

☰ Close menu

Home

My details



The last time you logged on was 26 Jul 2021 13:38:49.

My account



### Your notifications

Click on My registration

My registration



Switch to paperless revalidation notices.

[See which revalidation notices you will get by email if you switch to paperless.](#)

Switch to paperless

My revalidation

My appointments & workshops



### News and Events

My surveys

- 04 Jun 2020 - [COVID-19 - Important information for PLAB 2 candidates](#)

- 02 Jun 2020 - [COVID-19 - Important information for PLAB 1 candidates](#)

☰ Close menu

Home

My details



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Switch to paperless revalidation notices.

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Switch to paperless

My applications

Click on My applications

My CCPS requests

### News and Events

- 04 Jun 2020 - [COVID-19 - Important information for PLAB 2 candidates](#)

My register status

- 02 Jun 2020 - [COVID-19 - Important information for PLAB 1 candidates](#)



## Before you apply

Before you continue, you must read this [important information and guidance](#).

Once you are satisfied that you have read and understood this information, you may continue with your application.

Continue with application

Cancel application

Click on Continue with application

## Route selection

Do you want to apply for a review of our decision on your Entry onto the Specialist Register with a CESR Application?

Yes

No

Click on Yes

# Applications you can make

Thank you for giving us that information. It tells us that you can make one of the applications listed below.



Before you can continue, please:

- Read about [our fees](#) so you know how much you will need to pay.
- Read our information [refunds and when we may keep part of your fee](#).
- Have a debit or credit card available. You need to pay a fee before you can submit your application.



If you continue with your application, you are confirming you have read the guidance.



Choose the application you want to make and click apply.

Description

Apply

Review of your application for entry onto the Specialist Register

Click on Apply

Apply

# Recommendations from your previous application



The sections below show the recommendations to cover the shortfalls in your previous application. You should expand each section by clicking on the plus sign.

For each recommendation please explain how you consider that you now meet that standard and list any additional documentary evidence that you want to submit. In the case of procedural error, please explain where the error has occurred.

You should click 'Add/Remove Document' first to upload evidence to your application. Once you've finished uploading your evidence, you'll need to set the evidence status. To do this, select 'Edit' to add a description of the evidence provided and update the evidence status.

You must add information to each recommendation before you can submit the application.

The table below shows the recommendations and the evidence that needs to be provided to meet each recommendation.

All Documents List



Recommendation 1

To upload evidence for a competency, click on the + symbol



Recommendation 1

**Status of this section**

Not started

**Period of additional training (if any) and fields to be covered by it**

Recommendation 1

**Details of what I am providing**

Dr must submit the logbook and/or workload figures from the department's RIS to demonstrate her reporting output across a range of commonly performed MR investigations in musculoskeletal and body/gynaecological/HPB/GI Radiology, with reference to the core common presentations set out in the relevant sections of the current CCT curriculum.

Edit

Add/Remove Document

Click Add/Remove Document

# Recommendation 1

## Document upload section

[Find out more about what evidence is required for your specialty \(opens in a new window\)](#) - you should have a copy of the most recent specialty specific guidance open whilst you complete your application.

You should upload all documents for this section below. If some of your evidence is relevant to more than one section of the application, you don't need to upload it twice. You should clearly cross reference evidence relevant to more than one section in the Description of Evidence section of the application.

We've produced specific guidance on the way evidence needs to be uploaded in your application - you can find this on our website. You **must** follow this guidance in order for your evidence to be accepted. **Guidance which does not meet our requirements may be removed from your application**



Please note that all uploaded documents will be stored in a read only format. Once you have uploaded a document it won't be possible to update it unless you remove the whole document and re-upload it.

Period of additional training (if any) and fields to be covered by it

Scroll down

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Dr must submit the logbook and/or workload figures from the department's RIS to demonstrate her reporting output across a range of commonly performed MR investigations in musculoskeletal and body/gynaecological/HPB/GI Radiology, with reference to the core common presentations set out in the relevant sections of the current CCT curriculum

Add Document

Click Add Document

Document I am providing to demonstrate recommendation

Title of document

Date and time of Remove my

Back to application

☰ Open menu

## Upload your evidence documents

Please note all uploaded documents will be stored in read only format. Once a document has been uploaded it will not be possible to amend its content.

