient, and managing long term conditions (Learning outcome: Enable people living with long-term conditions to improve their health)
- Working in partnership with patients and managing continuing relationships with them, their families and carers. (Learning outcomes: Establish an effective partnership with patients; maintain a continuing relationship with patients, carers and families)
- Leading and coordinating team-based care for patients with a range of other professionals and making referrals (Learning outcomes: Make appropriate use of other professionals and services; coordinate a team-based approach to the care of patients)
- Personal involvement in clinical governance and quality improvement activities. Suitable evidence may include a report of a full cycle audit or a quality improvement project with your reflections on it and any resulting changes made to your practice. Learning from significant events and challenging cases adds additional weight here. (Learning outcome: Continuously evaluate and improve the care you provide)
- Understanding how primary care is organised in the UK. This evidence should include a reflective essay or statement about how primary care functions within the wider NHS, based on your reading and research, and should highlight key differences between your practice and general practice in the UK. You should also explore your learning needs in preparation for practice in the UK, how you will address these and the changes you may need to make to your practice. (Learning outcome: Understand the health service and your role within it)
- Evidence of ongoing Continuing Professional Development (CPD) linked to a Personal Development Plan (PDP). Your CPD and PDP should be relevant to practising as a GP in the UK. Your evidence should include personal reflections on your learning as well as course certificates. If your qualification is greater than five years old, it is especially important to demonstrate CPD (Learning outcome: Continuously evaluate and improve the care you provide)

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of your specialist medical qualification(s) awarded outside the UK.</p> <p>Applicants who have been released or resigned from a general practice specialty training programme in the UK, having been unsuccessful in either the Applied Knowledge Test, Clinical Skills Assessment or Recorded or Simulated Consultation Assessment, must provide detailed, robust and objective evidence that clinical / contextual knowledge or consulting skills deficiencies have been rectified. This evidence should normally include a pass in a formal examination designed to be taken at the end of a training period in general practice. Alternative examinations or assessments should have similar content and comparable standards of reliability and validity as the MRCGP examination.</p> <p>Applicants who have passed an examination accredited for MRCGP International must still demonstrate through their evidence the specific capabilities listed in this guidance. This is because examinations accredited for MRCGP International have their own curriculum designed for practice in the country or region which hosts the examination. They do not test the specific capabilities required for general practice in the UK.</p>
Recent specialist training	<p>If you have completed a specialist training programme outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus for your programme is not available, please provide a letter or published information from the provider outlining the content of the training programme.</p>

Please provide authenticated evidence (such as a letter from your training provider or programme director) to explain the assessments within your training programme, including the format and content of any examinations.

If you completed the Royal Australian College of General Practitioners General Practice Training Programme; the Australian College of Rural and Remote Medicine Training Programme; the Royal New Zealand College of General Practitioners General Practice Education Programme; the College of Family Physicians of Canada CCFP training programme or Master of Medicine in Family Medicine and Fellowship of the College of Family Physicians of South Africa programmes, you do not need to provide a copy of your curriculum. The current curricula for these programmes are reviewed regularly by the RCGP. You will need to indicate within your application the curriculum version which was in place when you trained. If you trained ten or more years ago in one of these programmes, please provide a summary, transcript or letter listing the elements of your training programme.

Please provide evidence of formal periodic assessment during the final year of your training, completed at the time by your supervisors. If you don't have this evidence, we suggest you provide a detailed letter from an educational supervisor outlining your assessments in training and the standard you achieved. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

If your training programme was hospital based with sessions in family practice over the course of the programme, please provide a letter from your training provider describing the content and structure of your programme. This should state the length of your training in hospital posts and the total number of months in family practice.

If you have undertaken approved specialty training in general practice in the UK in the past five years, you should provide a copy of your ARCP outcome forms. You must also provide your final Educational Supervisor's Review and any Clinical Supervisor reports completed in general practice in your ST3 year and any training extensions. The RCGP can provide pages from your trainee Portfolio directly to the GMC with your permission. Please contact the GMC for form **CN23** in advance of submitting your application.

