

# Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

## ***Instructions to applicants:***

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE CANDIDATE

This certificate is required by candidates applying for **medical CT3/ST3 posts** that require capabilities that are equivalent to those achieved in core medical training (CMT) or successful completion of the first two years of IMT training, as outlined in the IMT ARCP decision aid. It is **NOT** required by candidates meeting the following criteria:

- Are currently in the penultimate year of a JRCPTB-accredited IMT or ACCS Internal Medicine (ACCS-IM) programme and on track to gain a satisfactory ARCP outcome by the advertised post start date.
- Have completed one of the above programmes to the required level where 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, e.g. you are a refugee, you will be required to submit the fully completed certificate with your ST3 application, so it is advised that you prepare your documents in advance.
- This certificate can only be signed by consultant in a physicianly specialty (specialties can be found at: <http://www.jrcptb.org.uk/specialties>) or a consultant in an alternative specialty, e.g. 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 they have worked with you for a minimum continuous period of three months whole time equivalent within the 3½ years prior to the advertised start date; certificates must have been signed subsequent to this date.
- The three months should be wholly within the time limit, is whole-time equivalent and could be spread out over a period much longer than this; for example, if you are doing research but have been undertaking clinics during this time to maintain your clinical skills, the three months may be spread over the three year period.
- If your signatory is registered with any medical regulatory authority other than the GMC, then you should also make sure they submit current evidence of their registration with that authority. A certified translation should be included if this is not in English. Historic registration with the GMC will not be accepted. The signatory must have worked within the NHS within five years of the date the certificate is signed, and have an accurate knowledge of the IMT stage 1 curriculum. Failure to provide this will result in you, the applicant, being rejected.
  - The only exception to the requirement to have worked in the NHS in the last 5 years relates to consultants supervising the applicant whilst working in the Republic of Ireland, who may sign this alternative certificate provided that they are familiar with the UK IMT curriculum
- You should not use a signatory with whom you have a close personal relationship.
- You must have all capabilities and 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 professional capabilities in one post, you may submit additional evidence to the signatory who, if they agree that it demonstrates capability/competence may accept it in lieu of direct observation. If you cannot demonstrate every professional capability, you will not be eligible for specialty training at ST3 level.
- Capabilities can be signed off by supervisors based on: their own observation, confirmation from another supervisor, viewing an applicant's portfolio.
- You do not need to have demonstrated all capabilities or competences within the time period in which you must have worked with the signatory, but whoever is signing the form needs to be satisfied that there is no reason why these are in doubt and that they believe you are sufficiently able to progress to ST3.

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

- 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.
- If preferred, the form can be completed electronically, with the exception of any signatures, which must be completed by hand.
- You must then scan, upload and attach it (as one single document) to your application form before submission.
- 2024 and 2025 are the only versions of the certificate which will be accepted for the 2025 recruitment year; alternative certificates for physician training prior to the 2024 version will not be accepted.
- It is expected that the 2025 version of this certificate will be accepted in subsequent recruitment years, although this cannot be confirmed. Confirmation of which versions of the certificate are permitted will be included on the update of the certificate each year; please check the PHST Recruitment website to ensure you are using an accepted version for the round to which you are applying.

***Please note that it is a matter of professional probity for both applicant AND consultant signatory to complete this form accurately and honestly. Any false declaration in this form will result in any offer of a training post being withdrawn and consideration being given to you and/or your consultant signatory being referred to the GMC or other appropriate regulator.***

<b>Applicant Name</b>			
<b>Applicant GMC No</b>			
<b>Posts:</b> Please complete the table below to document the posts in which you worked with your certificate's signatory(ies).			
<b>Role/Job Title</b>	<b>Employer Name</b>	<b>Post Start Date</b>	<b>Post End Date</b>
<b>Applicant declaration</b>	I confirm that I have attained all of the professional capabilities 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 and a half years prior to the advertised post start date for which I am applying.		
<b>Applicant declaration</b>	I can confirm I follow the guidance in Good Medical Practice (or equivalent) relating to prescribing for self, friends or family		
<b>Applicant declaration</b>	I confirm that I am not related to, or in a relationship with the signatory of this form		
<b>Applicant Signature</b>			

# Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>About the candidate's demonstrable capabilities:</b>				
Please complete one of the three boxes on the right-hand side for ALL competences as follows:		Personally witnessed	Evidence received*	Unable to confirm
<ul style="list-style-type: none"> <li>Tick the box for those capabilities you have personally witnessed and those which you are unable to confirm</li> <li>Enter the initials of your colleague in the corresponding column where you are signing off a capability you have not personally witnessed. If this is via reviewing a portfolio, please initial it with 'PF'.</li> </ul>				
<b>Section 1: Professional behaviour and trust</b>				
[*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]				
<b>1.0 Demonstrates all Generic Capabilities in Practice (CiPs) as outlined in IMT stage 1 curriculum</b>	1 Able to successfully function within NHS organisational and management systems			
	2 Able to deal with ethical and legal issues related to UK clinical practice			
	3 Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement			
	4 Is focussed on patient safety and delivers effective quality improvement in patient care			
	5 Carrying out research and managing data appropriately			
	6 Acting as a clinical teacher and clinical supervisor			
The CiPs shown above may be demonstrated by a review of the trainee's portfolio. This review must specifically include the comments from multiple consultant reports, the educational supervisor reports, MSFs, workplace-based assessments and quality improvement projects while considering the following categories:				
<b>1.1 Professional behaviour</b>	Acts in accordance with GMC guidance (or equivalent) in all interactions with patients, relatives/carers and colleagues; acts as a role model for other healthcare workers; acts as a responsible employee; AND complies with local and national requirements e.g. completing mandatory training, engaging in appraisal and assessment.			
<b>1.2 Personal organisation</b>	Attends on time for all duties, clinical commitments and teaching sessions; supervises, supports and organises others to ensure appropriate prioritisation, timely delivery of care and completion of work, including handover of care; AND delegates or seeks assistance when required to ensure that all tasks are completed			
<b>1.3 Personal responsibility</b>	Takes personal responsibility for clinical decisions, is able to justify actions, accepts responsibility for any personal errors and takes suitable action e.g.: seeking senior advice, apologising, making appropriate records and notifications			
<b>1.4 Patient centred care</b>	Considers the patient as a whole, respecting their personal circumstances, dignity, autonomy, individual healthcare decisions, and right to privacy; works with patients and colleagues to develop individual care plans; respects patients' right to refuse treatment and/or to decline involvement in research projects			
<b>1.5 Trust</b>	Acts with empathy, honesty and sensitivity in a non-confrontational manner; discusses management options with patients; responds to patient's ideas, concerns and expectations; encourages patients to make informed decisions; AND recognises patients' expertise and helps them to acquire knowledge of their condition			
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Section 1 continued: Professional behaviour and trust</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>1.6 Consent</b>	Obtains valid consent for procedures by giving each patient the information they want and need in a way they can understand; demonstrates understanding of the principle of involving children in the decision-making process when they are able to understand and consider the options			
<b>1.7 Ethical and legal requirements</b>	Practises in accordance with guidance from the GMC or equivalent, relevant legislation and national and local guidelines; demonstrates understanding of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care; AND completes statutory documentation correctly e.g. death certificates			
<b>1.8 Confidentiality</b>	Describes and applies the principles of confidentiality in accordance with GMC guidance or equivalent and local information governance standards; follows GMC (or equivalent) guidance on the use of social media; AND describes when confidential information may be shared with appropriate third parties e.g. police			
<b>1.9 Mental capacity</b>	Performs mental state examination and assessment of cognition and capacity where appropriate; demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients; AND demonstrates understanding that treatment may be provided against a patient's expressed wishes in certain defined circumstances			
<b>1.10 Protection of vulnerable groups</b>	Demonstrates understanding of the principles of safeguarding children and vulnerable adults; AND manages situations where safeguarding concerns may exist			
<b>1.11 Self-directed learning</b>	Acts to keep abreast of educational / training requirements; demonstrates change and improvement in practice as a result of reflection on personal experience and feedback; AND identifies and addresses own learning needs			
<b>1.12 Teaching and assessment</b>	Demonstrates improvement in teaching skills as a result of seeking, accepting and reflecting on feedback from learners and supervisors; AND provides constructive feedback to other health professionals			
<b>Section 2: Communication, team-working and leadership</b>				
<b>2.1 Communication with patients, relatives + carers</b>	Introduces themselves to patient/carer/relative stating name and role; communicates clearly, politely, considerately, with understanding and empathy; ensures sufficient time and appropriate environment for communication; provides the necessary / desired information; AND communicates complex information clearly			
<b>2.2 Communication with patients</b>	Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition; AND responds to patients' queries or concerns			
