

General Practice

This guidance is to help doctors who are applying for entry onto the GP Register via the CEGPR route. You should also read the [General Practice Curriculum documentation](#)

A message from the Chair of the Royal College of General Practitioners CEGPR Panel

Thank you for your interest in working in general practice in the UK and the CEGPR route.

The Specialty Specific Guidance may seem daunting on first reading. I recommend that you take time to read it and prepare your application carefully. However, there is no need to submit thousands of pages of evidence from different sources to be successful. Provided you can offer *relevant, personal* evidence to support your written statements, you will have a good chance of success.

The Specialty Specific Guidance describes the type of evidence which we expect to see for each area of practice and also some common pitfalls. You will see that evidence which shows your personal participation in an activity and your personal reflection on it will carry most weight, for example, a report of a significant event. You can find more information about reflection and being reflective in the College's guidance for CEGPR applicants on our [website](#).

I also strongly advise you to read the GP curriculum, available on the GMC and the RCGP websites. Ideally, a good proportion of your evidence will focus on the five areas of capability set out in Curriculum Statement 1, [Being a General Practitioner](#).

If you are unsure about any aspect of the evidence listed here, or would like to discuss your own evidence, please contact our GP Specialist Applications Team at gpsa@rcgp.org.uk for help and advice before you submit your application.

I wish you every success.

Chair of the CEGPR Panel, The Royal College of General Practitioners

How will my application be evaluated?

For a CEGPR you must demonstrate that your training, qualifications and experience are equivalent to a doctor who has completed training for a Certificate of Completion of Training (CCT) in General Practice. The full [curriculum for general practice training](#) provides further details.

The key characteristics of UK general practice include:

- First contact with undifferentiated patients of all ages in a community setting
- Ongoing care of a defined population
- Management of long-term chronic conditions and complex co-morbidity
- Community focus including health promotion / disease prevention activities
- Multidisciplinary teamwork
- Clinical governance, patient safety and quality improvement activities

The core curriculum document is 'Being a General Practitioner'; this includes descriptions of 'the core capabilities', but you must also refer to detailed information in the supporting professional and clinical modules. 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 must learn to apply a holistic knowledge of the patient and demonstrate a person-centred approach involving shared decision-making with your patient. In addition, you must work effectively within and between multi-disciplinary teams and services, coordinating and leading care across organisational boundaries and using resources cost-effectively.

The evidence that you submit should demonstrate that you meet the learning outcomes in the curriculum and show an understanding of the UK contextual aspects. You may submit case studies based on real clinical examples, reflecting on how the management of these patients in the UK might differ from your current practice, and other evidence of learning you have undertaken to prepare for UK general practice.

Because you are demonstrating current competence and not just past achievements, we consider evidence from the last five years to be more relevant than older experience and that is, therefore, given greater weighting when we evaluate your application. Greater weight will be given to evidence where the applicant's personal involvement is clearly demonstrated with reflection and any consequent change in practice described.

How is the training programme leading to a Certificate of Completion of Training (CCT) in General Practice organised?

The minimum duration of training for a CCT in General Practice under EU legislation is three years and it is **very unlikely** that you would achieve the competences required for a CCT in a shorter period of time.

In the UK, the CCT training programme is normally made up of eighteen months training in hospital posts and eighteen months in community general practice posts.

Submitting your evidence

You should 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 do this in our [important notice about evidence](#).

If you trained in the UK, there is no need to print and verify pages from your GP trainee ePortfolio. The GMC will obtain your chosen pages directly from the RCGP without the need for verification. You will need to list the pages that you wish to include as evidence on a separate form. Please contact the GMC for form CN23. Please be aware that the GMC will not contact the RCGP to request that documents are extracted from your ePortfolio until you submit an application for CEGPR.

