

Alternative Certificate to Enter Group 1 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 ST4 posts** that require successful completion of Internal Medicine stage 1 training and do NOT meet one of the following criteria:

- Are currently in the final 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; this includes stand-alone IMY3 programmes.
- Have completed one of the above programmes 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:

- The Group 1 certificate is equally valid for Group 2 physician specialties.
- Unless you have exceptional circumstances, e.g. you are a refugee, you will be required to submit the fully completed certificate with your ST4 application, so it is advised to prepare it 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.
- Group 1 physician higher-training programmes require trainees to undertake the Medical Registrar role in the acute unselected medical on-call. This is a challenging role requiring both clinical and well-developed team management skills. When signing the certificate, both applicant and signatory must be confident that skills have already been attained to the level outlined in the Internal Medicine Stage 1 curriculum.
- 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 ST4 level.

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- 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 they believe you are sufficiently able to progress to ST4.
- 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 scan, upload and attach it (as a 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.

Applicant Name			
Applicant GMC No			
Posts: Please complete the table below to document the posts in which you worked with your certificate's signatory(ies).			
Role/Job Title	Employer Name	Post Start Date	Post End Date
Applicant declaration	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.		
Applicant declaration	I can confirm I follow the guidance in Good Medical Practice (or equivalent) relating to prescribing for self, friends or family		
Applicant declaration	I confirm that I am not related to, or in a relationship with the signatory of this form		
Applicant Signature			

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About the candidate's demonstrable capabilities:				
Please complete one of the three boxes on the right-hand side for ALL competences as follows: <ul style="list-style-type: none"> Tick the box for those capabilities you have personally witnessed and those which you are unable to confirm 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'. 		Personally witnessed	Evidence received*	Unable to confirm
Section 1: Professional behaviour and trust				
[*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]				
1.0 Demonstrates all Generic Capabilities in Practice as outlined in IMT stage 1 curriculum	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:				
1.1 Professional behaviour	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.			
1.2 Personal organisation	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			
1.3 Personal responsibility	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			
1.4 Patient centred care	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			
1.5 Trust	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			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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Section 1 continued: Professional behaviour and trust [*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
1.6 Consent	Competently performs the core procedures, as mandated by the GMC (http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp); obtains valid consent for those 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			
1.7 Ethical and legal requirements	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			
1.8 Confidentiality	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			
1.9 Mental capacity	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			
1.10 Protection of vulnerable groups	Demonstrates understanding of the principles of safeguarding children and vulnerable adults; AND manages situations where safeguarding concerns may exist			
1.11 Self-directed learning	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			
1.12 Teaching and assessment	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			
Section 2: Communication, team-working and leadership				
2.0 Communication with patients, relatives + carers	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			
2.1 Communication with patients	Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition; AND responds to patients' queries or concerns			
2.2 Communication in challenging circumstances	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			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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Section 2 continued: Communication, team-working and leadership [*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
2.3 Complaints	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			
2.4 Patient Records	Maintains accurate, legible and contemporaneous patient records AND ensures that entries are signed and dated			
2.5 Working with other healthcare professionals	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			
2.6 Continuity of care	Allocates and prioritises tasks during handover; anticipates and identifies problems for the next clinical team/shift; AND takes pre-emptive action where required			
2.7 Interaction with colleagues	Demonstrates initiative e.g. by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical team			
2.8 Leadership	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			
Section 3: Clinical care				
3.0 Demonstrates all Clinical Capabilities in Practice as outlined in IMT stage 1 curriculum	Managing an acute unselected take including performing without immediate on-site supervision and management of a junior medical team			
	Managing the acute care of patients within a medical specialty service			
	Providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment			
	Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions			
	Managing medical problems in patients in other specialties and special cases			
	Managing a multi-disciplinary team including effective discharge planning			
	Delivering effective resuscitation and managing the acutely deteriorating patient			
	Managing end of life and applying palliative care skills			
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				
3.1 Recognition of acute illness	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			
3.2 Assessment of the acutely unwell patient	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			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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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
3.3 Immediate management of the acutely unwell patient	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			
3.4 Managing of long-term conditions in the acutely unwell patient	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			
3.5 The frail patient	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			
3.6 Supports patients with long term conditions	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			
3.6 Nutrition	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			
3.7 History	Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances			
3.8 Physical and mental state examination	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			
3.9 Diagnosis	Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations; AND takes account of probabilities in ranking differential diagnoses			
3.10 Clinical management	Refines problem lists and management plans; AND develops appropriate strategies for further investigation and management			
3.11 Clinical review	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			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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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
3.12 Discharge planning	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			
3.13 Investigations	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			
3.14 Interpreting investigations	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			
3.15 Correct prescription	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			
3.16 Prescribing for relatives	Follows the guidance in Good Medical Practice (or equivalent) relating to prescribing for self, friends or family			
3.17 Clinically effective prescription	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			
3.18 Discussion of medication with patients	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			
3.19 Guidance on prescription	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			
3.20 Prescribing antimicrobials	Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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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
3.21 Review of prescriptions	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			
3.22 Performs procedures safely	Competently performs the core procedures, as mandated by the GMC (http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp) and the procedural skills outlined in the IMT stage 1 curriculum (https://www.jrcptb.org.uk/sites/default/files/IM_Curriculum_Sept2519.pdf) knows the indications and contraindications of each procedure; AND performs some more complex procedures / in more challenging circumstances			
3.23 Cardiac and respiratory arrest	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			
3.24 “Do not resuscitate” orders	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			
3.25 Understands the principles of health promotion	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			
3.26 End of Life Care	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			
3.27 Care after death	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			
Verifying consultant’s signature confirming details above:				
Applicants name:		Date of completion:		