Other relevant qualifications and certificates

Examinations accredited for MRCGP International have their own curriculum designed for practice in the country or region which hosts the examination. If you have passed MRCGP [Int], you will still need to demonstrate through your evidence the 13 capabilities and that you are working at the standard of the training curriculum in the UK.

You may also include postgraduate qualifications in other areas if they are relevant to the capabilities e.g. teaching, management, research methodology.

Please provide **copies** of certificates.

Evidence of employment in posts and duties (including training posts)

CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website .
Employment letters	<p>The information in these letters must match your CV. They should confirm the following:</p> <ul style="list-style-type: none">● dates you were in post● post title, grade, training● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) <p>You don't need to provide an employment letter if you have included other evidence for the post, for example a certificate of completion of training, an end-of-post assessment or structured reference.</p>
Job descriptions	<p>These must match the information in your CV. They will usually confirm the following:</p> <ul style="list-style-type: none">● your position within the structure of your department● your post title● your clinical and non-clinical commitment● your involvement in teaching or training. <p>Job descriptions are not required for training posts in the UK.</p> <p>If a job description does not exist, or does not describe your role in any detail, you may write your own account of your duties in the post which you will need to have verified.</p> <p>We don't want to see your contract or terms and conditions of employment.</p>

How your evidence can be used to demonstrate the capabilities in several areas

You will notice that some of the suggested evidence is listed more than once as it is relevant in more than one area of the curriculum. For example, we suggest that case studies can be used to demonstrate capability in ten different areas. This means that you can use the same case studies to demonstrate the required capabilities across several areas if you wish; make sure that you state each time where this evidence is located in your application and that you would like to include it.

If you have an item of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, provide one copy and list it in your application under each relevant area, stating that the document is located elsewhere, and you would like to cross-reference it.

Evidence	Notes	Relevant specific capability
Case studies	<p>A set of detailed, reflective case studies is an essential part of your application evidence. We suggest you provide one set of 8-10 case studies across a range of patients.</p> <p>We recommend that each case study has a title or number so that you can refer to your cases individually.</p> <p>Select and present your case studies carefully so that it's clear from the narrative and reflection which capability/capabilities they demonstrate.</p> <p>Exemplars of case studies are available. A link to the exemplars is provided on the resource page at the end of this document.</p>	<ul style="list-style-type: none"> ● 2: Maintaining an ethical approach ● 3: Communication and consultation ● 4: Data gathering and interpretation ● 5: Clinical examination and procedural skills ● 6: Making decisions ● 7: Clinical management ● 8: Managing medical complexity ● 9: Working with colleagues and in teams ● 12: Practising holistically, promoting health and safeguarding ● 13: Community orientation
Multi-source feedback (MSF)	<p>An MSF is a strong piece of evidence as it is an anonymous feedback exercise. We recommend you obtain feedback from around 6-10 colleagues. Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually.</p> <p>If you do not have MSF evidence, you may include feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time in the format of letters or references.</p>	<ul style="list-style-type: none"> ● 1: Fitness to practise ● 2: Maintaining an ethical approach ● 9: Working with colleagues and in teams ● 10: Improving performance, learning and teaching ● 11: Organisation, management and leadership

Patient satisfaction questionnaire (PSQ)	<p>A PSQ is a strong piece of evidence as it is an anonymous feedback exercise. If you are unable to provide a PSQ, you may include the following:</p> <ul style="list-style-type: none"> ● 'thank you' letters and cards from patients ● statements from your referees ● testimonials and letters from colleagues ● other feedback from patients and colleagues 	<ul style="list-style-type: none"> ● 1: Fitness to practise ● 2: Maintaining an ethical approach ● 3: Communication and consultation ● 10: Improving performance, learning and teaching
Referral letters	<p>As a guide we suggest you provide around six anonymised referral letters with responses. If you don't write referral letters or do not have this evidence, you could write a reflection on some of your referrals and how they may have changed your practice.</p>	<ul style="list-style-type: none"> ● 5: Clinical examination and procedural skills ● 7: Clinical management ●
Patient records	<p>It is not essential that you provide these. If you include examples of your patient records, we suggest you provide around ten examples which should relate to the cases you have discussed. Ideally, they should be presented as part of your case studies.</p>	<ul style="list-style-type: none"> ● 3: Communication and consultation ● 4: Data gathering and interpretation ● 8: Managing medical complexity ● 11: Organisation, management and leadership ● 12: Practising holistically, promoting health and safeguarding
Significant event analyses and Learning event analyses (SEAs and LEAs)	<p>Significant or Learning Event Analysis is a way of formally analysing incidents that may have implications for patient care. Analysing events in which patients were not harmed but nevertheless present an opportunity for learning are known as Learning Event Analysis. As a guide, we suggest you provide two or three examples of LEA and/or SEA. Exemplars of SEA are available. A link to the exemplars is provided on the resource page at the end of this document.</p>	<ul style="list-style-type: none"> ● 1: Fitness to practise ● 2: Maintaining an ethical approach ● 10: Improving performance, learning and teaching
Patient log	<p>A log of the patients you have seen consecutively in your current or most recent posts in general practice will help to show the breadth of your practice. This should cover a period of around one month and show the patients' age, sex and diagnosis. If you think a one month log is not representative of your usual caseload, you may want to record a longer period than a month and provide some comments and reflection on your patient population. A template is provided on the resource page at the end of this document.</p>	<ul style="list-style-type: none"> ● 7: Clinical management ● 8: Managing medical complexity

Specific Capability 1: Fitness to practise

This capability concerns your development of professional values, behaviours and personal resilience. It includes having insight into when your own and others' performance, conduct or health might put patients at risk, as well as taking action to protect patients.

The curriculum learning outcomes for this capability are:

- Develop the attitudes and behaviours expected of a good doctor
- Manage the factors that influence your performance

Suggested evidence

- Multi-source feedback with your personal reflections on the feedback you received.
- Results of a formal patient satisfaction questionnaire with your reflections on the feedback received. Ideally, this should be a survey of at least thirty patients, preferably in general practice. Other systems of feedback will be considered.
- Your personal reflections on cases that have influenced your practice or learning events. Advice on reflection and a reflective diary template can be found [here](#). You can also find exemplars on our resource page at the end of this document.
- A record of your last appraisal or performance review by your department head or clinical supervisor. Alternatively, letters written at the time commenting on your performance.
- A recorded patient complaint with your reflection on it and the impact on your practice. This may include a complaint against the department within which you work or against a colleague where you were involved in the resolution. Alternatively, you may reflect on how you would manage a fictional complaint. It is recognised that complaints are common; it is your response and reflection on them which are important.
- For applicants based overseas, a Certificate of Good Standing from your medical regulator.



The CEGPR team recommends:

If you can provide the results of colleague and patient surveys in a report or summary, with your reflections on them, this is more helpful than presenting all the completed questionnaires you received.

Specialty Capability 2: Maintaining an ethical approach

This capability is about practising ethically, with integrity and a respect for diversity.

The curriculum learning outcomes for this capability are:

- Treat others fairly and with respect, acting without discrimination
- Provide care with compassion and kindness

Suggested evidence

- Case studies demonstrating this capability. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Multi-source feedback with your personal reflections on the feedback you received.
- Results of a formal patient satisfaction questionnaire with your reflections on the feedback received. Ideally, this should be a survey of at least thirty patients, preferably in general practice. Other systems of feedback will be considered.
- Your personal reflections on significant and/or learning events or professional dilemmas. Exemplars of significant event analyses are provided on the resource page at the end of this document.
- Your response to a patient complaint and your reflection on the incident. This may include a complaint against the department within which you work or against a colleague where you were involved in the resolution. Alternatively, your response to a fictional complaint. It is recognised that complaints are common; it is your response and reflection on them which are important.
- To demonstrate your understanding of confidentiality, you may also include reflection on cases with an ethical component.
- Reflection on your learning and continuing professional development (CPD) related to medical ethics.



The CEGPR team recommends:

Your personal reflection on an ethical dilemma, on a difficult case involving ethical considerations or a learning event will provide good evidence for Specific Capability 2.

Specific Capability 3: Communication and consultation

This capability is about communication with patients; using recognised consultation techniques; establishing patient partnerships; managing challenging consultations; managing consultations where the patient's relative or other person is present and use of interpreters.

The curriculum learning outcomes for this capability are:

- Establish an effective partnership with patients
- Maintain a continuing relationship with patients, carers and families

Suggested evidence

- Evidence that you have passed an examination or formal test of clinical and consulting skills for general practice.
- Evidence that your clinical and consulting skills have been directly observed and assessed.
- Case studies demonstrating your communication and consulting skills across a range of patients. For each case study, please provide a personal reflection about your care, focusing on your specific communication and consulting skills and how they were used, and any learning needs you have identified. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Results of a formal patient satisfaction questionnaire with your reflections on the feedback received. Ideally, this should be a survey of at least thirty patients, preferably in general practice. Other systems of feedback will be considered.



The CEGPR team recommends:

Make sure you reflect on your communication and consulting skills, and how they were used, in the case studies you select as evidence for Specific Capability 3.

Specific Capability 4: Data gathering and interpretation

This capability is about interpreting the patient's narrative, clinical record and biographical data, investigations and examination findings.

The curriculum learning outcomes for this capability are:

- Apply a structured approach to data gathering and investigation
- Interpret findings accurately to reach a diagnosis

Suggested evidence

- Case studies across a range of patients. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of your patient records which should relate to the subject of your case studies.
- Examples of your management plans. We suggest around three examples.



The CEGPR team recommends:

If you are including patient records and management plans, group them together in your application so they are next to the case study they relate to.

Specific Capability 5: Clinical examination and procedural skills

This capability is about using a proficient approach to clinical examination and procedural skills.

The curriculum learning outcomes for this capability are:

- Demonstrate a proficient approach to clinical examination
- Demonstrate a proficient approach to the performance of procedures

Suggested evidence

- Case studies across a range of patients. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of referral letters with the response from the consultants to whom the patients were referred. This could be a response from a consultant confirming your findings on clinical examination. A personal reflection about these referrals and any learning needs you have identified will enhance your evidence. You may also submit your personal reflection without the referral letters.
- Reports of work-based assessments you may have completed in general practice training, covering clinical examination and procedural skills. As a guide, we suggest up to ten reports. The work-based assessments used in training in the UK are described on the [RCGP website](#).

Specific Capability 6: Making decisions

This capability is about having a conscious, structured approach to making diagnoses and decision-making.

The curriculum learning outcomes for this capability are:

- Adopt appropriate decision-making principles
- Apply a scientific and evidence-based approach

Suggested evidence

- Examples of your management plans for complex patients. We suggest around three examples.
- Case studies of complex patients with multiple co-morbidities.

Specific Capability 7: Clinical management

This capability is about recognising and managing common medical conditions encountered in generalist medical care, safe prescribing and approaches to the management of medicines.

The curriculum learning outcomes for this capability are:

- Provide general clinical care to patients of all ages and backgrounds
- Adopt a structured approach to clinical management
- Make appropriate use of other professionals and services
- Provide urgent care when needed