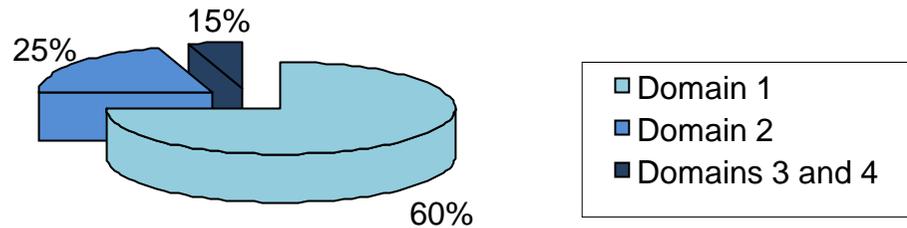
You will need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

How much evidence to submit

Please keep the following in mind when gathering, selecting and compiling your evidence:

- The evaluators hope to see high quality, relevant evidence to demonstrate the required competences across the curriculum areas. It is more important to carefully select your evidence and present it in a well organised way, than to provide a very large volume of evidence.
- As a general guide, most applications contain around 500 to 800 pages of evidence.
- A very large bundle of more than 800 pages may 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.
- 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 add a note at the top of the first page to identify it and confirm the skills or area of practice you are demonstrating. You may write this on a separate sheet if you prefer.
- If you have an item of evidence that is relevant to more than one domain, do not include multiple copies in your bundle. Include one copy and list it in your evidence under each relevant area, stating that the document is located elsewhere. For example, you might state: "document included in teaching and training section."
- You may have alternative evidence which you would like to discuss with an Adviser. Contact the Royal College of General Practitioners GP Specialist Applications Team for advice if you're unsure about any aspect of your evidence. You can write to the team at gpsa@rcgp.org.uk or telephone 020 3188 7656 (+44 20 3188 7656 from outside the UK).
- Your referees should be familiar with the current curriculum so they can provide detailed support for your competence across all or most areas.

Evidence breakdown



Types of evidence are divided into four different GMC domains. We recommend that you apportion the evidence you provide with your application as shown in the pie chart.

Domain 1: 60%

Domain 2: 25%

Domains 3 and 4: 15%

It is important to note that you will not be able to compensate for shortfalls in your evidence of training and experience in a particular area of the curriculum by providing extra evidence in other areas.

Unsuccessful applications

Experience has shown that there are common reasons why some candidates are unsuccessful in their application for a CEGPR. These are set out below. Your application will need to show sufficient breadth and relevant detail to allow evaluators to confirm that your training, experience and qualifications are equivalent to that of a doctor who has completed the training programme for a CCT.

1. Failure to demonstrate knowledge of the full breadth and depth of the GP curriculum including the assessments.

2. Failure to demonstrate knowledge and experience in a specific part of the GP curriculum, in particular, as listed below:

- 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. Learning from significant events and challenging cases adds additional weight here. (Core Capability: Continuously evaluating and improving the care you provide).
- Exposure to the full range of patients and conditions expected in UK general practice, dealing with unselected problems and coordinating care with other professionals in primary and secondary care (Core Capability: Providing general clinical care to patients of all ages and backgrounds).
- Primary care management, including caring for a registered list of patients (in and out of hours) and home visits (Core Capability: Providing urgent care when needed).
- Understanding the importance of holistic or person-centred care as a core competence of general practice (Core Capability: Demonstrating the holistic mind set of a generalist medical practitioner).
- Long-term continuity of care as determined by the needs of the patient, referring to continuing and coordinated care management and managing long term conditions (Core capability: Enabling people with long-term conditions to improve their health).
- Communication, coordinating care for your patients and making referrals (Core capability: Making appropriate use of other professionals and services).
- Understanding how primary care is organised in the UK. This will include how primary care functions within the wider NHS, how to coordinate care with other professionals in primary care and with other specialists or services. (Core capabilities: Understanding the health service and your role within it; coordinating a team-based approach to the care of patients).

3. Failure to provide a meaningful log of patients seen, showing age, gender, presentation and diagnosis, and demonstrating the full range of conditions / problems. Billing summaries with generic descriptors do not provide adequate evidence for case mix. A suggested template for the patient log can be requested at gpsa@rcgp.org.uk.

4. Failure to submit evidence of ongoing Continuing Professional Development (CPD) linked to a personal development plan. CPD should be across the whole GP curriculum and evidence should include a personal, reflective diary of learning achievements as well as a list of courses and lectures, etc. If your qualification is greater than five years old, it is especially important to demonstrate CPD (Core Capability: Continuously evaluating and improving the care you provide).

5. Failure to provide evidence of participation in department and/or management activities such as quality assurance, and awareness of patient safety issues (Core Capability: Applying leadership skills to improve your organisation's performance).

