***Instructions to applicants:***

1. This certificate can only be signed by a Consultant or equivalent.  For the purposes of this documentation, Consultant includes General Practitioners, Clinical Directors, Medical Superintendents, Academic Professors and anyone on the specialist register, with a licence to practise at the time of completion of this certificate.
2. This certificate is for use to confirm readiness to enter specialty training for national specialty training recruitment and selection processes **only**. This is not recognised as evidence of competence for any other purpose.
3. This certificate should not be used as evidence of completion of Foundation Year 2 for applicants who have relinquished a post on a UK affiliated Foundation Programme.
4. Consultants are only eligible to sign this certificate if they have worked with you for a minimum continuous period of three months whole-time equivalent wholly within the 3½ years prior to the advertised post start date for which you are applying.
5. It will remain valid for future recruitment rounds provided the entire post was undertaken within 3½ years of the intended start date
6. You must be assessed as having achieved each and every professional capability listed on this certificate. If you cannot demonstrate that you have achieved all your professional capabilities in one post, you may submit additional evidence to the signatory who, if they agree that it demonstrates capability may accept it in lieu of direct observation. If you cannot demonstrate each and every professional capability, you will not be eligible for Specialty Training at ST1 or CT1 level.
7. Before you pass the certificate to the signatory, please complete and sign the declaration below.
8. The certificate MUST be completed in every detail, including details about the person completing it for you.  Incomplete certificates may lead to your application being deemed ineligible for that recruitment round.  It is strongly recommended that you check the certificate after your signatory has completed it.
9. Please see Oriel resource bank for further information on completion of this form <https://www.oriel.nhs.uk/Web/>.
10. You must then scan, upload and attach all the pages of the certificate (preferably as one single document) to your application form before submission.

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| **Applicant declaration:** |
| I confirm that I have attained all of the professional capabilities signed off in this certificate **and** that I have worked for the consultant who has completed this certificate for a minimum continuous period of three months whole time equivalent within the 3½ years prior to the advertised post start date for which I am applying.I confirm that I have not been released from or relinquished a place on an affiliated UK Foundation Programme. |
| **Applicant Name** |       |
| **Applicant GMC No** |       |
| **Start date of post applied for** |  |
| **Applicant Signature** |       |

**Instructions to those completing and signing the certificate:**

*The person who has asked you to complete this certificate has applied for Specialty Training in the United Kingdom at ST1 or CT1 level. Confirmation of achievement of each of the professional capabilities listed in this certificate is required to confirm that the applicant’s competences are comparable to the level expected of UK foundation year 2 doctors. Before completing this certificate please view the standards expected of foundation programme doctors at* [***http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment***](http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment)***.***

*This certificate should only be used to confirm the applicant’s readiness for specialty training where they have not completed any part of a UKFPO affiliated Foundation Programme. It is* ***not*** *to be used in cases where the applicant has been released from or relinquished a place on a UK accredited Foundation Programme. Such applicants should first reapply to complete the Foundation Programme.*

*This certificate is valid for confirming readiness for specialty training only and has not been approved for any other purpose.*

*For further information on completing the certificate, please visit the Oriel resource bank (*[*https://www.oriel.nhs.uk/Web/*](https://www.oriel.nhs.uk/Web/)*).*

***Please note that you must only confirm that the applicant has met the professional capabilities listed in the certificate if you KNOW they are competent. You do not need to have personally witnessed them all within the 3½ years prior to the advertised start date, however, you need evidence that the applicant has maintained competence in any of the professional capabilities that you have not witnessed recently. This evidence might come from your own observations, or from a doctor working as a senior trainee (i.e. ST5 level or above) who you know has witnessed the applicant demonstrate that their competence meets or exceeds the minimum expected level of performance in each of the listed professional capabilities***

***The applicant must have worked with you within the 3½ years prior to the advertised start date, for a minimum continuous period of three months whole time equivalent.***

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| **About the person signing the certificate:**  |
| Your name: |       |
| Professional status: |       |
| Current post: |       |
| I confirm that I have known and worked with the applicant for a minimum of 3 continuous months (whole time equivalent) | Yes/No |
| Address for correspondence:  |       |
| Email address: |       |
| Your UK GMC Number: |       |
| **If you are not registered with the UK GMC please give:** |
| Name of your registering body: |       |
| Your Registration Number: |       |
| Web site address where this information can be verified: | www.      |
| **Alternatively, you may attach photocopy evidence of your professional status to this certificate** |
| **About how you know the applicant and their work:** Please give details of the post this applicant held at the time when you observed their work. *Three continuous months (whole time equivalent) of this post MUST have been completed by the time of the application submission deadline and within the 3½ years preceding the advertised start date for the post being applied for.* |
| **Specialty and level** |       |
| **Name of Hospital** |       |
| **Country** |       |
| **Applicants name:** |       | **Date of completion:** |       |
| Each professional capability has an associated list of descriptors which are indicative examples related to it. These are not exhaustive lists and alternative examples should be considered when deciding whether an individual has met or exceeded the minimum level of performance in each one.**About the applicant’s demonstrable professional capabilities:**Please complete one of the three boxes on the right hand side for **each and every** professional capability (not each example of how the capability can be demonstrated) as follows:**Tick** the box **once** for those professional capabilities you have **personally witnessed** or those which you are **unable to confirm.** You do not need to tick every example in the list.Enter the **initials** of your colleague in the corresponding column where you are signing off a professional capability you have **not personally witnessed**. You will be required to list the details of these colleagues later on.  |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Acts professionally**; for example:

**Professional behaviour*** Acts in accordance with GMC guidance in all interactions
* Acts as a role model for other healthcare workers
* Complies with local and national requirements

**Personal organisation*** Attends on time for all duties
* Organises and prioritises workload as a matter of routine
* Delegates or seeks assistance when required
* Supervises and organises other team members to ensure timely delivery of care

**Personal responsibility*** Takes personal responsibility for clinical decisions and justifies actions
* Accepts responsibility for any personal errors and takes suitable action including seeking senior advice, apologising, making appropriate records and notifications
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Delivers patient centred care and maintains trust;** for example

**Patient centred care*** Considers the patient as a whole
* Works with patients and colleagues to develop individual care plans
* Respects patients’ right to refuse treatment and/or decline involvement in research

**Trust*** Acts with empathy, honesty and sensitivity in a non-confrontational manner
* Recognises that the decisions of an individual with capacity are paramount
* Respects the known wishes of the patient and decisions taken in advance
* Discusses management options with patients and encourages them to make informed decisions

**Consent*** Obtains and correctly documents consent for core procedures
* Assesses mental capacity to give consent
* Obtains valid consent by giving each patient the information they want or need
* Recognises when consent or refusal is invalid due to lack of capacity
* Demonstrates understanding of the principle of involving the child in the decision making process when they are able to understand and consider the options
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| 1. **Behaves in accordance with ethical and legal requirements;** e.g.

**Ethical and legal requirements*** Practises in accordance with the legislation and national and local guidelines
* Demonstrates understanding of the risks of legal and disciplinary action

**Confidentiality*** Describes, applies and ensures the principles of confidentiality for patients
* Complies with information governance standards regarding personal information
* Describes when confidential information may be shared with third parties e.g. police

**Statutory documentation*** Completes statutory documentation correctly e.g. death certificates

**Mental capacity*** Performs mental state examination and assessment of cognition and capacity
* Demonstrates understanding of situations when it is appropriate for others to make decisions on behalf of patients and that treatment may be provided against a patient’s expressed wishes

**Protection of vulnerable groups*** Recognises the potentially vulnerable patient
* Demonstrates understanding of the principles of safeguarding children and vulnerable adults and manages situations where safeguarding concerns may exist
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Keeps practice up to date through learning and teaching;** for example

**Self-directed learning*** Acts to keep abreast of educational/training requirements
* Demonstrates change and improvement in practice through reflection and feedback
* Identifies and addresses personal learning needs

**Teaching and assessment*** Delivers teaching sessions and presentations
* Demonstrates improvement in teaching skills as a result of feedback
* Assesses other healthcare professionals and provides constructive feedback
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| 1. **Demonstrates engagement in career planning** *not verified by this certificate*
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| 1. **Communicates clearly in a variety of settings;** for example

**Communication with patients/relatives/carers*** Introduces themselves to patient/carer/relative stating name and role
* Communicates clearly, politely, considerately, with understanding and empathy
* Provides the necessary/desired information including complex information
* Checks patients’ understanding of options and information
* Ensures that patients are able to ask questions and make personal choices
* Responds to patients’ queries or concerns

**Communication in challenging circumstances*** Seeks/provides additional support when patient’s ability to communicate impaired
* Breaks bad news compassionately and supportively
* Manages consultation/communication in time limited environments e.g. outpatients

**Complaints*** Acts in open and transparent way and notifies all appropriate persons including the patient when safety has (or potentially has) been compromised
* Acts to prevent/mitigate situations which might lead to complaint or dissatisfaction
* Deals appropriately with angry/distressed/dissatisfied patients/carers

**Patient records*** Maintains accurate, legible and contemporaneous patient records

**Interface with other healthcare professionals*** Works effectively within the healthcare team for the benefit of patient care
* Makes clear, concise and timely referrals to other healthcare professionals
* Produces a timely, legible letters or discharge summaries that identify principle diagnoses, key treatments/interventions, discharge medication and follow up
* Demonstrates ability to make referrals across boundaries/through networks of care
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Works effectively as a team member;** for example

**Continuity of care*** Gives structured handover to ensure safe continuing care of patients
* Makes adequate arrangements for cover e.g. handing over bleep
* Allocates and prioritises tasks during handover
* Anticipates and identifies problems for the next clinical team/shift

**Interaction with colleagues*** Contributes to multidisciplinary team meetings
* Demonstrates initiative e.g. recognising pressures on others, providing support
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| 1. **Demonstrates leadership skills;** for example
* Leads within allocated roles and demonstrates leadership during routine tasks
* Demonstrates extended leadership role by managing some complex situations
* Supervises and supports other team members
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| 1. **Recognises, assesses and initiates management of the acutely ill patient;** for example

**Recognition of acute illness*** Responds promptly to deterioration or concern regarding a patient’s condition
* Prioritises tasks according to clinical urgency
* Recognises, manages and reports serious drug reactions
* Recognises and promptly assesses the acutely ill patient using an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach
* Performs rapid, focused assessment of illness severity
* Performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder or incapacity

**Immediate management of the acutely unwell patient*** Initiates prompt appropriate management to stabilise/prevent further deterioration
* Delivers immediate therapy to an acutely ill patient
* Records and acts on changes in physiological status
* Communicates with the patient, relatives and carers, ensuring they are supported
* Reassesses acutely ill patients to monitor efficacy of interventions
* Recognises when a patient should be moved to a higher level of care
* Communicates with relatives/friends/carers in acute situations and offers support
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Assesses and manages patients with long term conditions;** for example

**Management of long term conditions in the acutely unwell patient*** Recognises acute progression and new complications of long term conditions
* Recognises how acute illness or injury will interact with pre-existing chronic illness
* Performs primary review of new referrals within the hospital or outpatient clinic
* Reviews long term drug regimes
* Assesses and manages the impact of long term mental disorder on the presentation and course of acute physical illness, and vice versa

**The frail patient*** Recognises frailty
* Formulates individual patient management plan based on frailty *and* clinical need
* Prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics
* Performs a comprehensive geriatric assessment
* Describes the impact of activities of daily living on long term conditions

**Support for patients with long term conditions*** Evaluates patients’ capacity to self-care, including mental health aspects
* Organises relevant therapy for patients with long term mobility problems
* Encourages and assists patients to make realistic decisions about their care
* Recognises eating disorders, seeks senior input and refers to specialist service
* Formulates a plan for investigation and management of weight loss or weight gain
 |  |  |  |
| 1. **Obtains history, performs clinical examination, formulates differential diagnosis and management plan;** for example
* Obtains and presents accurate and relevant patient history
* Performs competent physical and mental state examination in a timely manner
* Presents examination, including mental state, findings succinctly and accurately
* Uses a chaperone, where appropriate
* Performs focused physical/mental state examination in time limited environments
* Formulates appropriate physical/mental health differential diagnoses
* Requests and interprets necessary investigations to confirm diagnosis
* Takes account of probabilities in ranking differential diagnoses
* Performs primary review of new referrals within the hospital or outpatient clinic
* Formulates problem list and confirms management plan with more senior doctor
* Performs an accurate cognitive assessment to screen for dementia and delirium
* Refines problem lists and develops appropriate strategies for further investigation
* Regularly reviews, amends differential diagnosis and expedites patient investigation
* Anticipates and ensures patients are prepared for discharge
* Makes early referral within the multidisciplinary team and to community agencies
* Liaises with the patient, family and carers and supporting teams about follow up
* Recognises and records when patients are fit for discharge
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| **Clinical management*** Formulates problem list and confirms management plan with more senior doctor
* Performs an accurate cognitive assessment to screen for dementia and delirium
* Refines problem lists and develops appropriate strategies for further investigation
* Regularly reviews, amends differential diagnosis and expedites patient investigation

**Discharge planning*** Anticipates and ensures patients are prepared for discharge
* Makes early referral within the multidisciplinary team and to community agencies
* Liaises with the patient, family and carers and supporting teams about follow up
* Recognises and records when patients are fit for discharge
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| 1. **Requests relevant investigations and acts upon results;** for example
* Ensures correct identification of patients when collecting and labelling samples
* Ensures correct identification of patients when reviewing results
* Minimises risk of exposing a pregnant woman to radiation
* Explains to patients the risks, possible outcomes and implications of results
* Seeks, interprets, records and relays/acts on results and explains these to patients
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| 1. **Prescribes safely;** for example

**Correct prescription*** Prescribes medicines correctly and accurately
* Demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines
* Performs dosage calculations accurately
* Reviews previous prescriptions and transcribes accurately and appropriately
* Describes the potential hazards related to different routes of drug administration
* Follows the guidance relating to self-prescribing/prescribing for friends and family
* Prescribes controlled drugs using appropriate legal framework
* Describes the importance of security issues in respect of prescriptions
* Prescribes according to relevant guidance in antimicrobial therapy

**Clinically effective prescription*** Prescribes and administers for common important indications
* Prescribes safely for different patient groups

**Discussion of medication with patients*** Discusses drug treatment and administration with patients/carers
* Obtains an accurate drug history

**Review of prescriptions*** Reviews prescriptions regularly for effectiveness and safety
* Recognises and initiates action for adverse effects of drugs *and* reports them
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Performs procedures safely;** for example
* Competently performs the core procedures, as mandated by the GMC (<http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp>)
* Knows the indications and contraindications of each procedure
* Performs some more complex procedures / in more challenging circumstances
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| 1. **Is trained and manages cardiac and respiratory arrest;** for example

**Do not attempt cardiopulmonary resuscitation orders*** Demonstrates understanding of and respect for decisions not to attempt cardiopulmonary resuscitation
* Discusses such decisions with the multidisciplinary team, the patient, long-term carers and relatives and records the outcome of the discussion
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| 1. **Demonstrates understanding of the principles of health promotion and illness prevention;** for example
* Explains to patients the possible effects of lifestyle
* Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines
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| 1. **Manages palliative and end of life care;** for example

**End of life care*** Recognises when a patient is likely to die in the next few hours or days
* Recognises that palliative care requires attention to physical, psychological, emotional, social and spiritual aspects of the patient’s experience, and those close to them. Helps patient to access this if required
* Participates in discussions regarding personalised care planning
* Discusses the patients’ needs and preferences regarding care in the last days of life

**Care after death*** Confirms death by conducting appropriate physical examination
* Behaves professionally and compassionately when confirming
* Follows the law and statutory codes of practice governing completion of Certificates of Death and notes details in the patient record
* Demonstrates understanding of circumstances requiring reporting death to coroner or equivalent
* Discusses the benefits of post mortem examination and explains the process to relatives/carers
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Professional Capability** | **Personally witnessed**  | **Initials of colleague witnessing**  | **Unable to confirm** |
| 1. **Recognises and works within limits of personal competence;** e.g.
* Recognises and works within limits of competency
* Calls for senior help and advice in a timely manner
* Uses clinical guidelines and protocols and care pathways
* Takes part in activities to maintain and develop competence + demonstrates evidence of reflection on practice
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| 1. **Makes patient safety a priority in clinical practice;** for example
* Delivers healthcare within clinical governance frameworks under senior direction
* Describes the mechanisms to report critical incidents/near misses
* Discusses risk reduction strategies and principles of significant event analysis
* Describes the risks to patients if personal performance is compromised, how stress, fatigue and medications can reduce personal performance, why health problems must not compromise patient care, + the need to report personal health problems
* Notifies appropriate individuals for planned or unexpected absences
* Seeks support appropriately regarding health or emotional concerns
* Describes role of human factors in medical errors, taking steps to minimise these
* Describes ways of identifying poor performance in colleagues

**Infection control*** Demonstrates consistently high standard of practice in infection control techniques
* Demonstrates safe aseptic technique, correctly disposing of sharps + clinical waste
* Requests screening for any disorder which could put other patients or staff at risk
* Informs the competent authority of notifiable diseases
* Challenges and corrects poor practice in others who are not observing best practice
* Recognises the need for immunisations and ensures own are up to date
* Takes appropriate microbiological specimens in a timely fashion with safe technique
* Recognises the risks to patients from transmission of blood-borne infection
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| 1. **Contributes to quality improvement;** for example
* Shows evidence of involvement in quality improvement initiatives in healthcare
* Makes quality improvement link to learning/professional development
* Recognises the resource implications of personal actions and minimises unnecessary/wasteful use of resources
* Seeks, finds, appraises and acts on information related to medical practice
* Critically reviews research and, where appropriate, presents findings
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| **Verifying consultant’s signature confirming details above:**       |
| **Applicants name:** |       | **Date of completion:** |       |

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| **Declaration by person signing this certificate:** **REMINDER:** We would wish to remind signatories of their professional responsibilities under the General Medical Council’s guidance “Good Medical Practice” (paragraph 71) which states that “*you must do your best to make sure that any documents you write or you sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents*”. **Failure to do so renders you, the signatory, at risk of being referred to your regulatory authority (the GMC or equivalent).** Patient Safety must remain your primary concern. |
| A) [ ]  I confirm that I have viewed the official Foundation Programme website (<http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment>) and that I am aware of the standards expected of UK Foundation Programme year 2 doctors. |
| B) [ ]  I confirm that the doctor named above has worked for me continuously for a minimum of three months whole time equivalent within the 3½ years prior to the advertised start date and prior to application submission. |
| C1) [ ]  I can confirm that I have observed the doctor named above demonstrate all of the listed competences ORC2) [ ]  where I have not personally observed them, I have received alternative evidence that I know to be reliable from a colleague working satisfactorily as a senior trainee (i.e.at ST5 or above). **I have listed those providing evidence on the next page.** |
| NB: *This form is invalid unless boxes A, B* ***and*** *either C1* ***or*** *C2 above are checked.* |
| **Verifying consultant’s signature confirming the above:** |
| **Applicants name:** |  | **Date of completion:** |  |
| **HOSPITAL STAMP****If not available, please attached a signed compliment slip and give hospital name and website address** |  |

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| **List of people whose evidence I have used in signing this certificate:** Where I have not personally observed them, I have received alternative evidence that I know to be reliable from a colleague working satisfactorily as a senior trainee (i.e. at ST5 or above), as detailed below. Please ensure that you enter the section/s of the certificate where each individual has observed outcomes ***Please note that, as part of the verification process, the recruiting process may contact these people to verify and confirm that they have provided you with such evidence***: |
| **Section:** |
| **Their name:** |       |
| **Professional status :** |       |
| **Work Address:**  |       |
| **Email address:** |       |
| **Section:** |
| **Their name:** |       |
| **Professional status :** |       |
| **Work Address:**  |       |
| **Email address:** |       |
| **Section:** |
| **Their name:** |       |
| **Professional status :** |       |
| **Work Address:**  |       |
| **Email address:** |       |
| **Verifying consultant’s signature confirming the above:** |  |
| **Applicants name:** |  | **Date of completion:** |  |