**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.**
2. **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 3 years prior to the advertised post start date for which you are applying.**
3. **You must be rated as demonstrated for 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 Alternative Certificates to demonstrate the full set of professional capabilities. If you cannot demonstrate each and every professional capability, you will not be eligible for Specialty Training at ST1 or CT1 level.**
4. **Before you pass the form to the signatory, please complete and sign the declaration below.**
5. **The certificate MUST be complete 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 form after your signatory has completed it using the attached checklist.**
6. **A checklist is available at the end of this form to ensure you have completed all relevant sections correctly. Please see Oriel resource bank for further information on completion of this form** [**https://www.oriel.nhs.uk/Web/**](https://www.oriel.nhs.uk/Web/)**.**
7. **You must then scan, upload and attach it (preferably as one single document) to your application form before submission.**
8. **Because of changes to the Foundation Curriculum (effective August 2016), only the 2017 version of this form will be accepted.**

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| **Applicant declaration:** | |
| I confirm that I have attained all of the professional capabilities signed off in this form **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 three years prior to the advertised post start date for which I am applying. | |
| **Applicant Name** |  |
| **Applicant GMC No** |  |
| **Applicant Signature** |  |

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

*The person who has asked you to fill in this form has applied for Specialty Training in the United Kingdom at ST1 or CT1 level. In order to process their application, we need to know that they have achieved the professional capabilities 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 see Oriel resource bank for further information on completion of this form* [*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 below if you KNOW they are competent. You do not need to have witnessed them all within the last three years. The applicant needs to have worked with you in the last 3 years (i.e. since August 2014), for a minimum continuous period of three months whole time equivalent, and you need to have evidence that they have maintained any 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 for each of the professional capabilities, the doctor’s performance (knowledge, skills and behaviours) meets or exceeds the minimum expected level of performance.***

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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 since August 2014.* | | | | | | |
| **Specialty and level** | |  | | | | |
| **Dates post held (from : to)** | | From: | | | To: | |
| **Name of Hospital** | |  | | | | |
| **Country** | |  | | | | |
| **Applicants name:** |  | | | **Date of completion:** | |  |

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| **About the applicant’s demonstrable professional capabilities:**  Please complete one of the three boxes on the right hand side for **ALL** professional capabilities as follows:  **Tick** the box for those professional capabilities you have **personally witnessed** or those which you are **unable to confirm**  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 in the form | | | | | | |
| **Section 1:**  **Professional behaviour and trust** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **1. Acts professionally** | | | | | | |
| **Professional behaviour** | Acts in accordance with GMC guidance in all interactions with  patients, relatives/carers and colleagues | | |  |  |  |
| Acts as a role model for medical students, other doctors and  healthcare workers | | |  |  |  |
| Acts as a responsible employee and complies with local and national  requirements e.g.  • Completing mandatory training  • Ensuring immunisation against communicable diseases  • Engaging in appraisal and assessment  • Taking responsibility for ensuring appropriate cover during leave  • Adhering to local sickness and return to work policies | | |  |  |  |
| **Personal organisation** | Attends on time for all duties, including handovers, clinical commitments and teaching sessions | | |  |  |  |
| Supervises, supports and organises other team members to ensure  appropriate prioritisation, timely delivery of care and completion of  work | | |  |  |  |
| Delegates or seeks assistance when required to ensure that all tasks  are completed | | |  |  |  |
| **Personal responsibility** | Takes personal responsibility for clinical decisions and is able to justify actions | | |  |  |  |
| Takes personal responsibility for revalidation | | |  |  |  |
| Accepts responsibility for any personal errors and takes suitable action including: seeking senior advice, apologising, making appropriate records and notifications | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | |

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| **2. Delivers patient centred care and maintains trust** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Patient centred care** | Considers the patient as a whole e.g. respecting their personal  circumstances, dignity, autonomy, individual healthcare decisions, and right to privacy. | | |  |  |  |
| Works with patients and colleagues to develop individual care plans | | |  |  |  |
| Respects patients’ right to refuse treatment and/or to decline  involvement in research projects | | |  |  |  |
| **Trust** | Acts with empathy, honesty and sensitivity in a non-confrontational  Manner | | |  |  |  |
| Discusses management options with patients and responds to their  ideas, concerns and expectations | | |  |  |  |
| Encourages patients to make informed decisions, recognises patients’ expertise and helps them to acquire knowledge of their condition | | |  |  |  |
| **Consent** | Assesses mental capacity to give consent | | |  |  |  |
| Obtains consent for an increasing range of procedures | | |  |  |  |
| Obtains valid consent by giving each patient the information they  ‘want’ or ‘need’\* in a way they can understand  \*Including ‘material risks’ and reasonable alternative or variant  treatments | | |  |  |  |
| Recognises when consent or refusal is invalid due to lack of capacity  and applies principles of ‘best interests’ and ‘least restriction’ | | |  |  |  |
| Demonstrates understanding of the principle of involving the child in  the decision making process when they are able to understand and  consider the options | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | |

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| **3. Behaves in accordance with ethical and legal requirements** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Ethical and legal requirements** | Practises in accordance with guidance from the GMC, relevant  legislation and national and local guidelines | | |  |  |  |
| Demonstrates understanding of the risks of legal and disciplinary  action if a doctor fails to achieve the necessary standards of practice  and care | | |  |  |  |
| **Confidentiality** | Describes and applies the principles of confidentiality in accordance  with GMC guidance | | |  |  |  |
| Ensures the patient’s rights of confidentiality when clinical details are  discussed, recorded in notes or stored electronically | | |  |  |  |
| Complies with information governance standards regarding  confidential personal information | | |  |  |  |
| Follows GMC guidance on the use of social media | | |  |  |  |
| Describes when confidential information may be shared with  appropriate third parties e.g. police and DVLA | | |  |  |  |
| **Statutory documentation** | Completes statutory documentation correctly e.g.  • Death certificates  • Statement for fitness to work  • Cremation forms | | |  |  |  |
| **Mental capacity** | Performs mental state examination and assessment of cognition and  Capacity | | |  |  |  |
| Uses and documents the ‘best interests checklist’ when an individual  lacks capacity for a specific decision | | |  |  |  |
| Demonstrates awareness of the principles of capacity and incapacity  as set out in the Mental Capacity Act 2005 (or Adults with Incapacity  (Scotland) Act 2000) | | |  |  |  |
| Demonstrates understanding that there are situations when it is  appropriate for others to make decisions on behalf of patients (e.g.  lasting power of attorney, and guardianship) | | |  |  |  |
| Demonstrates understanding that treatment may be provided against  a patient’s expressed wishes in certain defined circumstances | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | |

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| **Protection of vulnerable groups** | Demonstrates understanding of the principles of safeguarding children and vulnerable adults | | |  |  |  |
| Manages situations where safeguarding concerns may exist | | |  |  |  |
| **4. Keeps practice up to date through learning and teaching** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Self-directed learning** | Acts to keep abreast of educational / training requirements | | |  |  |  |
| Maintains a contemporaneous e-portfolio which meets training  programme requirements | | |  |  |  |
| Demonstrates change and improvement in practice as a result of  reflection on personal experience, multi-source feedback (MSF) and  feedback from SLEs. | | |  |  |  |
| Identifies and addresses personal learning needs | | |  |  |  |
| **Teaching and assessment** | Demonstrates improvement in teaching skills as a result of seeking,  accepting and reflecting on feedback from learners and supervisors | | |  |  |  |
| Assesses medical students and other healthcare professionals and  provides constructive feedback | | |  |  |  |
| **5. Demonstrates engagement in career planning** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Demonstrates**  **engagement in**  **career planning** | Discusses how to achieve career ambitions with educational supervisor | | |  |  |  |
| Maintains an e-portfolio record of evidence demonstrating realistic  career goals based on career guidance, self-awareness, information  gathering, selection processes and discussion with colleagues | | |  |  |  |
| Maintains an e-portfolio record of activities demonstrating  exploration of possible specialty career options e.g. completion of  taster period and reflection on the experience | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | |

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| **Section 2:**  **Communication, team-working and leadership** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **6. Communicates clearly in a variety of settings** | | | | | | | |
| **Communication with patients/relatives /carers** | Introduces themselves to patient/carer/relative stating name and role. | | | |  |  |  |
| Communicates clearly, politely, considerately, with understanding and empathy | | | |  |  |  |
| Ensures sufficient time and appropriate environment for  communication | | | |  |  |  |
| Provides the necessary / desired information | | | |  |  |  |
| Communicates increasingly complex information | | | |  |  |  |
| Checks patients’ understanding of options and supports patients in  interpreting information and evidence relevant to their condition | | | |  |  |  |
| Ensures that patients are able to express concerns and preferences,  ask questions and make personal choices | | | |  |  |  |
| Responds to patients’ queries or concerns | | | |  |  |  |
| Teaches communication skills to students and colleagues | | | |  |  |  |
| **Communication in challenging circumstances** | Uses appropriate styles of communication | | | |  |  |  |
| Breaks bad news compassionately and supportively | | | |  |  |  |
| Manages consultation/communication in time limited environments  e.g. outpatients, emergency departments | | | |  |  |  |
| Manages consultation/communication when English is not a patient’s  first language, including the appropriate use of an interpreter | | | |  |  |  |
| Manages three-way consultations e.g. with an interpreter, using sign  language, or with a child patient and their family/carers | | | |  |  |  |
| **Complaints** | Apologises for errors and takes steps to minimise impact | | | |  |  |  |
| Acts to prevent/mitigate and minimise distress in situations which  might lead to complaint or dissatisfaction | | | |  |  |  |
| Deals appropriately with angry/distressed/dissatisfied patients/carers  and seeks assistance as appropriate | | | |  |  |  |
| **Patient Records** | Maintains accurate, legible and contemporaneous patient records  and ensures that entries are signed and dated in compliance with  “Standards for the structure and content of patient records  Health and Social Care Information Centre / Academy of  Medical Royal Colleges (AoMRC) 2013” | | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | | |

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| **Interface with other healthcare professionals** | Describes the structure and importance of the wider healthcare team | | | |  |  |  |
| Works effectively within the healthcare team for the benefit of patient care | | | |  |  |  |
| Makes clear, concise and timely written and oral referrals to other  healthcare professionals within the hospital | | | |  |  |  |
| Produces a timely, legible discharge summary that identifies principle diagnoses, key treatments/interventions, discharge medication and follow-up arrangements | | | |  |  |  |
| Demonstrates ability to make referrals across boundaries / through  networks of care (primary, secondary, tertiary) | | | |  |  |  |
| Writes accurate, timely, succinct and structured clinic letters and  clinical summaries | | | |  |  |  |
| **7. Works effectively as a team member** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Continuity of care** | Allocates and prioritises tasks during handover. | | | |  |  |  |
| Anticipates and identifies problems for the next clinical team/shift and  takes pre-emptive action where required | | | |  |  |  |
| **Interaction with colleagues** | Acts as a member of the multidisciplinary professional team by  supporting, respecting and being receptive to the views of other  healthcare professionals | | | |  |  |  |
| Contributes to multidisciplinary team (MDT) meetings e.g. by case  presentation, making records | | | |  |  |  |
| Demonstrates initiative e.g. by recognising work pressures on others,  providing support and organising / allocating work to optimise  effectiveness within the clinical team | | | |  |  |  |
| **8. Demonstrates leadership skills** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Leadership** | Describes the organisational structures and chains of responsibility  including principles of line management in medical and non-medical  staff | | | |  |  |  |
| Demonstrates extended leadership role within the team by making  decisions and taking responsibility for managing increasingly complex  situations across a greater range of clinical and non-clinical situations, | | | |  |  |  |
| Supervises and supports team members, e.g. supervising F1 doctors,  delegating tasks appropriately, directing patient review, organising  handover | | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | | |

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| **Section 3:**  **Clinical Care** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **9. Recognises, assesses and initiates management of the acutely ill patient** | | | | | | | |
| **Recognition of acute illness** | | Responds promptly to notification of deterioration or concern regarding a patient’s condition e.g. change in National Early Warning Score (NEWS) | | |  |  |  |
| Prioritises tasks according to clinical urgency and reviews patients in a timely manner | | |  |  |  |
| Recognises, manages and reports transfusion reactions, according to local and national guidelines | | |  |  |  |
| **Assessment of the acutely unwell patient** | | Performs rapid, focused assessment of illness severity including physiological monitoring and also considering mental health aspects | | |  |  |  |
| Performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence | | |  |  |  |
| **Immediate management of the acutely unwell patient** | | Initiates prompt appropriate management to stabilise/prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management | | |  |  |  |
| Identifies electrolyte imbalance and, with senior advice, delivers a safe and effective method of correction | | |  |  |  |
| Reassesses acutely ill patients to monitor efficacy of interventions, including those aimed at managing acute mental illness and maintaining patient safety and the safety of others | | |  |  |  |
| Recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management | | |  |  |  |
| Communicates with relatives/friends/carers in acute situations and offers support | | |  |  |  |
| **10. Recognises, assesses and manages patients with long term conditions** | | | | | | | |
| **Management of long term conditions in the acutely unwell**  **patient** | | Performs primary review of new referrals within the hospital or  outpatient clinic | | |  |  |  |
| Cares for patients with long-term diseases during their in-patient stay, as outpatients and in the community | | |  |  |  |
| Reviews long-term drug regime and, with senior advice, considers modifying dosage, timing and treatment. | | |  |  |  |
| Assesses and manages the impact of long term mental disorder on the presentation and course of acute physical illness, and vice versa | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** |  | | **Date of completion:** |  | | | |

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| **The frail patient** | | Formulates individual patient management plan based on assessment  of frailty as well as 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 (CGA) including consideration of dementia | | |  |  |  |
| Describes the impact of activities of daily living on long-term  conditions (e.g. impact of a notifiable condition on driving) and  provides information / discusses these with the patients and carers | | |  |  |  |
| **Support for patients with long term conditions** | | Encourages and assists patients to make realistic decisions about their care and helps them to construct and review advance/long-term care plans | | |  |  |  |
| Arranges appropriate assessment for specialist rehabilitation, care home placement and respite care | | |  |  |  |
| **Nutrition** | | Works with other healthcare professionals to address nutritional needs and communicate these during care planning | | |  |  |  |
| Recognises eating disorders, seeks senior input and refers to local specialist service | | |  |  |  |
| Formulates a plan for investigation and management of weight loss or weight gain | | |  |  |  |
| **11. Obtains history, performs clinical examination, formulates differential diagnosis and management plan** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **History** | | Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances | | |  |  |  |
| **Physical and mental state examination** | | Performs competent physical and mental state examination in a timely manner | | |  |  |  |
| Uses a chaperone, where appropriate | | |  |  |  |
| Performs focused physical/mental state examination in time  limited environments e.g. outpatients/ general practice/emergency department | | |  |  |  |
| **Diagnosis** | | Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations | | |  |  |  |
| Takes account of probabilities in ranking differential diagnoses | | |  |  |  |
| Performs primary review of new referrals within the hospital or  outpatient clinic | | |  |  |  |
| Reviews initial diagnoses and plans appropriate strategies for further investigation | | |  |  |  |
| **Clinical management** | | Performs an accurate cognitive assessment to screen for dementia and delirium | | |  |  |  |
| Refines problem lists and management plans and develops  appropriate strategies for further investigation and management | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
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| **Clinical review** | | Undertakes regular reviews, amends differential diagnosis and expedites patient investigation and management in light of developing symptoms and response to therapeutic interventions | | |  |  |  |
| Reprioritises problems and refines strategies for investigation and management and leads regular review of treatment response to oversee patients’ progress | | |  |  |  |
| **Discharge planning** | | Makes early referral within the multidisciplinary team and to  community agencies | | |  |  |  |
| Communicates with primary care and other agencies | | |  |  |  |
| Anticipates clinical evolution and starts planning discharge and ongoing care from the time of admission | | |  |  |  |
| Liaises and communicates with the patient, family and carers and supporting teams to arrange appropriate follow up | | |  |  |  |
| Recognises and records when patients are medically, including mentally, fit for discharge | | |  |  |  |
| **Discharge summaries** | | Prescribes discharge medication in a timely fashion | | |  |  |  |
| Produces a clear, timely, legible discharge summary that identifies principle diagnoses, including mental health, key treatments/ interventions, discharge medication and follow-up arrangements | | |  |  |  |
| **12. Requests relevant investigations and acts upon results** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Investigations** | | Ensures correct identification of patients when collecting and labelling samples | | |  |  |  |
| Ensures correct identification of patients when reviewing results and planning consequent management | | |  |  |  |
| Minimises risk of exposing a pregnant woman to radiation | | |  |  |  |
| Minimises wasteful or inappropriate use of resources by helping and directing colleagues to order appropriate tests and investigations | | |  |  |  |
| Explains to patients the risks, possible outcomes and implications of investigation results and obtains informed consent | | |  |  |  |
| **Interpretation of investigations** | | Seeks, interprets, records and relays/acts on results of ECG, laboratory tests, basic radiographs and other investigations and explains these effectively to patients | | |  |  |  |
| Increases the range and complexity of investigations which they can interpret and helps colleagues to interpret appropriate tests and investigations | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** |  | | **Date of completion:** |  | | | |