This is the specialty specific guidance for General Practice

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

6. Failure to provide recent relevant evidence. We consider experience gained in the last 5 years to be more relevant than older experience and it is given greater weighting when we evaluate your application.

7. The MRCGP examination consists of a test of consulting skills, a test of applied knowledge and assessments of performance in the workplace. Some applicants fail to provide evidence of successful completion of similar examinations. **Applicants who have previously been released / resigned from a UK general practice training programme**, having been unsuccessful in either the Applied Knowledge Test or Clinical Skills 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. [The Targeted GP training scheme](#), designed for trainees in the UK who completed the workplace-based assessment successfully but left training without passing either the AKT or the CSA, offers the best route for doctors in this situation and is currently available to applicants in England and Scotland.

8. Failure to use the [current curriculum](#). The most recent version on the GMC website should be referred to and not a printed copy which might be out of date.

What other resources are available?

Another useful resource is the [e-GP website](#), where you can access the e-GP online e-learning resource for NHS General Practitioners and doctors undertaking specialty training for UK general practice, jointly developed by the Royal College of General Practitioners (RCGP) and e-Learning for Healthcare (e-LfH), but there might be a cost.

If you are a doctor from overseas, then you should also refer to the [RCGP Overseas doctors guide](#), which will give you information about living and working in the UK as a GP.

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](#).

Domain 1 - Knowledge, skills and performance

Qualifications

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do <u>not</u> 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 by ECFMG 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 ECFMG. 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 any specialist medical qualifications you hold from <u>outside</u> of the UK.</p> <p>If your specialist medical qualification(s) was awarded in the UK, please provide a copy.</p> <p>Please provide evidence of postgraduate qualifications, e.g. MRCGP and postgraduate diplomas. Where the qualification is in general practice, please provide full details of examinations or assessments passed which contributed to the qualification.</p> <p>Please note that where we refer to the MRCGP examination, this refers to the MRCGP examination in its present format and does not refer to the MRCGP examination pre-2007 or the various forms of International MRCGP. The content of the current MRCGP examination is detailed above on page 6.</p> <p>The MRCGP examination in its old format pre-2007 and the MRCGP International do not address the content of the GP CCT curriculum against which equivalence is assessed. The MRCGP International examination does not test the full range of competences required for work in general practice in the UK National Health Service. This is because it is specific in context to the country in which the examination is taken. If you have passed MRCGP[INT], you will still need to show, through your evidence for each domain, that you have achieved the standard of the current UK GP CCT curriculum in full.</p> <p>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.</p> <p>Please list unsuccessful attempts at examinations (where you have not subsequently been successful) in the application form.</p>

<p>Curriculum or syllabus (if undertaken outside the UK)</p>	<p>If you have undertaken training outside the UK please provide a copy of your curriculum or syllabus. This must be the curriculum/syllabus in place when you undertook your training.</p> <p>If you completed the Royal Australian College of General Practitioners General Practice Training Programme or the Royal New Zealand College of General Practitioners General Practice Education Programme, you do not need to provide a copy of your curriculum. The current curricula for these programmes are reviewed annually by the RCGP CEGPR Panel. Please indicate within your application the curriculum version that was in place when you undertook your training. If you trained ten or more years ago in Australia or New Zealand, please provide a summary, transcript or letter listing the elements of your training programme.</p> <p>If you trained in Australia under the RACGP 2011 or 2016 curriculum or the ACRRM 2013 curriculum, you may be eligible to apply through a streamlined CEGPR process. (hyperlink)</p> <p>Specialist qualifications from countries with a formal GP training programme, which are comparable in breadth and depth, length and content to the UK training programme, are viewed as strong supportive evidence. However, with the above exceptions, you must provide a copy of the curriculum and the required assessments, including the content of examinations, current at the time of your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available, please provide a letter from the awarding body or training provider, describing in detail the content of the training programme and all the elements of any examination.</p> <p>If your training programme was hospital based with sessions in community general practice (family practice) over the course of the programme, please provide a letter from your training provider describing the programme's content and structure. This should state the length of your training in hospital posts and the total number of months in family practice.</p> <p>The current MRCGP examination consists of a test of consulting skills, a test of applied knowledge and an assessment of competence in the workplace. Evidence that you have completed similar assessments or examinations of comparable reliability and validity strengthens the application.</p>
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Specialist registration outside the UK	<p>Please provide an authenticated copy of details of the registration requirements of that authority. This will demonstrate what is expected of a registrant by that authority and how your application for registration was evaluated.</p> <p>The College does not hold documentation relating to specialist registration requirements of any overseas country therefore these should be submitted with the application.</p> <p>If you trained in the European Economic Area you should check with the GMC whether you are eligible to apply for direct entry to the GP Register under The Directive on Recognition of Professional Qualifications.</p>
Honours and prizes	You are not required to provide evidence for this section.
Other relevant qualifications and certificates	Please provide copies of certificates. Examples would include degrees or diplomas in relevant areas such as management, business, IT, communication, education or law.

