

2016 Alternative Certificate confirming achievement of foundation competences

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 outcome listed on this certificate. If you cannot demonstrate that you have achieved all your outcomes in one post, you may submit additional Alternative Certificates to demonstrate the full set of outcomes. If you cannot demonstrate each and every outcome, 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/>.
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 2014), only the 2016 version of this form will be accepted.

Check that you have fully completed the section below

Applicant 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 the three years prior to the advertised post start date for which I am applying.

Applicant Name	
Applicant GMC No	
Applicant Signature	

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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 outcomes 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>. Please see Oriel resource bank for further information on completion of this form <https://www.oriel.nhs.uk/Web/>.

Please note that you must only confirm that the applicant has met the outcomes 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 2013), for a minimum continuous period of three months whole time equivalent, and you need to have evidence that they have maintained any competencies 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 competence.

Ensure your signatory has fully completed section below

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. <i>Three continuous months (whole time equivalent) of this post MUST have been completed by the time of the application submission deadline and since August 2013.</i>	
Specialty and level	
Dates post held (from : to)	From: <input type="text"/> To: <input type="text"/>
Name of Hospital	
Country	
Applicants name:	Date of completion:

This must be for a period of at least 3 months whole time equivalent by application closing date and the dates must be within the time period specified i.e. from August 2013

Must be completed

2

Date form was completed

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About the applicant's demonstrable outcomes:

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** or 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**. You will be required to list the details of these colleagues later in the form (page 11)

Section 1: The foundation doctor as a professional and a scholar		Personally witnessed	Initials of witnessing colleague	Unable to confirm
1. Professionalism				
Behaviour in the workplace	Acts with professionalism in the workplace and in interactions with patients and colleagues			
	Acts as a role model and where appropriate a leader for medical students and other junior doctors, and assists and educates other staff			
Time management	Is punctual and organised			
	Delegates tasks and ensures that they are completed			
Continuity of care	Brings accurate information to handover and indicates priorities effectively			
	Organises handover and task allocation, anticipating problems for the next clinical team/shift and takes pre-emptive action where required			
Team working	Displays understanding of personal role within their team including supporting the team leader and listening to the views of other healthcare professionals			
	Organises and allocates work within their clinical team to optimise effectiveness			
Leadership	Demonstrates a leadership role within the team in certain clinical situations			
	Demonstrates extended leadership role within the team by making decisions and dealing with complex situations across a range of clinical and non-clinical situations			
Verifying consultant's signature confirming details above:		Must be signed		
Applicants name:		Date of completion:		

Refer to guidance at top of this page and ensure your signatory has marked each competence as appropriate

↑
Must be completed

↑
Date form was completed

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		Personally witnessed	Initials of witnessing colleague	Unable to confirm
2. Relationship and communication with patients				
Treats the patient as the centre of care within a consultation	Prioritises the needs of patients above personal convenience without compromising personal safety or safety of others			
	Works in partnership with patients in an open and transparent manner, treats patients as individuals and respects their perspectives/views on their own treatment			
	Works with patients and colleagues to develop sustainable individual care plans to manage patients' acute and long-term conditions			
Communication with patients	Communicates effectively and with understanding and empathy in straightforward consultations			
	Demonstrates increasing ability and effectiveness in communicating more complicated information in increasingly challenging circumstances			
	Deals increasingly independently with queries from patients and relatives			
Communication in difficult circumstances	Breaks bad news to patients or care/relative effectively and compassionately, and provides support, where appropriate			
	Recognises where patient's capacity is impaired and takes appropriate action			
Complaints	Recognises situations which might lead to complaint or dissatisfaction			
	Apologises for errors and takes steps to prevent/minimise impact			
Consent	Obtains consent as appropriate in accordance with <i>Consent: patients and doctors making decisions together (2008)</i> , including for core procedures			
3. Safety and clinical governance				
Risks of fatigue, ill health and stress	Recognises that fatigue and health problems in healthcare workers (including self) can compromise patient care and where appropriate, must be urgently addressed			
	If applicable recognises fatigue/stress/illness in members of the clinical team and seeks senior guidance to reduce this			
Quality and safety improvement	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			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate

Must be signed

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Date form was completed

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		Personally witnessed	Initials of witnessing colleague	Unable to confirm
4. Ethical and legal issues				
Medical ethical principles and confidentiality	Practises in accordance with the principles of <i>Good Medical Practice (2013)</i> , <i>The Trainee Doctor (2011)</i> and <i>Confidentiality (2009)</i>			
Legal framework of medical practice	Takes personal responsibility for and is able to justify decisions and actions			
Comprehension of relevance of outside bodies to professional life	Recognises many organisations and bodies that are involved in medical education and regulation of medical practice			
5. Teaching and training				
Delivers presentations and teaching sessions which support learning				
Participates in the assessment of medical students or 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				
Lifelong learning	Maintains personal development portfolio by recording learning needs and personal reflection including career development and planning			
	Recognises personal learning needs, addresses these proactively and sets SMART (specific, measurable, achievable, realistic, time limited) goals			
Evidence, guidelines, care protocols and research	Recognises, understands and follows appropriate guidelines			
	Finds and interprets evidence relating to clinical questions			
	Demonstrates the use of literature, guidelines and experience in the development of clinical skills over the previous year			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate

Must be signed

Must be completed

Date form was completed

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Section 2: The foundation doctor as a safe and effective practitioner		Personally witnessed	Initials of witnessing colleague	Unable to confirm
7. Good clinical care				
Makes patient safety a priority in clinical practice	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 change to reduce risk			
Ensures correct patient identification	Ensures patient safety by positive identification of the patient at each encounter			
	Ensures correct patient identification before obtaining consent for surgery/procedures			
History and examination	Obtains accurate patient history and examination utilising all relevant sources of information			
	Performs accurate physical examination and elicits physical signs			
	Presents patient history and findings succinctly and accurately			
	Rapidly makes a focused clinical assessment in different settings and with uncooperative patients			
Diagnosis and clinical decision making	Makes appropriate differential diagnosis and formulates a management plan			
	Reviews initial diagnosis, refines problem, lists and plans appropriate strategies for investigation and management			
Undertakes regular patient review	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			
Safe prescribing	Ensures correct patient identification when prescribing			
	Prescribes medicines 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			
	Recognises and adheres to local restrictions to prescribing e.g. relating to chemotherapy and immunosuppressant agents			
	Anticipates change in medication required on admission, during stay, at discharge and in outpatients			
	Use strategies other than prescribing to manage patients' symptoms			
	Only prescribes or administers chemotherapy or immunosuppressants after completing specific training			
Verifying consultant's signature confirming details above:		← Must be signed		
Applicants name:		Date of completion:		

Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate

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		Personally witnessed	Initials of witnessing colleague	Unable to confirm
Safe use of medical devices	Demonstrates correct use of relevant medical devices and interpretation of non-invasive monitoring			
Infection control and hygiene	Demonstrates continuously high standard of practice in infection control techniques			
	Complies with local requirements for learning related to infection control			
	Complies with local requirements for immunisation against communicable disease			
Medical record keeping and correspondence	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			
Interface with different specialties and with other professionals	Makes appropriate referrals within the hospital			
	Takes part in the process of referral from primary to secondary and/or tertiary care and vice versa			
	Able to make referrals across boundaries and through networks of care			
8. Recognition and management of the acutely ill patient				
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) or equivalent and takes appropriate action			
Responds to acutely abnormal physiology	Takes appropriate timely action to treat a patient with abnormal physiology			
	Anticipates and plans appropriate action to prevent deterioration in vital signs			
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 details above:		← Must be signed		
Applicants name:		Date of completion:		

Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate

Must be completed

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		Personally witnessed	Initials of witnessing colleague	Unable to confirm	
Manages pain	Safely prescribes and administers common analgesic drugs including patient controlled analgesia			Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate	
	Anticipates and prevents pain whenever possible				
	Ensures safe prescribing, tailoring to changing requirements throughout patient's care journey				
Manages sepsis	Identifies and manages sepsis early in accordance with local protocols				
	Identifies and treats the focus of infection in accordance with sepsis resuscitation bundle e.g. http://www.survivingsepsis.org				
Manages acute mental disorder and self-harm	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					
<i>N.B. ALL applicants must submit a valid ALS certificate either at Assessment Centre or to their employer before they can begin ST/CT1 training</i>					
Resuscitation	Knows how to initiate and respond to a crash call				Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate (except for "is trained in advanced life support (ALS or equivalent)")
	Is trained in advanced life support (ALS or equivalent) <i>Not verified by this certificate</i>				
	Initiates ALS resuscitation and leads the team where necessary				
End of life care and appropriate use of Do Not Attempt Resuscitation (DNAR) orders/ advanced decisions	Understands the principles of providing high quality end of life care including the use of DNAR orders as outlined in <i>Treatment and care towards the end of life: good practice in decision making</i> (GMC, 2010)				
	Takes part in discussions regarding end of life care and DNAR orders				
	Uses the local protocol for deciding when not to resuscitate patients				
10. Patients with long-term conditions					
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 <i>Good Clinical Care: Safe Prescribing, 2008</i>)				
	Manages long-term conditions during episodes of acute care				
Verifying consultant's signature confirming details above:		← Must be signed			
Applicants name:		Date of completion:			

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Must be completed

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Date form was completed

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		Personally witnessed	Initials of witnessing colleague	Unable to confirm
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			
Nutrition	Takes a basic nutrition history and considers this in planning care			
	Ensures adequate nutrition for patients with acute illness and long-term conditions			
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			
Health promotion, patient education and public health	Explains to patients the possible effects of their lifestyle, including the effects of diet, nutrition, smoking, alcohol and drugs (separately and in combination)			
	Recognises and uses opportunities to prevent diseases and promote health			
11. Investigations				
See: http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment for commonly requested investigations	Ensures that specimens and requests for investigation have the correct patient details			
	Requests/arranges/interprets appropriate ECG, laboratory tests and other investigations to aid diagnosis			
	Ensures that test results are from the correct patient			
	Interprets basic radiographs (chest, abdomen and bones) and identifies correct and incorrect positions of nasogastric tubes			
	Maintains and improves interpretative skills across an increasing range of investigations and clinical outcomes			
12. Procedures				
See http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment for list of core procedures	Competently performs and, when sanctioned by a supervisor, teaches medical students in the required core procedures, either in the workplace or on simulated patients			
	Maintains and improves skills in the core procedures e.g. reliably able to perform venous cannulation in the majority of patients in more challenging circumstances such as during resuscitation			
Verifying consultant's signature confirming details above:		← Must be signed		
Applicants name:		Date of completion:		

Refer to guidance at top of page 3 and ensure your signatory has marked each competence as appropriate

↑
Must be completed

↑
Date form was completed

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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 the 12 months whole time equivalent since August 2013 and prior to application submission.

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. a 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:

Must be signed

Please ensure your signatory have ticked A and B and either C1 or C2. If C2 ticked then next page must also be completed

Applicants name:

Date of completion:

Must be completed

Date form was completed

HOSPITAL STAMP

If not available, please attached a signed compliment slip and give hospital name and website address

Form must have hospital stamp in box above or a compliment slip must be attached

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Your signatory must complete this page if C2 ticked on previous page

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 outcomes **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:

Must be signed

Applicants name:		Date of completion:	
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Must be completed if C2 ticked on previous page

Date form was completed – must be completed if C2 ticked on previous page

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?
 - a) Name
 - b) Professional status
 - c) Current post
 - d) Address for correspondence
 - e) Email address
 - f) 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?
 - a) Specialty and level of the post where you worked with them
 - b) Dates post held
 - c) The name of the hospital
 - d) Country
3. Have they put your name and date of completion of form at the bottom of this page?

Pages 3 to 9

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

Page 10

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 11

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 foundation competence.

SCAN, UPLOAD AND ATTACH THIS CERTIFICATE TO YOUR
APPLICATION FORM BEFORE SUBMISSION
(guidance about this can be found in the Applicant's Guide)