Instructions to applicants:

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE CANDIDATE**

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 clinical radiology or interventional radiology who meets one or more of the following criteria:
  + holds the FRCR diploma
  + is a fellow of the Royal College of Radiologists
  + holds a senior position equivalent to a clinical director, head of radiology service or head of radiology education.
* Consultants are only eligible to sign these certificates if they have worked with you for a minimum continuous period of three months since 1 January of the year three years prior to the advertised post start date (e.g. 1 January 2021 for the 2024 recruitment rounds); 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. Failure to provide this will result in you, the applicant, being rejected. Historic registration with the GMC will not be accepted. The signatory must have an accurate knowledge of the clinical radiology curriculum and ideally should have worked within the NHS in the last five years. If a signatory who has worked within the NHS in the last five years cannot be provided, we will accept a signatory without that experience provided that they hold a senior position equivalent to a clinical director, head of radiology service or head of radiology education.
* You should not use a signatory with whom you have a close personal relationship.
* You should provide the signatory with a copy of your portfolio evidence. Where supervisor reports and/or formal assessments such as Multi Source Feedback are available you should include these in your portfolio for review.
* 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.** If the signatory is unable to confirm any of the capabilities and competences listed, your application will not be progressed.
* 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.
* 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 this recruitment round. It is strongly recommended that you check the form after your signatory has completed it.
* You must then scan, upload and attach it (as one single document) to your application form before submission.
* 2024 is the only version of the certificate which will be accepted for the 2024 recruitment year; alternative certificates prior to the 2024 version will not be accepted.
* It is expected that the 2024 version of this certificate will be accepted in subsequent recruitment years. Confirmation of which versions of the certificate are permitted will be included on any updated version of the certificate.

***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.***

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| **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** |
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| **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** |  | | **Date** |  |

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE SIGNATORY**

Please note that the candidate must be able to demonstrate all capabilities and competences listed on this certificate by time of application to be eligible. If you are unable to confirm any of the capabilities and competences listed, either personally witnessed or via second-hand evidence, the candidate will not be eligible for specialty training at ST3.

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| **Please complete one of the three boxes on the right-hand side for ALL competences as follows:**   * **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 11 detailing this evidence] | | | | | | | |
| 1.0 Demonstrates all Generic Capabilities in Practice to the level required for the end of ST2 as outlined in the 2021 clinical radiology curriculum | 1. Demonstrate the professional values and behaviours expected of all doctors as outlined in Good medical practice – level 4 | | | |  |  |  |
| 1. Successfully function within the health service and healthcare systems in the UK – Level 2 | | | |  |  |  |
| 1. Engage in reflection, clinical governance and quality improvement processes to ensure good practice – Level 3 | | | |  |  |  |
| 1. Engage in evidence-based practice and safeguard data, including imaging data – Level 3 | | | |  |  |  |
| 1. Act as a clinical teacher and supervisor – Level 2 | | | |  |  |  |
| 1. Work well within a variety of different teams, communicating effectively with colleagues and demonstrating the skills required to lead a team – Level 3 | | | |  |  |  |
| The signatory should verify that the applicant has demonstrated the CiPs to the required entrustment level as shown above. This may be demonstrated by the signatory’s review of the applicant’s portfolio, while considering the following categories: | | | | | | | |
| 1.1 Professional behaviour | Understands, respects and demonstrates the values of the NHS (e.g. everyone counts; improving lives; commitment to quality of care; respect and dignity; working together for patients; compassion); AND 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. | | | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | | | |
| Applicant’s 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 11 detailing this evidence] | | | Personally witnessed | Evidence received\* | Unable to confirm |
| 1.2 Personal organisation | Manages/prioritises time and information effectively, including prioritising own workload; AND 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 colleagues to develop patient centred imaging plans; respects patients’ right to refuse diagnostic tests/treatment and/or to decline involvement in research projects | |  |  |  |
| 1.5 Trust | Acts with empathy, honesty and sensitivity in a non-confrontational manner; 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 | |  |  |  |
| 1.6 Consent | Explains imaging examinations, risks and findings facilitating informed patient choice; AND obtains informed consent for relevant imaging examinations and/or procedures from all patients including vulnerable groups, showing sensitivity to issues of equality and diversity; 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 including IRMER 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; | |  |  |  |
| 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 | Demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients; AND demonstrates understanding that imaging and/or treatment may be provided against a patient’s expressed wishes in certain defined circumstances | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | |
| Applicant’s name: |  | Date of completion: |  | | |

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| 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 | |  |  |  |
| 1.13 Probity | Demonstrates probity (displays honesty, integrity, aware of ethical dilemmas, respects confidentiality) | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | |
| Applicant’s name: |  | Date of completion: |  | | |

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE SIGNATORY**

Please note that the candidate must be able to demonstrate all capabilities and competences listed on this certificate by time of application to be eligible. If you are unable to confirm any of the capabilities and competences listed, either personally witnessed or via second-hand evidence, the candidate will not be eligible for specialty training at ST3.

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| **Section 2: 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 11 detailing this evidence] | | | Personally witnessed | Evidence received\* | Unable to confirm |
| 2.0 General communication | Demonstrates clarity in written/spoken communication, and capacity to adapt language to the situation, as appropriate and is able to build rapport, listen, persuade and negotiate. | |  |  |  |
| 2.1 Communication with patients, relatives and 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 responds to patients’ queries or concerns | |  |  |  |
| 2.2 Communication with referrers | Checks clinician’s understanding of options and supports clinician in ensuring the correct examination is selected; | |  |  |  |
| 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/colleagues and seeks assistance as appropriate | |  |  |  |
| 2.4 Working with other healthcare professionals | Works effectively within multi-professional teams for the benefit of patient care; provides clear, concise and timely written, electronic  and oral imaging reports to other healthcare professionals; | |  |  |  |
| 2.5 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 | |  |  |  |
| 2.6 Interaction with colleagues | Works effectively with others and demonstrates initiative e.g., by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical radiology team. Able to verbally communicate results of imaging investigations and discuss differential diagnosis as appropriate | |  |  |  |
| 2.7 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 | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | |
| Applicant’s name: |  | Date of completion: |  | | |

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE SIGNATORY**

Please note that the candidate must be able to demonstrate all capabilities and competences listed on this certificate by time of application to be eligible. If you are unable to confirm any of the capabilities and competences listed, either personally witnessed or via second-hand evidence, the candidate will not be eligible for specialty training at ST3.

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| **Section 3: 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 11 detailing this evidence] | | | | Personally witnessed | Evidence received\* | Unable to confirm |
| 3.0 Demonstrates all specialty-specific Capabilities in Practice to the level required for the end of ST2 as outlined in the 2021 clinical radiology curriculum | 1. Appropriately select and tailor imaging to patient context and the clinical question(s) – Level 2 | | |  |  |  |
| 1. Provide timely, accurate and clinically useful reports on imaging studies – Level 2 | | |  |  |  |
| 1. Appropriately manage imaging examination lists/procedures according to clinical need and professional expertise – Level 2 | | |  |  |  |
| 1. Evaluate image quality and utilise the knowledge of imaging sciences to optimise image quality – Level 2 | | |  |  |  |
| 1. Safely manage the imaging and image-guided intervention needed to support emergency care – Level 2 | | |  |  |  |
| 1. Effectively contribute a clinical/imaging opinion to a multidisciplinary team (MDT) meeting – Level 1 | | |  |  |  |
| 3.1 Demonstrates all procedures and milestones to the level required for the end of ST2 as outlined in the 2021 clinical radiology curriculum | Image guided biopsy – Level 2 | | |  |  |  |
| Image guided drainage – Level 2 | | |  |  |  |
| Image guided vascular access and basic catheter/wire manipulation – Level 2 | | |  |  |  |
| Contrast studies of lines and tubes - Level 3 | | |  |  |  |
| Contrast studies of the adult and paediatric GI and GU tract - Level 2 | | |  |  |  |
| Protocol and prioritise imaging referrals - Level 2 | | |  |  |  |
| Independently report emergency dept plain films – Level 3 | | |  |  |  |
| Manage an ultrasound list to support the acute unselected take - Level 3 | | |  |  |  |
| Report CT examinations with remote access to a consultant to support the acute unselected take - Level 2 | | |  |  |  |
| Report MRI examinations with remote access to a consultant to support the acute unselected take – Level 2 | | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | | |
| Applicant’s name: | |  | Date of completion: |  | | |