Assessments and appraisals

Appraisals and assessments	<p>For non-training posts you should provide evidence of on-going 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>In the UK, your revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>Alternative evidence may include letters (written at the time) commenting on your performance.</p>
RITAs, ARCPs and training assessments	<p>If you have undertaken hospital training in the UK you should provide copies of your formal appraisal records.</p> <p>Please provide VTR/2 or RITA forms for hospital posts held in the UK before August 2007 with prior approval for general practice training.</p> <p>Please provide VTR/1 forms for GP Registrar posts held in the UK before August 2007.</p> <p>You must provide all of your ARCP outcome forms received during general practice training after August 2007 and your final Educational Supervisor's Review. Please also include any Clinical Supervisor Reports completed in general practice in the ST3 year or later. Pages from your ePortfolio do not have to be printed. The GMC will obtain all of these documents directly from the RCGP with your permission. Please contact the GMC for form CN23.</p> <p>The following is the current assessment requirement for GP trainees following the CCT route. If you have completed these or other forms of work-based assessment, please include them. The assessment tools used in CCT training are described in detail on the RCGP workplace based assessment web page.</p> <ul style="list-style-type: none">• Mini CEX (mini clinical evaluation exercises) – 15 minute snapshot of doctor patient interaction within a secondary care setting. It is designed to assess the clinical skills, attitudes and behaviours essential to providing high quality care. A minimum of six mini CEX are required per year to give adequate evaluation of clinical skills.• COT (consultation observation tool) – either a video recorded consultation or a consultation directly observed by the trainer are rated according to a set of criteria. A minimum of six COTs are required per year to give adequate evaluation of consultation skills.• CEPS (Clinical Examination & Procedure Skills) – are designed to assess clinical examination or procedural skills. There are five mandatory intimate examinations to be covered.• CBD (case-based discussion) – gives feedback from a supervisor on a recently seen case. A minimum of six per year are

	<p>desirable.</p> <ul style="list-style-type: none"> MSF (multisource feedback) – is a short structured feedback form requested from at least 10 raters (multi-professional) which gives feedback on the clinical performance and professional behaviour of the GP trainee.
360° and multi-source feedback	Please see the RITAs, ARCPs and training assessments section above. Template forms for multi-source feedback are provided on the last page of this guidance and on the GMC website . Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually. If you do not have MSF evidence, you may wish to supply evidence of feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time in the format of letters, references for posts applied for etc.
Awards and discretionary points letters	You are not required to provide evidence for this section.
Personal development plans (PDP)	Trainee GPs in the UK have to produce a PDP . Please submit a current PDP which should contain details of learning needs you have identified and your learning objectives. A template for your PDP is provided on the last page of this guidance or can be requested at gpsa@rcgp.org.uk .

Logbooks, records of daily clinical practice and portfolios

<p>Logbooks</p>	<p>Please provide anonymised patient logs demonstrating your case mix in family practice. The age, sex and diagnosis of a sufficient number of consecutive patients (usually over one month) are needed for us to make a judgement about relevant case mix and workload. You should provide a written reflection on the case mix and how this might compare to UK general practice. Billing summaries with generic descriptors are not considered adequate evidence.</p> <p>The Royal College of General Practitioners GP Specialist Applications Team has a suggested template which can be used as a guide for your patient log. It is provided on the last page of this guidance or can be requested at gpsa@rcgp.org.uk.</p> <p>Please provide some examples of your patient records which you can use to demonstrate:</p> <ul style="list-style-type: none"> • your record keeping • appropriate standards of prescribing • the breadth of your practice • your patient centred care • team work and multidisciplinary working (including working with other agencies) • long term continuity of care and management of chronic conditions • domiciliary care. <p>All evidence in this area must be anonymised for individual patient data.</p> <p>All patient names (first and last), contact details (including full address) and any patient ID numbers (such as NHS numbers or hospital numbers) must be removed from your evidence before you submit it to us.</p>
<p>Consolidation, cumulative data sheets, summary lists and annual caseload statistics</p>	<p>If possible, please provide a summary of patients seen in the last year from practice records or other sources. This should offer some detail of your own clinical work across the breadth of the curriculum, your workload and patient population. Some applicants choose to present their information as graphs and pie-charts.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>

