

APA19

Structured English Language Reference to assess knowledge of English

To be eligible to make an application for registration all Physician Associates (PAs) and Anaesthesia Associates (AAs) are required to demonstrate they have the necessary English language skills to practise in the UK.

This form can only be used where a PA or AA has practiced in their professional capacity as a PA or AA for all of the last two years prior to application, in a country that uses English as the first and native language (a list of these countries can be found on [this page](#)) or where a PA or AA has met our minimum scores on IELTS/OET outside of the last two years, but they have been practising as a PA or AA in a country that uses English as the first and native language continuously for a period of three months continuously during the last two years.

Further detail on how to demonstrate evidence of English Language proficiency can be found [here](#).

To enable us to effectively assess English language proficiency, please fill out this form in as much detail as possible. By completing this form you are confirming that at least 75% of any clinical interaction (if applicable) that the applicant engaged in during the period of your supervision took place solely in English without the assistance of a translator.

You must provide examples of how you have personally witnessed the applicant's skills in each of the four areas detailed on the form, or it will not be accepted.

About the applicant

Applicant's name					
Applicant's GMC reference number	A				
Title of position held/course studied by applicant					
Type of employment/study that the applicant was engaged in	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	
Average hours per week worked/studied by applicant					<input type="text"/>

About the referee

Name					
Occupation					
Place of employment					
Do you hold registration with the GMC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If you have answered yes, please provide your GMC reference number	<input type="text"/>				
Relationship to applicant (eg employer, tutor on postgraduate course)					
Dates you supervised the applicant	From	<input type="text"/>	To	<input type="text"/>	

About the applicant's work

Please give a description of the applicant's duties in this post.

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About the applicant's good standing

Are you aware of any issues that would call into question the applicant's character, conduct or fitness to practise?

Yes

No

(For example, were they subject to any disciplinary proceedings whilst employed by you?)

If 'yes', please provide details

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About the applicant's English proficiency

Does the applicant have the knowledge of English necessary to practise in the UK?

Yes

No

If you have answered no, please provide reasons

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This form was last updated on 06 March 2026

Please make sure that you are using the most up-to-date version of the form.
Telephone us on 0161 923 6602 (or +44 161 923 6602 if calling from outside the UK)

Speaking skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. Your explanation should include at least one example of how you have personally witnessed the applicant's skills in this area. You may be asked to provide evidence of this. **If only the boxes are ticked the form will not be accepted.**

<input type="checkbox"/>	Case presentations	
<input type="checkbox"/>	Presentations	
<input type="checkbox"/>	Ward rounds	
<input type="checkbox"/>	Other	

Listening skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. Your explanation should include at least one example of how you have personally witnessed the applicant's skills in this area. You may be asked to provide evidence of this. **If only the boxes are ticked the form will not be accepted.**

<input type="checkbox"/>	Attendance at lectures/presentations	
<input type="checkbox"/>	Participation in case conferences	
<input type="checkbox"/>	Discussions with patients and colleagues	
<input type="checkbox"/>	Effective taking of patient histories	
<input type="checkbox"/>	Morbidity and mortality meetings	
<input type="checkbox"/>	Other	

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Writing skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. Your explanation should include at least one example of how you have personally witnessed the applicant's skills in this area. You may be asked to provide evidence of this. **If only the boxes are ticked the form will not be accepted.**

<input type="checkbox"/>	Operation reports	
<input type="checkbox"/>	Ward round reports	
<input type="checkbox"/>	Journal articles	
<input type="checkbox"/>	Patient notes	
<input type="checkbox"/>	Article reviews	
<input type="checkbox"/>	Clinic letters	
<input type="checkbox"/>	Other	

Reading skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. Your explanation should include at least one example of how you have personally witnessed the applicant's skills in this area. You may be asked to provide evidence of this. **If only the boxes are ticked the form will not be accepted.**

<input type="checkbox"/>	Presentations at journal clubs	
<input type="checkbox"/>	Summaries of journal articles	
<input type="checkbox"/>	Clinical research	
<input type="checkbox"/>	Other	

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Declaration

The information I have provided is correct and true.

I confirm that the professional has the knowledge of English necessary to practise in the UK.

I agree that the GMC may carry out checks on its behalf, making any necessary checks to verify the information I have given and to the recipient of any enquiries providing the information requested.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		

Name and address of organisation	Official stamp
<input type="text"/>	<input type="text"/>

Returning the form to us

Please return the form to us by email as a single PDF file.

If you are applying for **registration**, please attach the form to your online application. Employers sending the form directly to us should email it as a single PDF file APAT@gmc-uk.org