# Structured Reference Form

[Reference Form available from [www.jscfe.co.uk](http://www.jscfe.co.uk)]

(to be read in conjunction with Guidance Notes for Referees) [Click Here](https://www.jscfe.co.uk/Utils/DocumentGenerator.aspx?Type=CMS&docID=15eddf3f-a534-4194-b678-8df7bb212c75)

and

Regulations relating to the JSCFE Examinations [Click Here](https://www.jscfe.co.uk/Content/content.aspx?ID=14)

## This form must be submitted in typed format

**Section A – to be completed by Applicant**

|  |  |
| --- | --- |
| Specialty |  |
| Examination Date |  |
| Examination Closing Date for Applications |  |
| Surname/Last Name/Given Name |  |
| Other Names in full | S |
| Home Address |  |
| Zip Code |  |
| Date of Birth (dd/mm/yyyy) |  |

**Sections B – G inclusive – to be completed by Referee**

**Section B**

|  |  |
| --- | --- |
| Referee Name |  |
| Current Post |  |
| E-mail |  |
| Mobile |  |
| Telephone |  |
| Fax |  |
| Hospital Zip Code |  |
| Hospital Address |  |

|  |
| --- |
| **Please tick relevant box(s)**  Current Head of Department  Head of Recognised Training Committee/Programmer  Senior clinician who has worked with the applicant in the last two years |

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

**Please consider your comments with reference to the syllabus section of your specialty on the JSCFE website –** [**www.jscfe.co.uk**](https://www.jscfe.co.uk) **and the Guidance Notes for Referees** [**Click Here**](https://www.jscfe.co.uk/Utils/DocumentGenerator.aspx?Type=CMS&docID=15eddf3f-a534-4194-b678-8df7bb212c75) **and respond with as much relevant information as you can under each of the following headings to guide the JSCFE Specialty Board.**

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

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

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|  |

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

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|  |

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

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| **Declaration** [please complete Declaration Nos. 1 - 8]  **I, the undersigned, declare that:** | | **please select** |
| 1. | I confirm I am the current Head of Department or Head of a Recognised Training Committee/Programme (applicable to Principal Referee only). |  |
| 2. | I confirm that I have direct experience of the applicant’s current clinical practice within the last 2 years (mandatory for 2nd and 3rd referee – Senior clinician). |  |
| 3. | 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 JSCFE syllabus and have completed this structured report with reference to those standards. |  |
| 4. | I confirm that I have examined the applicant’s portfolio including logbook and summary of operative experience. |  |
| 5. | I confirm that the applicant has achieved the knowledge base to be assessed as a recognised specialist (day one NHS UK/Ireland consultant standard) in the generality of the specialty. |  |
| 6. | I confirm that the applicant has sufficient clinical experience to be assessed as a recognised specialist (day one NHS UK/Ireland consultant standard) in the generality of the specialty. |  |
| 7. | I accept that I have a responsibility to the profession and confirm that the information contained in this reference is true and accurate. |  |
| 8. | 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 JSCFE Specialty Board in its evaluation of this doctor’s application for entry into the examination. |  |
| Section G | |  |
| I have **no reservations** about this candidate’s application for entry to the examination and  confirm that, in my view, he/she meets the required standard to be assessed as a recognised specialist (day one  NHS UK/Ireland consultant standard) in the generality of the specialty. | |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section H – For official use only:**

This reference has been approved as acceptable evidence in support of the applicant’s eligibility: Yes  No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_