

## Form R Part A and Part B Guidance

This information has been written to help you complete the Form R, which has two sections:

- Part A: Registration with the Deanery and Specialty Training Programme
- Part B: Self-Declaration for the Revalidation of Doctors in Training

Both parts of the form need to be completed when you register with the LETB for the first time on joining a Training Programme, then annually around the time of your assessment (ARCP / RiTA) Part A for re-registration and Part B as a requirement as part of your on-going revalidation.

The guide will go through each field on the form explaining how and what to complete. Fields indicated with a \* may be pre-populated on annual assessment Form Rs. Where a field is pre-populated, please check that the information is correct and update it if necessary

### Part A: Trainee Registration for Postgraduate Specialty Training

#### **Forename\***

Enter your first name here. Your name must match exactly the name on your GMC registration.

#### **GMC-registered surname\***

Enter your surname here. Your name must match exactly the name on your GMC registration.

#### **GMC\***

Enter your GMC number here.

#### **Deanery/LETB\***

Enter your LETB here. As a KSS trainee, please enter Health Education KSS (HEKSS).

#### **Date of Birth\***

Enter your date of birth here.

#### **Gender\***

Enter your gender here.

#### **Primary Qualification and date awarded\***

Enter your primary qualification and date awarded here.

#### **Medical School awarding primary qualification (name and country)\***

Enter the name and country of the Medical School from which you gained your primary qualification here.

**Attach Passport Size Photo**

If you are newly joining a Training Programme and registering with the LETB for the first time, please attach a passport size photo. If you are completing a Form R for your annual assessment, this is not essential.

**Current Home Address\*/Home phone\*/Mobile\***

Enter your personal contact details here.

**Current Work Address\*/ Work phone/Mobile\***

Please enter your current work contact details here. If you are newly joining a Training Programme and registering with the LETB for the first time, please leave blank.

**Preferred Email address for all communications\***

Enter your preferred email address here that you will check regularly.

**Immigration Status (e.g. resident, settled, work permit required)**

Enter your immigration status here. If under a Tier 2 visa please indicate your current sponsor.

If you will require a Certificate of Sponsorship from HEKSS for a Tier 2 visa please contact [asaunders@kss.hee.nhs.uk](mailto:asaunders@kss.hee.nhs.uk)

**Post Type or Appointment (e.g. LAT, Run Through, FTSTA etc.)\***

If this field is not pre-populated, please leave blank.

**Programme Specialty\***

If you are on a Core training programme or are a LAT or FTSTA appointee, please enter your training specialty here. If not, please leave blank.

**GMC Programme Approval Number (to be completed by Specialty Workforce Team)\***

If this field is not pre-populated, please leave blank.

**Deanery Reference Number (to be completed by Postgraduate Dean)\***

This is for Core Trainees (CT1-3) & LAT/FTSTA trainees only. If this field is not pre-populated, please leave blank.

**National Training Number (to be completed by Specialty Workforce Team on first registration)\***

If this field is not pre-populated, please leave blank. Please note that if you are in a Core Programme i.e. CT1, 2 or 3, or a FTSTA/LAT post then you will not have a National Training Number, you will have a Deanery Reference Number as stated on the left.

**Tick Box - I confirm that I have been appointed to a programme leading to award of a CCT**

If you have been appointed to a programme leading to the award of a Certificate of Completion of Training (CCT), please tick this box. This is for all trainees who have been appointed to a higher specialty training programme having completed a Core training programme or those appointed to a Run through training programme.

This does not apply to Core training programmes, LATs or FTSTA's, or people working towards CESR or CEGPR. If you are unsure, please contact your Specialty School contact.

**Tick Box - I confirm that I will be seeking specialist registration by application of a CESR**

LEAVE BLANK unless otherwise instructed by your Specialty School.

**Tick Box - I confirm that I will be seeking specialist registration by application of a CEGPR**

LEAVE BLANK. Only relevant for GP trainees.

**Specialty 1 for Award of CCT (if applicable), not relevant to Trainees in Core Training Programmes, LATs or FTSTAs**

If you are on a programme leading to the award of a CCT, please enter the main specialty here

**Specialty 2 for Award of CCT (if applicable), not relevant to Trainees in Core Training Programmes, LATs or FTSTAs**

If you are working towards accreditation in more than one specialty, please enter your secondary specialty here

**Provisional CCT Date (or CESR/CEGPR where applicable), if known, not relevant to Trainees in Core Training Programmes, LATs or FTSTAs**

This date should be the date you expect to complete your training if you are in a run through or higher specialist programme.

**Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme)**

Please enter the relevant Royal College/Faculty here.

**Initial Appointment to Programme (Full time or % of Full time Training)\***

Enter whether you are Full Time or Less Than Full Time (LTFT) here. If you are LTFT, please indicate the percentage.

**Date of entry to Grade/Programme (dd/mm/yyyy) (Substantive date started in programme of appointment)\***

Enter the date you started your programme or grade here.

**Trainee Signature**

Sign to confirm the information is correct.

**Signature of Postgraduate Dean or representative of PGD**

This will be completed after you return the form to HEKSS.

## Part B: Self-Declaration for the Revalidation of Doctors in Training

### Section 1: Doctor's details

**Forename\***

Enter your first name here. Your name must match exactly the name on your GMC registration.

**GMC-registered surname\***

Enter your surname here. Your name must match exactly the name on your GMC registration.

**GMC Number\***

Enter your GMC number here.

**Deanery/LETB\***

Enter your LETB here. As a KSS trainee, please enter Health Education KSS (HEKSS).

**Date of Birth\***

Enter your date of birth here.

**Gender\***

Enter your gender here.

**Date of previous Revalidation (if applicable)**

As revalidation is new, you will not have a previous revalidation date, so please leave blank.

**Name of previous Designated Body for Revalidation (if applicable)**

If you are newly joining HEKSS from another LETB, either through recruitment to a specialty training programme or Inter Deanery Transfer, please enter the name and details of the Postgraduate Dean from your previous LETB. If you are joining HEKSS from other employments (e.g. Clinical Fellow post etc.) please enter the name and details of the Medical Director/Responsible Officer of your employing organisation (including Locum Agencies).

**Specialty (e.g. Foundation, Core Medical Training, Anaesthetics, General Practice, Rheumatology, etc.)**

Please enter the Specialty Training programme you are in here not the specialty of your current post.

**If dual specialty, second specialty**

If you are working towards accreditation in a second specialty please enter it here.

**Current Home Address\*/Home phone\*/Mobile\***

Enter your personal contact details here.

### **Preferred Email address for all communications\***

Enter your preferred email address here that you will check regularly.

### **Section 2: Whole Scope of Practice**

Please indicate all placements/work that you have undertaken since your last ARCP. This includes all of your training posts; all locums, including within your own Trust; any out of programme or maternity leave; and all other work in your capacity as a registered medical practitioner. Please continue on a separate sheet if required.

### **Time out of training: Trainee self-reported absence since last ARCP/RITA as mandated by the GMC**

The GMC mandates that any trainees who have had absence from training for 14 days or more within a 12 month period must receive review at ARCP to determine whether an extension is required to the CCT date to allow the trainee to meet the training requirements of the training programme.

Please note a total of the number of days you have had absent from the programme since the last ARCP.

This doesn't include any study leave, annual leave or prospectively approved Out of Programme (allowance will already have been made for this).

### **Section 3: Declarations relating to Good Medical Practice**

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

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

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. Please see the GMC for more information:

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/honesty\\_integrity.asp](http://www.gmc-uk.org/guidance/good_medical_practice/honesty_integrity.asp)

Please tick here to confirm that you accept. You can make any declarations in section 6.

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

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. Please see the GMC for more information:

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

Please tick here to confirm that you accept. You can make a declaration in question 4 below.

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

Please indicate by ticking the appropriate box. This includes warnings from the GMC.

#### **3b. If yes, are you complying with these conditions/undertakings?**

Please indicate by ticking the appropriate box.

#### **4. Health statement**

Please declare any information in relation to your health that wish to make the ARCP/RITA panel or Responsible Officer aware of here.

#### **Section 4: Significant Events**

##### **1. Please tick/cross one of the following only**

- **I am NOT aware of any significant event investigations since my last ARCP/RITA/Appraisal**
- **I am aware of significant investigations since my last ARCP/RITA/Appraisal**

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.

Tick the appropriate box.

##### **2. If you know of any RESOLVED significant event 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).**

Almost all doctors are involved in events every year. The crucial point is to recognise them, to discuss them with your educational supervisor, and to have a record of the event and the reflection on the learning from it in your ePortfolio. The vast majority of events are learning opportunities. As part of the revalidation framework, you have to record and reflect on "significant events" in your work and to focus on what you have learnt as a result of the events.

