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| **THE ROYAL COLLEGE OF GENERAL PRACTITIONERS****HONORARY FELLOWSHIP NOMINATION CRITERIA****GUIDELINES** |
| **Introduction**Honorary Fellowship is an award through which individuals who are not a Member or Fellow of the College, nor eligible to be so, are recognised for outstanding work towards the objective of the College ‘*To encourage, foster and maintain the highest possible standards in general medical practice’.* In practice, this will mean that the individual has either made an exceptional contribution to helping the RCGP as a professional body to achieve this objective or has made a direct contribution to improving the working lives of GPs and their care of patients. This contribution may have been enabled by a post which the candidate holds or has held, but must go beyond their formal remit and be a chosen commitment and prioritisation on their part towards general practice. Honorary Fellows may use the post-nominal FRCGP[Hon] after their name.  Under the College byelaws, no more than twelve Honorary Fellows can be elected in a College year.  No fee is paid by a candidate appointed as an Honorary Fellow. Honorary Fellows are approved at the College general meetings. The following guidelines have been agreed by the Fellowship and Awards Committee for award nominations. Honorary Fellows should be of international or UK country standing and this should be measured by:1. International, or UK country contributions measured by the receipt of prizes/awards granted by other national or international organisations;
2. Writing which has had national or international impact in any medium. Evidence for this would normally include citations in general practice literature;
3. Whether the person concerned if outside general practice, has made a significant contribution to general practice or its development;
4. Whilst employment conditions may vary, and can include self-employed, salaried, or third party status, a contribution to general practice would normally be via clinical, educational, research or leadership roles that have impacted on a substantive population or part of the health system and have occurred within the primary health care system;
5. Having demonstrably furthered the aims of general practice, primary care and the College.

Processing/documentationNominations should be made in confidence to the Chair of the Fellowship and Awards Committee. It is not appropriate for people in special relationships e.g. family members, or those with whom they are or have been in partnership to be nominated. Nominators and supporters should note that their names and details will be kept on a database that will be open to public scrutiny if legitimately requested.Only completed paperwork will be considered by the Fellowship and Awards Committee consisting of: 1. the attached form, including supporting evidence from at least two Fellows or Members of the College of more than five years’ standing;
2. the candidate's curriculum vitae.

The information given on applications will be used solely for the purpose of supporting the objectives of the RCGP in the administration of its awards. All data will be processed in accordance with the Data Protection Act 1998.Once completed this form should be emailed to: Secretariat@rcgp.org.uk for the attention of Chair, Fellowship and Awards Committee.  |

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| THE ROYAL COLLEGE OF GENERAL PRACTITIONERSHONORARY FELLOWSHIP FORM**NOMINATOR SECTION** |
| **The information given on applications will be used solely for the purpose of supporting the objectives of the RCGP in the administration of its awards. All data will be processed in accordance with the Data Protection Act 1998.**  |
| CANDIDATE |
| Surname: Click or tap here to enter text. | Forename: Click or tap here to enter text. |
| **Address Line 1:** Click or tap here to enter text.**Address Line 2:** Click or tap here to enter text.**Address Line 3:**  Click or tap here to enter text.**Address Line 4:** Click or tap here to enter text.**Post Code:**  Click or tap here to enter text. |
| **Telephone Work:** Click or tap here to enter text.  | **Mobile:**  Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Date of birth:** Click or tap here to enter text. |
| **Qualifications:** Click or tap here to enter text. |
| **GMC No. (If applicable)** Click or tap here to enter text. |

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| DETAILS ABOUT NOMINATOR |
| Surname: Click or tap here to enter text. | Forename: Click or tap here to enter text. |
| **Address Line 1:** Click or tap here to enter text.**Address Line 2:** Click or tap here to enter text.**Address Line 3:**  Click or tap here to enter text.**Address Line 4:** Click or tap here to enter text.**Post Code:**  Click or tap here to enter text. |
| **Telephone Work:** Click or tap here to enter text.  | **Mobile:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Date of birth:** Click or tap here to enter text. |
| **RCGP Member Status:** Choose an item.I have been a Member of the RCGP for more than five years.  **Yes** [ ]  **No** [ ]  |

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2. Writing which has had a national or international impact in any medium. Evidence for this would normally include citations in general practice literature.
3. Whether the person concerned if outside general practice, had made a significant contribution to general practice or its development.
4. Having demonstrably furthered the aims of general practice, primary care and the College.
 |
| Click or tap here to enter text. |
| Please describe your relationship with the person you have nominated and confirm that you feel able to provide an unbiased opinion of the candidate’s qualities thatwould support the granting of Honorary Fellowship. |
| Click or tap here to enter text. |
| **I have known the candidate for** Click or tap here to enter text. **years.****I enclose the Candidate’s curriculum vitae: Yes** [ ]  **No** [ ] **I confirm that in my opinion the candidate is likely to uphold the values of the College.** [ ]   |
|  |
| **Signature can be copied and pasted, this will be accepted as digitally signed.****SIGNATURE: DATE:** Click to enter a date. **…………………………………………………**  |
| PLEASE NOW PASS ON THE DOCUMENT TO SUPPORTER 1 |

Bottom of Form

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| **DETAILS FOR SUPPORTER 1**  |
| Surname: Click or tap here to enter text. | Forename: Click or tap here to enter text. |
| **Address Line 1:** Click or tap here to enter text.**Address Line 2:** Click or tap here to enter text.**Address Line 3:** Click or tap here to enter text.**Address Line 4:** Click or tap here to enter text.**Post Code:** Click or tap here to enter text. |
| **Telephone Work:** Click or tap here to enter text.  | **Mobile:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text.  | **Date of birth:** Click or tap here to enter text. |
| **RCGP Member Status:** Choose an item.I have been a Member of the RCGP for more than five years. **Yes** [ ]  **No** [ ]  |

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| Please describe your relationship with the person you have nominated and confirm that you feel able to provide an unbiased opinion of the candidate’s qualities that would support the granting of Honorary Fellowship. |
| Click or tap here to enter text.**I have known the candidate for** Click or tap here to enter text. **years.**  |
| **Signature can be copied and pasted, this will be accepted as digitally signed.****SIGNATURE: DATE:** Click or tap to enter a date. **…….…………………………………………….** |
| PLEASE NOW PASS ON THE DOCUMENT TO SUPPORTER 2 |

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| **DETAILS FOR SUPPORTER 2** |
| Surname: Click or tap here to enter text. | Forename: Click or tap here to enter text. |
| **Address Line 1:** Click or tap here to enter text.**Address Line 2:** Click or tap here to enter text.**Address Line 3:** Click or tap here to enter text.**Address Line 4:** Click or tap here to enter text.**Post Code:** Click or tap here to enter text. |
| **Telephone Work:** Click or tap here to enter text.  | **Mobile:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Date of birth:** Click or tap here to enter text. |
| **RCGP Member Status:** Choose an item.I have been a Member of the RCGP for more than five years. **Yes** [ ]  **No** [ ]  |

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| Click or tap here to enter text.**I have known the candidate for** Click or tap here to enter text. **years.**  |
| **Signature can be copied and pasted, this will be accepted as digitally signed.****SIGNATURE: DATE:** Click or tap to enter a date. **…….…………………………………………….** |
| **ONCE COMPLTED THIS FORM SHOULD BE EMAILED TO:** **Secretariat@rcgp.org.uk** **FOR THE ATTENTION OF CHAIR, FELLOWSHIP AND AWARDS COMMITTEE BY: END OF MARCH AND AUGUST EACH YEAR**  |