

Rheumatology

This guidance is to help doctors who are applying for entry onto the Specialist Register through the Portfolio pathway in Rheumatology. You will also need to read the [Rheumatology Curriculum documentation](#)

Can I get advice before I submit my application?

You can [contact us](#) and ask to speak to the Specialist Applications team for advice before you apply.

Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

How much evidence to submit

This guidance on documents to supply is not exhaustive and you may have alternative evidence. We recognise that you may not have all the evidence listed here and you may wish to delay submitting an application until you are able to gather it.

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required competencies in all areas of the [Rheumatology Curriculum documentation](#) If evidence is missing from one area of the curriculum for example, then the application may fail.

If you have a piece of evidence that it relevant to more than one domain, do not include multiple copies in your bundle. Instead, include one copy and list it in your evidence list under each relevant area, stating that the document is located elsewhere. (For example you might state: "document included in teaching and training section".)

Currency of evidence

Evidence which demonstrates that you have met a curriculum outcome can be drawn from any point in your career. However, there should be corresponding evidence of recent (within the last five years of clinical practise (WTE) to confirm the maintenance of the skill or competency.

Evidence of your recent practice will be given more weight to reflect current capabilities and we suggest that approximately 50% of your evidence for a curriculum outcome is drawn from within the last five years of clinical practise (WTE).

You should nominate a minimum of three referees for the GMC to obtain structured reports from. They should include:

- Current Head of Department or other senior colleague with knowledge of the breadth of your clinical activity. Ideally, they should be an Educational Supervisor with at least 5 years experience themselves or appropriate training experience
- At least two other reports from colleagues working with you at consultant level in your specialty

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details don't need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

Knowledge, skills and performance

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 primary medical qualification 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 primary medical qualification verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
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Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold. You should provide:

Evidence of completion of full **MRCP(UK)** or comparable assessments of the breadth of applied knowledge, skills and experience required for specialist registration.

The MRCP(UK) is comprised of three tests, designed to assess acquisition of the full range of knowledge, skills and behaviour, as well as clinical understanding and execution, as detailed in the UK curriculum for Core Medical/Internal Medicine Training. For further information on the MRCP(UK), [click here](#).

Evidence of completion of the Specialty Certificate Examination in Rheumatology or equivalent.

If you do not hold the MRCP (UK) and SCE or a comparable qualification as above, you can aim to demonstrate the same level of knowledge by providing:

A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every competency in the qualification has been covered in your own qualifications. The evaluators will then determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge. It will be assessed on a case by case basis and will involve the applicant to produce a portfolio of evidence.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence **in addition** to your qualification:

- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be from any point in your career)

Curriculum or syllabus (if undertaken outside the UK)	<p>Please provide a copy of your curriculum or syllabus.</p> <p>This should include the requirements of the qualification and must relate to the specialty in which you are applying. The curriculum or syllabus (including assessment methods) must be the one that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>For qualifications, we will look to evaluate:</p> <ul style="list-style-type: none">• where the curriculum covers areas of the CCT curriculum• the complexity of the work undertaken• how examinations are evaluated or quality assured (external assessment). <p>The JRCPTB does not currently have any of documents relating to overseas training programmes and therefore applicants must supply these.</p>
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Assessments and appraisals

Appraisals	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals or performance reviews. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p> <p>Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>
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RITAs, ARCPs and training assessments

Assessments

8 SLEs comprised of a mix of CBds and mini-CEX – 4 of which must have been completed within 12 months clinical practise (WTE) of application

4 MCRs completed in the last 12 months clinical practise (WTE)

Procedural competencies

A structured report concentrating upon the core and specialist procedural skills by a senior colleague – the GMC will request this as part of the application process so you should ensure you nominate at least one doctor who are able to directly comment on your procedural competence

OR

Provide one summative DOPS for each procedure for which an applicant must be competent to perform unsupervised

If you have worked in posts approved for a specialist training programme for a relevant qualification 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.

If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.

Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided).

If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs.

360° and multi-source feedback	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of one in the 12 months clinical practise (WTE) before the application has been submitted – any available from the last 5 years clinical practise (WTE) should also be submitted.</p> <p>MSF should include approximately 12 colleagues, including medical and non-medical sources.</p>
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Records of daily clinical practice

The evidence you supply here **must** demonstrate that you have achieved **all** the CiP outcomes for your specialty.

