Specialist Grade – Template Person Specification

Capabilities

As all the capabilities are taken from the GMC's Generic Professional Capabilities (GPCs), they are required of all doctors. We expect the majority of capabilities listed to be 'key' for all roles. Some may be less relevant for a particular role because it does not entail active or formal involvement in that aspect.

Employers should therefore indicate whether each capability listed is:

Key for this post: Greater depth or level of expertise is required.

Required but not key: The same depth or level of expertise may not be needed for this particular post.

Evidence

Some capabilities will be fully required at the time of appointment, while others may be developed by the postholder while in the role.

Those capabilities pre-populated with an x in the final column are those that need to be evidenced at interview for the recruitment panel. They require a higher level of evidence or documentation because they relate to increased clinical responsibility and autonomy.

For those capabilities not checked, evidence of current safe practice should suffice for those already working at the required level, but they may be explored during the interview process. Other capabilities will be key but need not be addressed in the interview itself. Where capabilities are to be developed prospectively, they should be assessed at future appraisals.

Specialty-specific content

In addition to consulting the relevant College/Faculty curriculum, employers drawing up the person specification should refer to the 'Notes on person specification template - Examples of specialty-specific criteria and guidance for reference'. This supporting document provides illustrative examples indicating where specific capabilities may need to be amended or strengthened for particular specialties.

Domain	Capabilities	Key for this post	Required but not key	Examples of appropriate evidence	To be evidenced at interview
Professional Values and Behaviours, Skills and Knowledge	1.1 Practises with the professional values and behaviours expected of all doctors as set out in GMC Good Medical Practice and the Generic Professional Capabilities Framework (or equivalent for dentists).			 Participation in annual appraisal Multi-source feedback Patient feedback Mandatory training as set out in UK Core Skills Training Framework Interview 	x
	1.2 Demonstrates the underpinning subject-specific competences i.e. knowledge, skills and behaviours relevant to the role setting and scope.			 Work-based evidence using appropriate existing tools e.g., scope of practice & workload as evidenced in job plan, 	X

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		•	log books, audit of personal practice, references from colleagues, evidence collected for annual appraisal and job planning Knowledge-based evidence e.g., accredited courses, CPD diary, professional or higher qualifications	
1.3 Clinically evaluates a manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting depending on the outcou treatment.	this		Multi-source feedback Patient feedback Reflective pieces References from colleagues Personal clinical audit Evidence collected for annual appraisal and job planning	x
1.4 Manages the difficult dealing with complexity uncertainty in the care o patients; employing expe and clinical decision-mak skills of a senior and independent/ autonomo practitioner. (All senior doctors/dentists (includin consultants and GPs) wo independently/autonomo to a level of defined competencies, as agreed within local clinical governance frameworks.	and f ertise king pus ng rk ously		See 1.3 for examples	X
1.5 Critically reflects on o competence, understand own limits, and seeks he when required.	ds	•	See 1.3 for examples	X
1.6 Communicates effect and is able to share decise making with patients, re and carers; treats patien individuals, promoting a person-centred approact their care, including self- management.	sion- latives ts as h to	•	See 1.3 for examples	X
1.7 Respects patients' di ensures confidentiality a appropriate communicat	nd		See 1.3 for examples EDI training	X

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	where potentially difficult or		•	Unconscious bias	
	where barriers exist, e.g. using			training	
	interpreters and making		•	Interview	
	adjustments for patients with				
	communication difficulties.				
	1.8 Demonstrates key generic		•	See 1.3 for examples	
	clinical skills around the areas		•	Relevant courses	
	of consent; ensuring humane		•	Interview	
	interventions, prescribing				
	medicines safely and using				
	medical devices safely.				
	1.9 Adheres to professional		•	Evidence of appraisal	x
	requirements, participating in		•	and addressing	^
				-	
	annual appraisal, job planning			objectives	
	and reviews of performance				
	and progression.				
	1.10 Awareness of legal		•	Interview	
	responsibilities relevant to the		٠	Evidence of	
	role, such as around mental			learning/courses/	
	capacity and deprivation of			qualifications in specific	
	liberty; data protection;			specialties	
	equality and diversity.				
	1.11 Applies basic principles of		•	Job plan	
	public health; including		•	Interview	
	population health, promoting				
	health and wellbeing, work,				
	nutrition, exercise, vaccination				
	and illness prevention, as				
	relevant to their specialty.				
Leadership	2.1 Awareness of their		•	Examples of initiatives	х
and	leadership responsibilities as a		•	taken that have effected	~
Teamworking	clinician and demonstrates				
reantworking				change	
	appropriate leadership		•	Examples of	
	behaviour; managing			involvement in	
	situations that are unfamiliar,			collaborative leadership	
	complex or unpredictable and			work	
	seeking to build collaboration		•	Interview	
	with, and confidence in,				
	others.				
	2.2 Demonstrates		•	Leadership courses	
	understanding of a range of		•	Evidence of effective	
	leadership principles,			leadership	
	approaches and techniques so				
	can adapt leadership				
	behaviours to improve				
	engagement and outcomes –				
	appreciates own leadership				
	style and its impact on others.				
	2.3 Develops effective		•	Evidence of participation	х
	relationships across teams and			in or leading MDT	
	contributes to work and		•	Evidence of teamwork	
			•		

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	success of these teams –	Interview	
	promotes and participates in		
	both multidisciplinary and		
	interprofessional team		
	working.		
	2.4 Critically reflects on	 Evidence of reflective 	
	decision-making processes	practice	
	and explains those decisions	Interview	
	to others in an honest and		
	transparent way.		
	2.5 Critically appraises	• Examples of successful	
	performance of self,	situations	
	colleagues or peers and		
	systems to enhance		
	performance and support		
	development.		
	2.6 Demonstrates ability to	Interview	
	challenge others, escalating	-	
	concerns when necessary.		
	2.7 Develops practice in	Log book	
	response to changing	Outcome data/audit	
	population health need,	Interview	
	engaging in horizon scanning		
	for future developments.		
Patient	3.1 Takes prompt action	Reflective practice with	х
Safety and	where there is an issue with	examples	
Quality	the safety or quality of patient	Interview	
Improvement	care, raises and escalates		
	concerns, through clinical		
	governance systems, where		
	necessary.		
	3.2 Applies basic human	Multi-source feedback	
	factors principles and practice	 Interview 	
	at individual, team,	Evidence of attendance	
	organisation and system	at Human Factors course	
	levels.		
	3.3 Collaborates with	Examples of	х
	multidisciplinary and	involvement	
	interprofessional teams to	Multi-source feedback	
	manage risk and issues across	 Interview 	
	organisations and settings,		
	with respect for and		
	recognition of the roles of		
	other health professionals.		
	3.4 Advocates for, and	Interview	
	contributes to, organisational		
	learning.		
	3.5 Seeks feedback and	Multi-source feedback	
	involvement from individuals,	 Patient feedback 	
	families, carers, communities		
	and colleagues in safety and		
	and concagues in salety and		

	quality service improvements reviews.		
	3.6 Leads new practice and service redesign in response to feedback, evaluation and need, promoting best practice.	Examples of success	
	 3.7 Evaluates and audits own and others' clinical practice and acts on the findings. 3.8 Reflects on personal behaviour and practice, responding to learning opportunities. 3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and 	 Examples of successful change Interview Examples of reflective practice Interview Audits QI projects Attendance at QI training 	X
	evaluating their impact. 3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes.	 Examples of involvement Interview 	
	3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes.	 Examples of involvement Multi-source feedback 	
Safeguarding Vulnerable Groups	4.1 Recognises and takes responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.	 Safeguarding courses Interview 	
	4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care.	EDI trainingInterview	
Education and Training	5.1 Critically assesses own learning needs and ensures a personal development plan reflects both clinical practice and the relevant generic capabilities to lead and develop services.	 Audit Examples of success Interview 	x

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	5.2 Promotes and participates	•	Evidence of teaching	
	in individual and team		and training of	
	learning; supporting the		medical/dental students	
	educational needs of		or trainees or allied	
	individuals and teams for uni-		health professionals.	
	professional, multidisciplinary	•	Examples of	
	and interprofessional learning.		involvement	
	,	•	Outcomes / audit	
	5.3 Identifies and creates safe	•	Guideline awareness	
	and supportive working and			
			and successful examples	
	learning environments.			
	5.4 Can act as a role model,	•	Examples of role	
	educator, supervisor, coach or			
	mentor for medical and non-			
	medical practitioners.	<u> </u>		
	5.5 Creates effective learning	٠	Examples of teaching	
	opportunities and provides		successes	
	developmental feedback, both	•	Interview	
	verbally and in writing, to			
	learners and doctors/dentists			
	in training, as required by the			
	role.			
	5.6 Plans and provides	•	Teaching experience	
	effective teaching and training		examples	
	activities as required by the			
	role.			
	5.7 Understands how to raise	•	Examples of successful	
	concerns about the behaviour		interventions	
	or performance of any learner		Interview	
	who is under their clinical	•		
	supervision (leadership).			
	5.8 Takes part in patient	•	Examples	
	education.	•	Patient feedback	
Research and	6.1 Keeps up-to-date with	•	Examples of CPD – diary	
Scholarship	current research and best		with reflection	
	practice in the individual's			
	specific area of practice,			
	through appropriate			
	continuing professional			
	development activities and			
	their own independent study			
	and reflection.			
	6.2 Critically appraises and	•	Participation in research	
	understands the relevance of		training courses or	
	the literature, conducting		recruitment for NIHR	
	literature searches and		research studies	
	reviews; disseminates best			
		•	Presentation/publication	
	practice including from quality		of conference abstract	
	improvement projects.	•	Reviewer of papers/	
			conference abstracts	

	 Publications, including guideline development Interview
6.3 Locates and uses clinical guidelines appropriately.	 Examples in clinical practice Interview knowledge of relevant guidelines
6.4 Communicates and interprets research evidence in a meaningful way for patients to support shared decision-making.	 Examples of implementation of evidence-based change
6.5 Works towards identifying the need for further research to strengthen the evidence base or where there are gaps in knowledge, networking with teams within and outside the organisation.	 Evidence of research activities and knowledge of current limitations in evidence Interview