Use non-identifiable patient data only.

Please note that you only need to declare Significant Events/Serious Incidents that have been, or are being, formally investigated. You do not need to declare any Significant Events/Serious Incidents that have not been investigated.

Please complete the details of where reflections can be found within your portfolio. Clearly stating the date of the entry, the title of the entry, the location of the entry in the Portfolio, i.e. Personal library/ Folder titled "reflections"/Folder titled "resolved significant event investigations"/Title of Reflection.

##### **3. If you know of any UNRESOLVED significant event 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.**

If you know of any unresolved (i.e. open) significant event investigations since your last ARCP you will need to declare these and provide a brief summary. The ARCP panel will

discuss these investigations with you. Do not include any patient-identifiable data in this summary.

You do not need to declare Significant Events which you have reported but are not involved in.

### **Section 5: 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. All doctors should reflect on how complaints influence their practice. Use non-identifiable patient data only.

#### **1. Please tick/cross ONE of the following only:**

- **I am NOT aware of any complaints since my last ARCP/RITA/Appraisal**
- **I am aware of complaints since my last ARCP/RITA/Appraisal**

Tick the appropriate box.

You need to declare all formal complaints in which you have been involved. This includes complaints against you as an individual, or against a team in which you could have expected to have responsibility or influence into that patients care.

Only declare formal complaints.

#### **2. If you know of any RESOLVED complaints 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)**

You should reflect on how complaints influence your practice. If the complaint is resolved, as defined by the system/organisation under which the complaint was made, you need to state where this reflection is recorded in your ePortfolio. Clearly stating the date of the entry, the title of the entry, the location of the entry in the Portfolio, i.e. Personal library/ Folder titled "reflections"/Folder titled "Complaints"/Title of Reflection

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

If you know of any unresolved (i.e. open) complaints since your last ARCP you will need to declare these and provide a brief summary. The ARCP panel will discuss this with you. Do not include any patient-identifiable data in this summary.

### **Section 6: Other investigations**

In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

**1. In relation to being subject to any other investigation of any kind since my last ARCP/RITA/Appraisal, please tick/cross ONE of the following only:**

- I have nothing to declare
- I have something to declare

Tick the appropriate box.

Other investigations which will need to be declared may include honesty/probity or disciplinary investigations undertaken by your employer; GMC investigations; police investigations or coroner's investigations. This list is not exhaustive and you should disclose all investigations that the ARCP Panel or your Responsible Officer should be aware of.

Only declare formal investigations.

**2. If you know of any other RESOLVED 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)**

You will need to reflect on any of the above "other investigations" and how these influence your practice. If the investigation is resolved (i.e. closed) details must be present in your portfolio. You need to state where you have reflected on it in your ePortfolio. Clearly stating the date of the entry, the title of the entry, the location of the entry in the Portfolio, i.e. Personal library/ Folder titled "reflections"/Folder titled "other investigations"/Title of Reflection

**3. If you know of any other UNRESOLVED investigations since your last ARCP/RITA/Appraisal, please provide below a brief summary, including where you were working, the date of the incident/investigation, and your reflection where appropriate. If known, please identify what investigations are pending relating to the matter and which organisation is undertaking this investigation.** If you know of any unresolved (i.e. open) "other investigations) since your last ARCP you will need to declare these and provide a brief summary. The ARCP panel will discuss this with you. Do not include any patient-identifiable data in this summary.

### **Section 7: Compliments**

Compliments are another important piece of feedback. You may wish to detail here any compliments 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.

### **Signatures**

You are required to sign to confirm that the information you have provided is a true and accurate declaration at the point in time it is completed. You also agree to



immediately notify the deanery and your employer if you are aware of any change to the information provided.

And finally, you give permission for your past and present ARCP portfolios (covering a period of five consecutive years in total) to be viewed by your Responsible Officer and any appropriate person nominated by the Responsible Officer for the purposes of Revalidation.

**PLEASE NOTE ELECTRONIC SIGNATURE ARE NOT ACCEPTABLE, THEY MUST BE HANDWRITTEN.**

Once your form is submitted to the LETB, Part A will be signed by the Postgraduate Dean / Head of School / STC Chair / TPD as necessary. The original form will be held by the LETB with a copy being returned to you (the trainee) and another submitted to the relevant Medical Royal College.

Part B will be kept on your file and reviewed by the ARCP panel. It will be available to the Responsible Officer to view to make a recommendation for your revalidation.