# ENTRY CRITERIA

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>When is this evaluated?</th>
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<tbody>
<tr>
<td><strong>Qualifications:</strong></td>
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<tr>
<td>Applicants must have:</td>
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<tr>
<td>• MBBS or equivalent medical qualification</td>
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<tr>
<td>• MRCPsych examination by start date</td>
<td>Application form</td>
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<tr>
<td><strong>Eligibility:</strong></td>
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<tr>
<td>Applicants must:</td>
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<tr>
<td>• Be eligible for full registration with, and hold a current licence to practise from the GMC at intended start date²</td>
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<tr>
<td>• Have evidence of achievement of foundation competences from a UKFPO-affiliated foundation programme or equivalent, in line with GMC standards / Good Medical Practice; including:</td>
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<tr>
<td>➢ make the care of your patient your first concern</td>
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<tr>
<td>➢ provide a good standard of practice and care</td>
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<td>➢ take prompt action if you think that patient safety, dignity or comfort is being compromised</td>
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<td>➢ protect and promote the health of patients and of the public</td>
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<td>➢ treat patients as individuals and respect their dignity</td>
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<td>➢ work in partnership with patients</td>
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<td>➢ work with colleagues in the ways that best serve patients’ interests</td>
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<tr>
<td>➢ be honest and open and act with integrity</td>
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<td>➢ never discriminate unfairly against patients or colleagues</td>
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<td>➢ never abuse your patients’ trust in you or the public’s trust in the profession.</td>
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<tr>
<td>• Evidence of achievement of CT/ST1 and CT/ST2 competences in psychiatry at time of application</td>
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<tr>
<td>• Evidence of achievement of CT/ST3 competences in psychiatry by time of application or confirmation that these will be achieved by time of appointment</td>
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All competences must be as defined by the Royal College of Psychiatrists’ curriculum relating to core psychiatric training.

Acceptable evidence includes ARCP certificates or Certificate C (equivalent core competence form)⁴, certification demonstrating that the applicant has attained and maintained core competences, including psychotherapy, as set out in all 19 ILOs in the 2013 core psychiatry curriculum.

• Applicants without all the necessary evidence at the time of application must submit a written statement from their educational supervisor or tutor stating that all these competences will be achieved by the time of appointment. This includes applicants from Core Psychiatry Training who are expecting an outcome 1 from their end of CT3 ARCP. **This written statement supplements the requirements to provide Form C, appropriate ARCP evidence etc.**

• Hold a current and in date valid driving licence or provides an undertaking to provide alternative means of transport when providing emergency and domiciliary care to fulfil the requirements of the whole training programme

• Be eligible to work in the UK

**Fitness to practise:**

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<th>Application form</th>
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Application form, interview/selection centre³
Is up to date and fit to practise safely and is aware of own training needs. | 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.

**References**
Application form, pre-employment health screening

**Health:**
Applicants must meet professional health requirements (in line with GMC standards / Good Medical Practice).

**References**
Application form, pre-employment health screening

**Career progression:**
Applicants must:
- Be able to provide complete details of their employment history
- 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
- At least 36 months' whole time experience in psychiatry (not including foundation modules) by intended start date; or
- Training completed in a UK Broad Based Training programme with a further two years in CT2 and CT3 core psychiatry training; or
- 24 months’ experience in psychiatry (not including foundation modules) plus competence gained from up to 12 months’ training in core medical training, paediatrics or general practice. You must be able to demonstrate that this competence has been transferred, under the Accreditation of Transferable Competences Framework (see [http://www.aomrc.org.uk/publications/reports-guidance/accreditation-of-transferable-competences-0914/](http://www.aomrc.org.uk/publications/reports-guidance/accreditation-of-transferable-competences-0914/)). ARCP outcomes or a letter of support from the relevant training programme(s) will be accepted as evidence.
- 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.
- Applicants must not have previously relinquished or been released / removed from a training programme in this specialty or associated core training programme, except if they have received an ARCP outcome 1 (outcome 6 for associated core training) or under exceptional circumstances.
- Not already hold, nor be eligible to hold, a CCT/CESR in the specialty, or one of the dual specialties they are applying for and/or must not currently be eligible for the specialist register for the specialty to which they are applying
- **For those wishing to be considered for Locum Appointment for Training posts (where available):** no more than 24 months experience in LAT posts in the specialty by intended start date

