



Royal Colleges of Physicians of the United Kingdom

FORM P

FOR OFFICE USE ONLY	
Registered	
Incomplete	
Entered	
Entry visa	
Cash	
C/C	
Cheque	
Centre	
Date	
Time	
Special arrangements	

Application form for entry to MRCP(UK) PACES (Practical Assessment of Clinical Examination Skills)

- ▶ Please complete ALL sections of Form P.
- ▶ Read the explanatory notes **BEFORE** completing this form.
- ▶ Complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- ▶ Return your application to your College of Entry no earlier than one month prior to the closing date. If you are taking PACES in a centre outside the UK, please see the Form P notes.
- ▶ All personal information held by the Examinations Departments of the Royal Colleges of Physicians of the UK and the MRCP(UK) Central Office will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998. Any data collected may be exchanged between the Departments of the Royal Colleges of Physicians of the UK and the MRCP(UK) Central Office but will not be released elsewhere without your permission. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be retained for this purpose.

CODE NUMBER: (see note overleaf)

GMC NUMBER: (if applicable)

SECTION 1 – PERSONAL DETAILS

LAST NAME: (as shown on medical diploma)
(unless changed by marriage or Deed Poll) _____

FORENAME(S): (IN FULL, as shown on medical diploma)
(unless changed by marriage or Deed Poll) _____

FORMER NAME/MAIDEN NAME: _____

CORRESPONDENCE ADDRESS: (if Hospital, please state department)

City _____ Postcode _____ Country _____

CONTACT DETAILS: (Include country/area code)
Home: _____ **Work:** _____ **Ext:** _____
Mobile: _____ **Bleep:** _____

Email: (BLOCK LETTERS) _____ **Fax:** _____

DATE OF BIRTH: ____ / ____ / ____ **SEX:** Male / Female (please circle)
DD MM YY

SECTION 2 – COLLEGE OF ENTRY

1. COLLEGE OF ENTRY All candidates, whether taking PACES within or outside the UK **must** select a College of Entry. Please read the notes on page 3 regarding College of Entry.

Edinburgh Glasgow London (please tick)

2. TRANSFER OF ENTRY In the event that there are no places available through your chosen College, please nominate an alternative:

Edinburgh Glasgow London

3. OVERSEAS CENTRES (Please note that entry to overseas centres is restricted)

Please state the OVERSEAS CENTRE through which you have entered: _____

SECTION 3 – Please list ALL posts since graduation (including locum posts). Please list most recent posts first.

Grade/Post eg, SHO, Gen. Med., FY2(UK)	HOSPITAL NAME	START DATE MM/YY	FINISH DATE MM/YY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please account for any gap in employment and continue overleaf if necessary.

PLEASE TURN OVER ►

CANDIDATE NAME: _____

CODE NUMBER:

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DATE OF BIRTH: ____ / ____ / ____ DD/MM/YY

SECTION 3 – Please list ALL posts since graduation (including locum posts)

Grade/Post eg, SHO, Gen. Med., FY2(UK)	HOSPITAL NAME	START DATE MM/YY	FINISH DATE MM/YY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list next post (including locum posts):

Please account for any gap in employment:

SECTION 4 – Request for special arrangements

It is the responsibility of the candidate to notify the Examinations Department of any special requirements in writing at the time of application. If you are taking PACES in a centre outside the UK, please inform the local organiser in the country in which you are taking the examination. Applications for special arrangements on medical or compassionate grounds must be supported with medical certification.

Candidates should not assume that previously agreed special arrangements will be carried forward to a future examination and the Colleges expect to be notified of any request at each examination attempt. Details of any agreed special arrangements will be recorded electronically against the candidate's record and used for monitoring the effectiveness of the Colleges' processes.

Please specify requested arrangements below or give details on a separate sheet, if necessary.

I passed the MRCP(UK) Part 2 Written Examination on: _____ DD/MM/YY

I last took the PACES examination (Part 2 Orals & Clinicals if prior to June 2001) on: _____ DD/MM/YY

College of Entry: _____

No more than three attempts at PACES are permitted in one 2-year Registration Period (see PACES Regulations).

I declare that I will have completed a minimum period of training of two and a half years after graduation by commencement of my PACES Registration Period. I declare that all the information given above is true and correct.

SIGNATURE: _____ DATE: _____ DD/MM/YY

WEBSITE RESULTS

All candidates' results will be published on the website www.mrcpuk.org. Both passes and fails will be listed. To ensure anonymity only the candidate's RCP Code number and Examination number for the diet concerned will be published along with the candidate's pass or fail result. No names will be published, so it is important that you remember your RCP Code number and Examination number.

Candidates who do not want their result to appear on the website must inform the College administering their application in writing when applying for the examination. They must also re-confirm this on each occasion they apply for the examination.

Notes for Application Form P continued

- ▶ In the overall total number of PACES attempts made, candidates should make no more than three attempts through any one College and no more than two attempts through any of the other Colleges, plus one attempt through the third College.

2.2 Transfer of Entry – Please nominate an alternative College of Entry here. You will be informed as soon as possible if you are affected and your application will be forwarded to the relevant College.