<b>2.3 Communication in challenging circumstances</b>	Uses appropriate styles of communication; breaks bad news compassionately and supportively; AND manages three-way consultations e.g. with an interpreter, using sign language, or with a child patient and their family/carers			
<b>2.4 Complaints</b>	Acts to prevent/mitigate and minimise distress in situations which might lead to complaint or dissatisfaction; AND deals appropriately with angry/distressed/dissatisfied patients/carers and seeks assistance as appropriate			
<b>2.5 Patient Records</b>	Maintains accurate, legible and contemporaneous patient records AND ensures that entries are signed and dated			
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Section 2 continued: Communication, team-working and leadership</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>2.6 Working with other healthcare professionals</b>	Works effectively within the wider healthcare team for the benefit of patient care; makes clear, concise and timely written and oral referrals to other healthcare professionals; AND produces timely, legible discharge summaries or outpatient letters that identify principle diagnoses, key treatments/interventions, medication and follow-up arrangements			
<b>2.7 Continuity of care</b>	Allocates and prioritises tasks during handover; anticipates and identifies problems for the next clinical team/shift; AND takes pre-emptive action where required			
<b>2.8 Interaction with colleagues</b>	Demonstrates initiative e.g. by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical team			
<b>2.9 Leadership</b>	Knows the organisational structures and chains of responsibility and principles of line management in medical and non-medical staff; demonstrates extended leadership role within the team by making decisions and taking responsibility for managing complex situations across a range of clinical and non-clinical situations; AND supervises and supports team members, delegating tasks appropriately, directing patient review, organising handover			
<b>Section 3: Clinical care</b>				
<b>3.0 Demonstrates all Clinical Capabilities in Practice as outlined in IMT stage 1 curriculum</b>	Managing an acute unselected take including performing without immediate on-site supervision and management of a junior medical team to IMT level 3			
	Managing the acute care of patients within a medical specialty service to IMT level 2			
	Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment to IMT level 3			
	Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions to IMT level 2			
	Managing medical problems in patients in other specialties and special cases to IMT level 2			
	Managing a multi-disciplinary team including effective discharge planning to IMT level 2			
	Delivering effective resuscitation and managing the acutely deteriorating patient to IMT level 3			
	Managing end of life and applying palliative care skills to IMT level 2			
These CiPs may be demonstrated by a review of the trainee's portfolio specifically including the comments from multiple consultant reports, the educational supervisor reports, MSFs, and workplace based assessments while considering the following categories				
<b>3.1 Recognition of acute illness</b>	Responds promptly to notification of deterioration or concern regarding a patient's condition; prioritises tasks according to clinical urgency AND reviews / reassesses patients in a timely manner			
<b>3.2 Assessment of the acutely unwell patient</b>	Performs rapid, focused assessment of illness severity including physiological monitoring and considering mental health aspects; AND performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence			
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Section 3 continued: Clinical care</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.3 Immediate management of the acutely unwell patient</b>	Initiates prompt appropriate management to stabilise/prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management; identifies electrolyte imbalance and, with senior advice, delivers a safe and effective method of correction; AND recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management			
<b>3.4 Managing of long-term conditions in the acutely unwell patient</b>	Performs primary review of new referrals within the hospital or outpatient clinic; cares for patients with long-term diseases during their in-patient stay, as outpatients or in the community; reviews long-term drug regimens and, with senior advice, considers modifying dosage, timing and treatment assesses; AND manages the impact of long-term mental disorder on the presentation and course of acute physical illness, and vice versa			
<b>3.5 The frail patient</b>	Formulates individual patient management plans based on assessment of frailty as well as clinical need; prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics; performs a comprehensive geriatric assessment including consideration of dementia or delirium; describes the impact of activities of daily living on long-term conditions; AND provides information / discusses these with the patients and carers			
<b>3.6 Supports patients with long term conditions</b>	Encourages and assists patients to make realistic decisions about their care and helps them to construct and review advance/long-term care plans; AND arranges appropriate assessment for specialist rehabilitation, care home placement and respite care			
<b>3.6 Nutrition</b>	Works with other healthcare professionals to address nutritional needs and communicate these during care planning; recognises eating disorders, seeks senior input and refers to local specialist service; AND formulates a plan for investigation and management of weight loss or weight gain			
<b>3.7 History</b>	Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances			
<b>3.8 Physical and mental state examination</b>	Performs competent physical and mental state examination in a timely manner; uses a chaperone, where appropriate; AND performs focused physical/mental state examination in time limited environments e.g. outpatients, general practice or emergency department			
<b>3.9 Diagnosis</b>	Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations; AND takes account of probabilities in ranking differential diagnoses			
