Guidance for Completion of Form R Parts A & B
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Completing your Form R

The Form R is utilised for various purposes throughout a trainee’s time with HEE NE. The following guidance will take you through the form field-by-field, as well as providing technical and contextual information about what the form provides. Please read the following guidance in full before filling out your Form R.

Return of the Form R signals that the doctor has registered with the HEE NE for specialty training. It initiates the annual assessment process; and triggers the allocation of a National Training Number (NTN) where appropriate. All trainees will be required to complete a Form R at the beginning of their training period, and before each Annual Review of Competence Progression (ARCP).

Form R completion and acceptance is a mandatory part of every trainee’s training within the NHS, and the form must be accepted by HEE NE within the deadline set (usually either before you begin your specialty training, or before each ARCP where applicable). HEE NE may also request it to be completed in other circumstances, as deemed appropriate by the Responsible Officer (Postgraduate Dean).

About Completing your Form R
The Form R is in PDF format and can be opened on most computers using “Adobe Reader” or “Adobe Acrobat”. Once the form is opened, you may simply type your responses to each field into the pre-defined text boxes, please ensure all of the fields with a red border are populated, otherwise your Form will be rejected as incomplete and will need to be amended by the stated deadline. If you do not have access to these programmes, the form can be printed out and filled out by hand.

Important points:
- The form must be completed and returned as part of your ARCP documentation no later than two weeks before your ARCP and its contents should be discussed with your educational supervisor.
- It is vital that the form is completed as fully as possible with all information disclosed. Failure to complete the self-declaration will lead to an unsatisfactory ARCP outcome and raises the issue of probity.
- You cannot continue in training without revalidating your licence to practice.
- If your training occurs in another LETB or deanery, you are still required to complete Form R and ARCP documentation. If you are on Out of Programme (OOP) then documentation supporting this should be provided.
1. Part A

Part A of the Form R registers trainees onto a training scheme within Health Education England, North East (HEE NE); it includes your personal information, qualifications and Training Programme details. **Please ensure you read Part A carefully, as any missed fields or errors will result in rejection of the entire form.**

By signing the Form R Part A, you are agreeing that you will abide by the conditions of joining the training programme.

1.1 Forename & GMC Registered Surname

**Action:** Enter all legal Forenames and your GMC Registered Surname

1.2 Deanery/LETB

**Description:** The name of the Local Education and Training Board you will be undergoing your training with

**Action:** Enter “Health Education England, North East” in this field

1.3 Attach a Picture

**Description:** A recent photograph of you - we will only accept images that are clear and easily identifiable as yourself.

**Action:** Click into the photograph field to attach a photograph of yourself from your computer directly into the space provided, you do not need to resize the image once it has been inputted

1.4 Date of Birth

**Description:** Your legal date of birth

**Action:** Enter your date of birth in the format ‘DD/MM/YYYY’

**Example:** 29/01/1993

1.5 Immigration Status

**Description:** Your current immigration status to work within the United Kingdom

**Action:** Use the dropdown menu to select your immigration status

**Example:** “Work Permit Required”

1.6 Primary Qualification & Date Awarded

**Description:** Your primary medical degree abbreviation and the date this was awarded

**Action:** Enter your medical degree abbreviation followed by the date in format: DD/MM/YYYY

**Example:** “MBChB (Hons)” “MB BS”

1.7 Medical School Awarding Primary Certification

**Description:** The full name AND Country of the Medical school you graduated with your primary medical degree from

**Action:** Enter the full name and Country of the Medical school you graduated from

**Example:** “University of Liverpool, UK” “National and Kapodistrian University of Athens, Greece”
1.8 Address, Contact Telephone, Contact Mobile and Email Address
   **Description:** Full up to date contact details
   **Action:** Enter all contact details (address, phone numbers and email)

1.9 Please tick only one of these six options (CCT, CESR & CEGPR)
   **Description:** Confirms whether you are enrolled on a programme leading to a Certificate of Completion of Training (CCT), Certificate Confirming Eligibility for Specialist Registration (CESR), or a Certificate Confirming Eligibility for General Practice Registration. The majority of trainees will be enrolled on a programme leading to a CCT; however exceptions apply where trainees are not enrolling in a full training programme that will be ineligible for CCT
   **Action:** Click the button next to the option that applies to you

1.10 Programme Specialty
   **Description:** The specialty you will be training in with HEE NE
   **Action:** Select from the dropdown list of specialties the training programme you are appointed to
   **Example:** “Core Medical Training” “Paediatrics”

1.11 Specialty 1 for Award of CCT
   **Description:** If entering a dual CCT training programme, this will be your primary specialty
   **Action:** Select from the dropdown list of specialties the primary specialty for the dual CCT training programme you are appointed to. If you are not entering a dual CCT training programme, leave this field blank
   **Example:** “Cardiology” “Anaesthetics”

1.12 Specialty 2 for Award of CCT
   **Description:** If entering a dual CCT training programme, this will be your secondary specialty
   **Action:** Select from the dropdown list of specialties the secondary specialty for the dual CCT training programme you are appointed to. If you are not entering a dual CCT training programme, leave this field blank
   **Example:** “Allergy” “Clinical Genetics”

1.13 Royal College/Faculty Assessing Training for the Award of CCT
   **Description:** The Royal College associated with your training programme
   **Action:** Select from the dropdown list the college that matches your training programme
   **Example:** Royal College of Radiologists