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Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

<p>Medical reports</p>	<p><u>Download information on the standards for medical records and reports expected in UK practice.</u></p> <p>Please provide actual examples of at least three reports you have written across a range of types of patient. These could be reports you have written for other doctors, disability assessment panels, or used as case presentations. Medical reports which you have produced for other agencies are also helpful; for example, for social services, courts and occupational health which would demonstrate 'community orientation' (See the Core Curriculum Statement, 'Being a GP' Capabilities and Core Competences).</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Case histories</p>	<p>Please provide at least six case studies across a range of types of patient.</p> <p>You may include patient records, correspondence, notes of meetings and management plans to support your case studies.</p> <p>A personal reflection about your care and any learning needs you have identified will enhance this evidence.</p> <p>Case studies from family practice carry greater weight, as would reflection on how the cases have changed your practice.</p> <p>You can use case histories to demonstrate:</p> <ul style="list-style-type: none"> • the types and complexity of cases you have managed, for example patients with multiple co-morbidities • your comprehensive and patient centred care • team work and multidisciplinary working (including working with other agencies) • long term continuity of care and management of chronic conditions • domiciliary care. <p>All evidence in this area must be anonymised for individual patient data.</p>
<p>Referral letters discussing patient handling</p>	<p>Please provide six anonymised referral letters with the response from the consultants to whom the patients were referred.</p> <p>A personal reflection about these referrals and any learning needs you have identified will enhance your evidence.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>

<p>Rotas, timetables and job plans (for family practice placements)</p>	<p>Please provide a brief timetable for a typical working month in your current, or most recent, post in family practice which should highlight any time spent on-call / working out-of-hours.</p> <p>Please do not submit a letter confirming your appointment, a copy of your contract or your terms and conditions of employment.</p>
<p>Courses relevant to the General Practice Curriculum</p>	<p>Please refer to the current GP curriculum.</p> <p>Trainee general practitioners in the UK must obtain certification in the following areas as a requirement of their training. Evidence of equivalent or related learning and certification in the following will add weight to your application.</p> <ul style="list-style-type: none"> • Automated external defibrillators (AED) certificate • Cardio Pulmonary Resuscitation (CPR) certificate • evidence of training and / or course in communication / consultation skills • Safeguarding children to level 3 <p>You should also submit a robust portfolio of documentary evidence to demonstrate knowledge and understanding of National Health Service (NHS) general practice. Reports and other items which we find helpful are listed below. These are suggestions only; you may have other relevant evidence.</p> <ul style="list-style-type: none"> • 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 / 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. Case studies with medico-legal implications, demonstrating how management of such cases in the UK differs from practice elsewhere, and how any gaps in knowledge might be addressed. • 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.

Portfolios (electronic or revalidation)	<p>Trainee general practitioners in the UK are required to keep an ePortfolio to demonstrate their learning and achievement of competence during their three year training programme. If you have been keeping an electronic record of your learning which you would like to use as evidence, please print the key items from it and submit them under the relevant headings in this guidance. There is no need to print and submit your whole electronic record or portfolio.</p> <p>Extracts from the RCGP trainee ePortfolio do not have to be printed. The GMC will contact the RCGP directly for the reports and pages you want to submit. Please contact the GMC for form CN23.</p>
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Details of posts and duties (including both training and experience posts)