<b>3.10 Clinical management</b>	Refines problem lists and management plans; AND develops appropriate strategies for further investigation and management			
<b>3.11 Clinical review</b>	Undertakes regular reviews, amends differential diagnosis and expedites patient investigation and management in light of developing symptoms and in response to therapeutic interventions; AND reprioritises problems and refines strategies for investigation and management			
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Section 3 continued: Clinical care</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.12 Discharge planning</b>	Anticipates clinical evolution and starts planning discharge and ongoing care from the time of admission; liaises and communicates with the patient, family and carers and supporting teams to arrange appropriate follow up; recognises and records when patients are medically, including mentally, fit for discharge; AND prescribes discharge or outpatient medication in a timely fashion			
<b>3.13 Investigations</b>	Ensures correct identification of patients when collecting and labelling samples, reviewing results and planning consequent management; explains to patients the risks, possible outcomes and implications of investigation results; AND obtains informed consent			
<b>3.14 Interpreting investigations</b>	Seeks, interprets, records and relays/acts on results of complex investigations, e.g. ECG, laboratory tests, basic radiographs and other investigations; AND explains these effectively to patients			
<b>3.15 Correct prescription</b>	Prescribes medicines correctly, accurately and unambiguously in accordance with GMC or other guidance using correct documentation to ensure patients receive the correct drug via the correct route at the correct frequency at the correct time; demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy; performs dosage calculations accurately and verifies that the dose calculated is of the right order; prescribes controlled drugs using appropriate legal framework <i>or</i> describes the management and prescribing of controlled drugs in the community; AND describes the importance of security issues in respect of prescriptions			
<b>3.16 Prescribing for relatives</b>	Follows the guidance in Good Medical Practice (or equivalent) relating to prescribing for self, friends or family			
<b>3.17 Clinically effective prescription</b>	Prescribes and administers for common important indications including medicines required urgently in the management of medical emergencies; can assess the need for fluid replacement therapy and choose and prescribe appropriate intravenous fluids and calculate the correct volume and flow rates <i>or</i> can describe how to do so; AND can prescribe and administer blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products <i>or</i> can describe how to do so			
<b>3.18 Discussion of medication with patients</b>	Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions; AND obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions			
<b>3.19 Guidance on prescription</b>	Prescribes using support, including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber			
<b>3.20 Prescribing antimicrobials</b>	Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance			
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Section 3 continued: Clinical care</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.21 Review of prescriptions</b>	Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring; recognises and initiates action for common adverse effects of drugs; AND communicates these to patients, including potential effects on work and driving			
<b>3.22 Performs procedures safely</b>	Competently performs the core procedures, to the level indicated in the IMT decision aid for IMY2 ( <a href="https://www.jrcptb.org.uk/sites/default/files/IMT%20ARCP%20Decision%20Aid%202019.pdf">https://www.jrcptb.org.uk/sites/default/files/IMT%20ARCP%20Decision%20Aid%202019.pdf</a> ) and knows the indications and contraindications of each procedure; AND performs some more complex procedures / in more challenging circumstances			
<b>3.23 Cardiac and respiratory arrest</b>	Trained to perform immediate adult life support comprising cardiopulmonary resuscitation, simple airway management and safe defibrillation or basic paediatric life support and to adapt resuscitation when appropriate; demonstrates the performance of advanced life support including cardiopulmonary resuscitation, manual defibrillation and management of life-threatening arrhythmias; AND is able to lead the resuscitation team where necessary			
<b>3.24 “Do not resuscitate” orders</b>	Able to discuss decisions not to resuscitate with the multidisciplinary team, the patient, long term carers (both medical and non-medical) and relatives and then records the outcome of that discussion			
<b>3.25 Understands the principles of health promotion</b>	Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse; AND advises on preventative measures with reference to local and national guidelines			
<b>3.26 End of Life Care</b>	Recognises that palliative care requires attention to physical, psychological, emotional, social and spiritual aspects of the patient’s experience, and those close to them; helps patient to access this if required; participates in discussions regarding personalised care planning including symptom management and advance care plans with patients, family and carers; AND discusses the patients’ needs and preferences regarding care in the last days of life, including preferred place of care and death, treatment escalation plans, do not attempt cardiopulmonary resuscitation (DNACPR) decisions			
<b>3.27 Care after death</b>	Confirms death by conducting appropriate physical examination, documenting findings in the patient record; follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death; demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal or equivalent; discusses the benefits of post mortem examination AND explains the process to relatives/carers			
<b>Verifying consultant’s signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

Section 3 continued: Clinical care [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.28 Infection control</b>	Demonstrates consistently high standard of practice in infection control techniques in patient contact and treatment including hand hygiene and use of personal protective equipment (PPE); demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste; requests screening for any disorder which could put other patients or staff at risk by cross contamination, e.g. Clostridium difficile; informs the competent authority of notifiable diseases; challenges and corrects poor practice in others who are not observing best practice in infection control; recognises the need for immunisations and ensures own are up to date in accordance with local/national policy; AND recognises the risks to patients from transmission of blood-borne infection			
Section 4: Safety and Quality [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>4.1 Personal competence</b>	Recognises and works within limits of competency; calls for senior help and advice in a timely manner and communicates concerns/expected response clearly; uses clinical guidelines and protocols, care pathways and bundles; AND takes part in activities to maintain and develop competence e.g. seeking opportunities to do structured learning and attending simulation training; demonstrates evidence of reflection on practice and how this has led to personal development			
<b>4.2 Patient safety</b>	Delivers healthcare within clinical governance frameworks under senior/consultant direction; discusses the limitations of clinical pathways and seeks advice regarding deviating from these in certain individual patient circumstances; AND undertakes appropriate pre-theatre/procedure checks including World Health Organisations (WHO) safe surgery checklist; describes the mechanisms to report critical incidents/near misses, device related adverse events and adverse drug reactions			
<b>4.3 Causes of impaired performance, error or suboptimal patient care</b>	Can describe the risks to patients if personal performance is compromised, why health problems of the practitioner must not compromise patient care or expose colleagues or patients to harm, the need to report personal health problems in a timely manner and an awareness of the support services available; seeks support appropriately (e.g. GP, occupational health, support services) regarding health or emotional concerns that might impact personal performance; describes the role of human factors in medical errors and takes steps to minimise these; AND describes ways of identifying poor performance in colleagues and how to support them			
<b>4.4 Patient identification</b>	Ensures patient safety by positive identification of the patient at each encounter, in case notes, when prescribing/administering drugs and before consent for surgery/procedures; uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance; AND crosschecks identification immediately before procedures/administration of blood products/IV drugs			
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Section 4: Safety and quality</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 12 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>4.5 Usage of technology</b>	Demonstrates ability to operate common medical devices and interpret non-invasive monitoring correctly and safely after appropriate training; accesses and uses IT systems including local computing systems appropriately; AND demonstrates good information governance in use of electronic records			
<b>4.6 Quality Improvement</b>	Contributes significantly to at least one patient safety quality improvement project, including data collection, analysis and/or presentation of findings and implementation of recommendations; AND makes quality improvement link to learning/professional development			
<b>4.7 Healthcare resource management</b>	Demonstrates understanding of the organisational structure of the healthcare and their role in the wider health and social care landscape; recognises the resource implications of personal actions; AND minimises unnecessary or wasteful use of resources e.g. repeat investigations, delayed discharge			
<b>4.8 Clinical experience</b>	It is believed that certain clinical experiences will be required to enable acquisition of defined capabilities found in the IMT curriculum to the level expected in IMY2. There should be evidence of the following in the trainee's portfolio:			
	1. Acute take medicine (at least 200 patients seen)			
	2. Medical outpatient work			
	3. Medical in-patient work			
<b>Section 5:</b> In addition, I confirm that I have personally reviewed the applicant's portfolio and it contains evidence of the below (all must be initialled for the form to be valid):				<b>Initials</b>
<b>5.1 A minimum of 200 acute medical consultations</b>				
<b>5.2 A JRCPTB approved multiple consultant report from at least 4 consultants</b>				
<b>5.3 A minimum of a multisource feedback with 12 responders with satisfactory reports</b>				
<b>5.4 A completed quality improvement project</b>				
<b>5.5 Curricular based completed learning outcomes to fulfil IMT defined capabilities to IMY2</b>				
<b>5.6 Educational supervisor reports that explicitly ascertain that the trainee has achieved all of the clinical CiPs identified within the IMT curriculum to the appropriate level of IMY2 with specific reference to clinical CiP 1</b>				
<b>Verifying consultant's signature confirming details above:</b>				
<b>Applicants name:</b>		<b>Date of completion:</b>		

**\*\*\*\*Please make sure that you now sign the declaration on the next page\*\*\*\***

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

<b>Declaration by person signing this certificate:</b>			
<p><b>REMINDER:</b> 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 "<i>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</i>". <b>Failure to do so renders you, the signatory, at risk of being referred to your regulatory authority (the GMC or equivalent).</b> Patient Safety must remain your primary concern.</p>			
Your name:			
Professional status :			
Current post:			
Dates supervised applicant:		From:	To:
Address for correspondence:			
Email address:			
Your UK GMC Number:			
<b>Signatories without full GMC registration</b>			
<p>If you do not hold full registration with the UK GMC, please give details below and you will need to <b>provide the applicant with photocopy evidence of your current registration with that body to this certificate.</b> A certified translation should be included if this is not in English. Historic registration with the GMC will not be accepted. <i>Failure to provide this will result in the applicant, being rejected.</i></p>			
Name of registering body:			
Your Registration Number:			
<p><b>NHS/Republic of Ireland experience</b> please give details of your experience working in the NHS/Rol within 5 years of signing this certificate</p>			
<b>Role/Job Title</b>	<b>Employer Name</b>	<b>Post Start Date</b>	<b>Post End Date</b>
<b>For all signatories (This form is invalid unless boxes A, B C and D above are ticked):</b>			
<p>A) <input type="checkbox"/> I confirm that I am aware of the standards expected of doctors completing the Internal Medicine stage 1 curriculum and that I have first-hand knowledge of working within the NHS or Republic of Ireland. Furthermore, I have worked within the NHS or Rol for at least six months in the 5 years prior to signing the certificate</p>			
<p>B) <input type="checkbox"/> I confirm that the doctor named above has worked for me prior to their application submission and continuously for a minimum of three months whole time equivalent within the 3½ years prior to the advertised start date</p>			
<p>C) <input type="checkbox"/> I can confirm that I have observed the doctor named above demonstrate all of the listed capabilities and competences <b>OR where I have not personally observed them</b>, I have received alternative evidence that I know to be reliable from either a colleague working satisfactorily at a level of a senior trainee (i.e. at least ST5) or above, or documentary evidence from the doctor's portfolio. <b>I have listed those providing evidence on the next page.</b></p>			
<p>D) <input type="checkbox"/> I confirm that I am not related to, or in a relationship with the applicant</p>			
<b>Verifying consultant's signature confirming details above:</b>			
Applicants name:		Date of completion:	
<p><b>HOSPITAL STAMP</b> If not available, please attached a signed compliment slip and give hospital name and website address</p>			

## Alternative Certificate to Enter Group 2 Higher Physician Specialty Training 2025

### 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 either:

- a colleague working satisfactorily as a senior trainee (i.e. at UK ST5 level or above), as detailed below
- via a Portfolio (electronic or paper) demonstrating capability attainment

Please ensure that you have entered the initials of the individual (or 'PF' for portfolio where relevant) against each of the capabilities they have witnessed in that section of the form. ***Please note that, as part of the verification process, the recruiting process may contact these people to verify and confirm that they have provided you with such evidence:***

**Portfolio: If the applicant has maintained a portfolio to track their capabilities and you have used it to help complete this form, please tick this box:**

--

#### Person 1

Their name:	
Professional status :	
Work Address:	
Email address:	

#### Person 2

Their name:	
Professional status :	
Work Address:	
Email address:	

#### Person 3 (If necessary, please add witnesses to an additional copy of this page)

Their name:	
Professional status :	
Work Address:	
Email address:	

**Verifying consultant's signature confirming the above:**

--

**Applicants name:**

**Date of completion:**

--

--