



# Instructions for completing the 2024 GP Training Application Form



Irish College of General Practitioners  
4-5 Lincoln Place, Dublin 2

## General Practice Trainee Recruitment 2024

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## Application Form Process

The recruitment process for the 2024 intake of General Practice trainees will be in two stages:

- **Application Part A** – this allows doctors interested in the recruitment process to apply for the [Situational Judgement Test \(SJT\) & Clinical Problem-Solving Test \(CPST\)](#)
- **Application Part B** – this part of the application is for doctors that meet the minimum standard criteria in the SJT & CPST tests.

Information on both application forms and registration on the ICGP website is outlined in this guide.

## Login or Registration on the ICGP website ([www.icgp.ie](http://www.icgp.ie))

### Login

A person who has previously registered with the ICGP website will have an account on the system. When you go to the ICGP website and click on the **Login** button, you will be given the option of entering your Email and Password if you have already set these up.

If you have forgotten your Password, please use the '**Forgot password**' option on the Login page.

### **Do not re-register on the ICGP if you have forgotten your Password.**

**OR**

### Registration

Registration collects basic information about the applicant and creates a log-in to this site. Before accessing the registration screen, please ensure that you have a current email address. The registration stage cannot be completed without an email address. **If you already have a Yahoo Mail address this can cause problems in that confirmation emails sometimes appear in their Junk mail boxes, one option is to set up a different email address for this application process.**

On the log in page select the option '**New to ICGP**'.

Once you have registered, an email will be sent to you asking you to verify your email address. Your Email and Password is required:

- If you leave the ICGP website at any point and wish to re-enter the application process.
- Notification of interviews and offers are made online.

## Application Form (Part A)

This application allows doctors to apply for the [SJT & CPST](#) tests.

The information required is:

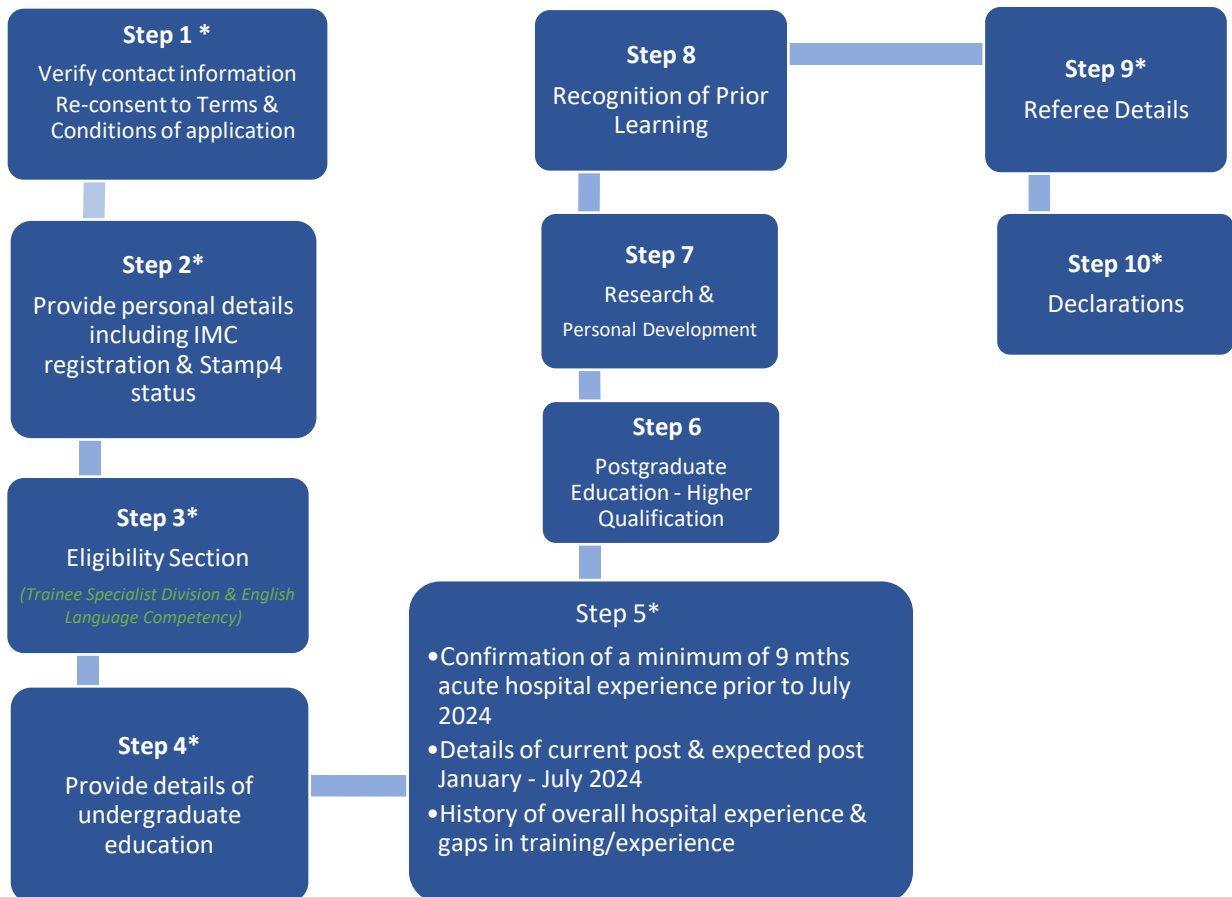
- Name
- Email address
- Postal address
- Country of citizenship
- Stamp 4 Holder – *Yes, No, In process*
- Irish Medical Council (IMC) registration number (*if you do not have an IMC number this can be left blank*)
- Type of Irish IMC registration (*'Internship Registration', 'Specialist Division', 'Trainee Division', 'General Division'*) If you do not have an IMC registration this can be left blank.
- Country of Graduation
- Entry level to medical school (*Graduate Entry or Undergraduate*)
- I am a CAO/HEA graduate\* of Irish Medical School (*Yes/ No*)  
*A CAO/HEA Graduate is defined as a trainee who was entitled to free fees in an Irish Medical School and who accessed the programme through the CAO process. Any student who was required to pay fees to access their degree is not considered a CAO/HEA Graduate.*
- Current post (*Intern (Ireland), SHO or Equivalent, Registrar, Consultant, FY1/FY2 (UK), General Practitioner, not currently working, Other (Free text)*)
- Current interns must insert their expected internship completion date: DD/MM/YYYY **and** Medical School (*TCD, UCD, RCSI, UL, UCC, NUIG, Other (free text)*)
- **Tick Box – I understand the [Terms and Conditions of application](#)**
- **Payment link - a non-refundable fee of €75 applies.**

Applicants that complete this application form will be issued with relevant information on the SJT & CPST tests in advance of the test date (26<sup>th</sup> October 2023).

## Application Form (Part B)

Only applicants that meet the minimum standard required in the [SJT & CPST](#) tests will be required to completed this application form.

**Steps with \* are mandatory**



## Step 1

### Verify Your Contact Details

This section allows the applicant to review and update their contact details.

The applicant must also tick to confirm that their details are current, and that the ICGP will use them to contact the applicant regarding their application.

### Confirmation

Applicants will be asked to confirm the following:

I, the applicant, understand that I am personally responsible for ensuring that all submitted data and supporting documentation is accurate, legible, and uploaded to the correct section of the application form by the closing date of Monday 4<sup>th</sup> December (10am). Failure to do so may result in the rejection of my application.

I confirm that I have read and understand fully the [Terms and Conditions](#) of the 2024 GP training application process in making my application.

## Step 2

### Personal Details

Applicants will be asked to confirm:

- Name
- Surname
- Select country of citizenship from drop down list. If you hold dual citizenship, give the EU country of applicable.

**Upload** Passport or National Identify Card. It must be in colour, legible, and where applicable, include the passport identify page.)\* **(PDF files only)**

**Applicants called to interview will be asked to produce this at interview stage.**

- **Non-EU applicants Only:** Confirm I am holder of stamp4 Yes or No.  
Those that indicate Yes **Upload** a clear copy of the stamp4 card
- **Upload** Passport photo \* **(JPEG or PNG files only)**
- Irish Medical Council Registration Number
- **Type of Irish Medical Council Registration\*** - (This is a drop down list of 'Internship Registration', 'Specialist Division', 'Trainee Division', 'General Division')
- **Date of First Registration with the Irish Medical Council** - DD/MM/YYYY

### **Step 3 Eligibility Requirements**

#### **Irish Medical Council Trainee Specialist Division Eligibility (TSD)**

Applicants must confirm they are eligible by selecting the appropriate option and submitting supporting documentation for the option selected:

**A.** I have graduated from an Irish Medical School & successfully completed internship in Ireland

**Supporting Documentation for A:** Certificate of Experience from Irish Medical Council (IMC) **OR** previous intern registration certificate from IMC.

