

SCHEDULE 3

Regulation 9(5)

Information to be contained in Statements of Satisfactory Completion of Training

Part I

INFORMATION TO BE CONTAINED IN A STATEMENT OF SATISFACTORY COMPLETION
OF THE PRESCRIBED EXPERIENCE AS A GENERAL PRACTICE (GP) REGISTRAR

Practitioner's name and address

GMC Full Registration number

Dates between which training took place, and total duration of training in months

Whether training was full-time or part-time, and if part-time, what ratio to full-time

Name and practice address of trainer or trainers

Statement that the practitioner has passed summative assessment

Date of signatures required by regulation 9(5)(a)

Part II

INFORMATION TO BE CONTAINED IN A STATEMENT OF SATISFACTORY COMPLETION
OF A PERIOD OF PRESCRIBED EXPERIENCE IN A POST FALLING WITHIN REGULATION 8

Practitioner's name and address

GMC Full Registration number

Dates between which training took place, and total duration of training in months

Whether training was full-time or part-time, and if part-time, what ratio to full-time

Name and practice address of hospital or community post

Number of hospital or community post or other reference, where available

Name of post and hospital grade, if appropriate.

Speciality of post.

Name, grade and professional address of doctor supervising training

Statement of satisfactory completion of training

Date of signatures required by regulation 9(5)(b)