PORTFOLIO PATHWAY & SPECIALIST REGISTRATION | MODULE 02

Eligibility, specialty choice and the current standard

Choose the correct specialty and application type, then anchor the project to the current curriculum and specialty-specific guidance.

- ✓ 18 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Eligibility is only the entry gate. The more difficult question is whether the applicant can demonstrate the full current standard in the correct specialty. Confirm the route, specialty, curriculum, specialty-specific guidance and any examination expectations before building the evidence plan.

Three next actions

- Use the GMC application finder and Portfolio Pathway eligibility pages to confirm the application type.
- Download the current curriculum and specialty-specific guidance directly from the GMC route.
- Ask the relevant College or Faculty about current specialty evidence expectations, examinations and dual-registration issues.

Learning objectives

- Confirm the broad eligibility test and choose the correct application route.
- Explain why specialty and curriculum selection control the whole portfolio.
- Recognise when dual specialty, subspecialty or examination advice is needed.

The eligibility gate

The GMC describes the Portfolio Pathway for doctors who have not completed a GMC-approved UK programme but can demonstrate the required specialist knowledge, skills and experience. The exact eligibility route depends on qualifications and training history; the live application guide and application finder should be used rather than a remembered rule.

Eligibility does not mean readiness. A doctor may be eligible to apply but still have major evidence gaps in breadth, currency, generic capabilities or specialty-specific outcomes. Treat eligibility confirmation as permission to plan, not a prediction of success.

- Use the live GMC route finder.
- Keep certified training and qualification records.
- Separate eligibility from evidential sufficiency.

Choose the specialty you can evidence

The specialty should reflect the current UK curriculum and the doctor’s demonstrable scope, not merely the title of a post held overseas. Compare the full practice history with each possible specialty’s outcomes, including acute, community, procedural, diagnostic, governance and generic domains.

For specialties that overlap, obtain advice before building the portfolio. A narrow service role may demonstrate high expertise but not the breadth required for a broader specialty. Conversely, varied posts may collectively cover the standard if they are current, sufficiently assessed and well mapped.

- Compare scope, not labels.
- Identify breadth requirements early.
- Seek specialty-specific advice before committing.

The current curriculum is the specification

The current approved curriculum and specialty-specific guidance define what must be demonstrated. Many curricula organise requirements through high-level outcomes such as Generic Professional Capabilities and Capabilities in Practice; others use different specialty frameworks. Applicants must follow the version identified by the live GMC guidance.

Build a controlled source pack: curriculum, specialty-specific guidance, GMC evidence policies, application guide and any current College advice. Record the download date and version. When guidance changes during a long project, assess the effect rather than continuing silently with an obsolete map.

- Use current source versions.
- Record dates and version numbers.
- Track changes during the project.

CCT, non-CCT and dual-specialty decisions

Some specialties have an approved CCT curriculum; others may require a different Portfolio Pathway assessment basis. Dual specialty or subspecialty ambitions can materially increase the evidence burden and may involve separate or linked requirements. Do not assume one successful application automatically covers another specialty.

Ask the GMC and relevant College or Faculty for written route-specific guidance where the online pages do not resolve the position. Keep the reply with the project record, but recheck it if the submission date is

distant or the curriculum changes.

- Clarify each register entry sought.
- Do not infer dual recognition.
- Obtain written advice for ambiguity.

Examinations and knowledge evidence

An examination may be required, strongly recommended or one useful form of knowledge evidence depending on the specialty. For example, current physician guidance may strongly recommend the relevant Specialty Certificate Examination, but the live specialty-specific guidance controls. Passing an exam does not replace evidence of clinical performance, judgement and professional capabilities.

If no relevant UK exam has been taken, identify how knowledge will be demonstrated and whether the specialty body regards the alternative as sufficient. Allow for exam dates, eligibility, preparation, cost and result availability in the timeline.

- Check specialty-specific examination wording.
- Distinguish knowledge from performance.
- Plan examination timing early.

Ask precise questions and record the answer

Useful questions identify the exact curriculum version, application type, dual-registration position, examination expectation and evidence format. Avoid asking a supporter simply ‘Am I eligible?’ when the real uncertainty concerns breadth or a specific outcome.

Record the question, source, date and answer. Advice from peers can reveal practical approaches but does not override the GMC or current specialty guidance. Where sources conflict, seek clarification from the authoritative body and preserve the response.

- Ask narrow, answerable questions.
- Keep an advice log.
- Resolve conflicting sources before submission.

Common mistake

Avoid this	Choosing a specialty by job title or past identity, rather than by the full current standard that can be demonstrated, can create an unfixable mismatch late in the application.

Pause and reflect

Which required part of your proposed specialty is least visible in your present job, and what would be needed to assess it properly?

Takeaways

- Eligibility permits an application; it does not demonstrate readiness.
- The current curriculum and specialty-specific guidance are the project specification.

- Specialty, dual-registration and examination decisions must be resolved before evidence collection accelerates.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. A doctor meets the basic eligibility description but lacks evidence for emergency work required by the specialty. What does eligibility mean?

A. Long service replaces it

B. The gap is waived

C. The GMC will collect the evidence for them

D. They may use the route, but still need to close and evidence the gap

2. A doctor's local title matches a UK specialty but their practice covers only one narrow service. What should they do?

A. Choose the specialty with the shortest guidance

B. Compare the actual scope with the entire current curriculum and identify gaps

C. Submit only detailed evidence of the narrow service

D. Assume the title proves equivalence

3. Why should an applicant keep a dated curriculum copy?

A. It replaces specialty guidance

B. It shows which standard informed the gap analysis and helps manage later changes

C. It proves every outcome

D. It prevents the GMC changing requirements

4. A doctor wants two specialty entries. What is safest?

A. Assume one application covers both

B. Ask a previous applicant to decide

C. Confirm the requirements for each proposed entry before planning evidence

D. Choose the broader title informally

5. A doctor passes a relevant specialty examination. What does this establish?

A. Strong knowledge evidence, while other outcomes still need evidence

B. No need for references

C. Complete proof of workplace performance

D. Automatic Specialist Register entry

6. A deanery webpage and GMC policy give different referee numbers. What should the applicant do?

A. Assume all webpages are equally current

B. Submit both sets without checking

C. Use whichever number is lower

D. Follow the current GMC Online and specialty guidance and seek clarification if needed

Answers and explanations

1. D — They may use the route, but still need to close and evidence the gap

They may use the route, but still need to close and evidence the gap This follows the principle explained in “The eligibility gate”.

Re-read “The eligibility gate” and write down the evidence or decision you would need before acting.

2. B — Compare the actual scope with the entire current curriculum and identify gaps

Compare the actual scope with the entire current curriculum and identify gaps This follows the principle explained in “Choose the specialty you can evidence”.

Re-read “Choose the specialty you can evidence” and write down the evidence or decision you would need before acting.

3. B — It shows which standard informed the gap analysis and helps manage later changes

It shows which standard informed the gap analysis and helps manage later changes This follows the principle explained in “The current curriculum is the specification”.

Re-read “The current curriculum is the specification” and write down the evidence or decision you would need before acting.

4. C — Confirm the requirements for each proposed entry before planning evidence

Confirm the requirements for each proposed entry before planning evidence This follows the principle explained in “CCT, non-CCT and dual-specialty decisions”.

Re-read “CCT, non-CCT and dual-specialty decisions” and write down the evidence or decision you would need before acting.

5. A — Strong knowledge evidence, while other outcomes still need evidence

Strong knowledge evidence, while other outcomes still need evidence This follows the principle explained in “Examinations and knowledge evidence”.

Re-read “Examinations and knowledge evidence” and write down the evidence or decision you would need before acting.

6. D — Follow the current GMC Online and specialty guidance and seek clarification if needed

Follow the current GMC Online and specialty guidance and seek clarification if needed This follows the principle explained in “Ask precise questions and record the answer”.

Re-read “Ask precise questions and record the answer” and write down the evidence or decision you would need before acting.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: specialist/GP registration overview and application route finder
UK · https://www.gmc-uk.org/registration-and-licensing/join-our-registers/applying-for-specialist-or-gp-registration

BMA: Portfolio pathway programme
UK · https://www.bma.org.uk/media/s0gpek3u/bma-february-2025-portfolio-pathway-programme.pdf

Scotland Deanery: Portfolio Pathway for SAS grades
Scotland · https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/portfolio-pathway-for-sas-grades-formerly-cesr/

HEIW: Portfolio Pathway support for SAS doctors
Wales · https://heiw.nhs.wales/education-training/a-z/sas-doctors/how-to-apply-for-certificate-of-eligibility-for-specialist-registration-cesr/

Federation of Royal Colleges of Physicians: Specialty Certificate Examination regulations 2026
UK · https://www.thefederation.uk/sites/default/files/uploads/SCE&ESE;%20Regulations%20April%202026.pdf

Joint Committee on Surgical Training: Portfolio Pathway
UK · https://www.jcst.org/cesr/

RCOG: O&G Portfolio Pathway
UK · https://www.rcog.org.uk/careers-and-training/training/certification-of-training-specialist-registration/portfolio-pathway-formerly-cesr/

RCPCH: Portfolio Pathway
UK · https://www.rcpch.ac.uk/resources/portfolio-pathway

Royal College of Psychiatrists: specialist registration routes
UK · https://www.rcpsych.ac.uk/international/accreditation-to-become-a-psychiatrist-with-specialist-registration

Royal College of Ophthalmologists: specialist registration via Portfolio Pathway
UK · https://www.rcophth.ac.uk/training-careers/training-routes/ophthalmic-local-training/specialist-registration-via-the-portfolio-pathway-route/

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