# PERSON SPECIFICATION 2019

## CHILD & ADOLESCENT PSYCHIATRY - ST1

### ENTRY CRITERIA

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>When is this evaluated?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications:</strong> Applicants must have:</td>
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<tr>
<td>• MBBS or equivalent medical qualification</td>
<td>Application form</td>
</tr>
<tr>
<td><strong>Eligibility:</strong> Applicants must:</td>
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</table>
| • Be eligible for full registration with, and hold a current license to practice\(^{1}\) from, the GMC at intended start date\(^{2}\)  
  • Have evidence of achievement of foundation competences, in the three and a half years preceding the advertised post start date for the round of application, via one of the following methods:  
    > Current employment in a UKFPO-affiliated foundation programme; **or**  
    > Having been awarded an FPCC (or FACP 5.2) from a UK affiliated foundation programme within the 3.5 years preceding the advertised post start date; **or**  
    > 12 months medical experience after full GMC registration (or equivalent post licensing experience), and evidence to commence specialty training in the form of a **Certificate of Readiness to Enter Specialty Training**  
  • Be eligible to work in the UK  
  • Hold current valid driving licence or provides an undertaking to provide alternative means of transport to fulfil the requirements of the whole training programme. | Application form, interview/selection centre\(^{7}\) |
| **Fitness to practise:**                                                                                 |                          |
| Is up to date and fit to practice safely and is aware of own training needs.                            | Application form, references |
| **Language skills:** Applicants must have demonstrable skills in written and spoken English, adequate to enable effective communication about medical topics with patients and colleagues, as assessed by the General Medical Council\(^{6}\) | Application form, interview/selection centre |
| **Health:** Applicants must meet professional health requirements (in line with GMC standards / Good Medical Practice). | Application form, pre-employment health screening |
| **Career progression:** Applicants must:                                                               |                          |
| • Be able to provide complete details of their employment history                                      |                          |
| • Be able to show a commitment to a career in Child and Adolescent Psychiatry                          |                          |
| • Have evidence that their career progression is consistent with their personal circumstances         |                          |
| • Have evidence that their present level of achievement and performance is commensurate with the totality of their period of training |                          |
• Applicants must have notified the Training Programme Director of the specialty training programme they are currently training in if applying to continue training in the same specialty in another region.\(^{iii}\)

• Applicants must not have previously relinquished or been released / removed from a training programme in this specialty, except if they have received an ARCP outcome 1 or under exceptional circumstances.\(^{iii}\)

• Not previously resigned, been removed from, or relinquished a post or programme with resultant failure to gain the award of a FACD5.2, except under extraordinary circumstances and on the production of evidence of satisfactory outcome from appropriate remediation\(^{x}\).

**Application completion:**
ALL sections of application form completed FULLY according to written guidelines.

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**SELECTION CRITERIA**

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>Desirable Criteria</th>
<th>When is this evaluated?</th>
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</thead>
<tbody>
<tr>
<td><strong>Qualifications</strong></td>
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<td></td>
</tr>
<tr>
<td>• As above</td>
<td>• Additional related qualifications, e.g. intercalated degree, BSc, BA, BMedSci or equivalent</td>
<td>Application form, interview/selection centre References</td>
</tr>
<tr>
<td><strong>Career Progression</strong></td>
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<tr>
<td>• As above</td>
<td>• Clinical exposure to a community-based specialty</td>
<td>Application form, interview/selection centre References</td>
</tr>
<tr>
<td><strong>Clinical skills – clinical knowledge &amp; expertise</strong></td>
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<tr>
<td>• Ability to apply sound clinical knowledge and judgement to problems</td>
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<td>Application form, interview/selection centre References</td>
</tr>
<tr>
<td>• Appropriate knowledge of core medical care, psychotherapy, psychology and neuroscience</td>
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<tr>
<td>• Capacity to prioritise clinical need</td>
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<tr>
<td>• Ability to maximise safety and minimise risk</td>
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**Academic skills**