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| **13. Prescribes safely** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Correct prescription** | | Prescribes medicines, blood products and fluids correctly, accurately and unambiguously in accordance with GMC and other guidance using correct documentation to ensure that patients receive the correct drug via the correct route at the correct frequency and at the correct time | | |  |  |  |
| Demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy | | |  |  |  |
| Performs dosage calculations accurately and verifies that the dose calculated is of the right order | | |  |  |  |
| Reviews previous prescriptions and transfers/ transcribes accurately and appropriately | | |  |  |  |
| Describes the potential hazards related to different routes of drug administration (e.g. oral, intramuscular, intravenous, intrathecal) | | |  |  |  |
| Follows the guidance in Good Medical Practice in relation to self-prescribing and prescribing for friends and family | | |  |  |  |
| Within the hospital, prescribes controlled drugs using appropriate legal framework and describes the management and prescribing of controlled drugs in the community | | |  |  |  |
| Describes the importance of security issues in respect of prescriptions | | |  |  |  |
| **Clinically effective prescription** | | Prescribes and administers for common important indications  including medicines required urgently in the management of  medical emergencies e.g. sepsis, exacerbation of chronic obstructive pulmonary disease, pulmonary oedema, congestive cardiac failure, pain, thromboprophylaxis | | |  |  |  |
| Prescribes safely for different patient groups including frail elderly, children, women of child-bearing potential, pregnant women and those with hepato-renal dysfunction | | |  |  |  |
| Prescribes and administers oxygen, fluids and antimicrobials as appropriate e.g. in accordance with NICE guidance on antimicrobial and intravenous fluid therapy | | |  |  |  |
| Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate | | |  |  |  |
| Assesses the need for fluid replacement therapy and chooses and prescribes appropriate intravenous fluids and calculates the correct volume and flow rates | | |  |  |  |
| Prescribes and administers blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products | | |  |  |  |
| **Discussion of medication with patients** | | Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions | | |  |  |  |
| Obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** |  | | **Date of completion:** |  | | | |
| **Guidance on prescription** | | Prescribes using all available support including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber | | |  |  |  |
| Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance | | |  |  |  |
| **Review of prescriptions** | | Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring | | |  |  |  |
| Recognises and initiates action for common adverse effects of drugs and communicates these to patients, including potential effects on work and driving | | |  |  |  |
| **14. Performs procedures safely** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Core procedures** | | Core clinical and procedural skills for Foundation equivalence are:   * Venepuncture * IV cannulation * Prepare and administer IV medications and injections * Arterial puncture in an adult * Blood culture from peripheral sites * Intravenous infusion including the prescription of fluids * Intravenous infusion of blood and blood products * Injection of local anaesthetic to skin * Injection – subcutaneous (e.g. insulin or LMW heparin) * Injection – intramuscular * Perform and interpret an ECG * Perform and interpret peak flow * Urethral catheterisation (male) * Urethral catheterisation (female) * Airway care including simple adjuncts (e.g. Guedel airway or laryngeal masks) | | | | | |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** |  | | **Date of completion:** |  | | | |