No file chosen

Choose file

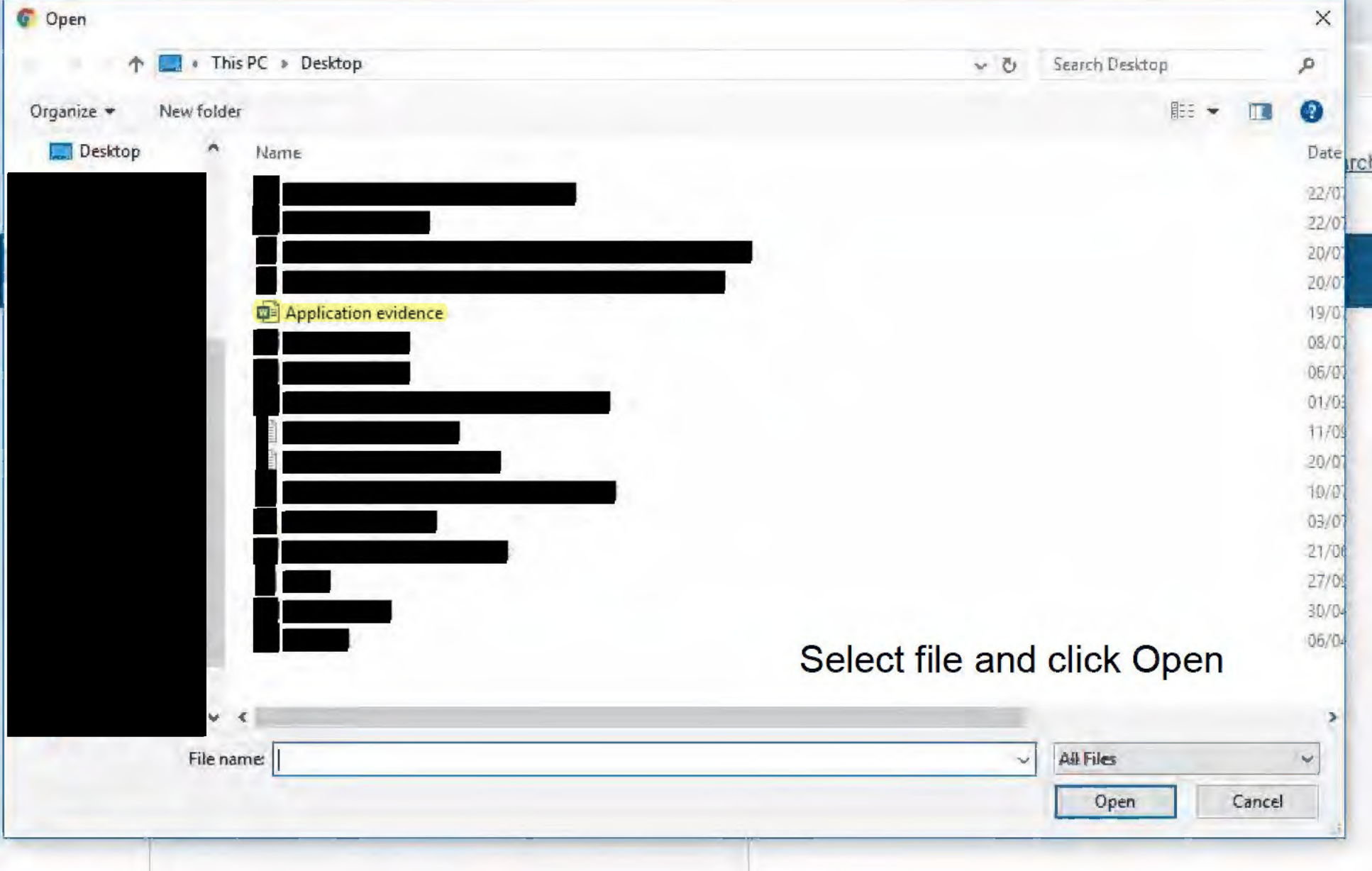
Click Choose file

Description

Upload

Clear


Cancel



Organize ▾ New folder

Desktop

Name

 Application evidence

Date

22/07

22/07

20/07

20/07

19/07

08/07

06/07

01/03

11/09

20/07

10/07

03/07

21/06

27/09

30/04

06/04

Select file and click Open

File name:

All Files

Open

Cancel

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Dr must submit the logbook and/or workload figures from the department's RIS to demonstrate her reporting output across a range of commonly performed MR investigations in musculoskeletal and body/gynaecological/HPB/GI Radiology, with reference to the core common presentations set out in the relevant sections of the current CCT curriculum.

To open the document click on the document name

Add Document

To remove the document

click on Remove

Document I am providing to demonstrate recommendation	Title of document	Date and time of	Remove my
<a href="#">Application evidence</a>	Evidence	26/07/2021 1...	<a href="#">Remove</a>

Done

Click on Done

### Status of this section

Not started

### Period of additional training (if any) and fields to be covered by it

Recommendation 1

### Details of what I am providing

Dr must submit the logbook and/or workload figures from the department's RIS to demonstrate her reporting output across a range of commonly performed MR investigations in musculoskeletal and body/gynaecological/HPB/GI Radiology, with reference to the core common presentations set out in the relevant sections of the current CCT curriculum.

Edit

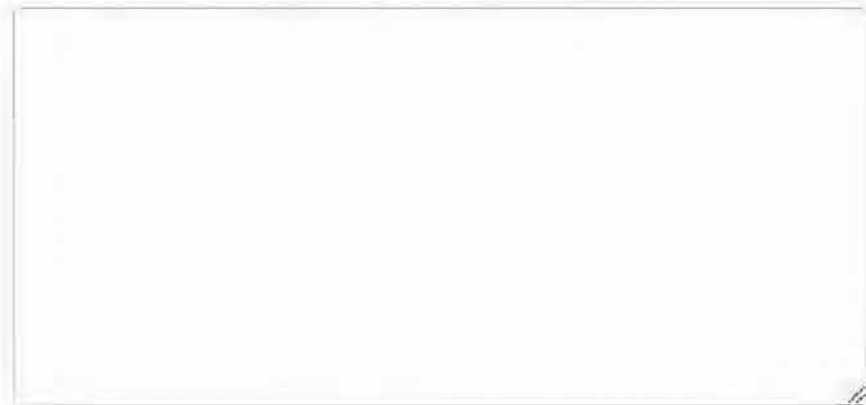
Add/Remove Document

Click on Edit

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Dr must submit the logbook and/or workload figures from the department's RIS to demonstrate her reporting output across a range of commonly performed MR investigations in musculoskeletal and body/gynaecological/HPB/GI Radiology, with reference to the core common presentations set out in the relevant sections of the current CCT curriculum.

Description of evidence provided\*



Enter description of evidence  
and scroll to bottom of the page

Additional comments

Additional comments

Not started

In progress

Evidence uploaded

Not submitting evidence

Hardcopy evidence only

Not started

Select evidence status

Additional hardcopy evidence to be provided?

If additional hardcopy evidence will be provided check this box

Update status Cancel

Additional comments

Evidence status\*

Evidence uploaded ▼


Additional hardcopy evidence to be provided?

Update status

Cancel

Click on Update status

# Recommendations from your previous application

 The sections below show the recommendations to cover the shortfalls in your previous application. You should expand each section by clicking on the plus sign.


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You must add information to each recommendation before you can submit the application.

All Documents List

Scroll down

 Recommendation 1



## All Documents List

Recommendation 1




Recommendation 2



Recommendation 3



All these sections  
need to be  
completed to submit  
the application

 Please confirm you have read our guidance on anonymisation and the evidence you have provided has been suitably redacted.

I confirm that all my evidence meets the requirements for anonymisation for my application.

Click on the declaration tick box to continue

[< Previous](#)


[Next >](#)

## All Documents List

Recommendation 1 +

Recommendation 2 +

Recommendation 3 +

 Please confirm you have read our guidance on anonymisation and the evidence you have provided has been suitably redacted.

I confirm that all my evidence meets the requirements for anonymisation for my application.



[< Previous](#)

Click on Next

[Next >](#)

☰ Open menu

## Additional comments

Please enter any additional comments that you do not consider to relate to any recommendation

I do not have any additional comments


Type in an additional comments  
or click to say you do not have  
any.

◀ Previous

Then click on Next

Next ▶


# Your professional experience

 Please provide details of all the posts you have held since your last application. Start with the most recent and work backwards (new entries will be added to the bottom of the list). Please also account for any periods when you were unemployed or not engaged in medical practice including, for example, extended holidays or maternity leave.

If you have worked overseas, please do not amend your overseas post title to correspond to a UK title - instead please tell us the title you actually held. Some examples of what we mean by post titles are SHO, Registrar, Staff Grade, District Medical Officer and Resident.

