

# Evidence of Foundation Competence

## Signatories Guide

### Introduction

The national person specification for entry to all United Kingdom first year specialty training programmes requires applicants to provide evidence of achievement of Foundation Competence within the last 3.5 years (i.e. since January 2015) in line with GMC standards/Good Medical Practice, including:

- Good clinical care
- Maintaining good medical practice
- Good relationships and communication with patients
- Good working relationships with colleagues
- Good teaching and training
- Professional behaviour and probity
- Delivery of good acute clinical care

All applicants to specialty training at CT1/ST1 level must demonstrate all the outcomes described by the Foundation Curriculum, without exception, using the prescribed evidence as outlined below.

We are aware that you are making a judgement about your colleague that could have major implications for both them and the public, and we appreciate the time you are taking to perform this task accurately.

### What is the Foundation Curriculum?

In the UK, doctors undertake a 2 year Foundation Programme once they have obtained their medical degree. After the first year of this training they register with the General Medical Council.

During the 2 year Foundation Programme they follow a curriculum that is defined at: <http://www.foundationprogramme.nhs.uk/curriculum/>

Doctors are assessed during this programme against a list of outcomes, and only if they have demonstrated them all are they awarded a certificate of completion (known as an FPCC).

### Why do they need to demonstrate that they have Foundation Competence?

The possession of all Foundation Professional Capabilities is an essential criterion on all CT1/ST1 person specifications because they are needed to help successful applicants cope with, and progress through the clinical experience that forms part of their specialty training. They are key attributes that ensure patient safety – in particular those relating to the recognition and management of the acutely ill patient, resuscitation and end of life care.

United Kingdom CT1/ST1 posts are not configured to assess whether each new entrant possesses these professional capabilities – a process which would take several weeks. Instead they have to assume their new starters possess them. This is true even of posts not directly involving acute medical care: often the only person on such units with recent experience of resuscitating a patient is the CT1/ST1 trainee. It is also crucial that the submitted evidence is current. It is not sufficient

to have achieved each professional capability once. Professional capabilities must be achieved, maintained and demonstrated if our patients are going to be safe in our hands.

You do not need to have witnessed all professional capabilities in the last 3.5 years, however, the applicant must have worked with you in the last 3.5 years and you need to have evidence that they have maintained any professional capabilities that you have not witnessed recently.

### **What evidence can be used to demonstrate that they have achieved Foundation Professional Capabilities if they have not been on such a programme?**

Applicants who have not undertaken a UK Foundation Programme within the last 3.5 years will be asked to submit an Alternative Certificate of Foundation Competence signed by a consultant who has supervised them for at least 3 continuous months in the 3.5 years before their training starts (i.e. no earlier than 1 January 2015). This certificate attests to their achievement of the foundation professional capabilities. For the purposes of this documentation, consultant includes General Practitioners, Clinical Directors, Medical Superintendents, Academic Professors and anyone on the specialist register.

Applicants can submit more than one Alternative Certificate from different posts in order to show evidence of all outcomes but all certificates must relate to posts undertaken for at least 3 continuous months (whole time equivalent) in the 3.5 years preceding the start of training. This may be required by applicants who have undertaken one of their posts in a non acute setting. Where you have not witnessed an applicant demonstrating any of the outcomes in the preceding 3.5 years, you need to have evidence that they have maintained these outcomes.

### **Is the 3 months post during which they demonstrate the Foundation Professional Capabilities all they have to do post registration?**

No. The CT1/ST1 person specifications state that applicants need to have had 12 months experience after full GMC registration **and** evidence of achievement of foundation competence.