Suggested evidence

- A patient log showing the age, sex and diagnosis of patients you have seen consecutively in general practice over a period of around one month. Billing summaries with generic descriptors should not be submitted. A template for the patient log is provided on the resource page at the end of this document.
- Case studies demonstrating your comprehensive continuity of care for your patients. Your chosen cases should include managing multimorbidity, chronic diseases, mental health problems and palliative care.
- Examples of your management plans for complex patients. We suggest around three examples.
- Your description of a typical working week in your current or most recent post in family medicine. This should include the number and type of patient contacts per day, with reflection on ways of working in your healthcare setting, your caseload and how you think your practice differs from working in general practice in the UK.
- A reflection on your case mix (breadth of your practice) and how it compares with general practice in the UK.
- Examples of referral letters with the response from the consultants to whom the patients were referred. A personal reflection about these referrals and any learning needs you have identified will enhance your evidence. You may also submit your personal reflection without the referral letters.
- Evidence to demonstrate awareness of the clinical guidelines commonly used in general practice in the UK. This might be incorporated in some of your cases studies or a reflection on your reading.
- A summary of patients seen in the last year from practice records, showing your own clinical work across the breadth of family medicine, your workload and patient population. Some applicants present this information as graphs and pie-charts.



The CEGPR team recommends:

Introduce your patient log with some thoughts and comments on it. Don't be afraid to reflect, for example, that you perform a lot of procedures or health checks or see more of some types of patient than others which may reflect the local population. This additional personal reflection will improve your evidence for Specific Capability 7.

Specific Capability 8: Managing medical complexity

This capability is about aspects of care beyond managing straightforward problems. It includes multi-professional management of comorbidity and polypharmacy, as well as management of uncertainty and risk. This capability also covers appropriate referral, the planning and organising of complex care, and promoting recovery and rehabilitation.

The curriculum learning outcomes for this capability are:

- Enable people living with long term conditions to improve their health
- Manage concurrent health problems within an individual patient
- Adopt safe and effective approaches for patients with complex needs

Suggested evidence

- Case studies demonstrating your approach to the care of patients with long term conditions, multiple problems or complex needs. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Reports of work-based assessments you may have completed in general practice training, covering safe and effective approaches for patients with long term conditions or complex needs. As a guide, we suggest up to ten reports. The work-based assessments used in training in the UK are described on the [RCGP website](#).



The CEGPR team recommends:

We think case studies are often the best evidence for this capability. Have a look at our Mini guide about case studies and our case study exemplars.

Specific Capability 9: Working with colleagues and in teams

This capability is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues and working with other teams and services.

The curriculum learning outcomes for this capability are:

- Work as an effective team member
- Coordinate a team-based approach to the care of patients

Suggested evidence

- Multi-source feedback with your personal reflections on the feedback you received.
- A statement describing how you provide integrated or shared care for your patients.
- A description of the multidisciplinary teams within which you work.
- Letters you have written or evidence of conversations with other health care professionals about patient management and their responses. We suggest a maximum of six letters, notes or messages which should relate to the cases you have presented.



The CEGPR team recommends:

Some of your case studies may also provide evidence for working with colleagues and in teams. In your reflection, you could consider your role in leading and coordinating the patient's care, working both with colleagues in your team and with other health and social care teams.

Specific Capability 10: Improving performance, learning and teaching

This capability is about continuously improving performance, undertaking self-directed learning and effective continuous professional development, as well as supporting the learning of others. It also includes leading clinical care and service development, participating in quality improvement and research activity.

The curriculum learning outcomes for this capability are:

- Continuously evaluate and improve the care you provide
- Adopt a safe and scientific approach to improve quality of care
- Support the education and development of colleagues

