

# General Practice

## Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the GP Register with a CEGPR in General Practice. You will also need to read the [General practice curriculum](#).

## Introduction

You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply. You are strongly advised to contact the Royal College of General Practitioners for guidance **before** you submit your application. The Royal College of General Practitioners can be contacted at [gpsa@rcgp.org.uk](mailto:gpsa@rcgp.org.uk).

### **What is the indicative period of training for a Certificate of Completion of Training (CCT) in General Practice?**

The indicative period of training for a CCT in General Practice is 3 years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time. The training programme for a CCT in General Practice is normally made up of eighteen months training in hospital posts and eighteen months in community general practice posts.

For a CEGPR you must demonstrate that your training, qualifications and experience are equivalent to a doctor who has completed training for a 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

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.

Your evidence should demonstrate that you meet the learning outcomes in the curriculum and understand the UK contextual aspects. When considering your evidence, the evaluators will look for the key capabilities of a general practitioner in the UK including being empathic, working within your competence and reflecting on your practice and how it can be improved. Along with the documents suggested, your personal reflections should be a significant part of your evidence for each specific capability.

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.

As you are demonstrating current competence, we consider evidence from the last five years to be more relevant than older experience and it is therefore given greater weighting when we evaluate your application. Greater weight is also given to evidence where personal involvement is clearly demonstrated with reflection and any consequent change in practice described.

## Submitting your evidence

Do not submit original documents.

All your copies, other than qualifications you're getting authenticated **must** be accompanied by a pro-forma 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 have trained in the UK, the RCGP can provide pages from your trainee ePortfolio directly to the GMC with your permission. Please contact the GMC for form **CN23** in advance of submitting your application.

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

Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

### **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](#).

## How much evidence to submit

Your evidence **must** cover the knowledge, skills and qualifications to demonstrate the required learning outcomes and capabilities in all areas of the [General practice curriculum](#). If evidence is missing from any area of the curriculum, then the application may fail.

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. 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. **This equates to around 100 electronically uploaded documents** – you should ensure you follow our guidance on how to group your evidence in the online application.
- 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.
- You must provide evidence that you have managed a broad range of patients of all ages and presentations, as seen day to day by general practitioners in the UK.
- 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 in the application to identify it and the competence you are demonstrating.
- If you have an item of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, provide one copy and list it in your application under each relevant area, stating that the document is located elsewhere and you would like to cross-reference it.
- 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](mailto:gpsa@rcgp.org.uk) or telephone 020 3188 7656 (+44 20 3188 7656 from outside the UK).

## Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application. Where you need to provide hard copy evidence you will need to create your own dividers to confirm which section of the application the hard copy evidence relates to.

The curriculum developed by the Royal College of General Practitioners has the title, *Being a General Practitioner*. It is divided into five broad Areas of Capability, which are then broken down into specific capabilities. These map closely to the [Generic Professional Capabilities](#) that apply to all medical specialties in the UK.

You need to gather your evidence by area of capability in the curriculum and then attach this under the relevant section in your online application.

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.

A list of suggested evidence is provided for each Area of Capability and their associated specific capabilities. You should present **a variety of evidence** for each area. You will find that some evidence, such as case studies, can be used to demonstrate competence in more than one area. Please refer to the table on page 14 which will help you decide how much evidence to include.

## The Five Areas of Capability

A. Knowing yourself and relating to others

B. Applying clinical knowledge and skill

C. Managing complex and long-term care

D. Working well in organisations and in systems of care

E. Caring for the whole person and the wider community

## Specialty Learning Outcomes: 13 Specific Capabilities

The five Areas of Capability are broken down into 13 specific capabilities. For each capability, the curriculum sets out specific core competences which trainee general practitioners in the UK are expected to achieve and you will need to demonstrate in your application for a CEGPR.

The specific capabilities for general practice are listed below under their five broad Areas of Capability. The core competences provide more detail and appear later in this guidance, starting on page17.

### A. Knowing yourself and relating to others

1. Fitness to practise
2. Maintaining an ethical approach
3. Communication and consultation

### B. Applying clinical knowledge and skill

4. Data gathering and interpretation
5. Clinical examination and procedural skills
6. Making decisions
7. Clinical management

### C. Managing complex and long-term care

8. Managing medical complexity
9. Working with colleagues and in teams

### D. Working well in organisations and in systems of care

10. Improving performance, learning and teaching
11. Organisational management and leadership

### E. Caring for the whole person and the wider community

12. Practising holistically, promoting health and safeguarding

13. Community orientation

## Unsuccessful applications or poor evidence

It is our experience that applications from doctors in the specialty of General Practice are often submitted with inadequate or poor evidence in the following areas:

- Exposure to the full range of patients and conditions expected in UK general practice, dealing with unselected problems in patients of all ages and coordinating care with other professionals in primary and secondary care (Core Competence: Providing general clinical care to patients of all ages and backgrounds)
- Primary care management, including caring for a registered list of patients (both planned care and acute and unscheduled care) and home visits, with your reflection on managing the consultation in the patient's home if not part of current practice (Core Competence: Providing urgent care when needed)
- Understanding the importance of holistic or person-centred care as a core competence of general practice (Core Competence: 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 Competence: Enabling people living with long-term conditions to improve their health)
- Communication, coordinating care for your patients and making referrals (Core Competence: Making appropriate use of other professionals and services)
- 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 Competence: Continuously evaluating and improving the care you provide)



- 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 Competences: Understanding the health service and your role within it; coordinating a team-based approach to the care of patients)
- Evidence of ongoing Continuing Professional Development (CPD) linked to a personal development plan. CPD should be across the whole curriculum and evidence should include a personal, reflective diary of learning achievements as well as a list of courses. If your qualification is greater than five years old, it is especially important to demonstrate CPD (Core Competence: Continuously evaluating and improving the care you provide)
- Evidence of passing general practice examinations. **Applicants who have been released or resigned from a general practice specialty training programme in the UK**, 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
- Lack of reference to the current curriculum

**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

It's vital that your referees are able to provide detailed support for your competences across all or most areas, and understand the requirements for specialist training in General Practice and Specialist Registration in the UK.

## Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your CEGPR capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.</p> <p>You can find out more about <a href="#">primary source verification</a> on our website.</p> <p>You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with <a href="#">our guidance</a>.</p>
Specialist medical qualification(s)	<p>Please provide an <b>authenticated copy</b> of any specialist medical qualifications you hold.</p> <p>There are no qualifications from outside Europe that enable automatic entry to the GP or Specialist Registers in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p>
Recent specialist training	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an <b>authenticated copy</b> of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p>

Please provide authenticated evidence (such as a letter from your training provider or programme director) to explain the assessments within your training programme, including the format and content of any examinations.

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 regularly by the RCGP. You will need to indicate within your application the curriculum version which was in place when you trained. 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.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

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

If your training programme was hospital based with sessions in family practice over the course of the programme, please provide a letter from your training provider describing the content and structure of your programme. This should state the length of your training in hospital posts and the total number of months in family practice.

If you have undertaken approved specialty training towards a CCT or CEGPR(CP) in general practice in the UK in the past five years, you should provide a copy of your ARCP outcome forms. You must also provide your final Educational Supervisor's Review and any Clinical Supervisor reports completed in general practice in your ST3 year or later in your training. The RCGP can

	provide pages from your trainee ePortfolio directly to the GMC with your permission. Please contact the GMC for form <b>CN23</b> in advance of submitting your application.
Specialist registration outside the UK	Please provide an <b>authenticated copy</b> of details of the registration requirements of that authority.
Other relevant qualifications and certificates	<p>The MRCGP International examination does <b>not</b> test the specific competences which trainee general practitioners in the UK are expected to achieve by the end of the training period. It addresses only the competences needed for general practice in the region in which the examination is undertaken. If you have passed MRCGP [Int], you will still need to demonstrate through your evidence all the core competences listed in this guidance.</p> <p>You may also include postgraduate qualifications in other areas if they are relevant to associated capabilities e.g. teaching, management, research methodology.</p> <p>Please provide <b>copies</b> of certificates.</p>