<p>Employment letters and contracts of employment</p>	<p>Please provide employment letters for the posts you have held in the last five years and any post which you consider to be particularly relevant. There is no need to provide contracts of employment.</p> <p>Employment letters are not required if the posts are documented elsewhere in your application, for example, with a certificate of completion of training, an end-of-post assessment or structured reference. The information in your employment letters must match your CV and should confirm the following:</p> <ul style="list-style-type: none">• dates you were in post• post title, grade, specialty and whether a training position• type of employment, permanent, locum, whole or part time (including percentage of whole time). <p>Periods of observing and work shadowing should be supported by a letter from your supervisor giving details of your placement including the work, meetings or clinics you observed.</p> <p>A report of any experience you have gained observing / shadowing in a UK context, with your reflections, can provide useful evidence in demonstrating your understanding of the UK healthcare system. See also the section on Courses relevant to the GP Curriculum above.</p>
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Job descriptions	<p>Job descriptions are not required for training posts in the UK. Job descriptions that you do provide must match the information in your CV. They will normally confirm most of the following:</p> <ul style="list-style-type: none"> • your position within the structure of your department • your post title • your duties including, where appropriate, your clinical and non-clinical commitment • your involvement in teaching or training. <p>A job description is useful if it describes your place of work, your duties and your clinical work in some detail. There is no need to include pages of detailed terms and conditions of employment.</p> <p>If a job description does not exist, or does not describe your role in any detail, you may wish to write your own account of your duties in the post.</p>
Job plans	<p>A brief reflective description of the way Family Medicine is delivered in your own work environment, including details of out-of-hours work, how continuity of care is assured, and how home visits to patients are conducted, will strengthen your application.</p>

Research, publications and presentations

Research papers, grants, patent designs	You are not required to provide evidence for this section.
Publications within specialty field	<p>If you have published a paper in a journal or article in a magazine which you consider relevant to your application for a CEGPR, you may include a copy of this. In the case of longer publications, please provide the first page only.</p> <p>If you have presented at a meeting, you may include a copy of your presentation and any feedback you received.</p> <p>More weight will be given to subjects relevant to general practice.</p>
Presentations, poster presentations	See above section, 'Publications within specialty field'.

CPD and CME

<p>CPD record certificates, certificates of attendance at workshops and at local, national and international meetings or conferences</p>	<p>Your evidence may include CPD certificates; certificates of attendance at workshops and at local, national and international meetings or conferences; certificates of online learning and CPD registration points from a UK medical Royal College or equivalent body overseas.</p> <p>More weight will be given to CPD relevant to Family Medicine, particularly to learning that is transferable into UK general practice.</p> <p>Evidence from on-line learning modules relating to UK general practice organisation will also provide strong evidence for understanding of the UK context.</p> <p>If you have submitted CPD certificates, you should also provide a written reflection on the learning gained from the course or activity and describe the impact on your clinical practice.</p> <p>Your previous and current Personal Development Plans (PDP) will provide good evidence for planned learning, based on the learning needs you have identified. A template for your PDP can be requested from the Royal College of General Practitioners GP Specialist Applications Team at gpsa@rcgp.org.uk.</p>
<p>CPD registration points from UK Medical Royal College (or equivalent body overseas)</p>	<p>Please see the section above.</p>
<p>Membership of professional bodies and organisations</p>	<p>If you are a member of a professional body or organisation, please 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 (e.g. evaluation, examination, is membership restricted or open to all?)

Teaching and training

Teaching timetables	The GP training curriculum does not expect significant teaching activity for CCT. Therefore, if you have completed your general practice (family medicine) training very recently, you are not expected to have extensive evidence for teaching. Please refer to the sections below.
Lectures	<p>If you have been involved in teaching, please provide details for each post or role. Teaching activities may be formal or informal and may include your teaching and training of staff members.</p> <p>Suggested evidence may include a letter from your employer or education centre describing your role and level of involvement in undergraduate, postgraduate or specialty trainee education; teaching timetables; information about your involvement in other methods of teaching such as small group facilitation, tutorials and one-to-one teaching.</p>
Feedback or evaluation forms from those taught	<p>Evidence of feedback from those you have taught will strengthen your application. The evidence may include both structured and informal feedback.</p> <p>Your evidence in this section should also include your reflections and any changes made in your teaching practice in response to feedback.</p> <p>Your evidence for this section can also be used to demonstrate:</p> <ul style="list-style-type: none">• continuing professional development• leadership• relationships with colleagues• communication skills.