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

**Application form**

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**SELECTION CRITERIA**

[Logo of Northern Ireland Medical and Dental Training Agency, NHS Education for Scotland, GIG CYMRU, NHS Wales, Addysg a Gwelwch Iechyd Cymru (AaGIC), Health Education and Improvement Wales (HEIW), and NHS England]
<table>
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<tr>
<th>Essential Criteria</th>
<th>Desirable Criteria</th>
<th>When is this evaluated?</th>
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<tbody>
<tr>
<td><strong>Qualifications</strong></td>
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<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>
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<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>
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<td>• Ability to prioritise clinical need</td>
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<td>• Ability to maximise safety and minimise risk</td>
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<td>• Demonstrates appropriate knowledge base and sound clinical judgement</td>
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<td>• Demonstrates ability in basic skills of history taking, examination (mental and physical) and synthesis of findings</td>
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<td>• Demonstrates basic psychotherapeutic skills</td>
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<td><strong>Academic Skills</strong></td>
<td><strong>Research and audit skills:</strong></td>
<td><strong>Research and audit skills:</strong></td>
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<tr>
<td>Research and audit skills:</td>
<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>
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<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>
<td>• Understanding of service-user contribution to and perspective of, audit and research</td>
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<tr>
<td>• Demonstrates knowledge of evidence-informed practice</td>
<td>Teaching:</td>
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<tr>
<td>• Capacity to critically appraise research in psychiatry</td>
<td>• Evidence of interest in, and experience of, teaching</td>
<td>• Evidence of feedback for teaching</td>
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<tr>
<td><strong>Personal Skills</strong></td>
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**Communication skills:**
- Demonstrates clarity in written/spoken communication, and capacity to adapt language to the situation, as appropriate
- Able to build rapport and engage others in open/equal dialogue, actively listen, persuade and negotiate.
- Appropriate use of non-verbal communication

**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.
- 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.

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

**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

**Other:**
- Evidence of achievement outside 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.
• 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.
• Capacity to assess and provide immediate care for acute clinical situations (including deliberate self-harm, acute psychosis and acute organic brain syndromes) with a level of independence

Coping with pressure and managing uncertainty:
• Ability to be flexible and 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, and seek help when appropriate
• 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 of the patient whatever the severity or prognosis of the condition

Patient Centred
- 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 (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 ethical dilemmas, respects confidentiality)
- 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 & Personal Development**

- Demonstrates interest and realistic insight into psychiatry and mental health
- 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
- Awareness of how academic research impacts own practice and vice versa
- Evidence of attendance at organised teaching and training programme(s)
- Evidence of self-reflective practice

- Extracurricular activities / achievements/ interest and realistic insight relevant to psychiatry

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*Northern Ireland*  
Medical & Dental Training Agency  
NHS Scotland  
GIG CYMRU NHG Wales  
Health Education and Improvement Wales (HERW)  
Health Education England
‘When is this evaluated’ is indicative but may be carried out at any time throughout the selection process.

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

‘Intended start date’ refers to the date at which the post commences, not (necessarily) the time an offer is accepted.

Certificate C, the equivalent core competence form, is a document designed by the Royal College of Psychiatrists, which lists the necessary core competences required for progression to ST4, as defined in the CT curriculum: accessible via https://www.rcpsych.ac.uk/training/curricula-and-guidance/gmc-approved-curriculum-modules. Certificate C can be downloaded from the National Psychiatry Recruitment section of Health Education North West - North Western’s website at: https://www.nwpgmd.nhs.uk/st4_psy_train_rec_overview

‘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.

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

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

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.

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.