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| **Section 3 continued: Clinical care**   1. [\*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 11 detailing this evidence] | | | | Personally witnessed | Evidence received\* | Unable to confirm |
| The signatory should verify that the applicant has demonstrated these CiPs, milestones and procedures to the required entrustment level as shown above. This may be demonstrated by the signatory’s review of the trainee’s portfolio, while considering the following categories: | | | | | | |
| 3.2 Selecting imaging | 1. Collaborates effectively with referrers to determine the most appropriate imaging pathway for a given presentation and exercises evidence-based practice by utilising current guidelines to inform imaging selection for all patient groups; AND protocols imaging requests appropriately. | | |  |  |  |
| 3.3 Radiation safety | 1. Safeguards patients, including vulnerable groups, and acts in accordance with current safety guidelines and legislation in respect of ionising radiation and other imaging techniques/equipment; AND is able to advise referrers and patients regarding radiation exposure tailored to individual clinical contexts to facilitate informed decision making | | |  |  |  |
| 3.4 Dealing with uncertainty | 1. Demonstrates insight into diagnostic certainty and clearly communicates this within written and verbal reports; AND demonstrates insight into level of personal expertise and appropriately refers/seeks second opinion | | |  |  |  |
| 3.5 Safe-guarding | 1. Identifies and appropriately responds to imaging findings that raise safeguarding concerns; AND is aware of the need for using chaperones | | |  |  |  |
| 3.6 Imaging procedures | Understands and safely prescribes or stops medication relevant to imaging and procedures as appropriate; AND manages adverse reactions (including anaphylaxis) to administered contrast and drugs; AND maintains an up-to-date knowledge of cardiopulmonary resuscitation (CPR) techniques; AND demonstrates insight into level of personal expertise and appropriately refer/seek second opinion | | |  |  |  |
| 3.7 Image quality | appropriately refers to image quality within written reports when there is impact on diagnostic certainty | | |  |  |  |
| 3.8 Clinical decision making | Integrates clinical, pathological, and radiological information to refine a differential diagnosis; AND maintain knowledge of local and national guidelines alongside current peer-reviewed literature to ensure recommendations are evidence-based, clinically relevant and safe | | |  |  |  |
| 3.9 Infection control | Demonstrates consistently high standard of practice in infection control techniques in the context of imaging examinations/ procedures 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, COVID-19; 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 | | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | | |
| Applicant’s name: | |  | Date of completion: |  | | |

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE SIGNATORY**

Please note that the candidate must be able to demonstrate all capabilities and competences listed on this certificate by time of application to be eligible. If you are unable to confirm any of the capabilities and competences listed, either personally witnessed or via second-hand evidence, the candidate will not be eligible for specialty training at ST3.

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| **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 11 detailing this evidence] | | | | Personally witnessed | Evidence received\* | Unable to confirm |
| 4.0 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; 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 errors in practice and how this has led to personal development | | |  |  |  |
| 4.1 Coping with pressure and managing uncertainty | Able to operate under pressure and is able to deliver good clinical care in the face of uncertainty; AND demonstrates initiative and resilience to cope with changing circumstances | | |  |  |  |
| 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- 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 imaging department encounter, when prescribing/administering drugs prior to imaging/intervention and before consent for 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 | | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | | |
| Applicant’s name: | |  | Date of completion: |  | | |
| **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 11 detailing this evidence] | | | | Personally witnessed | Evidence received\* | Unable to confirm |
| 4.5 Usage of technology | Demonstrates ability to operate common imaging department equipment safely after appropriate training; accesses and uses IT systems including local computing systems appropriately; AND demonstrates good information governance in use of electronic records and patient images; AND uses those systems to document clinical interactions and patient imaging decisions appropriately | | |  |  |  |
| 4.6 Quality Improvement | Demonstrates understanding of the principles of audit, clinical risk management, evidence-based practice, patient safety, and clinical quality improvement initiatives; AND contributes significantly to at least one 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 Research | Demonstrates understanding of research, including awareness of ethical issues | | |  |  |  |
| 4.8 Healthcare resource management | Demonstrates understanding of the organisational structure of 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 | | |  |  |  |
| Verifying consultant’s signature confirming details above: | | | | | | |
| Applicant’s name: | |  | Date of completion: |  | | |

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| In addition, I confirm that I have personally reviewed the applicant’s portfolio and it contains evidence of:  A logbook outlining radiology activity appropriate for a doctor at the equivalent of the end of ST2  Verification that reporting numbers are accurate  Having passed FRCR Part 1  A completed quality improvement project | | | |
| Verifying consultant’s signature confirming details above: | | | |
| Applicant’s 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:**  **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 “*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*”. **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. | | | | | | | |
| **Your name:** | | |  | | | | |
| **Professional status:** | | |  | | | | |
| **Current post:** | | |  | | | | |
| **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 **provide the applicant with:**   * **photocopy evidence of your current registration with an equivalent body.** A certified translation should be included if this is not in English. Historic registration with the GMC will not be accepted. * **An abbreviated CV**, indicating either your work within the NHS or your attainment of a senior position equivalent to a clinical director, head of radiology service or head of radiology education.   Failure to provide these will result in the applicant, being rejected. | | | | | | | |
| **Name of registering body:** | | |  | | | | |
| **Your Registration Number:** | | |  | | | | |
| **NHS experience** please give details of your experience working in the NHS within 5 years of signing this certificate | | | | | | | |
| **Role/Job Title** | **Employer Name** | | | **Post Start Date** | | **Post End Date** | |
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| **For all signatories** (This form is invalid unless all boxes in this section are ticked)**:** | | | | | | | |
| A)  I confirm that I am aware of the standards expected of doctors completing the clinical radiology curriculum and that I have first-hand knowledge of working within the NHS. Furthermore, I have either worked within the NHS for at least six months in the preceding 5 years, or have attained a senior position equivalent to a clinical director, head of radiology service or head of radiology education | | | | | | | |
| B)  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)  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 a substantive consultant colleague. **I have listed those providing evidence on the next page.** | | | | | | | |
| D)  I confirm that I am not related to, or in a relationship with the applicant | | | | | | | |
| E)  I confirm that to my knowledge the applicant has never been suspended or prohibited from practicing as a doctor in any country | | | | | | | |
| Verifying consultant’s signature confirming details above: | | | | | | | |
| Applicant’s name: | |  | | | Date of completion: | |  |
| **HOSPITAL STAMP**  **If not available, please attached a signed compliment slip with hospital name and website** | |  | | | | | |

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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 substantive consultant, as detailed below. * Via a Portfolio (electronic or paper) demonstrating capability attainment   Please ensure that you enter the section/s of the certificate where each individual has observed outcomes. ***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***: | | | | |
| **Section:** | | | | |
| **Their name:** | |  | | |
| **Professional status:** | |  | | |
| **Work Address:** | |  | | |
| **Email address:** | |  | | |
| **Section:** | | | | |
| **Their name:** | |  | | |
| **Professional status:** | |  | | |
| **Work Address:** | |  | | |
| **Email address:** | |  | | |
| **Section:** | | | | |
| **Their name:** | |  | | |
| **Professional status:** | |  | | |
| **Work Address:** | |  | | |
| **Email address:** | |  | | |
| Verifying consultant’s signature confirming the above: | | | | |
| Applicant’s name: |  | | Date of completion: |  |