# Detailed references are an essential component of our assessment of applications for the Fellowship. References should be based solely on first-hand knowledge of the candidate. We emphasise the importance placed on the reference form in assessing the suitability of the candidates for joining the Fellowship programme. The Trust will contact referees to verify references before candidates are accepted.

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| **Your Details (Referee’s details)** |
| **Name**  |  |
| **Job Title and Work Address** |  |
| **If you are a Member/Fellow of the Royal College of Psychiatrists** | Membership No:  |
| **Official Email Address**  |  |
| **Telephone number**  |  |

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| **CANDIDATE’S DETAILS**  |
| **Candidate’s Full Name**  |  |
| **Since when have you known this candidate?**  |  |
| **In what capacity do you know the candidate?****(eg tutor, clinical director, colleague, Clinical Supervisor, Head of the Department etc)** |  |
| **This reference covers the period:** | From:To: |
| **Did you have a supervisory role during the candidate’s postgraduate training in psychiatry?** | Yes / No |
| **If Yes** | I supervised the doctor From:To:and please complete **ALL** sections |
| **If No** | Please skip **Section 1 TR**and complete **Section 2** |

**SECTION 1TR**

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| **Section1 TR : Confirmation of Assessment of knowledge, skills and competencies during postgraduate training in psychiatry**(Candidates are asked to submit details of syllabus, training content and duration of the training with the application) |
| **Competency** | **Please comment on the candidate’s competency and experience - with some specific examples wherever possible** | **How was the competency assessed during the postgraduate training?****(eg written/clinical examination, Workplace based assessment, patient/peer feedback etc)** |
| Knowledge of relevant Basic Sciences and Clinical Topics in Psychiatry |  |  |
| Ability to independently take a competent history and perform an examination on adult patients who present with a full range of psychiatric disorders (including subspecialties) |  |  |
| Ability to construct a formulation of patients with a full range of psychiatric disorders including sub-specialties and complex cases incorporating differential diagnosis and aetiology |  |  |
| Ability to construct a comprehensive treatment and plan addressing biological, psychological and socio-cultural domains |  |  |
| Ability to perform a competent risk assessment and construct a defensible risk management plan and be able to perform a competent assessment of a patient who may require intervention (against their wish) using relevant mental health or capacity legislation |  |  |
| Ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions |  |  |
| Ability to record appropriate aspects of clinical assessments and management plans properly showing good awareness of clinical/medico-legal implications of record keeping |  |  |
| Ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances |  |  |
| Ability to work effectively with colleagues, including team work |  |  |
| Commitment to CPD (Continuous Professional Development) and ability to maintain a Personal Development Plan (PDP) |  |  |
| Evidence of being a ‘Reflective Practitioner’ |  |  |

**SECTION 2**

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| **KNOWLEDGE & General Clinical Skills**  |
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| **PROFESSIONALISM, Attitudes Behaviour and interpersonal relationships with patients, carers, colleagues and other agencies**.  |
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| **rECORD KEEPING, Communication skills and team work**. |
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| **LEADERSHIP and management roles / administrative responsibilities**. |
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| **teaching** |
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| **research** |
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| **AUDIT/QUALITY IMPROVEMENT ACTIVITIES** |
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| 1. **DECLARATION**

**I confirm that the information I have provided is based on my first-hand knowledge of the candidate and I hereby agree to act as a referee for the above-named candidate. I agree that I am happy to be contacted by the Trust (**Kent & Medway NHS and Social Care Partnership Trust , KMPT**) to clarify and confirm the information provided by the candidate in their application form.** |
| *Signature*  |  |
| *Your Name*  |  |
| *Date*  |  |