Suggested evidence

- Appraisals and assessments. A record of your last appraisal or performance review by your department head or clinical supervisor.
- Multi-source feedback with your personal reflections on the feedback you received.
- Your Personal Development Plan for the current year which should contain details of learning needs you have identified and your learning objectives. A template for your PDP is provided on the resource page at the end of this document.
- CPD certificates and/ or CPD registration points from a UK Medical Royal College or equivalent body overseas. More weight will be given to CPD relevant to family medicine, particularly to learning that is transferable into UK general practice. You should also provide a written reflection on the learning gained from a selection of your recent courses or activities and describe the impact on your clinical practice.
- A letter from your employer or education centre describing your role and level of involvement in undergraduate, postgraduate or specialty trainee education. Alternatively, a statement describing your training or mentoring of staff.
- Feedback or evaluation forms from those you have taught, both structured and informal feedback.
- If you have been an appraiser or assessor of others, you may submit 1-2 records of assessment, or letters demonstrating your role as an appraiser, assessor or examiner.
- Quality improvement (QI) project OR a clinical audit. You can present evidence of a recent project, including audit, which led to improvement in patient care. Ideally, you will provide a project report and the documentation, protocols or forms which may have been developed as part of this work. You may also include minutes of meetings where the project was discussed with other teams. If presenting audit work completed in hospital or general practice, you must show your understanding of the full audit process. Ideally, your audit will be provided as a report with analysis of the actual data collected. More information on the Plan-Do-Study-Act (PDSA) approach and other improvement activities is provided in this brief [guide](#). A helpful summary of clinical governance activities used in general practice is provided [here](#).
- Your personal reflections on cases that have influenced your practice, or significant events. Advice on reflection and a reflective diary template can be found [here](#). You can also find exemplars on our resource page at the end of this document.
- Other evidence of participation in quality improvement; for example, documenting your role in achieving practice accreditation.
- Patient information leaflets or other material created by you for your patients.



The CEGPR team recommends:

Remember that we want to see evidence of your most recent quality improvement activities in your current or recent practice. If you have it, feedback received from learners usually provides the best support for teaching. If you decide to submit examples of your teaching presentations or your assessments of junior doctors, only include one or two examples.

Specific Capability 11: Organisation, management and leadership

This capability is about using effective administration systems and information technology for the benefit of patient care. It also includes development of clinical leadership skills.

The curriculum learning outcomes for this capability are:

- Apply leadership skills to improve your organisation's performance
- Make effective use of information and communication systems
- Develop the financial and business skills required for your role

Suggested evidence

- Multi-source feedback with your personal reflections on the feedback you received.
- Evidence of audit and quality improvement work could be used to demonstrate organisational management and leadership.
- Letters or emails you have sent to colleagues about a new process, project or initiative; minutes of meetings relating to this work, showing your participation in the meeting and that you were involved in taking things forward; example of a protocol, process or guidance which you developed.



The CEGPR team recommends:

Your evidence for Specific Capability 10 may also be relevant here and can be cross-referenced. It's helpful to include an introductory statement, with your reflective notes and comments, when presenting examples of protocols or guidance you developed.

Specific Capability 12: Practising holistically, promoting health and safeguarding

This capability is about being aware of and considering the physical, psychological, socioeconomic and cultural dimensions of health. Capability includes taking into consideration patients' feelings and opinions, encouraging health improvement, self-management, preventative medicine and shared care planning with patients and their carers. It also includes using skills and knowledge to take appropriate safeguarding actions.

The curriculum learning outcomes for this capability are:

- Demonstrate the holistic mindset of a generalist medical practitioner
- Support people through experiences of health, illness and recovery
- Safeguard individuals, families and local populations

Suggested evidence

- Medical reports which you have produced for other agencies, for example, for social services, the courts and occupational health. A maximum of two reports would be helpful and should be placed in context with a brief introduction about the case.
- Case studies demonstrating your holistic care, including examples of health promotion and safeguarding. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Letters you have written to other agencies and health care professionals discussing patient management and their responses. We suggest a maximum of six letters which should relate to the cases you have presented.
- Reports of work-based assessments you may have completed in general practice training where you have demonstrated comprehensive, holistic approaches to patient care including safeguarding and promoting health. As a guide, we suggest up to ten reports. The work-based assessments used in training in the UK are described on the [RCGP website](#)



The CEGPR team recommends:

Think about how you practise holistically and incorporate health promotion in your consultations when choosing case studies as evidence for this capability. If you don't have an example from your own practice of a case involving safeguarding concerns, we suggest you reflect on your learning in this area and describe how a case might be managed and what you will need to be alert to.