2.3 Overseas centres – Write the name of the overseas centre you have entered through here.

SECTION 3 (All candidates)

Appointments held to date – this information is required by the Colleges to ensure that candidates satisfy the entry requirements which are set out in the Examination Regulations. These state that ‘Candidates must complete a minimum training of two and a half years from the date of graduation given on their diploma of medical qualification (usually as a Junior Doctor or equivalent). Within the last five years before the date of the examination, not less than 12 months should be spent in posts involving the continuing care of emergency medical patients, either adults or children’. This experience should be at Senior House Officer level equivalent or above (including FY2 in the UK), and may be gained in any hospital throughout the world.

It is assumed that all UK candidates in their first year after graduation will have already spent six months as a House Officer. (In the United Kingdom this is a pre-requisite to obtaining full registration with the General Medical Council). If this is NOT the case then an additional six months should be spent in posts involving the care of emergency medical patients, either adults or children.

Please list all posts held since the date of graduation (including all locum posts held). Applicants are asked to account for any gaps in employment. If known, posts should be listed up to and including the examination period for which candidates are applying.

EXAMINATION FEES

Fees are published on the examination calendar for candidates taking PACES in the UK and are revised annually. Candidates taking PACES outside the UK should contact their local organiser or refer to the MRCP(UK) website at www.mrcpuk.org. Fees are likely to increase from the first examination of each year. Cheques should be made payable to ‘Royal College of Physicians.’ Please write your name and MRCP Code Number on the back of the cheque. Candidates from overseas should ensure that their cheques yield the correct fee in Sterling AFTER deduction of bank charges. Bankers drafts drawn on a UK bank are preferable and should be valid for **at least three months** after the examination date.

RESULTS

Candidates will be informed by first class mail (airmail overseas) of results after these have been confirmed by the PACES Assessment Board. Results cannot be given over the telephone, by fax or email, or collected from the Colleges. No list will be published in the Colleges.

All candidates’ results, both pass and fail, will be published on the MRCP(UK) website www.mrcpuk.org. Candidates will not be identified by name, but both their RCP Code number and Examination number will be listed. It is therefore important that candidates remember both their RCP Code number and Examination number. Candidates who do not wish to have their results appear on the website must inform the College administering their application when submitting their application form.



TESTIMONIAL To accompany application for entry to MRCP(UK) PACES Examination – ALL ENTRANTS

- ▶ To be completed for ALL candidates applying to enter the MRCP(UK) PACES Examination.
- ▶ Please read the explanatory notes overleaf **BEFORE** completing this form.
- ▶ Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- ▶ Personal information is collected by the Colleges for the purpose of the administration of your application for entry to the MRCP(UK) Examination and the information provided will be retained for this purpose. This information will not be disclosed to any third party without your express permission but may be used in data comparisons to verify qualifications and to prevent fraudulent activity.

The Colleges fully expect Fellows (or Members) to refuse to sign testimonials for candidates whose training is considered to be unsuitable or who are regarded as being unfit in moral character or professional conduct to be admitted to the Membership. Should the candidate fail the examination badly, the College concerned will notify the proposers and candidates may be required to provide evidence of further training before the examination can be taken again.

I/we certify from personal knowledge and repute that the candidate has developed the competences in General and Acute Medicine described in the Curriculum for General Internal Medicine (Acute Medicine) by the Federation of Royal Colleges of Physicians from the training and experience provided in the posts listed below. I/we confirm that the applicant has held these posts, performed satisfactorily in them, and has reached a standard where formal assessment leading to a higher Diploma in General Medicine and Acute Medicine is appropriate.

FULL NAME OF CANDIDATE:

CODE NUMBER:

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is, as regards character and professional conduct, a fit and proper person to be admitted as a Member of the Royal Colleges of Physicians of the United Kingdom and also that he/she has had a period of training in general medicine which complies with the Examination Regulations. Listed below are details of those posts which have provided the requisite experience in the care of emergency medical patients.

DETAILS OF CANDIDATE'S RELEVANT ACUTE MEDICAL POSTS (within five years of examination applied for):

POST	HOSPITAL NAME	START DATE MM/YY	FINISH DATE MM/YY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO BE COMPLETED BY FELLOWS, OR MEMBERS OF AT LEAST 8 YEARS STANDING, OF ANY ROYAL COLLEGE OF PHYSICIANS OF THE UK.

Candidates must submit testimonials from two proposers at their first attempt at PACES, and one new or updated testimonial at each successive attempt. It must be dated within the six months before the date of the PACES Examination. See full details overleaf.

