# 2014 Person Specification

## Application to enter specialty training at ST3: Endocrinology & Diabetes Mellitus

**Entry criteria: pages 1-2; Selection criteria: pages 2-4**

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>When Evaluated</th>
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<tbody>
<tr>
<td><strong>Qualifications</strong></td>
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<tr>
<td>Applicants must have:</td>
<td>Application form, interview/selection centre ², pre-employment check</td>
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<tr>
<td>- MBBS or equivalent medical qualification</td>
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<tr>
<td>- MRCP(UK) Part 1 or EEA eligibility⁴ at time of application</td>
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<tr>
<td>- MRCP(UK) full diploma or EEA eligibility⁷ by the required deadline³.</td>
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<tr>
<td><strong>Eligibility</strong></td>
<td>Application form, interview/selection centre⁴</td>
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<td>Applicants must:</td>
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<tr>
<td>- Be eligible for full registration with, and hold a current licence to practise⁵ from, the GMC at time of appointment⁶</td>
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<tr>
<td>- Have evidence of achievement of <strong>foundation competences</strong> from a UKFPO-affiliated foundation programme or equivalent, by time of appointment⁵ in line with GMC standards / Good Medical Practice; including:</td>
<td>Application form</td>
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<tr>
<td>o make the care or your patient your first concern</td>
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<td>o provide a good standard of practice and care</td>
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<td>o take prompt action if you think that patient safety, dignity or comfort is being compromised</td>
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<tr>
<td>o protect and promote the health of patients and of the public</td>
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<td>o treat patients as individuals and respect their dignity</td>
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<tr>
<td>o work in partnership with patients</td>
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<td>o work with colleagues in the ways that best serve patients’ interests</td>
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<tr>
<td>o be honest and open and act with integrity</td>
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<tr>
<td>o never discriminate unfairly against patients or colleagues</td>
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<tr>
<td>o never abuse your patients’ trust in you or the public’s trust in the profession.</td>
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<tr>
<td>- Have evidence of achievement of <strong>CT/ST1 competences</strong> in medicine at time of application &amp; <strong>CT/ST2 competences</strong> in medicine (as defined by the curricula relating to core medical training) by time of appointment⁶. Acceptable evidence includes ARCP or equivalent, Certificate C⁷, or alternative certification of core competences</td>
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<tr>
<td>- Be eligible to work in the UK.</td>
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<tr>
<td><strong>Fitness to practise</strong></td>
<td>Application form, references</td>
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<td>Is up to date and fit to practise safely.</td>
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<tr>
<td><strong>Language skills</strong></td>
<td>Application form, interview/selection centre⁴</td>
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<tr>
<td>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:</td>
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<tr>
<td>o undergraduate medical training undertaken in English;</td>
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<td>or</td>
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<td>o the following scores achieved in the academic International English Language Testing System (IELTS), in a single sitting, no more than 24 months prior to the date of application:</td>
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<tr>
<td>Overall 7.0, Speaking 7.0, Listening 7.0, Reading 7.0, Writing 7.0</td>
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<tr>
<td>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 of language skills⁸.</td>
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</tbody>
</table>

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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 (eg GMC registration); this date will be specified clearly within the published advertisement for that recruitment round. NB – in the first 2014 recruitment round, this date will be 6 August 2014.

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 current licence to practise from the GMC at time of appointment.

⁶ Time of appointment refers to the date at which the post commences, not (necessarily) the time an offer is accepted.

⁷ 'Certificate C' is a document designed by the RCP, 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#Curriculum-Assessment](http://www.jrcptb.org.uk/trainingandcert/ST3-Spr/Pages/General-Internal-Medicine.aspx#Curriculum-Assessment). Certificate C can be downloaded from the RCP ST3 recruitment website at: [http://www.st3recruitment.org.uk/am-eligible/competences.html](http://www.st3recruitment.org.uk/am-eligible/competences.html).

⁸ An example of alternative evidence could be testimony from a clinical/education supervisor, in the form of a signed letter (this will be subject to review by any unit of application to which you apply).
Health
Applicants must meet professional health requirements (in line with GMC standards / Good Medical Practice).

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 medicine (of which at least 12 months must include the care of medical in-patients) by the time of commencement of ST3 training; this experience must be/have been gained in either:
  - a UK CMT/ACCS programme
  - physicianly medical specialties as defined by JRCPTB (excluding experience at foundation level).
- Not already hold, nor be eligible to hold, a CCT/CESR; and must not currently be eligible for the specialist register for the specialty they are applying
- Not have previously relinquished or been released / removed from a training programme in this specialty; except under exceptional circumstances.

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

Selection criteria

<table>
<thead>
<tr>
<th>Essential criteria</th>
<th>Desirable criteria</th>
<th>When evaluated</th>
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<tbody>
<tr>
<td>Qualifications</td>
<td></td>
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<tr>
<td>(as above – see entry criteria)</td>
<td>Full MRCP(UK) at the time of application</td>
<td>Application form</td>
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<td></td>
<td>Intercalated BSc or equivalent</td>
<td>Interview/selection centre</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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</tbody>
</table>

Career progression

- Evidence that present achievement and performance is commensurate with totality of training.

Clinical experience

- Evidence of experience in a range of acute medical specialties, with experience of managing patients on unselected medical take, during core training or equivalent.

- Experience at CT/ST 1/2-level of managing patients with endocrine conditions and diabetes by the time of commencement of ST3 training.

References

(continuation)

5 Any time periods specified in this person specification refer to full-time-equivalent. All relevant postgraduate experience (bar foundation or equivalent training) is counted, irrespective of the country in which it was gained.

10 The list of 30 ‘physicianly medical specialties’, as defined by JRCPTB, can be viewed on their website at: http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/Introduction.aspx.

11 Examples might include ARCP outcome 4, or failure to progress after two or more failed RITA-Es. Applications will only be considered if there is a letter of support from the postgraduate dean or designated deputy of the deanery in which the applicant worked. Should the postgraduate dean not support the application, appeal may be made to the recruitment lead, whose decision will be final. The recruitment lead may be the recruitment team at the office managing recruitment, or the deanery to whom the applicant is making their application.
### Clinical skills – clinical knowledge & expertise

- Demonstrates awareness of the basics of managing patients with diabetes and endocrine disease
- Competence at core-completion level in the management of medical emergencies, in-patients and outpatients
- 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
- Demonstrate current ALS certification or equivalent

**Evidence** of some competences in the specialty as defined by the relevant curricula

**Evidence** of skills in the management of acute medical emergencies (eg ALERT, IMPACT certification)

**Evidence** of skills in the management of patients not requiring hospital admission

**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

**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
- Demonstrates an understanding of clinical governance
- Evidence of exceptional achievement in medicine.

#### Teaching:

- Evidence of teaching experience and/or training in teaching.

**Teaching:**

- Evidence of involvement in teaching students, postgraduates and other professionals
- Evidence of participation in a teaching course.

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12 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.
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 & negotiate.

Problem solving & 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 & 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.

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, eg 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)
- Demonstrable interest in, and understanding of, the specialty
- Commitment to personal and professional development
- Evidence of attendance at organised teaching and training programme(s)
- Evidence of self-reflective practice.
- Extracurricular activities/achievements relevant to the specialty
- Evidence of participation at meetings and activities relevant to the specialty.