

Joint Committee on Intercollegiate Examinations

Structured Reference Form

(to be read in conjunction with Guidance Notes for Referees and examination Regulations)

Section A – to be completed by Applicant

Specialty	
Examination Date	
Examination Closing Date for Applications	
Applicant's Last Name	
Other Names in full	
Home Address	
Postcode	
GMC/IMC Number	
Date of Birth (day/month/year)	

Sections B – H inclusive – to be completed by Referee

Guidance for Referees:

- UK & Republic of Ireland Trainees:
 - The Training Programme Director (i.e. Principal Referee) confirms that the applicant has acquired the applied knowledge and clinical skills to be assessed at the level of a Day 1 Consultant in the generality of the Specialty
 - The applicant must satisfy one of the following criteria:
 - Completion of Phase 2 of the relevant specialty curriculum with an ARCP Outcome 1
 - Be a maximum of 2 WTE clinical years in advance of their indicative CCT/CCST date and have an ARCP Outcome 1 at that point in their training
- If the applicant is not on a training programme then you must be satisfied that the applicant has equivalent experience at the level stated above for UK and Republic of Ireland trainees and has had specific training in the areas of surgical practice which will be examined in the Section 2 component of the examination and satisfies all the criteria as defined in the Guidance Notes for Applicants.
- The applicant has, in the last 4 years, undertaken appropriate training in those areas of surgical practice that will be examined in the Section 2 component of the examination.
- The applicant regularly attends the Higher Surgical Training Programme and/or has attended appropriate training courses and has knowledge of the literature relevant to the specialty.

Information on poorly performing candidates will be fed back to referees. Signing up an applicant who does not meet the above criteria and whose performance in the examination is excessively poor could be perceived as a potential probity issue for the referee with regard to patient safety.

Section B

Referee's Name			
Position			
GMC/IMC Number			
Hospital Address			
Post Code			
Telephone			
Fax			
Mobile			
E-mail			
Please tick relevant box(s)			
Programme Director	<input type="checkbox"/>	Clinical/Medical Director	<input type="checkbox"/>
Consultant Trainer	<input type="checkbox"/>	Head of Department	<input type="checkbox"/>
Supervising Consultant	<input type="checkbox"/>		
Senior Colleague on UK/Irish Medical Register	<input type="checkbox"/>		
Chairman/Member Regional Training Committee	<input type="checkbox"/>		

My detailed comments on the above applicant's suitability to take this examination are as follows:

Section C – Diagnostic Skills [See accompanying Guidance Notes on Diagnostic Skills]

Section D – Clinical Management [See accompanying Guidance Notes on Clinical Management]

Section E – Technical Operative Skills [See accompanying Guidance Notes on Technical Operative Skills]

Section F – Professionalism & Probity [See accompanying Guidance Notes on Professionalism]

Section G – Communication & Language Skills [See accompanying Guidance Notes on Communication & Language Skills]

Declaration

I declare that:

please



1. I confirm that my name appears on the UK or Irish Medical Register
2. I confirm that I have read and understood the standards set out in the Guidance Notes for Referees and the relevant general and specialty-specific standards set out in the Intercollegiate Surgical Curriculum for the award of the Certificate of Completion of Training (CCT) by the GMC or the award of Certificate of Completion of Specialist Training (CCST) by the Royal College of Surgeons in Ireland and have completed this structured report with reference to those standards.
3. I confirm that I have direct knowledge of the applicant's current clinical practice within the last 2 years **[applicable to all referees except Training Programme Directors]**.
4. I confirm that I am the applicant's Training Programme Director and confirm that:
 - The applicant has acquired the applied knowledge and clinical skills to be assessed at the level of a Day 1 Consultant in the generality of the specialty
 - The applicant satisfies one of the following criteria:
 - Has completed Phase 2 of the relevant specialty curriculum with an ARCP Outcome 1
 - Is a maximum of 2 WTE clinical years in advance of their indicative CCT/CCST date and has an ARCP Outcome 1 at that point in training**[applicable to Training Programme Directors only]**
5. I confirm that I have examined the applicant's portfolio including logbook and summary of operative experience and that this is commensurate with a UK or Ireland trainee within 2 years of CCT or CCST respectively.
6. I accept that I have a responsibility to the profession and confirm that the information contained in this reference is true and accurate and referenced to Good Medical Practice.
7. I confirm that, to the best of my knowledge, the information I have given in this structured reference is true and accurate. I understand that it will be used by the Intercollegiate Specialty Board in its evaluation of this doctor's application for entry to the Intercollegiate Specialty Examination.

Section H

I confirm that I am _____, the sponsoring referee named above and have no reservations about this candidate's application for entry to the examination.

Date: _____

For Applicants not in a Training Programme (to be completed for the Principal Referee Statement Only)

UK Applicants: I confirm that I am the Director of Medical Education or Nominated Deputy in the applicant's place of employment, that this referee statement has been completed by an appropriate individual, that the applicant has complied with annual appraisal and has no restrictions on his/her clinical practice

Republic of Ireland Applicants: On behalf of the Royal College of Surgeons in Ireland I confirm that this referee statement has been completed by an appropriate individual, that the applicant has complied with maintenance of professional competence and that he/she has no restriction on clinical practice

Name: _____

Signature: _____

Designation: _____

Date: _____