Medical reports	<p>You should provide examples across the breadth of your practice following the Academy of Medical Royal Colleges and NHS agreed format:</p> <p>Standards for the clinical structure and content of patient records</p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none">• your involvement or role in cases• the types and complexity of cases you are involved in• your handling of patient paperwork• your respect and protection of confidential information• triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>
Case histories	<p>Case histories that you provide should include:</p> <ul style="list-style-type: none">• dates• diagnosis• nature of your involvement in the management of the case• which curriculum competencies were involved. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none">• your involvement or role in cases• the types and complexity of cases you are involved in• your handling of patient paperwork• your respect and protection of confidential information• triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>

<p>Referral letters discussing patient handling</p>	<p>Please provide a variety of copies of letters to cover all aspects of your work and to demonstrate the breadth of your practice. This may include examples of letters:</p> <ul style="list-style-type: none"> • requesting a second opinion • advising clinical colleagues or answering particular questions regarding patient management • from clinical colleagues regarding applicants involvement in patient management. <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your relationship with your colleagues in other disciplines • your handling of patient paperwork • your recognition of the limits of your professional competence • your respect and protection of confidential information. <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Patient lists</p>	<p>You may wish to include copies of patient lists. You can use these to demonstrate:</p> <ul style="list-style-type: none"> • your involvement or role in cases • the types and complexity of cases you are involved in • your participation in teaching and training (where you are supervising a junior colleague) • the volume of cases you undertake • triangulation with rota, timetable and job plan information • triangulation with logbook information. <p>All evidence in this area must be anonymised for individual patient data.</p>

<p>Departmental (or trust) workload statistics and annual caseload statistics</p>	<p>You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years clinical practice (WTE).</p> <p>You can use these to demonstrate:</p> <ul style="list-style-type: none"> • the size of the hospital in which you work • the volume of work undertaken within your trust and the percentage that you undertake • the range of work that you undertake and that is undertaken within your trust • triangulation with logbook information
<p>Rotas, timetables and job plans</p>	<p>You must provide samples of your rotas drawn from (not covering) the last three years of clinical practise (WTE). These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.</p>
<p>Courses relevant to curriculum</p>	<p>Making time available for formal courses is encouraged, subject to local conditions of service. Examples include Educational courses such as the British Society for Rheumatology (BSR)</p> <p>Core and Advanced courses, and Formal training in communication skills and in teaching skills.</p> <p>Any overseas courses will be evaluated in line with UK courses.</p>

Details of posts and duties (including both training and experience posts)

Employment letters and contracts of employment	<p>The information in these letters and contracts must match your CV. They will 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>The content should include evidence of the different work environments / settings defined in the curriculum.</p>
Job descriptions	<p>These must match the information in your CV. They will 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>The content should include evidence of the different work environments / settings defined in the curriculum.</p>

Research, publications and presentations

Research papers, grants, patent designs	<p>Please include any research relevant to your current practice.</p> <p>If the research is published - please submit the first page of the published paper.</p> <p>If the research is not published - please provide a summary or abstract of the research.</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• working with colleagues (where research is joint or multi disciplinary)• Continuing Professional Development (CPD)• training in research methodology and/or conduct research. <p>Where you have not provided evidence of success in an examination to demonstrate your specialist knowledge that evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
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<p>Publications within specialty field</p>	<p>Include a copy of the front page of each publication.</p> <p>More weight is given where:</p> <ul style="list-style-type: none"> • the applicant is first author • the publication has a high impact factor. <p>You must not change the listing of the authors (the order in which the authors are listed) in papers where there is more than one author.</p> <p>You must provide evidence of having contributed to the production of clinical guidelines (local or national)</p> <p>Colleges may undertake web searches to check the information you provide.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • working with colleagues (where publications are joint or multi disciplinary) • CPD. <p>Where you have not provided evidence of success in an examination to demonstrate your specialist knowledge that evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
<p>Presentations, poster presentations</p>	<p>You may wish to supply invitations to present at national or international meetings to demonstrate your recognition within your specialty. You may also supply feedback from presentations or meeting agendas or programmes that show your participation.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training. <p>Where you have not provided evidence of success in an examination to demonstrate your specialist knowledge that evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

