Specialist grade

# Template person specification

## Capabilities

As all the capabilities are taken from the General Medical Council’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 a person specification template’](https://www.nhsemployers.org/sites/default/files/2022-09/Specialist-grade-notes-on-a-person-specification.pdf). 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.

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| 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 ie, knowledge, skills and behaviours relevant to the role setting and scope. |  |  | * Work-based evidence using appropriate existing tools eg, scope of practice & workload as evidenced in job plan, log books, audit of personal practice, references from colleagues, evidence collected for annual appraisal and job planning
* Knowledge-based evidence eg, accredited courses, CPD diary, professional or higher qualifications
 | X |
|  | 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) works 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 self-management. |  |  | * See 1.3 for examples
 | X |
|  | 1.7 Respects patients’ dignity, ensures confidentiality and appropriate communication where potentially difficult or where barriers exist, eg, using interpreters and making adjustments for patients with communication difficulties. |  |  | * See 1.3 for examples
* EDI training
* Unconscious bias training
* Interview
 | X |
|  | 1.8 Demonstrates key generic clinical skills around the areas of consent, ensuring humane interventions, prescribing medicines safely and using medical devices safely. |  |  | * See 1.3 for examples
* Relevant courses
* Interview
 |  |
|  | 1.9 Adheres to professional requirements, participating in annual appraisal, job planning and reviews of performance and progression. |  |  | * Evidence of appraisal and addressing objectives
 | X |
|  | 1.10 Awareness of legal responsibilities relevant to the role, such as around mental capacity and deprivation of liberty; data protection; equality and diversity. |  |  | * Interview
* Evidence of learning/courses/ qualifications in specific specialties
* Job plan
* Interview
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|  | 1.11 Applies basic principles of public health; including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention, as relevant to their specialty. |  |  | * Job plan
* Interview
 |  |
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| **Leadership and teamworking** | 2.1 Awareness of their leadership responsibilities as a clinician and demonstrates appropriate leadership behaviour; managing situations that are unfamiliar, complex or unpredictable and seeking to build collaboration with, and confidence in, others. |  |  | * Examples of initiatives taken that have effected change
* Examples of involvement in collaborative leadership work
* Interview
 | X |
|  | 2.2 Demonstrates understanding of a range of leadership principles, approaches and techniques so can adapt leadership behaviours to improve engagement and outcomes – appreciates own leadership style and its impact on others. |  |  | * Leadership courses
* Evidence of effective leadership
 |  |
|  | 2.3 Develops effective relationships across teams and contributes to work and success of these teams – promotes and participates in both multidisciplinary and interprofessional team working. |  |  | * Evidence of participation in or leading MDT
* Evidence of teamwork

Interview |  |
|  | 2.4 Critically reflects on decision-making processes and explains those decisions to others in an honest and transparent way. |  |  | * Evidence of reflective practice
* Interview
 |  |
|  | 2.5 Critically appraises performance of self, colleagues or peers and systems to enhance performance and support development. |  |  | * Examples of successful situations
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|  | 2.6 Demonstrates ability to challenge others, escalating concerns when necessary. |  |  | * Interview
 |  |
|  | 2.7 Develops practice in response to changing population health need, engaging in horizon scanning for future developments. |  |  | * Log book
* Outcome data/audit

Interview |  |
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| **Patient safety and** **quality improvement** | 3.1 Takes prompt action where there is an issue with the safety or quality of patient care, raises and escalates concerns, through clinical governance systems, where necessary. |  |  | * Reflective practice with examples
* Interview
 | X |
|  | 3.2 Applies basic human factors principles and practice at individual, team, organisation and system levels. |  |  | * Multi-source feedback
* Interview
* Evidence of attendance at Human Factors course
 |  |
|  | 3.3 Collaborates with multidisciplinary and interprofessional teams to manage risk and issues across organisations and settings, with respect for and recognition of the roles of other health professionals. |  |  | * Examples of involvement
* Multi-source feedback
* Interview
 | X |
|  | 3.4 Advocates for, and contributes to, organisational learning. |  |  | * Interview
 |  |
|  | 3.5 Seeks feedback and involvement from individuals, families, carers, communities and colleagues in safety and quality service improvements reviews. |  |  | * Multi-source feedback
* Patient feedback
 |  |
|  | 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. |  |  | * Examples of successful change
* Interview
 | X |
|  | 3.8 Reflects on personal behaviour and practice, responding to learning opportunities. |  |  | * Examples of reflective practice
* Interview
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|  | 3.9 Implements quality improvement methods and repeats quality improvement cycles to refine practice; designing projects and evaluating their impact. |  |  | * Audits
* QI projects
* Attendance at QI training
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|  | 3.10 Critically appraises and synthesises the outcomes of audit, inquiries, critical incidents or complaints and implements appropriate changes. |  |  | * Examples of involvement
* Interview
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|  | 3.11 Engages with relevant stakeholders to develop and implement robust governance systems and systematic documentation processes. |  |  | * Examples of involvement
* Multi-source feedback
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| **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
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|  | 4.2 Applies appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care. |  |  | * EDI training
* Interview
 |  |
| **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 |
|  | 5.2 Promotes and participates in individual and team learning; supporting the educational needs of individuals and teams for uni-professional, multidisciplinary and interprofessional learning. |  |  | * Evidence of teaching and training of medical/dental students or trainees or allied health professionals.
* Examples of involvement
* Outcomes / audit
 |  |
|  | 5.3 Identifies and creates safe and supportive working and learning environments. |  |  | * Guideline awareness and successful examples
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|  | 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 successes
* Interview
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|  | 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
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|  | 5.8 Takes part in patient education. |  |  | * Examples
* Patient feedback
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| **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
* Publications, including guideline development
* Interview
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|  | 6.3 Locates and uses clinical guidelines appropriately. |  |  | * Examples in clinical practice
* Interview knowledge of relevant guidelines
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|  | 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
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|  | 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
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