**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE CANDIDATE**

This certificate is required by candidates applying for palliative medicine ST3 posts who require Core Medical Training (CMT) competency and do **NOT** meet one of the following criteria:

* Are currently on a UK CMT or ACCS Acute Medicine (ACCS-AM) programme and on track to gain a satisfactory ARCP outcome***.***
* Have completed a CMT or ACCS-AM programme where:
  + The programme was completed no earlier than 1 January of the year three years prior to the advertised post start for the recruitment round of application.
  + Adequate certification of training can be provided (satisfactory ARCP outcome or unsatisfactory outcome specifying lack of MRCP(UK) only).

**When using this certificate, please note:**

* Unless you have exceptional circumstances, you will be required to submit evidence of your core medicine competence with your ST3 application, so it is advised that you prepare your documents in advance.
* This certificate can only be signed by either a:
  + consultant in a physicianly specialty (a full list can be found at: <http://www.jrcptb.org.uk/specialties>)
  + consultant in an alternative specialty, eg emergency medicine or intensive care medicine, who holds the MRCP(UK) diploma, or is a fellow of one of the three royal colleges of physicians of the United Kingdom.
* Consultants are only eligible to sign these certificates if you have worked with them for a minimum continuous period of three months within the three years prior to the advertised post start date for which you are applying.
* You must have all competences listed on this certificate signed off, either personally witnessed or via second hand evidence, by time of application to be eligible. If you cannot demonstrate that you have achieved all your outcomes from one supervisor, you may submit additional certificates to demonstrate the full set of outcomes.
* 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 they have completed it using the attached checklist.
* A checklist is available at the end of this form to ensure you have completed all relevant sections correctly.
* Only the 2016 version of this certificate is currently accepted.

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| **Candidate to complete this section and sign declaration:** | |
| I confirm that I have attained all of the competences 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 three years prior to the advertised post start date for which I am applying. | |
| **Candidate**  **full name** |  |
| **Candidate GMC number or Oriel PIN** |  |
| **Candidate signature** |  |

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE SUPERVISING CONSULTANT**

The person who has asked you to fill in this form is applying for speciality training in palliative medicine at ST3 level in the United Kingdom. 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 doctors completing UK Core Medical Training (CMT). Candidates need to have demonstrated ALL listed competences in order to progress.

**When using this certificate, please note:**

* The doctor must have worked with you for a minimum continuous period of three months within the three years prior to the advertised post start date for which they are applying.
* Only sign the competences that you are able to confirm, either from your own observation of them or from confirmation from a colleague that the candidate possesses competency; candidates can obtain additional certificates for competences you are unable to sign off.
* Before filling in this certificate please view the curriculum for UK CMT doctors: <http://www.jrcptb.org.uk/specialties/core-medical-training-and-acute-care-common-stem-medicine>
* This certificate has to be correctly completed, including your details. Failure to complete it fully may render the candidate ineligible to be considered further for specialty training in this recruitment round.
* You must sign and date each page of this form individually
* Please include up-to-date contact details should we need to verify any of the competences prior or subsequent to their appointment.

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| **About the person signing the certificate:** | | |
| **Your name:** | |  |
| **Professional status :** | |  |
| **Current post:** | |  |
| **Address for correspondence:** | |  |
| **Email address:** | |  |
| **Contact telephone number:** | |  |
| **Your UK GMC Number:** | |  |
| If you are not registered with the UK GMC please give: | | |
| **Name of your registering body:** | |  |
| **Your registration number:** | |  |
| **Website 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 candidate and their work:** Please give details of the post this candidate held at the time when you observed their work. | | |
| **Candidate specialty and level** |  | |
| **Dates post held (from : to)** | : | |
| **Name of hospital** |  | |
| **Country** |  | |