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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
3.28 Infection control	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
4.1 Personal competence	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			
4.2 Patient safety	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			
4.3 Causes of impaired performance, error or suboptimal patient care	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			
4.4 Patient identification	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			
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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Section 4 continued: 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
4.5 Usage of technology	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			
4.6 Quality Improvement	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			
4.7 Healthcare resource management	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			
4.8 Clinical experience	It is believed that certain clinical posts will have to have been experienced to enable acquisition of defined capabilities. There should be evidence of the following in the trainee's portfolio:			
	1. Geriatric medicine (to fulfil IMT defined capabilities)			
	2. Critical care medicine (to fulfil IMT defined capabilities)			
	3. Acute take medicine (at least 500 patients seen)			
	4. Medical outpatient work			
Section 5:				Initials
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):				
5.1. A minimum of 500 acute medical consultations				
5.2. A JRCPTB approved multiple consultant report from at least 4 consultants				
5.3. A minimum of a multisource feedback with 12 responders with satisfactory reports				
5.4. A completed quality improvement project				
5.5. Curricular based completed learning outcomes for geriatric medicine				
5.6. Curricular based completed learning outcomes for critical care medicine				
5.7. Educational supervisor reports that explicitly ascertain that the trainee has achieved all of the clinical CiPs identified within the IMT curriculum with specific reference to clinical CiP 1				
Verifying consultant's signature confirming details above:				
Applicants name:		Date of completion:		

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

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Declaration by person signing this certificate:			
<ul style="list-style-type: none"> • REMINDER: 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>". Failure to do so renders you, the signatory, at risk of being referred to your regulatory authority (the GMC or equivalent). Patient Safety must remain your primary concern. • Group 1 physician higher-training programmes require trainees to undertake the role of the Medical Registrar in the acute unselected medical on-call. This is a challenging role requiring both clinical and well-developed team management skills. Applicants should be able to demonstrate these skills to the level outlined in the Internal Medicine Stage 1 curriculum at the time of the signing of this certificate. 			
Your name:			
Professional status :			
Current post:			
Dates supervised applicant:		From:	To:
Address for correspondence:			
Email address:			
Your UK GMC Number:			
Signatories without full GMC registration			
If you do not hold full registration with the UK GMC, please give details below and you will need to provide the applicant with photocopy evidence of your current registration with that body to this certificate. 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>			
Name of registering body:			
Your Registration Number:			
NHS/Republic of Ireland experience please give details of your experience working in the NHS/Rol within 5 years of signing this certificate			
Role/Job Title	Employer Name	Post Start Date	Post End Date
For all signatories (This form is invalid unless boxes A, B C and D above are ticked):			
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			
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			
C) <input type="checkbox"/> I can confirm that I have observed the doctor named above demonstrate all of the listed capabilities and competences OR where I have not personally observed them, 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. I have listed those providing evidence on the next page.			
D) <input type="checkbox"/> I confirm that I am not related to, or in a relationship with the applicant			
Verifying consultant's signature confirming details above:			
Applicants name:		Date of completion:	
HOSPITAL STAMP If not available, please attached a signed compliment slip and give hospital name and website address			

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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: