Click on My registration

Welcome to your GMC Online account.

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

Your notifications

Switch to paperless revalidation notices.

See which revalidation notices you will get by email if you switch to paperless.

News and Events

- 04 Jun 2020 - COVID-19 - Important information for PLAB 2 candidates

- 02 Jun 2020 - COVID-19 - Important information for PLAB 1 candidates
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News and Events
- 04 Jun 2020 - COVID-19 - Important information for PLAB 2 candidates
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My Applications

Listed below are your previous applications and your applications in progress.

If you want to make a new application please click 'Apply'. If you want to withdraw an application that is in progress, please click 'Withdraw'.

If you want to edit an application that you’ve started or view one you’ve already submitted, please click on the application number.

If you would like to give up your registration (voluntary erasure), or your licence to practise, please click 'Apply'.

Please note, once you have submitted your application, you will not be able to edit it.

**Click on Apply**
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.

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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of your application for entry onto the Specialist Register</td>
<td></td>
</tr>
</tbody>
</table>
Recommendations from your previous application

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

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

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
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.

**Click Add Document**
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
Select file and click Open
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.

To remove the document click on Remove.

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.
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**Description of evidence provided**

Enter description of evidence and scroll to bottom of the page.
Select evidence status

If additional hardcopy evidence will be provided check this box
Additional comments

Evidence status*

Evidence uploaded

Additional hardcopy evidence to be provided?

Save  Cancel

Click on Save
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.
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.
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.

[ ]
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.

Then click on 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.
Complete the details as requested

Start date*
DD/MM/YYYY

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)*
Employment Type*
- Full Time

Hours of clinical practice per week*
- 40

Name of supervisor
- Dr Test

Supervisor’s post title
- Dr

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

<table>
<thead>
<tr>
<th>Post title</th>
<th>Employer details</th>
<th>Start date</th>
<th>Finish date</th>
<th>Current</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td>Test</td>
<td>04/07/...</td>
<td>04/07/...</td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

Click on Next
You can click to Add registration and licensing history or to say that you have not held registration elsewhere since your last application.
Complete the details as requested

Country*
Please select...

Medical regulatory authority*

Registration number

Start date of registration*
DD/MM/YYYY

Still registered

Finish date of registration*
DD/MM/YYYY
Click on Save
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Medical regulatory auth</th>
<th>Start date</th>
<th>End date</th>
<th>Still registered/licensed</th>
<th>View/Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>Ministry of Health (Natic 08/07/2021)</td>
<td></td>
<td></td>
<td>Y</td>
<td>View/Edit</td>
</tr>
</tbody>
</table>

Click on Next

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

I have not obtained any relevant qualifications since my last application

Click on Next
Verifiers 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'.

Click Add verifier
Complete details as requested

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 *
Post title

Test

Specialty

Test

Institution or hospital

Test

Email address

test@test.com

Save  Cancel  Click on Save
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'.

```
<table>
<thead>
<tr>
<th>Verifier name</th>
<th>GMC reference nr</th>
<th>Post title</th>
<th>Specialty</th>
<th>Institution or hospital</th>
<th>Email address</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Test Test</td>
<td>Test</td>
<td>Test</td>
<td>Test</td>
<td>Test</td>
<td><a href="mailto:test@test.com">test@test.com</a></td>
<td>Remove</td>
</tr>
</tbody>
</table>
```

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).

Click on Next
Final Declaration

I understand that:

1. the General Medical Council (GMC) will make any enquiries 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 enquiries 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.
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 CMC 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.

[Check box for I agree]

Click on I agree then Proceed To Payment
Make a payment

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
£

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
Complete payment details

Billing Information

First Name *
Test name

Last Name *
Test

Address Line 1 *
Test

City *
Test

Country/Region *
Austria

Payment Details

Card Type *
Click on Pay
Added Protection
Please submit your Verified by Visa password.
Merchant: Smartpay Fuse template
Amount: 728.00
Date: 07/26/2021
Card Number: **************111
Personal Message: Password is "1234"
User Name: test1
Password: [redacted]
New User / Forgot your password?
Submit
Enter password and click Submit
Your browser will automatically redirect you within 30 seconds

Please click here if you are not redirected
Card Payment Succeeded

Your payment of £ 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
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.