### **What are likely to be deemed appropriate posts for doctors working outside the UK?**

- 12 months satisfactory completion of either a pre-registration internship<sup>1</sup> or Foundation Year 1 post **and** 12 months full time satisfactory completion in posts approved for the purposes of medical education by the relevant authority; **or**
- 12 months satisfactory completion of either a pre-registration internship or Foundation Year 1 post **and** 12 months full time experience at a publicly funded hospital in at least two specialties with acute medical responsibilities; **or**
- 12 months satisfactory completion of either a pre-registration internship or Foundation Year 1 post **and** a 12 month full time Foundation Year 2 post

### **Do I have to have witnessed the applicant demonstrate all the outcomes?**

No. The signatory does not have to personally witness the demonstration of every outcome. Instead you **must** be in a position to judge whether the evidence that you have seen or had

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<sup>1</sup> An internship is a period of pre-graduate or postgraduate clinical experience that provides an accepted foundation for future practice as a fully registered and licensed medical practitioner. Internships must be either a 12 month programme that includes a minimum of 3 months in surgery and 3 months in medicine **or** a programme of at least 10 months duration that includes a minimum of 3 months in surgery and 3 months in medicine with an additional study period of up to 2 months **or** the equivalent of 12 months full time post-qualification at a publicly funded hospital in at least two branches of medicine

presented to you demonstrates competence, and you **must** have worked with the applicant for 3 continuous months. The recruiting organisations have no discretion in this regard.

### **What type of post will count?**

The post the certificate refers to **must**:

- Be of at least 3 continuous months in duration (whole time equivalent)
- Have been completed (i.e. the 3 continuous months) by the time of the application submission deadline
- Have been undertaken within the 3.5 years before commencement of the post for which the applicant is applying

Clinical attachments/unpaid work **do not** count as experience.

### **Does the applicant need to demonstrate every professional capability?**

Yes. Applicants must be demonstrated as competent for **each and every professional capability** listed on the certificate. If they cannot demonstrate that they have achieved all of these in one post, they may submit additional Alternative Certificates to demonstrate the full set. If they cannot demonstrate each and every professional capability, they will not be eligible for specialty training at CT1/ST1 level. **There are no exceptions to this rule.**

### **What do I do if I have not witnessed the applicant demonstrating all the professional capabilities?**

You need to make sure that the applicant presents you with evidence **from a source that you know to be reliable** that they actually possess those professional capabilities. On the certificate you will be asked to sign a declaration that you have observed demonstration of all of the professional capabilities **or** that you have received alternative evidence of demonstration where you have not directly observed the demonstration. The source of the alternative evidence should be listed on the certificate.

This means that although you have worked with the applicant for 3 months, the evidence on which you are relying does not have to come from a post of that length, and you do not have to personally witness the applicant demonstrating all of the professional capabilities.

### **I am not a clinician. Does that matter?**

No. You are tasked with knowing the applicant and their work; and with evaluating the evidence provided to you by a clinician. You are also asked to name those whose evidence you are relying on. The rationale here is that you are in a much better position to assess the worth of the evidence provided to you by someone locally than a distant recruiter. The recruiter has the duty to verify that evidence, so may contact the individuals named.

### **What happens if I sign the certificate without such evidence?**

If at any stage investigation shows that the certificate has been fraudulently signed (by you or by the applicant), then referral of yourself and/or the applicant to the relevant Responsible Officer or the GMC (or equivalent) will be considered, as will the instant dismissal of the applicant.

**The applicant has had limited opportunities to demonstrate competence. What should they do?**

If they have limited opportunities to demonstrate some of the professional capabilities (e.g. if they are undertaking PhDs or are on active service in non-acute specialties) they should arrange to undertake keeping in touch days, locums etc. (but not pure clinical attachments where they only have observer status). This will provide evidence for you, the signatory to evaluate.

Alternatively, where you have not observed demonstration of one of the professional capabilities in the last 3.5 years, you can sign off the applicant, as long as you have evidence that they have maintained the required skill level in this.

**I am not registered with the GMC. Does this matter?**

Not necessarily. The applicant will be asked to provide us with adequate evidence of your standing with a regulatory authority. If there is any doubt, enquiries will be made with that authority. The default position is that where your status cannot be verified, the applicant does not progress.