Letters from colleagues	<p>You can also include letters from colleagues to support your evidence for teaching and student feedback.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>
Attendance at teaching or appraisal courses	<p>You are not required to provide evidence for this section.</p>
Participation in assessment or appraisal and appointments processes	<p>This section is about your role as an appraiser or assessor of others. If you don't have experience in this area, it won't adversely affect your application.</p> <p>If you do have experience of appraising or assessing others, you may wish to submit records of this, or letters demonstrating your role as an appraiser, assessor or examiner. Ideally, the activity will be in family medicine.</p> <p>All evidence in this area must be anonymised for individual trainee data.</p>

Domain 2 – Safety and quality

Participation in audit, service improvement

Audits undertaken by applicant	<p>In this section we ask you to show your personal participation in a quality improvement activity. This might be an audit or another project which led to improvement in patient care. If you include an audit, it can be one that you completed in general practice or in hospital, and should show your understanding of the audit process. Ideally, your audit will be provided as a report with analysis of the actual data collected, and demonstrating the following five stages:</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>Basic collections of data / surveys alone do not constitute adequate evidence for audit.</p> <p>Other <i>additional</i> evidence for audit that you may wish to provide may include:</p> <ul style="list-style-type: none">• guidelines produced to reflect lessons learned within audit• a letter from the audit or clinical governance lead confirming participation in audit (not satisfactory alone)• minutes of the clinical governance meeting where your audit was discussed. <p>If you provide evidence of a different project which led to improvement in patient care, it is important that you demonstrate:</p> <ul style="list-style-type: none">• Your personal involvement in the quality improvement activity• How changes in practice were made following the results of the survey or data collection• How patients benefitted and will benefit from this work in the future <p>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.</p> <p>A useful document about quality improvement activity in the UK NHS, including the use of Plan-Do-Study-Act (PDSA) cycles, is available here</p>
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This is the specialty specific guidance for General Practice

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

	<p>You can also use these documents to demonstrate:</p> <ul style="list-style-type: none"> • leadership • multi-disciplinary working.
<p>Reflective diaries including significant event analyses</p>	<p>Your personal reflections on cases that have influenced your practice, or changes made as a result of significant events can provide appropriate, strong evidence in this area.. The RCGP's 'Quality Improvement Guide for General Practice' offers guidance on a variety of tools including significant event analysis.</p> <p>Advice on reflection and a reflective diary template can be found here</p> <p>Reflective learning logs from the RCGP trainee ePortfolio do not have to be printed. The GMC will contact the RCGP directly for the reports and pages you want to submit. Please contact the GMC for form CN23.</p>

Service Improvement and clinical governance meetings

Clinical governance is about being sensitive to errors in clinical care and health care organisational practices that could result in patient harm, and having systems that review these as part of a process to improve patient safety. A useful summary of the principles of clinical governance can be found on the [briefing paper](#).

Significant event analyses and audit are essential parts of this process and can be used to demonstrate your competence in this area.

Other evidence which you may also provide to demonstrate your competence in this area includes:

- evidence of participation in systems of quality assurance and quality improvement
- evidence of personal involvement in a practice accreditation process
- evidence of learning from error and from complaints (see Domain 4 below)
- examples of good practice and innovation
- minutes of meetings recording your participation in, and development of, patient safety procedures
- evidence from online learning and attendance at relevant training events on this topic; you should reflect on your learning.

Evidence in the form of meeting agendas and minutes only confirming your attendance are not sufficient. You should demonstrate your personal contribution to both service developments and improvements in standards.

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

Safety

Health and safety	If you wish, you may provide a relevant course certificate for this section. You are not required to provide a certificate.
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Domain 3 – Communication, partnership and teamwork

