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

	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 and manages a patient, formulating a prioritised differential diagnosis, initiating an appropriate management plan, and reviewing and adjusting this depending on the outcomes of treatment.	 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 difficulties of dealing with complexity and uncertainty in the care of patients; employing expertise and clinical decision-making skills of a senior and independent/ autonomous practitioner. (All senior doctors/dentists (including consultants and GPs) work independently/autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.)	• See 1.3 for examples	X
1.5 Critically reflects on own competence, understands own limits, and seeks help when required.	See 1.3 for examples	X
1.6 Communicates effectively and is able to share decision-making with patients, relatives and carers; treats patients as individuals, promoting a person-centred approach to their care, including selfmanagement.	See 1.3 for examples	X
1.7 Respects patients' dignity, ensures confidentiality and appropriate communication	See 1.3 for examplesEDI 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		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		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,			
	approaches and techniques so		leadership	
	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	- Interview	
	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	- Interview	
	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.	at Hullian Factors course	
	3.3 Collaborates with	Examples of	Х
	multidisciplinary and	involvement	^
	interprofessional teams to	Multi-source feedback	
	manage risk and issues across		
	organisations and settings,	Interview	
	with respect for and		
	recognition of the roles of		
	other health professionals.		
	3.4 Advocates for, and	• Intonvious	
	-	 Interview 	
	contributes to, organisational		
	learning. 3.5 Seeks feedback and	a Maria and a feet discour	
		Multi-source feedback Daties of feedback	
	involvement from individuals,	 Patient feedback 	
	families, carers, communities		
	and colleagues in safety and	1	

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

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

6.3 Locates and uses clinical guidelines appropriately.	 Publications, including guideline development Interview 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