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| **Core Procedures** | | Performs competently the core procedures either in the workplace or on simulated patients  For each procedure, the foundation doctor should know the  indications and contraindications and be able to  • Explain the procedure to patients, including possible  complications, and gain valid informed consent  • Prepare the required equipment, including a sterile field  • Position the patient  • Prescribe and/or administer appropriate analgesia in certain patients  • Adequately prepare the skin using aseptic technique where relevant  • Administer local anaesthetic correctly for the procedure  • Recognise, record and be able to undertake emergency  management of common complications  • Safely dispose of equipment, including sharps  • Document the procedure, including the labelling of samples and giving instructions for appropriate aftercare/monitoring | | |  |  |  |
| Maintains and improves skills in the core procedures and develops skills in more challenging circumstances e.g. reliably able to perform venous cannulation in the majority of patients including during resuscitation | | |  |  |  |
| **Other procedures** | | Teaches other healthcare workers procedures when skilled and sanctioned to do this | | |  |  |  |
| Increases the range of procedures they can perform relevant to specific clinical placements | | |  |  |  |
| **15. Is trained and manages cardiac and respiratory arrest** | | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Is trained and**  **manages cardiac**  **and respiratory**  **arrest** | | Is trained:  • To initiate and perform immediate adult life support comprising  cardiopulmonary resuscitation, simple airway management and safe defibrillation  • To provide basic paediatric life support (for doctors working with infants and children)  • To use a defibrillator  • To adapt resuscitation in certain situations e.g. in pregnant patients | | |  |  |  |
| Demonstrates the initiation and performance of advanced life support including cardiopulmonary resuscitation, manual defibrillation and management of life threatening arrhythmias and is able to lead the resuscitation team where necessary | | |  |  |  |
| Demonstrates understanding of the ethics of transplantation and identifies potential donors to senior medical staff | | |  |  |  |
| **Do not attempt cardiopulmonary resuscitation orders** | | Discusses DNACPR with the multidisciplinary team, the patient, long term carers (both medical and non-medical) and relatives and then records the outcome of that discussion | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | |
| **Applicants name:** |  | | **Date of completion:** |  | | | |

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| **16. Demonstrates understanding of the principles of health promotion and illness prevention** | | | | | | **Personally witnessed** | | **Initials of witnessing colleague** | | **Unable to confirm** |
| **Demonstrates**  **understanding of**  **the principles of**  **health promotion**  **and illness**  **prevention** | | | Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse  Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines  including:  • Smoking cessation and supportive measures  • Appropriate alcohol intake levels or drinking cessation  • Illicit drug use and referral to support services  • Biohazards  • Risks of UV and ionising radiation especially the harmful effects of sunlight  • Lack of exercise and physical/mental activity  • Weight management  • Employment  • Vaccination programmes  • Cancer screening e.g. breast, cervical, bowel  Recommends well man/women clinics | | |  | |  | |  |
| **17. Manages palliative and end of life care** | | | | | | **Personally witnessed** | | **Initials of witnessing colleague** | | **Unable to confirm** |
| **End of Life Care** | | | Contributes as a member of the multidisciplinary team to delivering high quality end of life care that is in line with the individuals’ needs and preferences | | |  | |  | |  |
| Recognises that a patient is likely to die in the next few hours or days and:  • Assesses whether this is reversible and, if so, whether this is in line with the patient’s wishes  • Ensures that this is communicated clearly and with empathy to the patient (where appropriate) and those close to the patient  • Recognises the limitation of own competence and experience to make such an assessment and seeks senior advice  • Accesses palliative care services when desired | | |  | |  | |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | | | | | |
| **Applicants name:** | |  | | **Date of completion:** |  | | | | | |
| **End of Life Care** | | | 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 including symptom management and advance care plans with patients, family and carers | | |  | |  | |  |
| Discusses the patients’ needs and preferences regarding care in the last days of life, including preferred place of care and death, treatment escalation plans, do not attempt cardiopulmonary resuscitation (DNACPR) decisions | | |  | |  | |  |
| **Care after death** | | | Confirms death by conducting appropriate physical examination, documenting findings in the patient record | | |  | |  | |  |
| Behaves professionally and compassionately when confirming and pronouncing death | | |  | |  | |  |
| Follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death (MCCD) and cremation certificates | | |  | |  | |  |
| Completes MCCD when trained to do so and notes details reported on the MCCD in the patient record | | |  | |  | |  |
| Demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal. | | |  | |  | |  |
| Reports death to coroner/procurator fiscal after discussion with a senior colleague | | |  | |  | |  |
| Discusses the benefits of post mortem examination and explains the process to relatives/carers | | |  | |  | |  |
| Completes relevant sections of cremation forms when trained to do this | | |  | |  | |  |
| **Section 4:**  **Safety and Quality** | | | | | **Personally witnessed** | | **Initials of witnessing colleague** | | **Unable to confirm** | |
| **18. Recognises and works within limits of personal competence** | | | | | | | | | | |
| **Personal competence** | Recognises and works within limits of competency | | | |  | |  | |  | |
| Calls for senior help and advice in a timely manner and communicates concerns/expected response clearly. | | | |  | |  | |  | |
| Uses clinical guidelines and protocols, care pathways and bundles | | | |  | |  | |  | |
| Takes part in activities to maintain and develop competence e.g.  seeking opportunities to do SLES and attending simulation training | | | |  | |  | |  | |
| Demonstrates evidence of reflection on practice and how this has led  to personal development | | | |  | |  | |  | |
| **Verifying consultant’s signature confirming details above:** | | | | | | | | | | |
| **Applicants name:** | |  | | **Date of completion:** |  | | | | | |

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| **19. Makes patient safety a priority in clinical practice** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Patient safety** | Delivers healthcare within clinical governance frameworks under  senior/consultant direction | | |  |  |  |
| Discusses the limitations of clinical pathways and seeks advice  regarding deviating from these in certain individual patient  circumstances | | |  |  |  |
| Undertakes appropriate pre-theatre/procedure checks including World Health Organisations (WHO) safe surgery checklist | | |  |  |  |
| Describes the mechanisms to report:  • Never events  • Critical incidents/near misses  • Device related adverse events  • Adverse drug reactions  to appropriate national centre and completes reports as required | | |  |  |  |
| Participates in/undertakes a project related to a patient safety issue  (e.g. Quality Improvement), with recommendations for improving  the reliability of care and, with senior support, takes steps to institute  these | | |  |  |  |
| Discusses risk reduction strategies and principles of significant event  analysis and contributes to the discussion/ analysis of adverse events, including potential to identify and prevent systematic error | | |  |  |  |
| **Causes of impaired performance, error or suboptimal patient care** | Describes:  • The risks to patients if personal performance is compromised  • The effects of stress and fatigue on performance (personal or of  others), with actions to minimise its impact, along with sources  of help  • How medications, which they may be taking, can reduce personal  performance  • Why health problems (personal or of others) must not  compromise patient care or expose colleagues or patients to  harm  • The need to report personal health problems in a timely manner  and awareness of the support services available | | |  |  |  |
| Takes responsibility for personal health and performance, e.g. by  reporting sickness absence in a timely manner and completing return to work documentation as required. | | |  |  |  |
| Notifies appropriate individuals, and arranges cover where applicable, for planned or unexpected absences. | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | |
|  | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
|  | Seeks support appropriately (e.g. GP, occupational health, support  services) regarding health or emotional concerns that might impact  personal performance | | |  |  |  |
| Describes the role of human factors in medical errors and takes steps to minimise these | | |  |  |  |
| Describes ways of identifying poor performance in colleagues and how to support them | | |  |  |  |
| **Patient identification** | Ensures patient safety by positive identification of the patient:  • At each encounter  • In case notes  • When prescribing/administering drugs  • On collecting specimens and when requesting and reviewing  investigations  • Before consent for surgery/procedures | | |  |  |  |
| Uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance | | |  |  |  |
| Crosschecks identification immediately before procedures/  administration of blood products/IV drugs | | |  |  |  |
| **Usage of medical devices and information technology (IT)**  **(N.B. this excludes implantable devices)** | Demonstrates ability to operate common medical devices and  interpret non-invasive monitoring correctly and safely after appropriate training | | |  |  |  |
| Accesses and uses IT systems including local computing systems  appropriately | | |  |  |  |
| Demonstrates good information governance in use of electronic records | | |  |  |  |
| **Infection control** | Demonstrates consistently high standard of practice in infection  control techniques in patient contact and treatment including hand  hygiene and use of personal protective equipment (PPE) | | |  |  |  |
| Demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste | | |  |  |  |
| Demonstrates adherence to local guidelines/protocols for antibiotic  prescribing | | |  |  |  |
| Requests screening for any disorder which could put other patients or  staff at risk by cross contamination, e.g. Clostridium.Difficile | | |  |  |  |
| Takes an active role in outbreak management within healthcare  settings (e.g. diarrhoea on a ward) and complies with procedures  instituted by the infection control team | | |  |  |  |
| Informs the competent authority of notifiable diseases | | |  |  |  |
| Challenges and corrects poor practice in others who are not observing  best practice in infection control | | |  |  |  |
| Recognises the need for immunisations and ensures own are up to  date in accordance with local/national policy | | |  |  |  |
| Takes appropriate microbiological specimens in a timely fashion with  safe technique | | |  |  |  |
| Recognises the risks to patients from transmission of blood-borne  infection | | |  |  |  |
| **Verifying consultant’s signature confirming details above:** | | | | | | |
| **Applicants name:** | |  | **Date of completion:** |  | | |