<table>
<thead>
<tr>
<th>Research and audit skills:</th>
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<tbody>
<tr>
<td>• Demonstrates understanding of research, including awareness of ethical issues</td>
<td>• Evidence of relevant academic and research achievements, e.g. degrees, prizes, awards, distinctions, publications, presentations, other achievements</td>
</tr>
<tr>
<td>• Demonstrates understanding of the basic principles of audit, clinical risk management, evidence-based practice, patient safety, and clinical quality improvement initiatives</td>
<td>• Evidence of involvement in an audit project, a quality improvement project, formal research project</td>
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<td></td>
<td>• Understanding of service-user contribution to</td>
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- Demonstrates knowledge of evidence-informed practice
- Capacity to critically appraise research in psychiatry

**Teaching:**
- Evidence of interest in, and experience of teaching
- Evidence of feedback for teaching

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<th>Personal skills</th>
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<td><strong>Communication skills:</strong></td>
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<tr>
<td>Demonstrates clarity in written/spoken communication, and capacity to adapt language to the situation, as appropriate</td>
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<tr>
<td>Able to build rapport and engage others in open/equal dialogue, actively listen, persuade and negotiate.</td>
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<tr>
<td>Appropriate use of non-verbal communication</td>
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<tr>
<td>Demonstrates an ability to communicate with and advocate for children, young people and their families</td>
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</table>

**Judgement and Problem Solving:**
- Capacity to use logical/lateral thinking to solve problems/make decisions.
- Ability to integrate a range of information and facts to form an initial hypothesis.
- Capacity to work effectively with ambiguous and conflicting information.
- Capacity to think beyond the obvious, with an analytical/scientific, yet flexible approach.
- Capacity to take a holistic approach to problem solving, considering a range of alternatives and approaches.

**Empathy and sensitivity:**
- Capacity and motivation to take in others’ perspectives and treat others with understanding;
- Ability to see patients as people with an awareness of their needs and wishes.
- Demonstrates an understanding of the importance of acting compassionately towards patients and their families.
- Consideration and sensitivity to the importance of understanding and respecting patients’ cultural values and practices.

**Working as Part of a Team**
- Understanding of the importance of integrated clinical care.
- Ability to work effectively in multi-professional teams and across agencies.
- Capacity to work cooperatively and effectively with others.

**Communication skills:**
- Capacity to use effective interview skills
- Ability to engage the patient and motivate them to change

**Empathy and sensitivity:**
- Capacity to collect patient history with sensitivity and care
- Ability to be empathic but not become emotionally attached

**Other:**
- Evidence of achievement outside of medicine
- Evidence of altruistic behaviour, e.g. voluntary work
- Evidence of organisational skills – not necessarily in medicine, e.g. grant or bursary applications, organisation of a university club, sports section, etc.

**Leadership**
- Evidence of involvement in management, commensurate with experience.
- Evidence of effective leadership in and outside medicine.
- Demonstrates an understanding of NHS management resources.
- Willingness and desire to teach and educate others.

**Organisation and planning:**
- Recognition of the need for efficient and equitable use of resources.
- Coping with pressure and managing uncertainty:
- Interests outside of medicine to help moderate the stress of the role.
- Capacity to engender hope around recovery of patients.
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- Exchange knowledge effectively between team members.
- Understanding of the importance of each team members’ role and what can be learnt from them
- Ability to take accountability for one’s decisions
- Capacity to exchange knowledge effectively between team members
- Ability to effectively consult with other physicians and healthcare professionals.

Leadership
- Capacity to take the lead in diagnosis and prognosis
- Capacity to take responsibility for patient care appropriately
- Willingness to be held accountable when operating as part of a team
- Capacity to effectively delegate to others when appropriate
- Ability to supervise junior medical staff
- The confidence to challenge the viewpoints of others
- Capacity to build relationships and motivate team members in order to get the best out of others

Organisation and planning:
- Capacity to manage/prioritise time and information effectively
- Capacity to prioritise own workload and organise ward rounds
- Evidence of punctuality, preparation and self-discipline.
- Ability to keep effective notes/records
- Ability to use information technology to optimise patient care, continued self-learning and other activities

Vigilance and situational awareness:
- Capacity to monitor developing situations and anticipate issues.

Coping with pressure and managing uncertainty:
- Capacity to operate under pressure
- Demonstrates initiative and resilience to cope with setbacks
- Demonstrates a capacity to adapt to rapidly changing circumstances
- Is able to deliver good clinical care in the face of uncertainty.
- Capacity to adapt to rapidly changing circumstances
- Capacity to deal with ambiguity and uncertainty in clinical life and seek help when appropriate
- Ability to deal with and resolve conflict
- Ability to manage and reflect on one’s own emotions in stressful and challenging situations
- Patience to continue the long-term care plan
**Patient Centered**

- Ability to relate to the patient and take the perspective of the patient
- Capacity to fully understand the patient’s needs before forming a diagnosis
- Appreciation of taking a holistic approach to patient care
- Ability to build relationships with patients’ families
- Capacity to work in partnership with patients
- Understanding of the value of spending time with patients
- Awareness of patient safety
- Capacity to act as an advocate on behalf of the patient when required
- Consideration of the impact of clinical decisions on relationship with patient

**Values:**

- Understands, respects and demonstrates the values of the NHS Constitution (e.g., everyone counts; improving lives; commitment to quality of care; respect and dignity; working together for patients; compassion)

**Probity – professional integrity**

- Demonstrates professional integrity/probity (displays honesty, integrity, aware of confidentiality and ethical issues)
- Capacity to take responsibility for own actions and demonstrates a non-judgemental approach towards others
- Awareness of one’s own limitations

**Commitment to specialty – learning and personal development**

- Demonstrates interest and realistic insight into psychiatry and mental health
- Shows clear interest in working with children and young people and insight into the qualities needed for this.
- Shows initiative/drive/enthusiasm (self-starter, motivated, shows curiosity, initiative) for the specialty
- Interest in working closely with people and helping others
- Commitment to lifelong learning
- Commitment to personal and professional development
- Self-awareness and ability to be self-critical and self-reflective
- Evidence of proactively seeking additional experiences, opportunities and feedback
- Extracurricular activities / achievements/ interest that provide increased insight into psychiatry and working with children and young people
- Evidence of attendance at organised teaching and training programmes
- Evidence of self-reflective practice

**Application form, interview/selection centre References**
• Awareness of how academic research impacts own practice and vice versa

i 'When evaluated' is indicative but may be carried out at any time throughout the selection process.

ii The GMC introduced the license to practice in 2009. Any doctor wishing to practice in the UK after this date must be both registered with and hold a license to practice from the GMC at time of appointment.

iii 'Intended start date' refers to the date at which the post commences, not (necessarily) the time an offer is accepted. For 2018 CT1 posts this will normally be 1 August 2018, unless a different start date is specifically indicated in advance by the employing trust/LETB.

iv Any time periods specified in this person specification refer to full time equivalent.

v 'Selection centre' refers to a process, not a place. It involves a number of selection activities which may be delivered within the unit of application.

vi Applicants are advised to visit the GMC website which gives details of evidence accepted for registration.

vii The 'support for application to another region' form, signed by the Training Programme Director of their current specialty training programme confirming satisfactory progress must be submitted to the recruitment office at time of application.

viii Exceptional circumstances may be defined as a demonstrated change in circumstances, which can be shown on the ability to train at that time and may include severe personal illness or family caring responsibility incompatible with continuing to train. Applicants will only be considered if they provide a 'support for reapplication to a specialty training programme' form signed by both the Training Programme Director / Head of School and the Postgraduate Dean in the LETB / Deanery that the training took place. No other evidence will be accepted.

ix Failure to satisfactorily complete an F2 programme once started should normally be addressed by returning to complete it. Exceptional circumstances may be defined as a demonstrated change in circumstances which can be shown to impact on the ability to train at that time and may include severe personal illness or family caring responsibility incompatible with continuing to train as a F2 doctor, either through sickness absence, as a LTFT trainee or in a period out of programme.

x Non-training non-EU posts, or UK/EU posts such as e.g. staff grade, associate specialist, locum consultant, specialty doctor, locum appointment for service (LAS), Trust SHO, not prospectively approved by the competent authority (STADA/METB/GMC in UK), do not count towards the award of the Certificate of Completion of Training (CCT). Doctors who have spent time in such posts will be eligible for appointment to the specialty training programme leading to the award of the Certificate of Eligibility for Specialist Registration via a combined programme of non-training and training posts (CESR CP).

Any time periods specified in this person specification refer to full time equivalent.