# NEUROLOGY – ST3

## ENTRY CRITERIA

### ESSENTIAL CRITERIA

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>WHEN EVALUATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants must have:</td>
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<tr>
<td>• MBBS or equivalent medical qualification</td>
<td>Application form</td>
</tr>
<tr>
<td>• MRCP (UK) Part 1 or EEA eligibility(i) at time of application</td>
<td>Application form</td>
</tr>
<tr>
<td>• MRCP (UK) full diploma or EEA eligibility by the required deadline(ii)</td>
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### Eligibility

Applicants must:

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<tbody>
<tr>
<td>• Be eligible for full registration with, and hold a current licence to practise(v) from, the GMC at intended start date(v)</td>
<td>Application form</td>
</tr>
<tr>
<td>• Be eligible to work in the UK</td>
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<tr>
<td>• Have evidence of achievement of foundation competences from a UKFPO-affiliated foundation programme or equivalent, by time of application in line with GMC standards/Good Medical Practice</td>
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<tr>
<td>• Have evidence of achievement of core medical competences via one of the following methods:</td>
<td>Application form, interview/selection centre</td>
</tr>
<tr>
<td>➢ Current employment in a UK core medical training or ACCS (Acute Medicine) programme and on track to successfully complete the training programme by the advertised post start date, or</td>
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<tr>
<td>➢ Successful completion of a UK core medical training or ACCS (Acute Medicine) programme(vi). Acceptable evidence includes ARCP or RITA documentation, or</td>
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<tr>
<td>➢ Evidence of achievement of core medicine competences at time of application. Acceptable evidence is only permitted via the standard Alternative Certificate of Core Competence(vii)</td>
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### Fitness to practise

Is up to date and fit to practise safely

### 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 demonstrated by one of the following:

<table>
<thead>
<tr>
<th>Language skills</th>
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</thead>
<tbody>
<tr>
<td>• undergraduate medical training undertaken in English;</td>
<td>Application form, interview/selection centre</td>
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<tr>
<td>or</td>
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<tr>
<td>• academic International English Language Testing System (IELTS) results showing a score of at least 7.0 in each domain (speaking, listening, reading, writing), with an overall score of at least 7.5, to be achieved in a single sitting and within 24 months of the time of application</td>
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</tbody>
</table>

If applicants believe they have adequate communication skills, but do not have evidence in one of the above forms, they must provide alternative supporting evidence\(v\) of language skills

### Health

Applicants must meet professional health requirements (in line with GMC standards / Good Medical Practice)
### PERSON SPECIFICATION 2015

#### 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
- Have at least 24 months' experience* in medical specialties (not including Foundation level experience) (of which at least 12 months must include the care of acute medical in-patients) by time of commencement of ST3 training. Experience in certain acute care common stem specialties can be counted towards the 24 months in some circumstances*ii
- Not already hold, nor be eligible to hold, a CCT/CESR in the specialty; and must not currently be eligible for the specialist register for the specialty to which they are applying*xi
- Not have previously relinquished or been released / removed from a training programme in this specialty, except under exceptional circumstances*iii
- 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, Interview/selection centre

### SELECTION CRITERIA

<table>
<thead>
<tr>
<th>ESSENTIAL CRITERIA</th>
<th>DESIRABLE CRITERIA</th>
<th>WHEN EVALUATED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• As above</td>
<td>• Full MRCP (UK) at the time of application</td>
<td>Application form, interview/selection centre</td>
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<tr>
<td></td>
<td>• Intercalated BSc or equivalent</td>
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<td></td>
<td>• Higher degrees including MSc, PhD or MD (where the research thesis is not part of first medical degree)</td>
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<tr>
<td><strong>Career Progression</strong></td>
<td></td>
<td>Interview/selection centre</td>
</tr>
<tr>
<td>• Evidence that present achievement and performance is commensurate with totality of training</td>
<td></td>
<td></td>
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<tr>
<td><strong>Clinical Experience</strong></td>
<td></td>
<td>Application form, Interview/selection centre</td>
</tr>
<tr>
<td>• Evidence of experience in a range of acute medical specialties, with experience of managing patients on unselected medical take during core training or equivalent</td>
<td>• Experience at CT/ST 1/2 level of managing patients with neurological disease and managing neurological emergencies by the time of commencement of ST3 training</td>
<td>References</td>
</tr>
</tbody>
</table>
## Clinical Skills – Clinical Knowledge and Expertise

- Demonstrates awareness of the basics of managing patients with neurological disease
- Competence at core completion level in the management of medical emergencies, in patients and out patients
- Appropriate knowledge base, and ability to apply sound clinical judgement to problems
- Proficiency in a range of medical procedures (as defined by the core curriculum) as an indication of manual dexterity and hand-eye coordination
- Able to work without direct supervision where appropriate
- Able to prioritise clinical need
- Able to maximise safety and minimise risk
- Demonstrates current ALS certification or equivalent

| Evidence\(^\text{a}\) of some competences in the specialty, as defined by the relevant curricula |
| Evidence of skills in the management of acute medical emergencies (e.g. ALERT, IMPACT certification) |
| Evidence of skills in the management of patients not requiring hospital admission |
| Evidence of ST3 level procedural skills relevant to medical patients (clinical independence in central venous cannulation, chest drain insertion, joint aspiration, DC cardioversion, abdominal paracentesis) |

## Academic skills

### Research and Audit Skills:

- Demonstrates understanding of research, including awareness of ethical issues
- Demonstrates understanding of the basic principles of audit, clinical risk management, evidence based practice, patient safety and clinical quality improvement initiatives
- Demonstrates knowledge of evidence informed practice
- Demonstrates an understanding of clinical governance

### Teaching:

- Evidence of teaching experience and/or training in teaching

### Research and Audit skills:

- Demonstrates an understanding of research methodology
- Evidence of relevant academic and research achievements, and involvement in a formal research project
- Evidence of relevant academic publications
- Evidence of involvement in an audit project, a quality improvement project, formal research project or other activity which:
  - Focuses on patient safety and clinical improvement
  - Demonstrates an interest in and commitment to the specialty beyond the mandatory curriculum
- Evidence of a portfolio of audit/quality improvement projects, including where the audit loop has been closed and there is evidence of learning of the principles of change management
- Evidence of exceptional achievement in medicine

### Teaching:

- Evidence of involvement in teaching students, postgraduates and other professionals
- Evidence of participation in a teaching course
### PERSON SPECIFICATION 2015

#### Personal Skills

**Communication Skills:**
- Demonstrates clarity in written/spoken communication, and capacity to adapt language to the situation, as appropriate
- Able to build rapport, listen, persuade and negotiate

**Problem Solving and Decision Making:**
- Capacity to use logical/lateral thinking to solve problems/make decisions, indicating an analytical/scientific approach

**Empathy and Sensitivity:**
- Capacity to take in others’ perspectives and treat others with understanding; sees patients as people
- Demonstrates respect for all

**Managing Others and Team Involvement:**
- Able to work in multi professional teams and supervise junior medical staff
- Ability to show leadership, make decisions, organise and motivate other team members; for the benefit of patients through, for example, audit and quality improvement projects
- Capacity to work effectively with others

**Organisation and Planning:**
- Capacity to manage/prioritise time and information effectively
- Capacity to prioritise own workload and organise ward rounds
- Evidence of thoroughness (is well prepared, shows self-discipline/commitment, is punctual and meets deadlines)

**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 changing circumstances
- Is able to deliver good clinical care in the face of uncertainty

**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)

#### Management and Leadership Skills:

- Evidence of involvement in management commensurate with experience
- Demonstrates an understanding of NHS management and resources
- Evidence of effective multi-disciplinary team working and leadership, supported by multi-source feedback or other workplace based assessments
- Evidence of effective leadership in and outside medicine

**IT Skills:**
- Demonstrates information technology skills

**Other:**
- Evidence of achievement outside medicine
- Evidence of altruistic behaviour e.g. voluntary work

#### Probity – Professional Integrity

- Demonstrates probity (displays honesty, integrity, aware of ethical dilemmas, respects confidentiality)
- Capacity to take responsibility for own actions
### Commitment to Specialty – Learning and Personal Development

| Shows initiative/drive/enthusiasm (self-starter, motivated, shows curiosity, initiative) | Extracurricular activities / achievements relevant to the specialty |
| Demonstrable interest in, and understanding of, the specialty | Evidence of participation at meetings and activities relevant to the specialty |
| Commitment to personal and professional development | Evidence of attendance at organised teaching and training programme(s) |
| Evidence of self-reflective practice |

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1. When evaluated’ is indicative, but may be carried out at any time throughout the selection process.

2. EEA applicants without MRCP(UK) may be eligible under the EU directive 2005/36/EC. For further information, please refer to the JRCPTB website: [http://www.jrcptb.org.uk/Careers%20and%20Recruitment/Pages/Introduction.aspx](http://www.jrcptb.org.uk/Careers%20and%20Recruitment/Pages/Introduction.aspx)

3. ‘The required deadline’ refers to a deadline date set in each recruitment round by which applicants must meet certain requirements (e.g. GMC registration); this date will be specified clearly within the published advertisement for that recruitment round.

4. ‘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.

5. 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.

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

7. Applicants who have an ARCP outcome with all competences signed off apart from the full MRCP (UK), will be eligible to apply on this basis, subject to the normal rules on completing the MRCP (UK)

8. The Alternative Certificate of Core Competence is a document designed by the JRCPTB listing the necessary core competences required for progression to ST3, as defined in the GIM curriculum: [http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/General-Internal-Medicine.aspx](http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/General-Internal-Medicine.aspx). The certificate is available to download from the ST3 recruitment website: [http://www.st3recruitment.org.uk/am-i-eligible/competences.html](http://www.st3recruitment.org.uk/am-i-eligible/competences.html)

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

10. Any time periods specified in this person specification refer to full-time-equivalent. All relevant postgraduate experience (excluding Foundation) is counted, irrespective of the country in which it was gained.

11. For information on how experience in acute care common stem specialties will be counted, please visit the ST3 recruitment website: [http://www.st3recruitment.org.uk/am-i-eligible/experience-career-progression.html](http://www.st3recruitment.org.uk/am-i-eligible/experience-career-progression.html)

12. Some programmes in ST3 medical specialties are dual accredited with general internal medicine (GIM). Applicants who hold a CCT in general internal medicine are eligible to apply but should note that they will be expected to fulfil the GIM service requirements of any post they are offered and will be unable to reduce the length of the programme.

13. Applications will only be considered if applicants 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. Extraordinary 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. Completed forms must be submitted at the time of application. No other evidence will be accepted.

14. Evidence can include portfolio, logbook, ARCP, or equivalent. Where relevant/applicable, workplace-based assessments (eg CbD, mini-CEX, ACAT, DOPS, MSF, or equivalent) may also be used to demonstrate achievement of competences.