Click Add Experience to add a period to the table.

If you want to view or edit the details you have entered for each role, click on the link in the Post Title field. To delete a Post, select Delete.

 You will not be able to leave any gaps in your experience of 28 days or more.

Click on Add Experience to add any posts held since the last application was made

Add Experience

# Your professional experience



Complete all mandatory sections marked with an \*

Start date\*

DD/MM/YYYY



Complete the details as requested

Finish date\*

DD/MM/YYYY



Current

Name and location of hospitals where you have worked or details for when you were not engaged in clinical practice  
(maximum number of characters is 255)\*

\\test

Employment Type\*

Full Time



Hours of clinical practice per week\*

40

Name of supervisor

Dr Test

Supervisor's post title

Dr

Save

Cancel


Click on Save

maternity leave.

If you have worked overseas, please do not amend your overseas post title to correspond to a UK title - instead please tell us the title you actually held. Some examples of what we mean by post titles are SHO, Registrar, Staff Grade, District Medical Officer and Resident.

Click Add Experience to add a period to the table.

If you want to view or edit the details you have entered for each role, click on the link in the Post Title field. To delete a Post, select Delete.

 You will not be able to leave any gaps in your experience of 28 days or more.

[Add Experience](#)

Post title	Employer details	Start date	Finish date	Current	Delete
<a href="#">Test</a>	Test	04/07/...	04/07/...		<a href="#">Delete</a>

[← Previous](#)

Click on Next

[Next >](#)

# Your registration and licensing history



Please provide details of all the medical regulatory authorities where you have held registration or a licence since your last application.



[If you have not held registration or a licence with another medical regulatory authority since your last application, click here.](#)

[Add registration and licensing history](#)

You can click to Add registration and licensing history or to say that you have not held registration elsewhere since your last application

Country	Medical regulatory auth	Start date	End date	Still registered/licensed	View/Edit	De
---------	-------------------------	------------	----------	---------------------------	-----------	----

[← Previous](#)

[Next >](#)

Country\*

Medical regulatory authority\*

Registration number

Start date of registration\*

Still registered

Finish date of registration\*

Complete the details as requested

Medical regulatory authority\*

Ministry of Health (National Register)

Registration number

Start date of registration\*

08/07/2021

Still registered

Finish date of registration\*


DD/MM/YYYY


Save

Cancel

Click on Save

# Your registration and licensing history

 Please provide details of all the medical regulatory authorities where you have held registration or a licence since your last application.

 [If you have not held registration or a licence with another medical regulatory authority since your last application, click here.](#)

[Add registration and licensing history](#)

Country	Medical regulatory auth	Start date	End date	Still registered/licensed	View/Edit	De
Albania	Ministry of Health (Natic	08/07/2021		Y	<a href="#">View/Edit</a>	De

[← Previous](#)

Click on Next

[Next >](#)

# Your qualification details



Please record in the table below all the specialist postgraduate medical qualifications or other relevant qualifications you have obtained since your last application.

If the qualification was awarded outside the UK, you will need to provide an authenticated certificate or other evidence.

[Find out more about what evidence is required.](#)

Click Add Qualification to add a qualification to the table. You can edit or remove details of a qualification already added by clicking on its full title. To delete a Qualification select Delete.

Add Qualification

Click to Add Qualification or to confirm that none have been obtained since the last application

Full title of your qualification

Award Date

Delete

I have not obtained any relevant qualifications since my last application

Test date

Award date\*

08/07/2021



Save

Cancel

Complete qualification details and click on Save

If the qualification was awarded outside the UK, you will need to provide an authenticated certificate or other evidence.

[Find out more about what evidence is required.](#)

Click Add Qualification to add a qualification to the table. You can edit or remove details of a qualification already added by clicking on its full title. To delete a Qualification select Delete.

**Add Qualification**

Full title of your qualification

Award Date

Delete

[Dr](#)

08/07/2021

[Delete](#)


I have not obtained any relevant qualifications since my last application

[< Previous](#)

Click on Next

[Next >](#)

## Verifier details

 Please record the details of your verifiers in the table below.

You must enter details of a verifier from every hospital/institution you are providing evidence from. Read our [guidance on verifying your evidence](#) to ensure you are providing the correct information.

Click on 'Add verifier' to add a verifier to the list. If you want to edit the details of a verifier click on the 'Verifier name'.

Add verifier

Click Add verifier

# Verifier Details



Please enter the details of your nominated verifier.

