

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT:

If this form has been pre-populated by your Deanery/HEE local team, please check all details, cross out errors and write on amendments. **By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.** It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/HEE local team remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

| | | | | | | | |
|-----------------------------------------------------------------------------------------|--|----------------------------------|--------------------------|-----------------------------------------------------------------------|--|----------------------------------------------|--|
| Forename: | | | | GMC-registered surname: | | | |
| GMC Number: | | Deanery / HEE Local Team: | | Health Education England – North West | | | |
| Date of Birth: | | Gender: | | Immigration Status: | | | |
| | | | | (e.g. resident, settled, work permit required) | | | |
| Primary Qualification: | | | | Date awarded: | | | |
| | | | | | | | |
| Medical School awarding primary qualification (name and country): | | | | | | | |
| | | | | | | | |
| Home Address: | | | | Contact telephone: | | | |
| | | | | | | | |
| | | | | Contact mobile: | | | |
| | | | | | | | |
| | | | | Preferred email address for all communications: | | | |
| | | | | | | | |
| Please tick <u>only one</u> of these six options: | | | | Programme Specialty: | | | |
| | | | | | | | |
| I confirm I have been appointed to a programme leading to award of CCT. | | | <input type="checkbox"/> | Specialty 1 for Award of CCT (if applicable): | | | |
| I confirm that I will be seeking specialist registration by application for a CESR. | | | <input type="checkbox"/> | Specialty 2 for Award of CCT (if applicable): | | | |
| I confirm that I will be seeking specialist registration by application for a CESR CP. | | | <input type="checkbox"/> | | | | |
| I confirm that I will be seeking specialist registration by application for a CEGPR. | | | <input type="checkbox"/> | Royal College/Faculty assessing training for the award of CCT: | | | |
| I confirm that I will be seeking specialist registration by application for a CEGPR CP. | | | <input type="checkbox"/> | (if undertaking full prospectively approved programme) | | | |
| I confirm that I am a core trainee, not yet eligible for CCT. | | | <input type="checkbox"/> | Anticipated completion date of current programme, if known: | | | |
| Training Grade: | | Date started: | | Post Type or Appointment: | | Full time or % of Full time Training: | |
| | | | | (e.g. LAT, Run Through, higher, FTSTA) | | (e.g. Full Time, 80%, 60%) | |
| FOR DEANERY/HEE USE ONLY | | | | | | | |
| National Training Number/Deanery Reference Number: | | | | GMC Programme Approval Number: | | | |
| | | | | | | | |

{If newly registering, attach passport-sized photo of face here}

For R Part B

Self-declaration for the Revalidation of Doctors in Training

IMPORTANT:

If this form has been pre-populated by your Deanery/HEE local team, please check all details, cross out errors and write on amendments. **By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.** It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/HEE local team remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

Failure to appropriately complete a Form R Part B when requested may result in an Outcome 5 at ARCP (Gold Guide V6, 7.74).

Section 1: Doctor's details

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|--|
| Forename: | | GMC-registered surname: | |
| GMC Number: | | Primary contact email address: | |
| For reasons of security and due to frequent system failures with internet email accounts, you are strongly advised to provide an 'NHS.net' email address. | | | |
| Current Deanery/HEE local team: | Health Education England – North West | | |
| Previous Designated Body for Revalidation (if applicable): | | | |
| Current Revalidation date: | | Date of <u>previous</u> Revalidation (if applicable): | |
| Programme/ Training Specialty: | | Dual specialty (if applicable): | |

Section 2: Whole Scope of Practice

Read these instructions carefully!

Please list all placements in your capacity as a registered medical practitioner **since last ARCP (or since initial registration to programme if more recent)**. This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. OOP, mat leave, career break, etc.; (3) any voluntary or advisory work, work in non-NHS bodies, or self-employment; (4) any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the dates and number of shifts worked in each locum employer-entry.

Please add more rows if required, or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.

| Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.) | Start Date | End date | Was this a training post? Y/N | Name and location of Employing/ Hosting Organisation/GP Practice (Please use full name of organisation/site and town/city, rather than acronyms) |
|--------------------------------------------------------------------------------------|------------|----------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | |
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| | | | | |

| TIME OUT OF TRAINING ('TOOT') | Reason | Days |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <p>Self-reported absence whilst part of a training programme since last ARCP (or, if no ARCP, since initial registration to programme). Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/Deanery/HEE in recalculation of the date you should end your current training programme. Partial days must be rounded up.</p> <p>Enter 0 for any reasons where you have not had Time Out Of Training.</p> <p>If you want to clarify your TOOT further, enter a comment in the Health Declaration below.</p> | ✓ Short- and long-term sickness absence | |
| | ✓ Parental leave (incl. maternity/paternity leave) | |
| | ✓ Career breaks within a programme (OOPC) and non-training placements for experience (OOPE). | |
| | ✓ Paid/unpaid leave (e.g. compassionate, jury service) | |
| | ✓ Unpaid/unauthorised leave including industrial action | |
| | ✓ Other (see note below first) | |
| | TOOT does not include study leave, paid annual leave, prospectively approved Out of Programme Training/Research (OOPT/OOPR) or periods of time between training programmes (e.g. between core and higher training). | |
| TOTAL (NOTE: The above fields must <u>also</u> be completed): | | |

Section 3: Declarations relating to Good Medical Practice

These declarations are compulsory and relate to the Good Medical Practice guidance issued by the GMC.

Honesty & Integrity are at the heart of medical professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice, and is covered in Good Medical Practice.

A statement of **health** is a declaration that you accept the professional obligations placed on you in Good Medical Practice about your personal health. Doctors must not allow their own health to endanger patients. Health is covered in Good Medical Practice.