## Evidence of employment in posts and duties (including training posts)

CV	<p>You must provide an up to date copy of your CV, which includes all the details listed in the <a href="#">guidance on our website</a>.</p>
Employment letters	<p>The information in these letters <b>must</b> match your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• dates you were in post</li><li>• post title, grade, training</li><li>• type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)</li></ul> <p>You don't need to provide an employment letter if you have included other evidence for the post, for example a certificate of completion of training, an end-of-post assessment or structured reference.</p>
Job descriptions	<p>These <b>must</b> match the information in your CV. They will confirm the following:</p> <ul style="list-style-type: none"><li>• your position within the structure of your department</li><li>• your post title</li><li>• your clinical and non-clinical commitment</li><li>• your involvement in teaching or training.</li></ul> <p>Job descriptions are not required for training posts in the UK.</p> <p>If a job description does not exist, or does not describe your role in any detail, you may write your own account of your duties in the post which you will need to have verified.</p> <p>We don't want to see your contract or terms and conditions of employment.</p>

## How your evidence can be used to demonstrate the core competences in several areas

You will notice that some of the suggested evidence is listed more than once as it is relevant in more than one area of the curriculum. For example, we suggest that case studies can be used to demonstrate competence in nine different areas. This means that you can use the same case studies to demonstrate the required competences across several areas if you wish; make sure that you state each time where this evidence is located in your application and that you would like to include it.

If you have an item of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, provide one copy and list it in your application under each relevant area, stating that the document is located elsewhere and you would like to cross-reference it.

Evidence	Notes	Relevant specific capability
Case studies	<p>A set of detailed, reflective case studies is an essential part of your application evidence. As a guide, we suggest you provide one set of six to ten case studies across a range of types of patient.</p> <p>We recommend that each case study has a title or number so that you can refer to your cases individually.</p>	<ul style="list-style-type: none"><li>• 2: Maintaining an ethical approach</li><li>• 3: Communication and consultation</li><li>• 4: Data gathering and interpretation</li><li>• 5: Clinical examination and procedural skills</li><li>• 6: Making decisions</li><li>• 7: Clinical management</li><li>• 8: Managing medical complexity</li><li>• 12: Practising holistically, promoting health and safeguarding</li><li>• 13: Community orientation</li></ul>

Multi-source feedback (MSF)	<p>An MSF is a strong piece of evidence as it is an anonymous feedback exercise. As a guide, GP trainees in the UK obtain feedback from at least 10 colleagues. Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually.</p> <p>If you do not have MSF evidence, you may include feedback from colleagues of all levels (peers, nursing, auxiliary staff, patients, management) completed at the time in the format of letters or references.</p>	<ul style="list-style-type: none"> <li>• 1: Fitness to practise</li> <li>• 2: Maintaining an ethical approach</li> <li>• 9: Working with colleagues and in teams</li> <li>• 10: Improving performance, learning and teaching</li> <li>• 11: Organisational management and leadership</li> </ul>
Patient satisfaction questionnaire (PSQ)	<p>A PSQ is a strong piece of evidence as it is an anonymous feedback exercise. If you are unable to provide a PSQ, you may include the following:</p> <ul style="list-style-type: none"> <li>• 'thank you' letters and cards from patients</li> <li>• statements from your referees</li> <li>• testimonials and letters from colleagues</li> <li>• other feedback from patients and colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• 1: Fitness to practise</li> <li>• 2: Maintaining an ethical approach</li> <li>• 3: Communication and consultation 10: Improving performance, learning and teaching</li> </ul>
Referral letters	<p>As a guide we suggest you provide around six anonymised referral letters with responses.</p>	<ul style="list-style-type: none"> <li>• 5: Clinical examination and procedural skills</li> <li>• 7: Clinical management</li> <li>• 12: Practising holistically, promoting health and safeguarding</li> </ul>
Patient records	<p>We suggest you provide around ten examples of your patient records.</p>	<ul style="list-style-type: none"> <li>• 3: Communication and consultation</li> <li>• 4: Data gathering and interpretation</li> <li>• 6: Making decisions</li> <li>• 7: Clinical management</li> <li>• 8: Managing medical complexity</li> <li>• 11: Organisational management and leadership</li> <li>• 12: Practising holistically, promoting health and safeguarding</li> </ul>