If the verifier is registered with the GMC please enter their GMC number and GMC registered email address.

If your verifier isn't registered with the GMC you must provide their professional/work email address.



Complete all mandatory sections marked with an \*

GMC reference number

Complete details as requested

Title\*

First name\*

Post title\*

Test

Specialty\*

Test

Institution or hospital\*

Test

Email address\*

test@test.com

Save

Cancel

Click on Save

You must enter details of a verifier from every hospital/institution you are providing evidence from. Read our [guidance on verifying your evidence](#) to ensure you are providing the correct information.

Click on 'Add verifier' to add a verifier to the list. If you want to edit the details of a verifier click on the 'Verifier name'.

Add verifier

Verifier name	GMC reference n	Post title	Specialty	Institution or hospital	Email address	Remove
<a href="#">Dr Test Test</a>		Test	Test	Test	test@test.c...	<a href="#">Remove</a>

I am not providing verifiers as part of my application (please only select this option if the type of evidence you're submitting does not require verification).

← Previous

Click on Next

Next >

# Final Declaration

I understand that:

1. the General Medical Council (GMC) will make any enquires it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent that the GMC ask to carry out checks on its behalf, will make any necessary checks to verify the information I have given
3. enquiries will be made before and while I am registered, including enquiries overseas which may involve the transfer of my personal data outside the European Economic Area
4. the recipient of any enquires will provide the information requested
5. my personal data will be given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I understand that if I have made a false declaration, or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and report the matter to the police.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators and law enforcement organisations.

**Scroll down**

5. my personal data will be given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I understand that if I have made a false declaration, or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and report the matter to the police.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators and law enforcement organisations.

I have read *Good medical practice*. I understand that I must work in line with the principles and values set out in it, and its explanatory guidance and have a duty to tell the GMC about any criminal or regulatory proceedings. I acknowledge that serious or persistent failure to follow this guidance will put my registration at risk.

I have in place, or will have in place, at the point at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice.

**I confirm I understand and accept the statements in the Final Declaration.**

I agree

Click on I agree then Proceed To Payment

Proceed To Payment

☰ Open menu

# Make a payment

🔗 Help

**i** To protect your cardholder information, you will be passed to our secure payment provider [Barclaycard](#) who will process your payment on our behalf.

Payment amount

£

**i** For information about refunds of application fees, or any fee we may keep, please click [here](#). By proceeding to payment you confirm you have read these.

Make a payment

Cancel payment

Click Make a payment

Payment Amount £

## Complete payment details

### Billing Information

\* Required field

First Name \*

Test name

Last Name \*

Test

Address Line 1 \*

Test

City \*

Test

Country/Region \*

Austria

Zip/Postal Code

### Payment Details 🗲

Card Type \*

Country/Region \*

Austria

Zip/Postal Code

## Payment Details

Card Type \*



Card Number \*



Expiration Month \*



Expiration Year \*



CVN \*

This code is a three or four digit number printed on the back or front of credit cards.



Click on Pay

Pay



## Added Protection

Please submit your Verified by Visa password.

Merchant: Smartpay Fuse template

Amount: 728.00

Date: 07/26/2021

Card Number

Personal Message

User Name:

Password

[New User / Forgot your password?](#)

Submit



Exit


Enter password and click  
Submit

Your browser will automatically redirect you within 30 seconds


Please click [here](#) if you are not redirected




Wait for page to redirect

 Open menu

# Card Payment Succeeded

 Help

 Your payment of £[redacted] has been successfully processed. For your information, please keep a record of the payment transaction reference 1-2696313704. To find out what will happen now please go to the next screen.

Click on Next

Next >

# Next steps - processing your application



Thank you for submitting your application. You will receive email confirmation from us shortly.

We will wait for you to submit your evidence. If we have not received your evidence within 30 days, we will close your application.

Please do not send us any evidence that you have not listed in your evidence checklist.

[Read guidance on how to submit your evidence.](#)

You can view the progress of your application and reprint your evidence checklist in **My Applications**.

Once we have received your evidence bundle we will contact you within 30 days and let you know whether there is any further evidence that would support your application or if there are any other issues with your application.

Before taking up any employment you must ensure that you are registered and that your registration is appropriate for the type of post or practice that you will be undertaking. You can check the type of registration that you have and the date from which it is effective in our [online Register](#).

Finish

Click on Finish to return home (end of procedure)