**B.** I have graduated from an Irish Medical School and will complete internship by July 2024.

**Supporting Documentation for B:** Current Medical Council Certificate and Medical Degree

**C.** I am **currently registered** with the IMC in the General or Trainee Specialist Division

**Supporting Documentation for C:** Current IMC registration certificate

**D.** I was **previously registered** with the IMC in the General or Trainee Specialist Division

**Supporting Documentation for D:** Previous IMC registration certificate

**E.** I have successfully completed Medical Qualifications in one of the EU countries listed below:

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Latvia, Netherlands, Romania, Spain, Switzerland or Slovak Republic

**Supporting Documentation for E:** Medical Degree from one of the listed countries

**F.** I have received confirmation (Email/letter) from the IMC confirming my eligibility for the trainee specialist division (only for applicants that do not meet criteria A-E)

**Supporting Documentation for F:** Email/letter from IMC confirming eligibility for Trainee Specialist Division

**If you ticked A or B above, please enter date of Graduation DD/MM/YYYY**

**If you ticked A above, please enter date Internship completed DD/MM/YYYY**

**If you ticked E above, please select the EU Country here – (select from drop down list)**

#### **English Language Competency Requirements**

Applicants must confirm they are eligible *by* selecting the appropriate option and submitting supporting documentation for the option selected:

**A.** Registered with the IMC prior to 1<sup>st</sup> January 2015 (in any division).

**Supporting documentation required:** Certificate of registration dated **prior to** January 2015.

**B.** I completed my medical degree through English in Ireland, UK, Australis, Canada, New Zealand or USA

**Supporting documentation required:** Medical Degree from in one of counties listed.

**C.** I completed the Irish state leaving certificate **or** A levels (UK) and Medical Degree (through English)

**Supporting documentation required:** Irish leaving cert/A level cert, medical degree, and confirmation from university that degree was taught/examined solely in English

**D.** I am currently/was previously employed by HSE as medical doctor, with acceptable English language competency certificate at the time of commencing HSE employment

**Supporting documentation required:** IELTS/OET submitted to HSE on commencement of employment plus, completion of declaration below

**E.** International English Language Testing System Academic Test (IELTS) Certificate

Supporting documentation required: IELTS (valid within two years of application)

**F.** Occupational English Test (OET) Certificate

**Supporting documentation required:** OET (valid within two years of application)

- Applicants that select D will be required to confirm to the following –

I confirm that I am currently in employment or was previously employed by the HSE as a medical doctor and that a valid IELTS/OET test was completed and submitted to the HSE at the time of first employment

## Step 4

### SECTION 1 – Undergraduate Medical Qualifications

#### University/Medical School Name & City\* – Search Field

*If the Medical school, you attended is not appearing on the Search Field select*

#### Country of Graduation\*

*If the Country, you attended medical school is not on the dropdown list please select “Other” and type the Country in the field below*

Other: \_\_\_\_\_

#### Date of entry to Medical School\* DD/MM/YYYY

#### Entry Level\* – (drop down list including ‘Graduate Entry’ and ‘Undergraduate’)

#### Date of graduation\* DD/MM/YYYY

**I am a CAO/HEA graduate of Irish Medical School** *(A CAO/HEA Graduate is defined as a trainee who was entitled to free fees in an Irish Medical School and accessed the programme through the CAO process. Any student who was required to pay fees to access their degree is not considered a CAO/HEA Graduate.*

#### Primary Medical Qualification\*

[Upload](#) Copy of Medical Degree \* **(PDF files only)**

#### **Non-Medical Undergraduate Degree** THIS INFORMATION IS NOT MANDATORY FOR APPLICATION PURPOSES BUT MAY BE REVIEWED BY SCHEMES IF APPLICATION IS SUCCESSFUL

Name of University/College - *Formal name as appears on graduation certificate*

Country of Graduation

Year of Graduation

Qualification

#### **Second Non-Medical Undergraduate Degree** THIS INFORMATION IS NOT MANDATORY FOR APPLICATION PURPOSES BUT MAY BE REVIEWED BY SCHEMES IF APPLICATION IS SUCCESSFUL

Name of University/College - *Formal name as appears on graduation certificate*

Country of Graduation

Year of Graduation

Qualification



## Step 5

### SECTION 2- Hospital Experience

Please select the option that currently applies to you\* – Intern (Ireland), SHO, Registrar, Consultant, FY1/FY2 (UK), Other (Free text)

Current interns must insert their **expected** internship completion date: DD/MM/YYYY and Medical School (Dropdown -TCD, UCD, RCSI, UL, UCC, NUIG, Other (free text))

I have previously **completed** a paid internship in Ireland\*: Yes/No

If yes, please indicate date of completion: DD/MM/YYYY and Medical School (Dropdown -TCD, UCD, RCSI, UL, UCC, NUIG)

Please confirm the statement below\* Yes/No

I confirm that I have/will have completed a minimum of 9 months paid full time (or equivalent) postgraduate acute hospital-based clinical experience, either as an intern or SHO, at the time of starting GP training July 2024 and that these posts were/are of a minimum duration of 3 months each (except where they are part of a structured intern programme)

#### Where I am now

I am currently in clinical practice\*: Yes/No If yes:

Please confirm your current (i.e., at time of application) clinical post:

Specialty: Location: Commencement Date: DD/MM/YYYY

Please confirm (if known to you) your clinical post(s) for January 2024 - June 2024:

Specialty: Location: Commencement Date: DD/MM/YYYY

If you are not in a clinical post at present, (i.e., at the time of application), please briefly outline your current work status: *Max 50 words*

### Internship Posts or Foundation Yr. 1 & Yr. 2 (UK) Posts

*This section of the application is in table format (10 rows). Applicants should use the scroll bar at the bottom of the screen to review full details.*

#### Educational Supervisor/Consultant

Start Date DD/MM/YYYY

Finish Date DD/MM/YYYY

Post Speciality

Months in Post

Hospital Name

## SHO & Registrar Posts

*This section of the application is in table format (20 rows). Applicants should use the scroll bar at the bottom of the screen to review full details.*

<b>Part of BST/HST Programme</b>	Yes/No	<b>Educational Supervisor/Consultant</b>
<b>Start Date</b> DD/MM/YYYY		<b>Finish Date</b> DD/MM/YYYY
<b>Post Speciality</b>		<b>Months in Post</b>
<b>Hospital Name</b>		<b>Grade</b> SHO/Registrar/SPR/Consultant/GPP

### Foundation Yr. 1 & 2 Applicants - UK Applicants

[Upload](#) Copy of Foundation Yr. 1 certificate (PDF files only)

[Upload](#) Copy of Foundation Yr. 2 certificate (PDF files only)

*FY2 applicants are advised that the commencement date for GP Training 2024 is Monday 8<sup>th</sup> July. If successful, delayed starts are not considered.*

### Irish or International Equivalent BST Programme\*

Are you currently undertaking OR have you completed an Irish OR international equivalent BST Programme: Yes/No      If yes, please name the programme: \_\_\_\_\_

Date of entry: \_\_\_\_\_ Date of completion (or expected date of completion): \_\_\_\_\_

**Gaps in Career/Training** THIS INFORMATION IS NOT MANDATORY FOR APPLICATION PURPOSES BUT MAY BE REVIEWED BY SCHEMES IF APPLICATION IS SUCCESSFUL

**Date From – Date To x 4**

*If you wish to provide extra information to assist the shortlisters in reviewing overall career progression to date, please use the free text box. **Max 150 words.***

**Step 6** THIS INFORMATION IS NOT MANDATORY FOR APPLICATION PURPOSES BUT MAY BE REVIEWED BY SCHEMES IF APPLICATION IS SUCCESSFUL

### SECTION 3 Postgraduate Education– Higher Qualifications

*Below are details of the questions under Postgraduate Education:*

- **Membership of Royal College of Physicians (Ireland or EU)** – (drop down including ‘Part 1 Only’ and ‘All Parts’)

If Yes, please state country and year obtained – [Upload](#) copy of membership (PDF files only)

- **Membership of Equivalent College outside EU** – (drop down including ‘Part 1 Only’ and ‘All Parts’)

If Yes, please state country and year obtained - [Upload](#) copy of membership (PDF files only)

- **Fellowship of the Royal College of Surgeons** (drop down including ‘Part 1 Only’ and ‘All Parts’)

If Yes, please state year obtained- [Upload](#) copy of fellowship (PDF files only)

- **Fellowship of the Royal College of Emergency Medicine** (drop down including ‘Part 1 Only’ and ‘All Parts’)

If Yes, please state year obtained- [Upload](#) copy of FRCEM (PDF files only)

**Other relevant professional examinations (i.e. Fellowships & Memberships)** -Do not include diploma or certificate qualifications

**Title of Qualification x 3**

**Year obtained**

**Upload qualification (PDF files only)**

**Ph.D.**

Yes/No If Yes, please state subject, year obtained and university –[Upload](#) copy of Ph.D. certificate (PDF files only)

### Step 7

#### SECTION 4 – Research Achievement

Full Title

Title of Journal, page and year

Please provide D.O.I:

#### SECTION 5- Personal Development

Please describe your personal experiences and achievements, which you feel are relevant to a future career in General Practice.

**Max 100 words free text**

## Step 8

### Section 6- Recognition of Prior Learning (RPL)

RPL is only open to applicants who do/will meet and can provide evidence of all the criteria outlined below, by commencement stage (July 2024) There are three options for RPL – Medicine, Emergency Medicine or Paediatrics.

Eligible applicants are required to:

Have successfully completed Basic Specialist Training in **Medicine** or **Paediatrics** with the Royal College of Physicians of Ireland (RCPI) and completed all appropriate assessments (MRCPI Examinations Part I & Part II- Written & Clinical), at time of application Or have successfully completed Core Specialist Training in **Emergency Medicine** with the Royal College of Surgeons and completed all appropriate assessments (Fellowship Examination of the Royal College of Emergency (FRCEM) Primary and Intermediate examinations by commencement stage (July 2024).

The applicant must tick - **I confirm that I do/I will** (dropdown) **meet all the requirements for RPL and wish for my application to be considered for RPL.**

I wish to apply for RPL: *(drop down including Medicine, Emergency Medicine and Paediatrics)*

1. I have/I will have (dropdown) obtained a Certificate of Satisfactory Completion of Core Specialist Training (CSCST) from the Royal College of Physicians of Ireland **OR** successfully completed Core Specialist Training in Emergency Medicine with the Royal College of Surgeons – Yes/No  
**Upload CSCST or CSTEM (PDF files only)**

Date CSCST or CSTEM obtained

2. I have/I will have (dropdown) successfully completed MRCPI examinations (Part I and Part II - Written & Clinical) **OR** (MRCEM Primary, MRCEM Intermediate SBA and MRCEM OSCE)– Yes/No  
**Upload** Confirmation of MRCPI examinations (Part I & Part II- Written & Clinical) **OR** Confirmation of MRCEM Primary, MRCEM Intermediate SBA and MRCEM OSCE)of **(PDF files only)\***

***RPL application does not automatically confer eligibility for a right to either RPL or a place on a GP training scheme nor will it have an effect on your scheme preference already submitted. RPL offers will be made on the basis of training schemes ability to accommodate RPL and on candidate rank.***

***All RPL decision are final and are not open to appeal.***

*Applicants that possess higher specialist medical training including CSCST and examination in Medicine Paediatrics or Emergency Medicine from any other jurisdiction, which has been accepted as equivalent by the RCPI/RCSI, and as such is registerable by the Medical Council of Ireland, please submit the documentation which may be considered.*

## Step 9

### Referees

As part of HSE requirements applicants must submit details of two supervising consultants. One of these referees must be your present /most recent supervising consultant; the other must be from a supervising consultant with whom you have worked, within the last three years.

In cases where applicants are not currently working in a hospital and are employed in general practice a reference from their current employer can be submitted. In this case the candidate must be in paid employment by the GP. The standard HSE reference template must be used for this reference.

The following will **not be accepted**:

- **Two references for same post / time period but different supervising consultants. The references must be for different posts/time periods**
- **References from consultants with whom you worked prior to graduation or in a supernumerary/clinical attachment capacity**
- **References from lecturing/tutor posts**

Both references must be on the standard HSE BST reference form –[2024 BST Reference Form](#)

**The ICGP reserve the right to use references to preclude offers being made if the reference submitted is deemed to be unsatisfactory**

*The following 7 fields are repeated twice in the application.*

### Referee Details

Name\* Title\* Clinical site\* Clinical site address\* Phone\* E-mail\*

**Step 9 Declarations** Please read the following four declarations carefully.

#### ***Declaration One – ICGP PERSON SPECIFICATION***

I confirm that I have read and understand the entry criteria as listed in the person specification of the ICGP for GP Trainee recruitment 2024 [Person Specification](#). I declare that my present experience makes me eligible to commence training with respect to the entry criteria listed therein and satisfies the requirements of the Irish Medical Council for registration onto the trainee specialist register. This is a mandatory tick box section.

#### ***Declaration Two – DRIVING LICENSE***

**There is a work requirement in this role to attend patients/duties at locations other than the main location of work.**

I confirm that if, for any reason, and at any time during my General Practice Training, I do not possess a full Irish/EEA drivers' licence and do not have access to a vehicle for work purposes I agree to provide a vehicle, or vehicle and driver, at my own expense so that I may continue to fulfil the above requirement.

### **Declaration Three – GARDA/POLICE**

I declare that I have not at any time been convicted (i.e. probation, fine, sentence, penalty) of a criminal offence (e.g. assault, public order, sexual assault) in the Republic of Ireland and/or in any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

True  False

*If you answered 'False' to the above statement click the link to Appendix 1 where you will be required to provide the following information:*

Date of Investigation - Country Details - Court Outcome  
**(PDF files only)**

### **Declaration Four – TRAINING ORGANISATION / SCHEME**

I declare that I currently am not nor was I the subject of an investigation by any professional medical training body or its equivalent in the Republic of Ireland and/or in any other jurisdiction. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

True  False

*If you answered 'False' to the above statement click the link to Appendix 2 where you will be required to provide the following information.*

Investigation date - Organisation Details - Status/outcome  
**(PDF files only)**

### **Declaration Five – MEDICAL COUNCIL/LICENSING BODY**

I declare that I am not nor have I been the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I have not been suspended from registration, nor had any restrictions on practice nor had my registration or license cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject of any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

True  False

*If you answered 'False' to the above statement click the link to Appendix 3 where you will be required to provide the following information.*

Investigation date - Country  
Medical Council / Licensing Body - Details Status/outcome

## Application Summary

Please check that you have uploaded all relevant documents and that they are legible. Please review the details of your application before you click on the 'Finalise Submission' button at the bottom of this page.

### Registration Information

This section displays the applicant's personal information as held in the ICGP database.

### Application Detail

The rest of this page displays all the information you have filled in on your application form. On this page there are links to the right of each section of the application which allow you to drill back and edit the details you have entered.

**Once you are satisfied with the information entered on the application form, please click on the 'Finalise Submission' button at the bottom of this page.**

**Please note you will not be able to amend your application form once this has been submitted.**

### Re-entering the ICGP website to view the submitted application & upload supporting documentation after the closing date.

In the future when you enter the ICGP website at [www.icgp.ie](http://www.icgp.ie) you should log in using your email and password. By clicking on the 'MY ICGP' icon on the top right of the home page, you will enter a section with a link called 'Applications'. You will see a View Application icon which will allow you to view your full application form as submitted through the Training Scheme section. This application may be printed from here by clicking on the printer icon at the top right of the screen.

## Helpful Tips

- **It is possible for an applicant to leave the application process and return at any stage to complete it.**
- Ensure all mandatory fields are complete and all documents are uploaded on the relevant page before clicking next step.
- If information is missing this may result in data in these fields and documents previously uploaded on this page being lost.
- You may copy and paste details from another document into the required fields.
- All items with '\*' indicate mandatory fields, the application will not be saved without data being entered in these fields.
- **All attachments must be PDF, PNG or JPEG files and maximum upload size is 3mb.**
- Your application is not submitted to the ICGP until you click on the 'Finalise Submission' button at the end of the 'Application Summary' page.

**Remember** the closing date is Monday 4<sup>th</sup> December (10am). Applicants are advised not to leave submission of the application to the last minute.