CPD and CME

<p>CPD record certificates, certificates of attendance, workshops and at local, national and international meetings or conferences</p>	<p>You should provide a variety of these to cover all aspects of your work and to demonstrate the breadth of your practice. Where you have specialised the provision of CPD records covering the other aspects of the relevant curriculum is important to demonstrate the maintenance of your skills.</p> <p>Please provide details of the events you have attended describing the content. Support this with documentary evidence of your attendance (CPD certificates etc).</p> <p>See the JRCPTB guidelines at www.jrcptb.org.uk.</p>
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>Please provide evidence of registration within a formal system. Royal Colleges or Faculties may confirm attainment of their requirements.</p> <p>See the JRCPTB guidelines at www.jrcptb.org.uk.</p>
<p>Membership of professional bodies and organisations</p>	<p>List the following for your current membership of professional bodies and organisations. Provide documentary evidence showing membership information:</p> <ul style="list-style-type: none">• organisation name• date of joining• status of membership (member, associate etc)• how membership is achieved (evaluation, examination, is membership restricted or open to all?) <p>Where membership has been attained through an evaluation or examination and you have not provided evidence of success in an examination that is a requirement of the CCT curriculum, evidence in this area may contribute to your demonstration of equivalent knowledge.</p> <p>See the JRCPTB guidelines at www.jrcptb.org.uk.</p>

Teaching and training

Teaching timetables	<p>Where you have undertaken a number of roles provide details for each post or role, indicate the level of the teaching. Where teaching is not formal (timetabled) indicate how you participate in teaching.</p> <p>Timetables to include evidence of</p> <ul style="list-style-type: none">• participation in patient education collaboratively with other members of a multi-professional team• participation in the teaching of allied health professional. <p>Where you have not provided evidence of success in an examination to demonstrate your specialist knowledge that evidence in this area may contribute to your demonstration of equivalent knowledge.</p>
Lectures	<p>Please include evidence showing the audience and topics covered, such as posters advertising event, educational timetable from trust education centre, letter from education centre indicating your involvement in specialty trainee formal education programme. This can include attendance or speaking at meetings of 'lay' patient support organisations.</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information• CPD• teaching and training• communication skills. <p>Where you have not provided evidence of success in an examination to demonstrate your specialist knowledge that evidence in this area may contribute to your demonstration of equivalent knowledge.</p>

<p>Feedback or evaluation forms from those taught</p>	<p>Please provide copies of feedback from teaching events you have participated in. You should provide one feedback from teaching e.g Teaching Observation completed in last 12 months of clinical practise (WTE)</p> <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you are involved in • triangulation with logbook information • CPD • teaching and training • leadership • relationships with colleagues • communication skills. <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Attendance at teaching or appraisal courses</p>	<p>Please provide documentary evidence that you attended the courses and information on the content of the course including whether they were generic or aimed at medical professionals.</p>

<p>Participation in assessment or appraisal and appointments processes</p>	<p>You may provide the following types of evidence to support this area:</p> <ul style="list-style-type: none">• copies of invitations to appraisals or assessments including attendance at appraisal/assessment courses• evidence of participation in the Deanery ARCP or RITA processes• evidence of participation in appointments for trainees (including invitations to participate and interview panel information, including attendance at interview and appointment related courses). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• contribution to postgraduate and continuing medical education activity, locally and nationally• any responsibilities which relate to a special interest• participation in administration, management duties• participation in teaching and training• communication, partnership and teamwork• relationships with colleagues (including giving feedback)• leadership.
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Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant	<p>You should provide evidence of one audit/QIP completed in last 12 of most recent practice (WTE). You should provide evidence of the five stages of the audit process:</p> <ol style="list-style-type: none">1. Definition of criteria and standards2. Data collection3. Assessment of performance against criteria and standards4. Identification of changes (alterations to practice)5. Re-evaluation <p>Evidence you could supply includes:</p> <ul style="list-style-type: none">• audit reports (collections of data alone are not considered as a full clinical audit)• publications• submissions to ethics committee (not satisfactory alone)• presentations of audit work (see above for details required for presentations)• letter from audit or clinical governance lead confirming participation in audit or governance activities• guidelines produced to reflect lessons learned within audit• notes from self-reflective diaries. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• the types and complexity of cases you are involved in• triangulation with logbook information CPD• communication, partnership and teamwork• relationships with colleagues, patients• leadership• multi disciplinary working.
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<p>Reflective diaries</p>	<p>You can use this document to demonstrate</p> <ul style="list-style-type: none"> • triangulation with logbooks • relationships with colleagues • your recognition of the limits of your professional competence • handling of critical incidents or complaints • how you have changed your practice in the light of experiences (part of audit). <p>As this evidence is self produced for its content to be given weight it must be supported or triangulated by other evidence.</p>
<p>Service Improvement and clinical governance meetings</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none"> • invitations to attend meetings • minutes of meetings demonstrating your attendance and participation in the meeting. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none"> • communication, partnership and teamwork • relationships with colleagues • leadership • multi disciplinary working • participation in audit or clinical governance. <p>All evidence in this area must be anonymised for individual patient data.</p>

Safety

Health and safety	<p>Please provide evidence to support awareness and following Health and Safety requirements.</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• attendance at appropriate course• involvement in infection control (membership of committees etc)• audit on infections and subsequent changes in activity.
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Communication, partnership and teamwork

Communication

Colleagues	<p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team (including non clinical).</p> <p>This can be demonstrated by:</p> <ul style="list-style-type: none">• letters from colleagues (examples of shared cases or “To whom it may concern letters” or testimonials)• letters of correspondence between you and your colleagues, demonstrating collaboration over management of patient care across multidisciplinary teams• management – including organising staff rotas• presentations• copies of appraisals or references written for colleagues (these must be anonymised with relation to colleague data). <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working• participation in directorate and management meetings• honesty and objectivity. <p>Please also provide evidence of working with:-</p> <ul style="list-style-type: none">• wider healthcare team including Primary Care, intermediate and secondary care teams• multidisciplinary teams• community groups. <p>These could be demonstrated using the following types of evidence:-</p> <ul style="list-style-type: none">• newspaper articles• local authority / government meeting minutes,
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	<ul style="list-style-type: none"> • extracts from websites • job descriptions • articles, publications.
Patients	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. You should provide evidence of one completed in last 12 months of most recent practise (WTE). The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues ▪ Feedback from patients/colleagues

Partnership and teamwork

Working in multidisciplinary teams	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• multi disciplinary working. <p>All evidence in this area must be anonymised for individual patient data.</p>
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<p>Management and leadership experience</p>	<p>This area could be demonstrated in a number of ways including:</p> <ul style="list-style-type: none">• invitations to attend meetings• minutes of meetings demonstrating your attendance and participation in the meeting• job plans which indicate this as a duty• appraisals which include this information. <p>You can use these documents to demonstrate:</p> <ul style="list-style-type: none">• communication, partnership and teamwork• relationships with colleagues• leadership• management skills. <p>You should demonstrate leadership and management in the following areas:</p> <ul style="list-style-type: none">• Education and training• Deteriorating performance of colleagues (e.g. stress, fatigue)• High quality care• Effective handover of care between shifts and teams <p>All evidence in this area must be anonymised for individual patient data.</p>
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Chairing meetings and leading projects

This area could be demonstrated in a number of ways including:

- invitations to attend meetings
- minutes of meetings demonstrating your attendance and participation in the meeting
- job plans which indicate this as a duty
- appraisals which include this information
- project reports
- letters from colleagues
- publications or presentations.

You can use these documents to demonstrate:

- communication, partnership and teamwork
- relationships with colleagues
- leadership
- multi disciplinary working
- participation in directorate and management meetings
- CPD.

Where you have not provided evidence of success in an examination to demonstrate your specialist knowledge that evidence in this area may contribute to your demonstration of equivalent knowledge.

All evidence in this area **must** be **anonymised** for individual patient data.

Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate this with: <ul style="list-style-type: none">• statements from your referees• appraisal forms• having no restrictions on your registration (UK based doctors)
Equality and human rights (including disability, human rights, race, religion and ethnicity awareness and equal opportunities)	You can demonstrate this with: <ul style="list-style-type: none">• evidence of attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• statements from your referees• testimonials.
Data protection	You can demonstrate this with: <ul style="list-style-type: none">• attendance at relevant courses (please provide details of course content)• feedback from patients and colleagues• your application and evidence being appropriately anonymised.

Relationships with patients

Testimonials and letters from colleagues	You may include "To whom it may concern letters". All evidence in this area must be anonymised for individual patient data.
Thank you letters, cards from colleagues and patients	Please ensure that these are anonymised (for individual patient data).
Complaints and responses to complaints	This is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application. You may include complaints received against the department within which you worked or one against a colleague where you have been involved in the resolution. You may provide a reflective diary of how you would handle a hypothetical complaint. All evidence in this area must be anonymised for individual patient data.