



ROYAL COLLEGE OF  
PHYSICIANS OF EDINBURGH



ROYAL COLLEGE OF  
PHYSICIANS AND SURGEONS  
OF GLASGOW



ROYAL COLLEGE OF  
PHYSICIANS OF LONDON

## FORM P

### FOR OFFICE USE ONLY

Registered	
Incomplete	
Entered	
Entry visa	
Cash	
C/C	
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Centre	
Date	
Time	
Special arrangements	

### Application form for entry to MRCP(UK) Part 2 Clinical Examination (PACES)

- ▶ Please read the explanatory notes overleaf **BEFORE** completing this form.
- ▶ Please complete ALL sections and ensure that you date and sign the Agreement.
- ▶ Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- ▶ Send the application to your chosen Administration Office no earlier than the published application opening date. If you are applying to a centre outside of the UK please refer to our website [www.mrcpuk.org](http://www.mrcpuk.org) for contact details.
- ▶ 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 notes on Page 5)

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**GMC NUMBER:**

(see Section 5)

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### SECTION 1 – Personal details (please use BLOCK CAPITALS)

**FAMILY/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** (if applicable) \_\_\_\_\_

**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 5 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 see notes on page 5 and refer to the [www.mrcpuk.org](http://www.mrcpuk.org) website for details)

Please state the OVERSEAS CENTRE through which you have entered: \_\_\_\_\_

Applications for centres within the UK **MUST** be sent to the appropriate Administration Office based on your first-choice centre (see list below). Applications sent to the wrong Administration Office will be returned.

**EDINBURGH**

PACES Examinations Department  
 Royal College of Physicians of  
 Edinburgh, 9 Queen Street  
 Edinburgh EH2 1JQ  
 Tel: 0131 225 7324  
 Fax: 0131 226 6124

**GLASGOW**

PACES Examinations Unit  
 Royal College of Physicians and  
 Surgeons of Glasgow  
 232–242 St Vincent Street, Glasgow G2 5RJ  
 Tel: 0141 221 6072  
 Fax: 0141 241 6222

**LONDON**

PACES Examinations Office  
 Royal College of Physicians of London  
 11 St Andrews Place  
 Regent's Park, London NW1 4LE  
 Tel: 020 7935 1174  
 Fax: 020 7486 4514

For e-mail addresses, please see [www.mrcpuk.org/contactinfo.html](http://www.mrcpuk.org/contactinfo.html)

**SECTION 3 – Please answer the question below and list ALL posts since graduation (including locum posts) up to the exam period**

All Candidates must answer the following question:

Are you currently in a UK training programme? YES  NO

If Yes, please state the programme approval number (this information can be obtained from your programme director or Deanery):

If you are temporarily outside of a UK training programme (LATS, research, abroad, maternity break, unwell or unemployed) but are trying to pass PACES with a view to applying for an ST3 post, please enter details here:

All candidates must list all posts since graduation up to the exam period below:

Grade/Post eg, FY2, SHO, ST1, ST2, CT1, CT2, Gen Med	HOSPITAL NAME	START DATE MM/YY	FINISH DATE MM/YY

Please list next post (including locum posts)

**SECTION 4 – Proposer**

Please read the explanatory notes on page 5 before completing this section.

In brief, it is recommended that you should have completed two years experience, including at least four months in medical specialties or medical sub-specialties, following the award of your primary medical degree. Your application must be supported by your current or most recent Educational Supervisor or Supervising Consultant (referred to below as your Proposer).

Please read the following statement and tick the box to confirm that your Proposer has endorsed your application. You must then complete your Proposer’s details below in BLOCK CAPITALS. Failure to correctly complete this information may result in your application being rejected.

“I confirm that I have discussed my application to attempt the MRCP(UK) Part 2 Clinical Examination (PACES) with my Educational Supervisor or Supervising Consultant. In ticking the following box, I verify my Proposer has authorised the use of his/her details and endorses my application to take the examination.”

PROPOSER’S TITLE (Dr/Prof/etc) \_\_\_\_\_ GMC NUMBER (if applicable)

LAST NAME (BLOCK CAPITALS) \_\_\_\_\_

FORENAMES (BLOCK CAPITALS) \_\_\_\_\_

CORRESPONDENCE ADDRESS \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

EMAIL

**Note to candidates:** It is your responsibility to ensure that the Proposer details you provide are accurate and complete. Personal information is collected by the Colleges for the purpose of administration of your application for entry to the MRCP(UK) Examination. This information will not be disclosed to any third party but may be used to verify your suitability for the MRCP(UK) Examination. In addition, your Proposer may be notified in the event of poor performance and recommendation sought regarding the deferral of any future attempts at the MRCP(UK) Examination. Should the information provided be incomplete or inaccurate the Colleges reserve the right to pursue this matter with you.



## MRCP(UK) Part 2 Clinical Examination (PACES) Agreement – Form P

NAME (BLOCK CAPITALS): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

**I confirm that the information given on this form is true, complete and accurate and that no information requested or other material or information has been omitted. I have read and understood the most recent MRCP(UK) Rules and Regulations and any subsequent updates as displayed on the MRCP(UK) website (see Regulations). I understand that my entrance to the Examination may be forfeited if any information or documentation requested is not correct or is omitted.**

I have submitted the following information, documentation and payment details with my signed and completed application form, prior to the closing date (*please tick where applicable*):

The Examination fee, in sterling, paid by cheque, banker's draft, credit card or debit card (or cash – IN PERSON AT THE ADMINISTRATION OFFICE ONLY).

- If by cheque, I have dated, signed and made the cheque payable to 'Royal College of Physicians'. I have also written my name and date of birth (or RCP code number, if I am a re-entrant) on the reverse of the cheque.
- If by credit card or debit card, I have supplied my full card details.

I will ensure that funds are available to honour the payment transaction of the Examination fee, anytime between submitting the application form and the examination date.

If my payment is declined it is my responsibility to submit payment in cleared funds such as a banker's draft.

If I require a visa to sit the Examination in the UK, I accept that it is my responsibility to ensure that I apply for a visa in time for the Examination. I understand that a refund will not be given if I cannot attend the Examination due to visa-related problems. I am submitting a signed written letter with my application form, clearly stating that I will be seeking to obtain a visa. I understand the Royal Colleges of Physicians strongly advise me to submit my application form, documentation and accompanying letter, to reach the appropriate Administrative Office by 5pm, two weeks prior to the Examination closing date but no earlier than the published application opening date.

If my application is incomplete I accept that it is my responsibility to ensure that any issues are resolved, and that by applying I have committed to paying the examination fee. If I do not take the necessary steps to complete my application I understand that I may lose my place at the examination and will incur the full examination fee, irrespective of my attendance at the examination. I accept that I will not be eligible for future examinations until this application is complete.

I understand that I cannot have my application or fee transferred to the next Examination.

I agree that if I withdraw I cannot re-enter the Examination during the current diet or have my application or fee transferred to the next Examination.

If my circumstances change regarding special arrangements, I will notify the Administration Office immediately in writing.

I accept that applications submitted by fax (or photocopied signatures) will not be accepted for reasons of confidentiality and security.

I am submitting my application form to the appropriate Administration Office (which is dependent on my first choice).

I agree that if any of the above is not correct or is not fully met the Royal Colleges of Physicians reserve the right to cancel my application and I will not be permitted to re-apply until the next diet.

I understand that information requested will be used by the Colleges for administrative purposes, and to meet its statutory obligations.

**I confirm that I have discussed my application with my Educational Supervisor or Supervising Consultant and that my application to take the exam has been endorsed by them.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note that all information provided on this form will be treated in strict confidence, and will not be released to any third party. It will be used solely by the Royal Colleges of Physicians for the purpose of processing your application and, providing you have agreed, to communicate details of educational activities and materials which may be of interest to you.

## MRCP(UK) PACES Application Form P – Notes

Please read the MRCP(UK) Examination Regulations carefully before completing this application form. Your application must be received no later than 5.00 pm on the closing date shown on the examination calendar. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED AND NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS. Receipt of applications will be acknowledged in due course.

**CODE NUMBER** Please use the six digit code number which has already been issued to you. This number is unique to you and will be your identification for as long as you remain a candidate. Please quote this number in all correspondence with the Colleges. **If you have misplaced your code number, please ensure that you have entered your full names and date of birth on this form.**

**REGISTRATION WITH THE GENERAL MEDICAL COUNCIL (GMC) OR EQUIVALENT BODY** Candidates who are subject to any warning, interim orders, undertakings or conditions on their practice from the GMC (or equivalent body) may be permitted to enter an MRCP(UK) Examination at the discretion of the MRCP(UK) Medical Director. Such candidates are required to complete and submit an *MRCP(UK) and Specialty Certificate Examinations Candidate Declaration Form* with each application for an MRCP(UK) Examination. The *Declaration Form* can be downloaded from the Application page of the PACES section of the MRCP(UK) website, and should be submitted with this application form.

**COLLEGE OF ENTRY** All candidates must choose to enter through one of the three Royal Colleges of Physicians of the United Kingdom – Edinburgh, Glasgow or London. The number of places available at any one centre is limited, so candidates are advised to apply in good time to avoid disappointment (no earlier than the published opening date). Candidates should be prepared to travel to a centre anywhere in the UK, including Northern Ireland.

**OVERSEAS CENTRES** Only doctors resident or working in the country of the examination centre are usually eligible to sit in those centres (please refer to the appropriate section in the Regulations or [www.mrcpuk.org](http://www.mrcpuk.org) for further information and the addresses of these centres). You should apply directly to the appropriate centre for details. Only limited numbers of places are available and the selection of candidates is the responsibility of the overseas centre concerned. Please note that each centre does not necessarily offer the examination at every sitting.

NB: The Colleges cannot intervene when an overseas examination centre is full. In such circumstances, candidates may re-apply at the next available sitting or apply to take the examination in the UK.

**PROPOSER** Applications for the MRCP(UK) Part 2 Clinical Examination (PACES) must be supported by your current or most recent Educational Supervisor or Supervising Consultant (referred to as your Proposer). Your Proposer is not required to hold MRCP(UK) or FRCP(UK).

By ticking the disclosure box on the form you confirm that your application has been discussed with, and is endorsed by, your Proposer and that they are satisfied of your readiness to sit the examination. You must ensure that your Proposer's details are accurately completed on the application form. Failure to tick the disclosure box or provide full and correct Proposer information will render your application incomplete, in which case it may be rejected.

Please note that verification of support may be sought through direct communication with your Proposer.

**EXPERIENCE** In order to be eligible to sit the MRCP(UK) Part 2 Clinical Examination (PACES), you must have completed the MRCP(UK) Part 1 Examination. In order to be able to apply your clinical knowledge and demonstrate your clinical skills across the broad range of cases, and thus be successful in the examination, it is recommended that you have completed two years experience, including at least four months in medical specialties or medical sub-specialties, following the award of your primary medical degree. Therefore, you will normally have completed a two-year Foundation programme and commenced Core Medical Training (or an equivalent period of training) before attempting the PACES examination.

**EXAMINATION FEES** Fees are published on the examination calendar and are revised annually. 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 date of birth (or RCP code number if you are a re-entrant) 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. Bankers drafts should be valid for at least three months after the examination date. **Please note that your application will be incomplete unless you provide a security number (see credit card payment section above).**

**RESULTS** All candidates, both pass and fail, will be able to view their results on the MRCP(UK) website [www.mrcpuk.org](http://www.mrcpuk.org). You will not be identified by name, but both your RCP Code number and Examination number will be listed. It is therefore important that you remember both your RCP Code number and Examination number. If you do not wish to have your results appear on the website you must inform the College administering your application when submitting your application form. **Results cannot be given over the telephone, by fax or e-mail, or collected from the Colleges. No list will be published in the Colleges.**

Please note that you cannot apply to sit the PACES Examination until the pass result for your Part 1 Examination has been confirmed. However, as you are able to take the MRCP(UK) Part 2 Written Examination and PACES Examination simultaneously, you may apply to sit the PACES Examination whilst awaiting confirmation of your Part 2 Written Examination result.

### CHECK LIST

**For entry, send:**

- Completed Form P;
- Fee in Sterling (please check current amount).
- MRCP(UK) and Speciality Certificate Examinations Candidate Declaration Form (if applicable.)

For further information see the MRCP(UK) website [www.mrcpuk.org](http://www.mrcpuk.org)