Specific Capability 13: Community orientation

This capability is about managing health and social care of the local population, including building relationships with communities, knowing how local services can be accessed and understanding the structure of the local healthcare system.

The curriculum learning outcomes for this capability are:

- Understand the health service and your role within it
- Build relationships with the communities in which you work

Suggested evidence

- CPD certificates and/ or CPD registration points from a UK Medical Royal College (or equivalent body overseas). More weight will be given to CPD relevant to family medicine, particularly to learning that is transferable into UK general practice. You should also provide a written reflection on the learning gained from a selection of your recent courses or activities and describe the impact on your clinical practice.
- A robust portfolio of documentary evidence to demonstrate knowledge and understanding of National Health Service (NHS) general practice. Reports and other items which can be helpful are listed below. Try to provide a range of evidence. **You are not expected to provide all the items listed below; the most important items are listed first.**
 - A short reflective essay about primary care in the UK, highlighting differences between your current practice and practice in the UK. This should be based on reading, research, learning from online resources and professional conversations. This should include learning points and topics you have identified for further study.
 - A reflective statement on the changes you expect to make in your clinical approach, personal organisation and consulting skills in order to manage the workload in general practice in the UK and consulting with around 30 patients a day.
 - Detailed case studies of a range of patients, exploring how management of those patients might differ in the UK and how any gaps in knowledge might be addressed. You might include cases with medico-legal implications.
 - A report from an appointed and trained supervisor following a period of work shadowing in the NHS.
 - Certificates of online learning modules relating to UK general practice organisation with reflection and discussion of the learning gained.
 - A report of general practice related conferences or training events attended in the UK with reflection and analysis of the learning gained from these events.
 - A report to show understanding of medico-legal issues in the NHS and one or two case studies with medico-legal implications. You can use these to consider how you would manage a similar case in general practice in the UK, and how you would address any gaps in your knowledge in this area.



The CEGPR team recommends:

This is an important part of your overall evidence to demonstrate the 13 capabilities. We suggest you provide at least three of the clear bulleted items above – the ones which carry most weight are listed first. Your evidence should demonstrate your understanding of how general practitioners provide care for patients in the UK, as well as the changes you may need to make to adapt to the role. There will be differences from your practice and some areas of learning – do point them out and explain how you plan to address them.

Good Luck

We hope this guidance has been useful. Be sure to look at the exemplars, templates and other resources for applicants on the following page.

If you have any questions or need further advice, please contact the RCGP CEGPR team at cegpr@rcgp.org.uk

Resources

Guidance

- [Living and working in the UK as a GP: A guide for overseas doctors and their families](#)
- [GMC application process and guidance for CEGPR](#)
- [RCGP curriculum: Being a General Practitioner](#)
- [e-learning for General Practice](#)
- [Case studies and Significant Event Analysis Exemplars](#)
- [CEGPR Frequently Asked Questions](#)
- [Clinical governance and quality improvement](#)
- [An Introduction to Quality Improvement in General Practice](#)
- [How to do a Quality Improvement Project](#)
- [Colleague and patient feedback](#)

RCGP Mini Guides

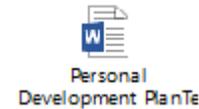
- [CEGPR Mini Guide 1 - Before you start your application 0522](#)
- [CEGPR Mini Guide 2 - Your training and qualifications 0522](#)
- [CEGPR Mini Guide 3 - The importance of clear evidence 0522](#)
- [CEGPR Mini Guide 4 - Reflection - the how and the why 0522](#)
- [CEGPR Mini Guide 5 - UK practice - what the evaluators are looking for 0522](#)
- [CEGPR Mini Guide 6 - Case Studies 0522](#)

Templates

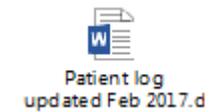
Patient and colleague questionnaires:



Personal Development Plan:



Patient log:



Reflective diary:

