

SELF-ASSESSMENT

Portfolio Pathway eligibility

Five questions, in order. Use this to confirm formal eligibility before opening a GMC application. It takes about ten minutes and saves much more later.

01 Have you completed a GMC-approved UK training programme leading to a CCT in this specialty?

YES

CCT is your route, not Portfolio Pathway. You are already eligible for the Specialist Register on completion.

NO

Continue. You are potentially in scope for the Portfolio Pathway.

02 Is the specialty you want to register in a CCT specialty (approved UK curriculum) or a non-CCT specialty?

CCT SPECIALTY

Skip to Q4. There is no minimum qualification or training-duration test for CCT specialty applications.

NON-CCT SPECIALTY

Continue to Q3. You will need to meet the qualification or six-month rule.

03 Non-CCT only: do you hold an overseas specialist qualification, or 6+ months continuous specialist training outside the UK in this non-CCT specialty?

YES

Eligibility for the non-CCT route is met. Continue.

NO

Not eligible for non-CCT. Consider applying in the parent CCT specialty instead.

04 Do you currently hold, or are you applying simultaneously for, full GMC registration with a licence to practise?

YES

Continue. You can apply for both at the same time if not already registered.

NOT YET

You can prepare a Portfolio application, but it can only be awarded once full GMC registration is in place.

05 Can you build, within an open 24-month window, recent evidence covering the full curriculum from the last 5 years working time equivalent?

YES / FEASIBLY

Formally eligible and practically positioned. Move on to evidence-gathering.

NOT REALISTICALLY

Eligibility may be technically met, but the application is unlikely to succeed without a role change first.

REFERENCE

CCT vs non-CCT eligibility, side by side

The single most common formal-eligibility error is misreading which route applies to your situation. This page is a quick reference.

CCT SPECIALTY

Most common route

EXAMPLES

GIM, Geriatric Medicine, Anaesthetics, Clinical Radiology, Histopathology, Cardiology, Psychiatry

MINIMUM QUALIFICATION

None mandated. MRCP, MRCS, FRCA are evidence, not eligibility

WHERE TRAINING COUNTS

Anywhere in the world, including the UK

STANDARD

KSE equivalent to a UK Consultant in the specialty

WHO ASSESSES

The Royal College or Faculty for the parent specialty

NON-CCT SPECIALTY

Sub-specialty route

EXAMPLES

Interventional Radiology, breast radiology, gynaecological oncology, paediatric sub-specialties

MINIMUM QUALIFICATION

Overseas specialist qualification OR 6+ months overseas specialist training

WHERE TRAINING COUNTS

Outside the UK only. UK-only training cannot support this route

STANDARD

KSE for parent specialty AND sub-specialty competences

WHO ASSESSES

Royal College, often a dedicated sub-specialty panel

COMMON ELIGIBILITY TRAP

UK-trained sub-specialty fellows often assume a UK fellowship qualifies them for the non-CCT route. It does not. The legislation specifically excludes UK-only training from non-CCT applications. In most cases, applying in the parent CCT specialty (with sub-specialty interest documented in the evidence) is the right route.

AND THE PRACTICAL BAR

Beyond formal eligibility, your evidence should generally cover the most recent 5 years working time equivalent. WTE means clinical time: career breaks, parental leave, and part-time periods are factored in. Eligibility on paper does not equal eligibility in evidence; both must be there.

ACTION PLAN

What to do once you know you are eligible

Eligibility is the starting line. The first month after confirming eligibility is the most useful window for setting up the rest of the application well.

First 30 days

- Days 1 to 3: Download the Specialty Specific Guidance**
Read your SSG cover to cover. The SSG is the spine of every portfolio.
- Days 4 to 7: Map existing evidence to the curriculum**
List what is solid, partial, and missing across all curriculum domains.
- Days 8 to 14: Identify your structured-report referees**
Have a preliminary conversation with each. Earlier is better; they need notice.
- Days 15 to 21: Audit your evidence against the past 5 years WTE**
Check what has expired or aged out, and what needs refreshing.
- Days 22 to 30: Draft your evidence-gathering plan**
Set monthly milestones for the next 12 to 18 months. Open the GMC application only when this plan is credible.

Things that strengthen eligibility, but are not required

- Royal College fellowship or membership in your specialty (MRCP, MRCS, FRCA, FRCR, FRCPath, FRCPSych).
- Several years of senior, Consultant-shaped clinical responsibility in the NHS.
- A current substantive or fixed-term post in the specialty you are applying in.
- A supportive Trust environment with senior colleagues who can write structured reports.

Things that often quietly disqualify or weaken applications

- Applying in a sub-specialty without overseas qualification or training (use the parent specialty instead).
- Counting UK-only training toward a non-CCT application (statutorily excluded).
- Reading the 5-year evidence window as calendar years instead of WTE.
- Building the portfolio in your training specialty rather than your current practice specialty.
- Working in a Trust whose case mix or audit infrastructure cannot generate the evidence you need.

A NOTE ON FRAMING

The Portfolio Pathway is not a fallback. The clinical bar is the same as the CCT route. It is a deliberate, valid path to UK Consultant practice. Senior doctors who arrive at it with strong evidence are documenting the equivalent of training, not going around it.