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| **20. Contributes to quality improvement** | | | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **Quality Improvement** | Contributes significantly to at least one quality improvement project  including:  • Data collection  • Analysis and/or presentation of findings  • Implementation of recommendations | | |  |  |  |
| Makes quality improvement link to learning/professional development  in e-port | | |  |  |  |
| **Healthcare resource management** | Demonstrates understanding of the organisational structure of the  NHS and independent sector and their role in the wider health and  social care landscape | | |  |  |  |
| Describes hospital and departmental management structure | | |  |  |  |
| Describes the processes of commissioning and funding, and that  all healthcare professionals have a responsibility for stewardship of  healthcare resources | | |  |  |  |
| Describes accountability of the NHS in its context as a publicly funded body, and the need to ensure the most effective and sustainable use  of finite resources | | |  |  |  |
| Recognises the resource implications of personal actions and  minimises unnecessary/wasteful use of resources e.g. repeat  investigations, delayed discharge | | |  |  |  |
| Describes cost implications of common treatments in terms of money,  equipment and human resources (e.g. generic prescribing, intravenous v oral antibiotics) | | |  |  |  |
| **Information management** | Seeks, finds, appraises and acts on information related to medical practice including primary research evidence, reviews, guidelines and care bundles | | |  |  |  |
| Critically reviews research and, where appropriate, presents finding (e.g.  journal club) | | |  |  |  |
| **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 for a minimum of three months whole time equivalent since August 2014 and prior to application submission. | | | |
| C1)  I can confirm that I have observed the doctor named above demonstrate all of the listed professional capabilities 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 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 form where each individual has observed professional capabilities. ***Please note that, as part of the verification process, witnesses may be contacted 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:** |  |

**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
3. Have they put your name and date of completion of form at the bottom of this page?

**Pages 3 to 19**

1. Has the consultant signing this certificate completed one of the three boxes for each listed professional capability?
2. Have they put your name and date of completion of form at the bottom of each page?

**Page 20**

1. Have they ticked ALL boxes (A, B **and** C1 or C2) on the declaration?
2. Have they signed the declaration and printed their name and the date?
3. Have they put your name and date of completion of form at the bottom of this page?
4. Is there a hospital stamp?

**Page 21**

1. Have they listed everyone whose evidence they relied upon for any of the sections?

**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 the foundation professional capabilities**.

SCAN, UPLOAD AND ATTACH THIS CERTIFICATE TO YOUR

APPLICATION FORM BEFORE SUBMISSION