PROPOSER 1

FULL NAME: (BLOCK CAPITALS)

DATE OF BIRTH: _____ DD/MM/YY

FULL ADDRESS: (WORK)

CITY: _____ **POSTCODE:** _____

COUNTRY: _____

TELEPHONE: (WORK) _____

PROFESSIONAL APPOINTMENT:

CLINICAL CONNECTION WITH APPLICANT:

RELEVANT QUALIFICATION: _____

YEAR OF ELECTION: _____

SIGNATURE: _____ **DATE:** _____

DD/MM/YY

PROPOSER 2

FULL NAME: (BLOCK CAPITALS)

DATE OF BIRTH: _____ DD/MM/YY

FULL ADDRESS: (WORK)

CITY: _____ **POSTCODE:** _____

COUNTRY: _____

TELEPHONE: (WORK) _____

PROFESSIONAL APPOINTMENT:

CLINICAL CONNECTION WITH APPLICANT:

RELEVANT QUALIFICATION: _____

YEAR OF ELECTION: _____

SIGNATURE: _____ **DATE:** _____

DD/MM/YY

MRCP(UK) PACES Application Form T – Notes

Candidates must submit testimonials from two proposers at their first attempt at PACES and one new or updated testimonial at each successive attempt in the current registration period. Candidates must have worked (or for overseas candidates have taken a clinical attachment or an honorary NHS appointment) post-registration with a proposer within the three years prior to the date of the examination.

Testimonials will be accepted from Fellows, or Members of at least eight years' standing, of any Royal College of Physicians of the UK.

Candidates must complete a period of training lasting two and a half years from the date of graduation given on their diploma of medical qualification. Within the last five years before the date of the examination, not less than 12 months should be spent in posts involving the care of emergency medical patients, either adults or children. (It would be desirable to spend a period of at least six months in a post in which there is a strong emphasis on responsibility for unselected emergency admissions).

Details of relevant acute medical posts

The Colleges expect that the period spent in acute medicine will be in posts on wards which regularly admit emergency patients for diagnosis and treatment at SHO or Registrar level or above, or the overseas equivalent. Some specialised services which regularly admit a wide spectrum of cases would also be suitable. Experience must have been gained within five years of the date of the current examination.

Responsibility of the proposers

The Colleges take the responsibilities of the proposers seriously and will accept testimonials from Fellows and senior Members only. Two proposers should sign the same form in respect of a candidate's first attempt – candidates should have worked post registration under one of these sponsors within the past three years. If the first proposer cannot vouch for the details of all posts which comprise the acute medical training period, then the second proposer must be able to certify from personal knowledge any other posts required to complete the acute medical training.

Candidates will require a new or updated testimonial at each successive attempt at the PACES Examination. One of the original proposers may be asked for an updated testimonial, although it might be appropriate to ask a new proposer who has more recent knowledge of the candidate's training programme.

This form must be signed and dated **no earlier than six months** before the PACES Examination.

Please ensure that you send your application form to the correct College, or in the case of candidates taking PACES in centres outside the UK, to your local organiser (where applicable). Please see the website at www.mrcpuk.org for further details.

**Royal College of Physicians of Edinburgh
Examinations Department
9 Queen Street, Edinburgh EH2 1JQ**

Tel: 0131 225 7324

Fax: 0131 225 2053

**Royal College of Physicians and Surgeons of Glasgow
Examinations Unit
232–242 St Vincent Street, Glasgow G2 5RJ**

Tel: 0141 221 6072

Fax: 0141 241 6222

**Royal College of Physicians of London
Examinations Department
11 St Andrews Place, Regent's Park, London NW1 4LE**

Tel: 020 7935 1174

Fax: 020 7486 4514

For email addresses, please see www.mrcpuk.org/contactinfo.html

To ensure your Election to MRCP(UK)

Please return this completed form by the closing date together with your PACES application and Testimonial form to your College of Entry.

If you are taking PACES in a centre outside the UK, please submit this form with your PACES application and Testimonial form to your local organiser (where applicable) in the country to which you are applying.

Membership of the Royal Colleges of Physicians of the United Kingdom

MRCP(UK) FORM OF FAITH

I hereby faithfully promise to abide by the Laws, Bye-Laws, Statutes and Regulations of the Royal Colleges of Physicians of the United Kingdom as they apply to Members of the Royal Colleges of Physicians of the United Kingdom, as from time to time modified, amended or re-enacted and to keep myself informed of advances in medicine.

LAST NAME ⁽¹⁾
(BLOCK CAPITALS) _____

CODE NUMBER:

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FORENAMES _____

SIGNED: _____

DATE: _____

Admission Ceremony

Details of ceremony contacts and dates can be found on the MRCP(UK) website at www.mrcpuk.org. Further information on the timings and procedures of all three Colleges will be posted to successful candidates with their result letters.

Please note that if you wish to attend an Admission Ceremony at the Edinburgh, Glasgow or London Colleges, your MRCP(UK) diploma will be held at that College until collected by you during the ceremony.

If you DO NOT wish to attend a ceremony at any of the Colleges, your MRCP(UK) diploma will be posted to you from the College that administered your PACES Examination.

INSTRUCTIONS FOR FILLING IN THE FORM OF FAITH

- (1) NAME: The name and forenames on your Form of Faith **must correspond** to those given on the application forms you have completed when you originally entered the examination (ie on Form A) unless you have since changed your name by Deed Poll or marriage and have notified the College of Entry accordingly. Any difference will lead to a delay in your election.