Communication

Colleagues	<p>In this section we ask you to show that you communicate effectively with your colleagues with whom you work regularly and other health and social care professionals.</p> <p>Please provide evidence to support your communication with colleagues, both within your immediate team and the wider team, including non-clinical colleagues. For example, you may wish to provide:</p> <ul style="list-style-type: none">• multi-source feedback• letters to and from colleagues discussing patient management to show collaboration in patient care across multi-disciplinary teams• examples of shared care plans for your patients• notes of meetings with colleagues to discuss a complex case and plans for their care• copies of appraisals or references written for colleagues (these must be anonymised in relation to colleague data). <p>You can also use these documents to demonstrate:</p> <ul style="list-style-type: none">• leadership• multi-disciplinary teamwork• participation in management meetings• honesty and objectivity.
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Patients	<p>You may demonstrate your communication with patients in a number of ways, for example:</p> <ul style="list-style-type: none">• results of a formal patient satisfaction questionnaire (ideally, this should be a survey of at least forty patients, preferably in general practice). A template patient questionnaire is provided on the last page of this guidance and on the GMC website• patient information leaflets or other material created by you for your patients• 'thank you' letters and cards from patients (Note that results of a formal patient satisfaction questionnaire will provide stronger evidence than cards and letters from patients)• your letters and emails to patients including your response to complaints• a report of an assessment of your consulting skills. <p>You can also use these documents to demonstrate:</p> <ul style="list-style-type: none">• honesty and integrity• protecting patient confidentiality. <p>All evidence in this area must be anonymised for individual patient data.</p>
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Partnership and teamwork

Working in multidisciplinary teams

General Practitioners in the UK coordinate care for their patients and work with other professionals as part of a multi-disciplinary team. Providing integrated or shared care for patients forms a large part of the General Practitioner's work. Useful evidence for this section would include:

- a description of the multi-disciplinary teams within which you work
- multi-source feedback questionnaires from team members including non-physicians and administrative staff, or summary showing the results of your survey of colleagues
- letters you have written to other agencies and health care professionals discussing patient management and their responses
- Notes of telephone conversations discussing patient management
- examples of patient management / care plans for your complex patients
- minutes of meetings or case reviews showing your participation in the meeting
- appraisal records which describe your teamwork and how you coordinate care for your patients.

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

Management and leadership experience.
(for example, chairing meetings and leading projects)

In this section you may describe any experience you have gained of leadership and management in your local healthcare system. Alternatively, you may describe an activity, project, process or protocol where you had a lead role in developing it. You may also describe your role in making practice improvements; academic work; work with junior doctors, nurses or physician assistants; mentoring and teaching.

The following would provide useful supporting evidence:

- letters or emails 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 or helped to develop
- project reports
- letters from colleagues describing your role in the activity or project

Domain 4 – Maintaining trust

Acting with honesty and integrity

Honesty and integrity	You can demonstrate your honesty and integrity with: <ul style="list-style-type: none">• the declarations on your application form• statements from your referees• evidence from your appraisals• having no restrictions on your GMC registration (UK based doctors)• a Certificate of Good Standing from your medical regulator (overseas 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, including details of the course content and your reflection on your learning• feedback from patients and colleagues• statements from your referees• testimonial letters.
Data protection	You should demonstrate your understanding of UK data protection issues and concepts of confidentiality, which may include reflection on cases where maintaining confidentiality caused a difficulty. You should also demonstrate your understanding of data protection and confidentiality by ensuring that your application and evidence are appropriately anonymised.

Relationships with patients

Testimonials and letters from colleagues	<p>If you have provided the results of a patient satisfaction questionnaire, this provides strong evidence (see Domain 3, 'Communication with patients' above). However, you may include the following as evidence of your relationships with patients:</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 <p>All evidence in this area must be anonymised for individual patient data.</p>
Thank you letters and cards from colleagues and patients	See the section above.
Complaints and responses to complaints	<p>A recorded patient complaint with your reflection on it and the impact on your practice will demonstrate good practice and will also add to your evidence in the area of clinical governance.</p> <p>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.</p> <p>You may write a reflective statement of how you would handle a hypothetical complaint.</p> <p>This section is to demonstrate how you handle complaints. Having a complaint made against you will not adversely influence your application.</p> <p>All evidence in this area must be anonymised for individual patient data.</p>

Quick links and Templates

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 core curriculum statement - 'Being a GP'](#)

[e-learning for General Practice](#)

[Clinical governance and quality improvement](#)

[RCGP Quality Improvement Guide](#)

[Quality Improvement Project](#)

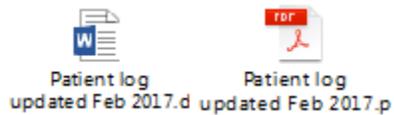
Templates

Multi-Source Feedback (Patient and colleague questionnaire):

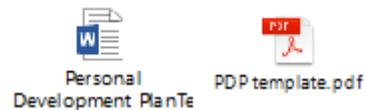
Click [here](#) for GMC template questionnaires



Patient log:



Personal Development Plan:



Reflective diary:



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