1) I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty & integrity.

Please tick/cross here to confirm your acceptance

** If you wish to make any declarations in relation to honesty & integrity, please do this in Section 6.*

2) I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Please tick/cross here to confirm your acceptance

3a) Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing Trust or other organisation?

Yes - Go to Q3b

No - Go to Q4

3b) If YES, are you complying with these conditions/ undertakings?

Yes - Go to Q4

4) Health statement – Writing something in this section below is **not compulsory**. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the ARCP/RITA panel or Responsible Officer knew about, please do so below.

Section 4: Update to previous Form R Part B – If you have previously declared any Significant Events, Complaints or Other Investigations on your last Form R Part B, please provide updates to these declarations below.

Please **do not** use this space for new declarations. These should be added in Section 5 (New declarations since your previous Form R Part B).

Please continue on a separate sheet if required. Title the sheet 'Appendix to previous Form R Part B update', and attach to this form.

****REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

- 1) **If you did not declare Significant Events, Complaints or Other Investigations on your previous Form R Part B, check this box and go to Section 5**
- 2) **If any previously declared Significant Events, Complaints or Other Investigations have been resolved since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.**
(Add additional lines if required).

Significant event: Complaint: Other investigation:
Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____
Location of entry in Portfolio _____

**
Significant event: Complaint: Other investigation:
Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____
Location of entry in Portfolio _____

**
Significant event: Complaint: Other investigation:
Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____
Location of entry in Portfolio _____

- 3) **If any previously declared Significant Events, Complaints or Other Investigations remain unresolved, please provide a brief summary below, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.**

Section 5: New declarations since your previous Form R Part B

Significant Event: The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

Complaints: A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of honesty & integrity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice. Use non-identifiable patient data only.

Other investigations: Any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP panel or Responsible Officer should be made aware of. Use non-identifiable patient data only. Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations', and attach to this form.

****REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) Please tick/cross ONE of the following only:

- I do NOT have anything new to declare since my last ARCP/RITA/Appraisal
- I HAVE been involved in significant events/complaints/other investigations since my last ARCP/RITA/Appraisal

2) If you know of any RESOLVED significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. (Add additional lines if required).

Significant event: Complaint: Other investigation:
Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____
Location of entry in Portfolio _____

**
Significant event: Complaint: Other investigation:
Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____
Location of entry in Portfolio _____

**
Significant event: Complaint: Other investigation:
Date of entry in Portfolio _____ Title/Topic of Reflection/Event _____
Location of entry in Portfolio _____

3) If you know of any UNRESOLVED significant events/complaints/other investigations since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

Section 6: Compliments - Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio, to help give a better picture of your practice as a whole. Please use a separate sheet if required. **This section is not compulsory.**

Trainee Self-assessment & declaration for use in ARCPs during COVID 19 Pandemic
Self-declaration and Educational supervisor validation for the Doctors in Training ARCPs during COVID 19 Pandemic

IMPORTANT:

Please prepopulate this form with the information about your training since your last ARCP review, or if this is the first scheduled ARCP in your programme, since the start of your current period of training.

Please comment on:

- Your self-assessment of progress up to the point of COVID 19 (up to 23 March 2020)
- How your training may have been impacted by COVID 19 e.g. if you have not been able to acquire required competences/capabilities through lack of appropriate learning opportunities or cancellation of required exams/courses
- Any other relevant information

By signing this document, you are confirming that ALL details are correct and that you have made an honest declaration on accordance with the Professional standards set out by the General Medical Council in Good Medical Practice.

Section 1: Trainee self-assessment of progress

Please self-rate your progress in your training since your last ARCP using the three-point rating scale. Please include details of cancellation of teaching sessions/examinations

1) Below expectations for stage of training – needs further development (please say why?)

2) Satisfactory progress meeting expectations for stage of training but some required competencies not met due to COVID 19 (please list them briefly below)

3) Satisfactory progress for stage of training and required competences met

Please add any other information you wish to provide for the ARCP panel below:

Section 4: Trainee Check-in

Please indicate in response to the following:

1) I would like to have discussion about my training or current situation with my supervisor.

Yes

No

2) I have concerns with my training and/or wellbeing at the moment and would like to discuss with someone.

Section 5: Trainee Placement Changes

Please indicate any changes to your placement caused by your individual circumstances e.g. moving from frontline services for those in high-risk groups. Please include as much as information as possible including details of any periods of self-isolation with dates and/or changes as a consequence of Covid-19

1) Changes were made to my placement due to my individual circumstances

Yes - Go to 1a

No

1a) Please explain further how your placement was adjusted:

Section 6: Educational Supervisor (ES) Report/Validation

Please provide details of your Educational Supervisor in this section. **A copy of this form must be emailed to your educational supervisor.** This will give your Educational Supervisor (ES) the opportunity to review the information provided in the self-assessment declaration, comment and confirm/validate them and make a recommendation for the ARCP during COVID 19. This will be completed by the Educational Supervisor in your e-portfolio.

| | | | |
|-------------------------|--|--------------------------|--|
| Name of your ES: | | ES Email Address: | |
|-------------------------|--|--------------------------|--|

Section 7: Declaration

I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/HEE local team if I am aware of any changes to the information provided in this form.

I give permission for my past and present ARCP/RITA portfolios and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.

By signing this form, I confirm that the information above is correct and I will keep my Designated Body, and the GMC, informed as soon as possible of any change to my contact details.

| | | | |
|---------------------------|--|--------------|--|
| Trainee Signature: | | Date: | |
|---------------------------|--|--------------|--|

****Important****

**Please save a copy of this form, upload it to your e-portfolio for your training records and email a copy to your Educational Supervisor.
The ARCP Panel will review this as part of your evidence.**