Significant event analyses (SEAs)	Significant event analysis is a way of formally analysing incidents that may have implications for patient care. As a guide, we suggest you provide two or three examples of SEA.	<ul style="list-style-type: none"> <li>• 1: Fitness to practise</li> <li>• 2: Maintaining an ethical approach</li> <li>• 10: Improving performance, learning and teaching</li> </ul>
Patient log	A log of the patients you have seen consecutively in your current or most recent posts in general practice will help to show the breadth of your practice. This should cover a period of around one month and show the patients' age, sex and diagnosis. A template is available and can be requested from <a href="mailto:gpsa@rcgp.org.uk">gpsa@rcgp.org.uk</a>	<ul style="list-style-type: none"> <li>• 7: Clinical management</li> <li>• 8: Managing medical complexity</li> <li>• 12: Practising holistically, safeguarding and promoting health</li> </ul>



## Specific Capability 1: Fitness to practise

### Standard expected

A competent practitioner should:

- Demonstrate the accepted codes of practice in order to promote patient safety and effective team-working
- Achieve a balance between their professional and personal demands that meets their commitments and maintains their health
- Take effective steps to address any personal health issue or habit that is impacting on their performance as a doctor
- Demonstrate insight into any personal health issues
- React promptly, discreetly and impartially when there are concerns about self or colleagues
- Take advice from appropriate people and if necessary, engage in a referral procedure
- Use mechanisms to reflect on and learn from complaints or performance issues in order to improve patient care

### Core competences

- Demonstrate the attitudes and behaviours expected of a good doctor
- Manage the factors that influence your performance

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Multi-source feedback. Template forms for multi-source feedback are available on the [GMC website](#). Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually.
- Results of a formal patient satisfaction questionnaire. Ideally, this should be a survey of at least forty patients, preferably in general practice. Template forms for patient feedback are available on the [GMC website](#). Other systems of feedback will be considered.
- Your personal reflections on cases that have influenced your practice, or significant events. The RCGP's '[Quality Improvement Guide for General Practice](#)' offers guidance on a variety of tools including significant event analysis. Advice on reflection and a reflective diary template can be found [here](#).

- A record of your last appraisal or performance review by your department head or clinical supervisor. Alternatively, letters written at the time commenting on your performance.
- Testimonials and letters from colleagues.
- A recorded patient complaint with your reflection on it and the impact on your practice. This may include a complaint against the department within which you work or against a colleague where you were involved in the resolution. Alternatively, you may reflect on how you would manage a fictional complaint. It is recognised that complaints are common; it is your response and reflection on them which are important.
- For applicants based overseas, a Certificate of Good Standing from your medical regulator.

## Specific Capability 2: Maintaining an ethical approach

### Standard expected

#### A competent practitioner should:

- Demonstrate the application of *“Good Medical Practice”* in their own clinical practice
- Reflect on how their values, attitudes and ethics might influence professional behaviour
- Demonstrate equality, fairness and respect in their day-to-day practice
- Value and appreciate different cultures and personal attributes, both in patients and colleagues
- Reflect on and discuss moral dilemmas encountered in the course of their work

### Core competences

- Treat others fairly and with respect, acting without discrimination
- Provide care with compassion and kindness

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Case studies demonstrating your care with compassion and kindness. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Multi-source feedback. Template forms for multi-source feedback are available on the [GMC website](#). Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually.
- Results of a formal patient satisfaction questionnaire. Ideally, this should be a survey of at least forty patients, preferably in general practice. Template forms for patient feedback are available on the [GMC website](#). Other systems of feedback will be considered.
- Your [personal reflections](#) on [significant events](#) or professional dilemmas.
- Testimonials or letters from colleagues and patients.
- Your response to a patient complaint and your reflection on the incident. This may include a complaint against the department within which you work or against a colleague where you were involved in the resolution. Alternatively,

your response to a fictional complaint. It is recognised that complaints are common; it is your response and reflection on them which are important.

- To demonstrate your understanding of confidentiality, you may also include reflection on cases where maintaining confidentiality caused a difficulty.
- Reflection on your learning and CPD related to medical ethics.

## Specific Capability 3: Communication and consultation

### Standard expected

#### A competent practitioner should:

- Explore and respond to the patient's agenda, health beliefs and preferences
- Elicit psychological and social information to place the patient's problem in context
- Achieve the tasks of the consultation, responding to the preferences of the patient in an efficient manner
- Use language fluently and take into consideration the needs and characteristics of the patient, for instance when talking to children or patients with learning disabilities
- Use the patient's understanding to help improve the explanation offered
- Work in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement
- Consult in an organised and structured way, achieving the main tasks of the consultation in a timely manner
- Manage consultations effectively with patients who have different languages, cultures, beliefs and educational backgrounds

### Core competences

- Establish an effective partnership with patients
- Maintain a continuing relationship with patients, carers and families

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Case studies across a range of types of patient. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of your patient records and care plans.
- Other evidence (such as letters, emails and meeting notes) to demonstrate working with family members, carers and community services.
- Medical reports which you have produced for other agencies; for example, for social services, the courts and occupational health.

- Results of a formal patient satisfaction questionnaire. Ideally, this should be a survey of at least forty patients, preferably in general practice. Template forms for patient feedback are available on the [GMC website](#). Other systems of feedback will be considered.
- Evidence that you have passed an examination or formal test of clinical and consulting skills for general practice.
- Evidence that your clinical and consulting skills have been directly observed and assessed.

## Specific Capability 4: Data gathering and interpretation

### Standard expected

#### A competent practitioner should:

- Systematically gather information, using questions appropriately targeted to the problem without affecting patient safety
- Understand the importance of, and make appropriate use of, existing information about the problem and the patient's context
- Choose examinations and target investigations appropriately and efficiently
- Understand the significance and implications of findings and results, and take appropriate action
- Demonstrate different styles of data gathering and adapt these to a wide range of patients and situations

### Core competences

- Apply a structured approach to data gathering and investigation
- Interpret findings accurately to reach a diagnosis

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Case studies across a range of types of patient. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of your patient records across a range of patients and presentations.
- Examples of your management plans.
- Evidence that you have passed an examination or formal test of clinical and consulting skills for general practice.
- Evidence that your clinical and consulting skills have been directly observed and assessed.

## Specific Capability 5: Clinical examination and procedural skills

### Standard expected

#### A competent practitioner should:

- Choose examinations appropriately targeted to the patient's problem(s)
- Have a systematic approach to clinical examination and be able to interpret physical signs accurately
- Vary options of procedures according to circumstances and the preferences of the patient
- Refer appropriately when a procedure is outside their level of competence
- Identify and reflect on ethical issues with regard to examination and procedural skills
- Show awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient
- Ensure that the patient understands the purpose of an intimate examination, describe what will happen and explain the role of the chaperone
- Arrange the place of examination to give the patient privacy and to respect their dignity
- Inspect and palpate appropriately and effectively

### Core competences

- Demonstrate a proficient approach to clinical examination
- Demonstrate a proficient approach to the performance of procedures

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Case studies across a range of types of patient. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of referral letters with the response from the consultants to whom the patients were referred. A personal reflection about these referrals and any learning needs you have identified will enhance your evidence.
- Reports of work-based assessments you may have completed in general practice training, covering clinical examination and procedural skills. The work-based assessments in CCT training are described on the [RCGP website](#).



## Specific Capability 6: Making decisions

### Standard expected

#### A competent practitioner should:

- Make diagnoses in a structured way using a problem-solving method
- Use an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making
- Address problems that present early and/or in an undifferentiated way by integrating all the available information to help generate a differential diagnosis
- Use time as a diagnostic tool
- Revise hypotheses in the light of additional information
- Think flexibly around problems generating functional solutions
- Have confidence in, and take ownership of own decisions whilst being aware of their limitations
- Keep an open mind and be able to adjust and revise decisions in the light of relevant new information

### Core competences

- Adopt appropriate decision-making principles
- Apply a scientific and evidence-based approach

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Examples of your patient records across a range of patients and presentations.
- Examples of your management plans for complex patients.
- Case studies of complex patients with multiple co-morbidities.

## Specific Capability 7: Clinical management

### Standard expected

#### A competent practitioner should:

- Vary management options responsively according to the circumstances, priorities and preferences of those involved
- Consider a “wait and see” approach where appropriate
- Use effective prioritisation of problems when the patient presents with multiple issues
- Suggest a variety of follow-up arrangements that are safe and appropriate, whilst also enhancing patient autonomy
- In addition to prescribing safely, be aware of and apply local and national guidelines including drug and non-drug therapies
- Maintain awareness of the legal framework for appropriate prescribing
- Refer appropriately, taking into account all available resources
- Respond rapidly and skilfully to emergencies, with appropriate follow-up for the patient and their family
- Ensure that care is co-ordinated both within the practice team and with other services
- Provide comprehensive continuity of care, taking into account all of the patient’s problems and their social situation

### Core competences

- Provide general clinical care to patients of all ages and backgrounds
- Adopt a structured approach to clinical management
- Make appropriate use of other professionals and services
- Provide urgent care when needed

These Core Competences are described and explained further in the [curriculum](#)

### Suggested evidence

- A patient log showing the age, sex and diagnosis of patients you have seen consecutively in general practice over a period of around one month. Billing summaries with generic descriptors should not be submitted. The Royal College of General Practitioners has developed a template for the patient log [which is provided at the end of this guidance](#).
- A summary of patients seen in the last year from practice records, showing your own clinical work across the breadth of the curriculum, workload and patient population. Some applicants present this information as graphs and pie-charts.
- A reflection on your case mix (breadth of your practice) and how it compares with general practice in the UK.

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

- Examples of your patient records across a range of patients and presentations.
- Examples of your management plans for complex patients.
- Case studies demonstrating your comprehensive continuity of care for your patients. Your chosen cases might include the elderly, patients with multi-morbidity and patients nearing the end of life.
- Evidence to show your communication with colleagues in your team as well as other professionals and services.
- Letters to and from colleagues discussing patient management, showing collaboration in patient care.
- Examples of referral letters with the response from the consultants to whom the patients were referred. A personal reflection about these referrals and any learning needs you have identified will enhance your evidence.
- Evidence to demonstrate awareness of the clinical guidelines commonly used in general practice in the UK. This might include a reflection on your reading.
- A brief timetable for a typical working month in your current or most recent post in family medicine. This should highlight time spent on call, making home visits and working out of hours. Your thoughts and reflections on domiciliary care in the UK would be helpful if home visits are not part of your current scope of practice.
- Evidence that you have passed an examination or formal test of clinical and consulting skills for general practice.
- Evidence that your clinical and consulting skills have been directly observed and assessed.

## Specific Capability 8: Managing medical complexity

### Standard expected

#### A competent practitioner should:

- Simultaneously manage the patient's health problems, both acute and chronic
- Be able to manage uncertainty including that experienced by the patient
- Communicate risk effectively to patients and involve them in its management to the appropriate degree
- Recognise the inevitable conflicts that arise when managing patients with multiple problems and takes steps to adjust care appropriately
- Consistently encourage improvement and rehabilitation and, where appropriate, recovery
- Encourage the patient to participate in appropriate health promotion and disease prevention strategies

### Core competences

- Enable people living with long term conditions to improve their health
- Manage concurrent health problems within an individual patient
- Adopt safe and effective approaches for patients with complex needs

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- A patient log showing the age, sex and diagnosis of patients you have seen consecutively in general practice over a period of around one month. Billing summaries with generic descriptors should not be submitted. The Royal College of General Practitioners has developed a template for the patient log [which is provided at the end of this guidance](#).
- Case studies demonstrating your approach to the care of patients with long term conditions, multiple problems or complex needs. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of your management plans and shared care plans.
- Reports of work-based assessments you may have completed in general practice training, covering safe and effective approaches for patients with long term

conditions or complex needs. The work-based assessments in CCT training are described on the [RCGP website](#).

## Specific Capability 9: Working with colleagues and in teams

### Standard expected

#### A competent practitioner should:

- Be an effective team member, working flexibly with the various teams involved in day to day primary care
- Understand the context within which different team members are working, e.g. Health Visitors and their role in safeguarding
- Appreciate the increased efficacy in delivering patient care when teams work collaboratively rather than as individuals
- Communicate proactively with team members so that patient care is enhanced using an appropriate mode of communication for the circumstances
- Contribute positively to their various teams and reflects on how the teams work and members interact

### Core competences

- Work as an effective team member
- Coordinate a team-based approach to the care of patients

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Multi-source feedback. Template forms for multi-source feedback are available on the [GMC website](#). Evidence from alternative systems of feedback used in the UK or overseas based on similar methodology will be considered.
- A statement describing how you provide integrated or shared care for your patients.
- A description of the multi-disciplinary teams within which you work.
- Letters you have written to other agencies and health care professionals discussing patient management and their responses.
- Minutes of meetings or case reviews showing your participation in the meeting.
- Notes of telephone conversations discussing patient management.
- Appraisal records which describe your teamwork and how you coordinate care for your patients.

## Specific Capability 10: Improving performance, learning and teaching

### Standard expected

#### A competent practitioner should:

- Judge the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making
- Show a commitment to professional development through reflection on performance and the identification of personal learning needs
- Address learning needs and demonstrate the application of these in future practice
- Personally participate in audits and quality improvement activities and use these to evaluate and suggest improvements in personal and practice performance
- Engage in significant event reviews in a timely and effective manner and learn from them as a team-based exercise
- Identify learning objectives and use teaching methods appropriate to these
- Assist in making assessments of learners where appropriate

### Core competences

- Continuously evaluate and improve the care you provide
- Adopt a safe and scientific approach to improve quality of care
- Support the education and development of colleagues

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Appraisals and assessments. A record of your last appraisal or performance review by your department head or clinical supervisor. Alternatively, letters written at the time commenting on your performance.
- Multi-source feedback. Template forms for multi-source feedback are available on the [GMC website](#). Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually.
- Your Personal Development Plan should contain details of learning needs you have identified and your learning objectives. A template for your PDP [is provided at the end of this guidance](#).

- CPD certificates and/ or CPD registration points from UK Medical Royal College (or equivalent body overseas). More weight will be given to CPD relevant to Family Medicine, particularly to learning that is transferable into UK general practice. You should also provide a written reflection on the learning gained from the course or activity and describe the impact on your clinical practice.
- A letter from your employer or education centre describing your role and level of involvement in undergraduate, postgraduate or specialty trainee education; teaching timetables; and information about your involvement in other methods of teaching. This might include training of staff.
- Feedback or evaluation forms from those you have taught including both structured and informal feedback.
- If you have been an appraiser or assessor of others, you may submit records of this, or letters demonstrating your role as an appraiser, assessor or examiner.
- Quality improvement (QI) project OR a clinical audit. You can present evidence of a project, including audit, which led to improvement in patient care. 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. A useful document about quality improvement activity in the UK NHS, including the use of Plan-Do-Study-Act (PDSA) cycles, is available [here](#). If presenting audit work completed in hospital or general practice, you must show your understanding of the full audit process. Ideally, your audit will be provided as a report with analysis of the actual data collected. There is more information on how to conduct a clinical audit [here](#).
- Your personal reflections on cases that have influenced your practice, or significant events. The RCGP's '[Quality Improvement Guide for General Practice](#)' offers guidance on a variety of tools including significant event analysis. Advice on reflection and a reflective diary template can be found [here](#).
- Minutes of meetings recording your participation in and development of, patient safety procedures. A summary of the principles of clinical governance can be found on the [briefing paper](#).
- Other evidence of participation in quality improvement; for example, documenting your role in achieving practice accreditation.



- Results of a formal patient satisfaction questionnaire. Ideally, this should be a survey of at least forty patients, preferably in general practice. Template forms for patient feedback are available on the [GMC website](#). Other systems of feedback will be considered.
- Patient information leaflets or other material created by you for your patients.

## Specific Capability 11: Organisational management and leadership

### Standard expected

#### A competent practitioner should:

- Use the primary care organisational systems routinely and appropriately in patient care for acute problems, chronic disease and health promotion - this includes the use of computerised information management and technology (IM&T)
- Use the computer during consultations whilst maintaining rapport with the patient to produce records that are succinct, comprehensive, appropriately coded and understandable
- Be consistently well organised with due consideration for colleagues as well as patients. Demonstrates effective time management, hand-over skills, prioritisation and delegation
- Help to support change in the organisation - this may include making constructive suggestions
- Respond positively when services are under pressure in a responsible and considered way

### Core competences

- Apply leadership skills to improve your organisation's performance
- Make effective use of information and communication systems
- Develop the financial and business skills required for your role

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- Multi-source feedback. Template forms for multi-source feedback are available on the [GMC website](#). Evidence from alternative systems used within the UK or overseas based on similar methodology will be considered and evaluated individually.
- Evidence of audit and quality improvement work could be used to demonstrate organisational management and leadership.
- Letters or emails you have 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.
- Letters from colleagues describing your role in making practice improvements or your work with junior doctors, nurses or physician assistants; your involvement in mentoring and teaching.

- To demonstrate your understanding of UK data protection issues and concepts of confidentiality, you may include reflection on cases where maintaining confidentiality caused a difficulty.
- Testimonials or letters from colleagues.
- Some examples of your patient records.

## Specific Capability 12: Practising holistically, promoting health and safeguarding

### Standard expected

#### A competent practitioner should:

- Demonstrate understanding of the patient in relation to their socio-economic and cultural background and use this understanding to inform discussion and to generate practical suggestions for the management of the patient
- Recognise the impact of the problem on the patient, their family and/or carers
- Utilise appropriate support agencies (including primary health care team members) targeted to the needs of the patient and/or their family and carers

### Core competences

- Demonstrate the holistic mindset of a generalist medical practitioner
- Support people through experiences of health, illness and recovery
- Safeguard individuals, families and local populations

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- A patient log showing the age, sex and diagnosis of patients you have seen consecutively in general practice over a period of around one month. Billing summaries with generic descriptors should not be submitted. The Royal College of General Practitioners has developed a template for the patient log [which is provided at the end of this guidance](#).
- Medical reports which you have produced for other agencies; for example, for social services, the courts and occupational health.
- Case studies across a range of types of patient. A personal reflection about your care and any learning needs you have identified will enhance this evidence. You may include patient records, correspondence, notes of meetings and management plans to support your case studies.
- Examples of referral letters with the response from the consultants to whom the patients were referred. A personal reflection about these referrals and any learning needs you have identified will enhance your evidence.
- Courses which are relevant to the General Practice Curriculum include Automated external defibrillators (AED) and Cardio Pulmonary Resuscitation

(CPR) certificates, evidence of training in communication / consultation skills, and [Safeguarding children to level 3](#).

- Letters you have written to other agencies and health care professionals discussing patient management and their responses.
- Reports of work-based assessments you may have completed in general practice training where you have demonstrated comprehensive, holistic approaches to patient care including safeguarding and promoting health. The work-based assessments in CCT training are described on the [RCGP website](#).
- Testimonials or letters from colleagues and patients.

## Specific Capability 13: Community orientation

### Standard expected

#### A competent practitioner should:

- Demonstrate understanding of how the characteristics of the local population shapes the provision of care in the setting in which the doctor is working
- Show how this understanding has informed referral practices they have utilised for their patients - this could include formal referral to a service or directing patients to other local resources
- Demonstrate how they have adapted their own clinical practice to take into account the local resources, for example in referrals, cost-effective prescribing and following local protocols
- Demonstrate how local resources have been used to enhance patient care

### Core competences

- Understand the health service and your role within it
- Build relationships with the communities in which you work

These Core Competences are described and explained further in the [curriculum](#)

More information about the standard expected for trainee general practitioners in the UK is available [here](#)

### Suggested evidence

- CPD certificates and/ or CPD registration points from UK Medical Royal College (or equivalent body overseas). More weight will be given to CPD relevant to Family Medicine, particularly to learning that is transferable into UK general practice. You should also provide a written reflection on the learning gained from the course or activity and describe the impact on your clinical practice.
- A robust portfolio of documentary evidence to demonstrate knowledge and understanding of National Health Service (NHS) general practice. Reports and other items which can be helpful are listed below. **You are not expected to provide all the items listed below and you may have alternative evidence.**
- 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 or 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.
- Testimonials or letters from colleagues describing how you have used local resources and local protocols in patient management.

# 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:

