**Instructions to applicants:**

1. **This certificate can only be signed by a consultant or equivalent.**
2. **Consultants should only sign this certificate if they have worked with you for a minimum of three months whole-time equivalent within 3 years prior to the start date of the post you are applying for**
3. **You will not be eligible to be considered further for Specialty Training in this recruitment round if the form is incomplete, or if the person signing it for you fails to complete fully the section about themselves**
4. **You must be rated “Demonstrated to F2 level” for each and every competence listed on this certificate. If you cannot demonstrate that you have achieved all your competences in one post, you may submit additional Alternative Certificates to demonstrate the full set of competences. If you cannot demonstrate each and every competence, you will not be eligible for Specialty Training at ST1 level**
5. **Before you pass the form to the signatory, please complete and sign the declaration below**
6. **It is recommended that you check the form after they have completed it, using the attached checklist**
7. **You must then scan and attach it to your application form before submission**
8. **Because of changes to the Foundation Curriculum, no previous versions of this form will be accepted.**

|  |  |
| --- | --- |
| **Applicant declaration:** | |
| I confirm that I have worked for the consultant who has completed this certificate for a minimum of three months **within 3 years prior to the start date of the post I am applying for.** | |
| **Applicant Name** |  |
| **Applicant GMC No** |  |
| **Signature** |  |

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY Final Foundation Competence Assessment** *(please √ as appropriate)* | |
| Sufficient evidence of Foundation Competency demonstrated to permit continued assessment via the selection process |  |
| OR | |
| Insufficient evidence has been submitted & re-submission requested *(as detailed in the attached proforma)* |  |
| **OR** | |
| Insufficient evidence has been submitted for continued progression in the current recruitment round *(as detailed in the attached proforma)* |  |
| Signature …………………………………… Print Name ……………………………………………………… *Signed on behalf of Foundation Competence Assessment Panel* | |

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

*The person who has asked you to fill in this form has applied for Speciality Training in the United Kingdom at ST1 level. In order to process their application, we need to know that they have achieved the competences listed in this certificate to the standard expected of UK foundation year 2 doctors. Before filling in 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)

***Please note that you must only confirm that the applicant has the competencies listed below if you KNOW they are competent, either 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 competence.***

*Please also note that failure to complete the section about yourself fully will render the applicant ineligible to be considered further for specialty training in this recruitment round.*

***Finally, please make sure you sign and date EVERY page.***

|  |  |  |
| --- | --- | --- |
| **About the person signing the certificate:** | | |
| **Your name:** |  | |
| **Professional status :** |  | |
| **Current post:** |  | |
| **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. *3 months (whole time equivalent) of this post MUST have been completed by the time of the application submission deadline and must have been undertaken within the 3 years before August 2014.* | | |
| **Specialty and level** | |  |
| **Dates post held (from : to)** | | : |
| **Name of Hospital** | |  |
| **Country** | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **About the applicant’s competencies:** | | | | | | | |
| Section 1: The foundation doctor as a professional and a scholar | | | | | Demonstrated to F2 level | Needs further development | Insufficient evidence |
| **1. Professionalism** | | | | |  |  |  |
| **Demonstrates professional behaviour in:** | | Interactions with staff and patients | | |  |  |  |
| Punctuality and attendance at work | | |  |  |  |
| Delegation and organisation of work | | |  |  |  |
| Handover | | |  |  |  |
| Personal organisational skills | | |  |  |  |
| **2. Relationship and communication with patients** | | | | |  |  |  |
| Seeks to establish patients’ values and views, and respects their autonomy | | | | |  |  |  |
| Communicates effectively in patient and colleague interactions | | | | |  |  |  |
| Breaks bad news empathically and effectively | | | | |  |  |  |
| Works with the patient and team to develop individual care plans | | | | |  |  |  |
| Demonstrates an ability to recognise a patient with impaired capacity and takes appropriate action | | | | |  |  |  |
| Obtains consent appropriately\Effectively communicates with dissatisfied patients and colleagues | | | | |  |  |  |
| **3. Safety and clinical governance** | | | | |  |  |  |
| Delivers high quality care in accordance with local/national guidelines | | | | |  |  |  |
| Manages, analyses and presents at least one quality improvement project, and uses the results to improve patient care. | | | | |  |  |  |
| Recognises that health problems in self and colleagues can affect patient care, and demonstrates awareness of the appropriate course of action should this situation present | | | | |  |  |  |
| **4. Ethical and legal issues** | | | | |  |  |  |
| Practises in accordance with the principles of Good Medical Practice (2006), The Trainee Doctor (2011) and Confidentiality (2009) | | | | |  |  |  |
| Takes personal responsibility for and is able to justify decisions and actions | | | | |  |  |  |
| Recognises many organisations and bodies that are involved in medical education and regulation of medical practice | | | | |  |  |  |
| Verifying consultant’s signature confirming the above: | | | | |  | | |
| Applicants name: | | |  | Date of completion: |  | | |
| Section 1: The foundation doctor as a professional and a scholar (continued) | | | | | Demonstrated to F2 level | Needs further development | Insufficient evidence |
| **5. Teaching and training** | | | | |  |  |  |
| Delivers presentations and teaching sessions which support learning | | | | |  |  |  |
| Participates in the assessment of medical students and other healthcare professionals and provides constructive feedback | | | | |  |  |  |
| Reflects on feedback from learners and supervisors to improve own teaching and training skills | | | | |  |  |  |
| **6. Maintaining good medical practice** | | | | |  |  |  |
| Maintains personal development e-portfolio by recording learning needs and personal reflection including career development and planning | | | | |  |  |  |
| Recognises personal learning needs, addresses these proactively and sets SMART goals [Specific, Measurable, Achievable, Realistic, Time limited] | | | | |  |  |  |
| Recognises, understands and follows appropriate guidelines AND finds and interprets evidence relating to clinical questions where there are no relevant guidelines | | | | |  |  |  |
| Section 2: The foundation doctor as a safe and effective practitioner | | | | | Demonstrated to F2 level | Needs further development | Insufficient evidence |
| **7. Good clinical care** | | | | |  |  |  |
| Delivers high-quality reliable care in accordance with clinical care pathways, care bundles, protocols and consultant prescription | | | | |  |  |  |
| Recognises and works within limits of competency requesting appropriate assistance/ senior guidance to ensure patient safety | | | | |  |  |  |
| Recognises when patient safety is at risk and institutes changes to reduce risk | | | | |  |  |  |
| Obtains accurate patient history utilising all relevant sources of information, elicits relevant physical signs and presents patient history and findings succinctly and accurately | | | | |  |  |  |
| Rapidly makes a focused clinical assessment in different settings and with uncooperative patients | | | | |  |  |  |
| Makes appropriate differential diagnosis and formulates a management plan | | | | |  |  |  |
| Reviews initial diagnosis, refines problem lists and plans appropriate strategies for investigation and management | | | | |  |  |  |
| Takes responsibility for regular reviews and expedites patient investigation and management | | | | |  |  |  |
| Refines appropriate strategies for investigation and management and leads regular reviews of treatment response to oversee patients’ progress along treatment plan | | | | |  |  |  |
| Verifying consultant’s signature confirming the above: | | | | |  | | |
| Applicants name: | | |  | Date of completion: |  | | |
| Section 2: The foundation doctor as a safe and effective practitioner (continued)  **7. Good clinical care (continued)** | | | | | Demonstrated to F2 level | Needs further development | Insufficient evidence |
| Prescribes medicines, blood products and fluids accurately and unambiguously and regularly reviews drug chart | | | | |  |  |  |
| Prescribes appropriately for common important presentations e.g. exacerbation of chronic obstructive pulmonary disease, congestive cardiac failure, pain | | | | |  |  |  |
| Anticipates changes in medication required on admission, during stay, at discharge and in outpatients | | | | |  |  |  |
| Use strategies other than prescribing to manage patients’ symptoms | | | | |  |  |  |
| Demonstrates continuously high standard of practice in infection control techniques | | | | |  |  |  |
| Maintains accurate, contemporaneous notes | | | | |  |  |  |
| Seeks out and records results of investigations and tests in a timely manner | | | | |  |  |  |
| Formulates accurate and succinct clinic letters and discharge summaries | | | | |  |  |  |
| Able to make appropriate referrals across boundaries and through networks of care | | | | |  |  |  |
| **8. Recognition and management of the acutely ill patient** | | | | |  |  |  |
| **8.1 Promptly assesses the acutely ill, collapsed or unconscious patient** | Uses an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to assessing acutely unwell or collapsed patients | | | |  |  |  |
| Recognises patients with acute illness requiring urgent/emergency treatment and initiates early management | | | |  |  |  |
| Rapidly performs primary assessment, evaluates and recognises the severity of illness in acutely ill or collapsed patients | | | |  |  |  |
| Recognises the different prognostic significance of the component elements of Glasgow Coma Scale (GCS) and takes appropriate action | | | |  |  |  |
| Takes appropriate timely action to treat a patient with abnormal physiology and anticipates and plans appropriate action to prevent deterioration in vital signs | | | | |  |  |  |
| **8.3 Manages patients with impaired consciousness including seizures** | Investigates causes of impaired/deteriorating consciousness and seizures and commences treatment to correct them | | | |  |  |  |
| Manages / treats the unconscious or convulsing patient | | | |  |  |  |
| Understands the impact on the activities of daily living of convulsions and communicates these to patients and their carers/relatives | | | |  |  |  |
| Verifying consultant’s signature confirming the above: | | | | |  | | |
| Applicants name: | | |  | Date of completion: |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 2: The foundation doctor as a safe and effective practitioner (continued)  **8. Recognition and management of the acutely ill patient**  **(continued)** | | | | | Demonstrated to F2 level | Needs further development | Insufficient evidence |
| Safely prescribes and administers common analgesic drugs including patient controlled analgesia | | | | |  |  |  |
| Anticipates and prevents pain whenever possible | | | | |  |  |  |
| Ensures safe prescribing tailoring to changing requirements throughout patients’ care journey | | | | |  |  |  |
| Assesses and manages patients’ mental health including the risk of harm to self and others | | | | |  |  |  |
| Describes when and how to apply the relevant mental health and capacity legislation | | | | |  |  |  |
| **9. Resuscitation and end of life care**  ***Please note that ALL applicants must also submit a valid ALS certificate either at Assessment Centre or to their first employer before they can begin ST1 training*** | | | | |  |  |  |
| **9.1 Resuscitation** | Is trained in advanced life support (ALS or equivalent) AND initiates ALS resuscitation and leads the team where necessary | | | |  |  |  |
| **9.2 End of life care (EoL) and Do Not Attempt Resuscitation (DNAR)** | Understands the principles of providing high quality EoL care | | | |  |  |  |
| Understands the use of DNAR orders as outlined in Treatment and Care Towards the End of Life: good practice in decision making (GMC, 2010) | | | |  |  |  |
| Uses the local protocol for deciding when not to resuscitate patients | | | |  |  |  |
| **10. Patients with long-term conditions** | | | | |  |  |  |
| **10.1 Manages patients with long-term conditions** | Accurately re-prescribes long-term medications checking for side effects and significant interactions in the context of the current illness (see Good Clinical Care: Saf*e Prescribing,2008*) | | | |  |  |  |
| Manages long-term conditions during episodes of acute care | | | |  |  |  |
| **10.2 Supporting patient decision making** | Encourages and assists patients to make decisions about their care | | | |  |  |  |
| Works with the MDT to plan care for those with long-term illness | | | |  |  |  |
| Encourages and ensures evaluation of patients’ capacity to self-care | | | |  |  |  |
| **10.3 Nutrition** | *Not verified by this certificate* | | | |  |  |  |
| **10.4 Discharge planning** | Recognises and records when patients are medically fit for discharge | | | |  |  |  |
| Produces a competent, legible discharge summary that identifies principle diagnoses, key treatments/interventions, discharge medication and follow-up arrangements in a timely manner | | | |  |  |  |
| **10.5 Health promotion** | Explains to patients the possible effects of their lifestyle | | | |  |  |  |
| Recognises and uses opportunities to prevent diseases and promote health | | | |  |  |  |
| Verifying consultant’s signature confirming the above: | | | | |  | | |
| Applicants name: | |  | | Date of completion: |  | | |
| Section 2: The foundation doctor as a safe and effective practitioner (continued) | | | | | Demonstrated to F2 level | Needs further development | Insufficient evidence |
| **11. Investigations** | | | | |  |  |  |
| See <http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment>  for commonly requested investigations | | | Requests/arranges/interprets appropriate ECG + laboratory tests | |  |  |  |
| Interprets basic radiographs (chest, abdomen and bones) and identifies correct and incorrect positions of nasogastric tubes | |  |  |  |
| **12. Procedures** | | | | |  |  |  |
| See <http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment>  for list of core procedures | | | Reliably able to perform the core procedures either in the workplace or on simulated patients, in the majority of patients, including where appropriate in more challenging circumstances, e.g. venous cannulation during resuscitation | |  |  |  |
| Verifying consultant’s signature confirming the 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 65) 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 Foundation 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 for a minimum of three months within the 3 years prior to August 2014 | | | |
| C1)  I can confirm that I have observed the doctor named above demonstrate all of the listed competences OR  C2)  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 for sub-sections 7, 8 and 9 on the next page.** | | | |
| NB *This form is invalid unless boxes A B and either C1 and/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 web site address** |  | | |

**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 note that, as part of the verification process, the recruiting process will contact these people to verify that they have provided you with such evidence***:

**7. Good clinical care:**

Please give their: name…………………………

professional status ……………………………..

work address……………………………………..

email address…………………………………….

1. **Recognition and management of the acutely ill patient**

Please give their: name…………………………

professional status ……………………………..

work address……………………………………..

email address…………………………………….

**9. Resuscitation and end of life care**

Please give their: name…………………………

professional status ……………………………..

work address……………………………………..

email address…………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| Verifying consultant’s signature confirming the above: | | |  |
| Applicants name: |  | Date of completion: |  |

**CHECKLIST FOR CANDIDATES SUBMITTING AN ALTERNATIVE CERTIFICATE**

**Page 1**

1. Have you put your name & GMC number in the Applicant Declaration section?
2. Have you signed the Applicant Declaration?

**Page 2**

1. Has the consultant you have asked to sign the certificate filled in their details correctly:
   1. Name
   2. Professional status
   3. Current post
   4. Address for correspondence
   5. Email address
   6. GMC number OR if NOT registered with the UK GMC, the name of the registering body and their registration number and a web site address where that can be verified OR photocopy evidence of their registration
2. Have they told us how they know you?
   1. Specialty and level of the post where you worked with them
   2. Dates post held
   3. The name of the hospital
   4. Country

**Pages 3 to 7**

1. Has the consultant signing this certificate rated you as “able to demonstrate” for every competence?
2. Have they put your name in the box at the bottom of each page and after competence 12?

**Page 7**

1. Have they ticked ALL boxes on the declaration?
2. Have they signed the declaration and printed their name and the date?
3. Have they put your name in the declaration?
4. Is there a hospital stamp?

**Page 8**

1. Have they listed everyone whose evidence they relied upon for subsections 7, 8 and 9?

**If the answers to any of the above questions are NO, then your certificate will be rejected and you will be deemed not to have demonstrated that you have achieved foundation competence**.

SCAN AND ATTACH THIS CERTIFICATE TO YOUR

APPLICATION FORM BEFORE SUBMISSION

(guidance about this can be found in the Applicant’s Guide)