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| **About the candidate’s demonstrable competences:** | | | | |
| Please complete one of the three boxes on the right hand side for **ALL** competences as follows:   * **Tick** the box for those competences you have **personally witnessed** and those which you are **unable to confirm** * Enter the **initials** of your colleague in the corresponding column where you are signing off a competence you have **not personally witnessed**. | | **Personally witnessed** | **Initials of witnessing colleague** | **Unable to confirm** |
| **1. Common Competences** | | | | |
| **1.1 Demonstrates the knowledge, skills, and behaviours to be able to take a history and examine patients, prescribe safely and demonstrates appropriate time management and organisational decision making** | | | | |
| (i) Focussed history taking | |  |  |  |
| (ii) Focussed and accurate clinical examination | |  |  |  |
| (iii) Safe prescribing, and application of therapeutic considerations | |  |  |  |
| (iv) Time management and prioritisation in decision making | |  |  |  |
| (v) Diagnostic decision making and clinical reasoning | |  |  |  |
| **1.2** **Understands and applies the basis of maintaining good quality care and ensuring and promoting patient safety, delivering patient-centred care according to GMC guidance and principles** | | | | |
| (i) Prioritises the patient’s wishes, beliefs, expectations and needs | |  |  |  |
| (ii) Prioritises patient safety, understands risk and mechanisms for reporting | |  |  |  |
| (iii) Understands team-working to promote patient safety and works with colleagues in the ways that best serve patients’ interests | |  |  |  |
| (iv) Understands methods of monitoring performance to promote quality and patient safety | |  |  |  |
| (v) Works in partnership with patients take prompt action if you think that patient safety, dignity or comfort is being compromised | |  |  |  |
| (vi) Treats all patients equally, as individuals, with compassion and respect for their dignity | |  |  |  |
| (vii)Shows commitment in clinical practice to working with patients to improve lives | |  |  |  |
| (viii) Ensures that resources are used in the most effective way for patient benefit | |  |  |  |
| **1.3 Demonstrates the knowledge, skills, and behaviours to manage and control infection in patients and reduce the risk of cross infection.** | |  |  |  |
| **1.4 Understand the principles of quality and safety improvement** | | | | |
| (i) Understands the elements of clinical governance | |  |  |  |
| (ii) Uses evidence and evidence-based guidelines in clinical practice | |  |  |  |
| (iii) Understands the concepts of audit and quality improvement and their application in practice to benefit patient care | |  |  |  |
| **1.5 Demonstrates the knowledge, skills, and behaviours to be able to educate patients effectively to reduce ill health, understands the effects of health inequality on public health and recognises effective health promotion** | |  |  |  |
| **1.6 Demonstrates the knowledge, skills and behaviours to understand the principles of medical ethics and confidentiality** | | | | |
| (i) Demonstrates understanding of, and practises appropriate procedures for valid consent | |  |  |  |
| (ii) Understands the legal framework for medical practice in the UK | |  |  |  |
| (iii) Ensures that research is undertaken using relevant ethical guidelines | |  |  |  |
| **1.7** **Teaching and Training:** | | | | |
| (i) Demonstrates the knowledge, skills, and behaviours to undertake a teaching and training role to a variety of health professionals in a variety of ways | |  |  |  |
| (ii) Assesses quality of teaching and values appraisal | |  |  |  |
| **Verifying consultants signature confirming details above** |  | | | |

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| **1.8 Relationships with Patients and Communication: Demonstrates the knowledge, skills, and behaviours to be able to communicate effectively with patients, relatives and colleagues in the circumstances outlined below:** | | | | |
| (i) Within a consultation | |  |  |  |
| (ii) Breaking bad news | |  |  |  |
| (iii) Complaints and medical error | |  |  |  |
| **1.9 Communication and co-operation with Colleagues: Demonstrates effective teamwork skills within the clinical team and in the larger medical context** | | | | |
| (i) Communicates effectively with colleagues & the wider multidisciplinary team | |  |  |  |
| (ii) Understands the Interface with different specialties and with other healthcare professionals | |  |  |  |
| **1.10 Personal and professional behaviour and probity: Develops the knowledge, skills, attitudes and behaviours to always practice with integrity in a professional manner and develop effective leadership** | | | | |
| (i) Doctor-patient relationships | |  |  |  |
| (ii) Health and handling personal stress | |  |  |  |
| (iii) Acting in a non-discriminatory manner towards patients and colleagues | |  |  |  |
| **1.11 Managing long term conditions and promoting patient self-care** | | | | |
| (i) Experience in managing long term conditions in a variety of settings & age groups, promoting patient self-care | |  |  |  |
| (ii) Managing patients who attend non-acute care facilities, eg outpatient clinics, day hospitals etc. | |  |  |  |
| **1.12 Knowledge of the NHS and hospital management** | | | | |
| (i) Understands the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision | |  |  |  |
| **2. Symptom based competences** | | | | |
| **2.1 Core skills in relation to acute illness – experience in the emergency presentations** | | | | |
| (i) Promptly assesses and manages the acutely ill or collapsed patient | |  |  |  |
| (ii) Appropriate decision-making and clinical reasoning | |  |  |  |
| (iii) Reassesses ill patients appropriately after starting treatment | |  |  |  |
| (iv) Requests senior or more experienced help when appropriate | |  |  |  |
| (v) Ensures safe continuing care of patients on handover between shifts | |  |  |  |
| (vi) Considers appropriateness of interventions according to patients’ wishes, severity of illness and chronic or co-morbid diseases | |  |  |  |
| **2.2 Full competence in the assessment and resuscitation of a patient who is: in cardiac arrest, in shock, an unconscious patient and anaphylaxis** | | | | |
| (i) Identifies , assesses, initiates resuscitation and management of cardio-respiratory arrest | |  |  |  |
| (ii) Identifies, assesses and initiates immediate management of a shocked patient | |  |  |  |
| (iii) Identifies, assesses, monitors, appropriately investigates and initiates management of the unconscious patient | |  |  |  |
| (iv) Identifies , assesses, initiates resuscitation and management of anaphylactic shock | |  |  |  |
| **2.3 Demonstrates the knowledge, skills and behaviours to be able to manage acute care safely when on call – experience in the ‘top’ presentations** | | | | |
| (i) abdominal pain | |  |  |  |
| (ii) acute back pain | |  |  |  |
| (iii) acute kidney injury and chronic kidney disease | |  |  |  |
| (iv) blackout / collapse | |  |  |  |
| (v) breathlessness | |  |  |  |
| (vi)chest pain | |  |  |  |
| (vii) acute confusion / delirium | |  |  |  |
| **Verifying consultants signature confirming details above** |  | | | |

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| (viii) cough | |  |  |  |
| (ix) diarrhoea | |  |  |  |
| (x) falls | |  |  |  |
| (xi) fever | |  |  |  |
| (xii) fits / seizure | |  |  |  |
| (xiii) haematemesis & melaena | |  |  |  |
| (xiv) headache | |  |  |  |
| (xv) jaundice | |  |  |  |
| (xvi) limb pain and swelling | |  |  |  |
| (xvii) patients requiring palliative and end-of-life care | |  |  |  |
| (xviii)palpitations | |  |  |  |
| (xix) poisoning | |  |  |  |
| (xx) rash | |  |  |  |
| (xxi) vomiting and nausea | |  |  |  |
| (xxii) weakness and paralysis | |  |  |  |
| **2.4 Demonstrates the knowledge, skills and behaviours in the majority of the ‘other important’ presentations listed in the CMT curriculum** | |  |  |  |
| **2.5 Demonstrates the knowledge, skills and behaviours to be able to plan discharge for patients, starting from the point of admission and taking into account the effects of any chronic disease.** | |  |  |  |
| **3. Investigational competences –** can outline the indications for, and interpret the following investigations: | | | | |
| (i) urea & electrolytes, liver function tests, bone biochemistry, glucose, magnesium | |  |  |  |
| (ii) cardiac biomarkers and cardiac-specific troponin, D dimer | |  |  |  |
| (iii) drug levels: paracetamol, salicylate, digoxin, antibiotics, anti-convulsants, theophylline | |  |  |  |
| (iv) cortisol and short Synacthen test; thyroid function tests | |  |  |  |
| (v) arterial Blood Gas analysis | |  |  |  |
| (vi) Inflammatory markers: CRP / ESR | |  |  |  |
| (vii) full blood count, haemolysis screen coagulation screen, blood film report, Haematinics | |  |  |  |
| (viii) HbA1C, lipid profile | |  |  |  |
| (ix) fluid analysis: pleural, cerebro-spinal fluid, ascitic | |  |  |  |
| (x) blood / sputum / urine culture/ H. Pylori testing | |  |  |  |
| (xi) urinalysis and urine microscopy | |  |  |  |
| (xii) tumour markers | |  |  |  |
| (xiii) chest radiograph/ abdominal radiograph | |  |  |  |
| (xiv) joint radiographs (knee, hip, hands, shoulder, elbow, dorsal spine, ankle) | |  |  |  |
| (xv) peak flow tests / full lung function tests | |  |  |  |
| (xvi) ECG | |  |  |  |
| (xvii) auto-antibodies; creatine kinase | |  |  |  |
| **Verifying consultants signature confirming details above** |  | | | |

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| **4. Procedural competences** | | | | |
| **4.1 For the following procedures clinically independent experience is mandated:** | | | | |
| (i) pleural aspiration for fluid or air | |  |  |  |
| (ii) ascitic tap | |  |  |  |
| (iii) advanced cardiorespiratory resuscitation | |  |  |  |
| (iv) nasogastric tube placement and checking | |  |  |  |
| **4.2 The following foundation level competences must also be maintained:** | | | | |
| (i) arterial blood gas sampling | |  |  |  |
| (ii) cannula insertion, including large bore | |  |  |  |
| (iii) electrocardiogram | |  |  |  |
| (iv) peak flow measurement | |  |  |  |
| (v) urethral catheterisation | |  |  |  |
| **Verifying consultants signature confirming details above** |  | | | |

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| **Declaration by the person signing this certificate:**  **Reminder:** We 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. | | |
| **Candidate’s full name:** | |  |
| A)  I confirm that I have viewed the JRCPTB website (<http://www.jrcptb.org.uk/specialties/core-medical-training-and-acute-care-common-stem-medicine>) and that I am aware of the curriculum for UK Core Medical Training and the competence required. | | |
| B)  I confirm that the doctor named above has worked for me for a minimum of three continuous months (whole time equivalent) in a medical specialty post or emergency medicine or intensive care medicine within the three years prior to the advertised post start date for which they are applying. | | |
| C)  I can confirm that I have observed the doctor named above demonstrate all of the above competences that I have signed, or where I have not personally observed them, I have received alternative evidence that I know to be reliable. | | |
| **NB** *This form is invalid unless all three boxes above are checked.* | | |
| **Verifying consultants signature** |  | |
| **Verifying consultant name** |  | |
| **Date** |  | |
| **Hospital stamp**  If not available, please attach a signed compliment slip, giving 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 or who is working satisfactorily as a senior trainee (ie at UK level ST5\* or above) or higher, as detailed below.  Please ensure that you have entered the initials of the individual against each of the competences they have witnessed in that section of the form. **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.**  *\* See the JRCPTB website for information about what constitutes ST5 in the UK:* [*http://www.jrcptb.org.uk/specialties*](http://www.jrcptb.org.uk/specialties)  If necessary, please add witnesses to an additional copy of this page: | |
| **Witness 1:** | |
| **Their name:** |  |
| **Professional status:** |  |
| **Work Address:** |  |
| **Email Address:** |  |
| **Witness 2:** | |
| **Their name:** |  |
| **Professional status:** |  |
| **Work Address:** |  |
| **Email Address:** |  |
| **Witness 3:** | |
| **Their name:** |  |
| **Professional status:** |  |
| **Work Address:** |  |
| **Email Address:** |  |
| **Verifying consultants signature confirming details above:** |  |

**CHECKLIST FOR CANDIDATES SUBMITTING AN ALTERNATIVE CERTIFICATE**

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| **PAGE 1** | **Complete?** |
| 1. Have you added your name and GMC number and/or Oriel PIN in the relevant boxes of the candidate declaration section? 2. Have you signed the candidate declaration? |  |
| **PAGES 2** | **Complete?** |
| 1. Has the consultant you have asked to sign the certificate filled in their details correctly: 2. name 3. professional status 4. current post 5. address for correspondence 6. email address and contact telephone number 7. GMC number OR if NOT registered with the UK GMC, the name of the registering body and their registration number |  |
| 1. Have they told us how they know you? 2. specialty and level of the post to which this certificate relates 3. start and end dates of the post in which they worked with you 4. name and country of the hospital in which the post was based |  |
| **PAGES 3, 4, 5 & 6** | **Complete?** |
| 1. Has the consultant signing this certificate signed all competences? If a competence is not confirmed, have you obtained another form from another consultant (meeting the criteria) providing evidence of competency? 2. Where a competence has not been personally witnessed by the signatory, have they provided the initials of the witnessing colleague for all relevant competences? |  |
| **PAGE 7** | **Complete?** |
| 1. Have they put your name in the box at the top? 2. Have they ticked boxes A, B and C? 3. Have they signed the declaration and provided all their details requested? 4. Is there a hospital stamp or accompanying compliments slip? |  |
| **PAGES 8** | **Complete?** |
| 1. Have they listed everyone whose evidence they relied upon for any of the competences? |  |
| **PAGES 2-8** | **Complete?** |
| 1. Is your name added to the foot of each page, together with the date of completion of the form? |  |

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

Please keep a copy of this certificate for your own records.

**PLEASE ENSURE THAT YOU SCAN AND ATTACH THE CERTIFICATE TO YOUR APPLICATION FORM BEFORE SUBMISSION.**

(guidance can be found on the ST3 recruitment website:

<http://www.st3recruitment.org.uk/am-i-eligible/competences.html>)