1.14 Anticipated Completion Date of Current Programme
   **Description:** An estimated date of when you would finish your training programme, this can be usually be worked out by adding your total amount of training years to your starting date
   **Action:** Enter your estimated completion date manually or using the dropdown calendar
   **Example:** For an 8 year programme starting in August 2015, the date entered would be “04/08/2023”
1.15 Grade  
**Description:** Your current grade (for new starters, the grade you will be entering your Programme with).  
**Action:** Enter your current grade via the dropdown menu  
**Example:** “CT1”, “ST5”

1.16 Date Started  
**Description:** The date you began your current placement. If newly starting, enter your anticipated start date here  
**Action:** Enter the date you began your current placement/grade manually or using the dropdown calendar

1.17 Post Type or Appointment  
**Description:** Post type classifies which type of training appointment you are entering, unless you are entering a LAT (Locum Appointment for Training), FTSTA (Fixed Term Specialty Training Appointment), Run Through or Military scheme you should select either Core or Higher  
**Action:** Select from the drop down menu the post type that applies to you

1.18 Full Time or % of Full Time Training  
**Description:** The percentage of time you will be working during your training, Working full time would constitute 100%, if working less than full time (LTFT) you would enter the agreed upon percentage of full time training completed  
**Action:** Enter the percentage of full time training in numeric form  
**Example:** “100” “60”

1.19 Trainee Signature  
**Description:** You can now sign your Form R using a digital signature. This is a signature that assigns you a unique certificate verified against your email address which can be inputted on your computer, eliminating the need to print and sign your Form R. You may see detailed step by step guidance for signing with a digital signature in the appendix by clicking here, or on Adobe's official website here. Please ensure the email address entered into the digital signature matches the address you will be sending your form from.  
**Action:** Click into the signature field to begin signing your form
2. Part B
Part B of the Form R enables a doctor’s continued revalidation to practice within the UK. This section must be filled out annually, at most 8 weeks before your ARCP. Part B includes personal Information, scope of practice statements and various declarations relating to Good Medical Practice.

2.1 Forename & GMC Registered Surname
   Action: Enter all legal Forenames and your GMC Registered Surname

2.2 GMC Number
   Description: The 7 digit GMC (General Medical Council) reference number assigned when you were registered with the GMC

2.3 Date Of Birth
   Description: Your legal date of birth
   Action: Enter your date of birth in the format ‘DD/MM/YYYY’
   Example: 29/01/1993

2.4 Gender
   Action: Select the option that applies to you from the dropdown menu

2.5 Telephone & Primary contact email address
   Action: Enter your full up to date contact details

2.6 Deanery/LETB
   Description: The name of the Local Education and Training Board you will be undergoing your training with
   Action: This field is prepopulated with “Health Education North East”

2.7 Previous designated body for revalidation
   Description: If you are joining HEE NE from another LETB (Local Education and Training Board), either through recruitment to a specialty training programme or Inter Deanery Transfer, you should enter the details of your previous LETB. If you are joining HEE NE 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).
   Action: Enter the name of your previous LETB (if not applicable, leave this field blank)
   Example: “Health Education East Midlands”
2.8 Date of previous revalidation

**Description:** This field only applies if you have been revalidated in the past. Doctors are revalidated every 5 years of practice and at completion of CCT, if newly joining a training programme it is unlikely you have already been revalidated, and you should leave this field blank

**Action:** Enter the date of your previous revalidation, if you have not yet been revalidated please leave this field blank.

2.9 Programme / Training Specialty

**Description:** The specialty you will be training in with HEE NE

**Action:** Select from the dropdown list of specialties the training programme you are appointed to

**Example:** “Core Medical Training” “Paediatrics”

2.10 Dual Specialty (If Applicable)

**Description:** If entering a dual CCT training programme, this will be your primary specialty

**Action:** Select from the dropdown list of specialties the primary specialty for the dual CCT training programme you are appointed to. If not entering a dual CCT training programme, you should leave this field blank

**Example:** “Cardiology” “Anaesthetics”

2.11 Section 2: Whole Scope of Practice

**Description:** 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.

**Action:** Fill in each text box with the details of your work, select from the drop down menu for whether it was a training post (where training post is any post in which you were actively training under a LETB)

<table>
<thead>
<tr>
<th>Type of Work (e.g. name and grade of specialty rotation, Dop, maternity leave, etc.)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Was this a training post? Y/N</th>
<th>Name and location of Employing/Hosting Organisation/GP Practice (Please use full name of organisation/site and town/city, rather than acronyms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrics ST5</td>
<td>05/12/2012</td>
<td>03/12/2013</td>
<td>Yes</td>
<td>Addenbrooke’s Hospital, Cambridge</td>
</tr>
<tr>
<td>Maternity Leave</td>
<td>04/12/2013</td>
<td>03/06/2014</td>
<td>No</td>
<td>Addenbrookes Hospital, Cambridge</td>
</tr>
<tr>
<td>OOFR</td>
<td>04/06/2014</td>
<td>02/09/2014</td>
<td>No</td>
<td>Kings College, Cambridge University</td>
</tr>
</tbody>
</table>

**Example:**

Please read the instructions carefully as they are explicit in their requirements. Information should be recorded to capture the entire scope of your practice as a doctor. Please see appendix A for the whole scope of practice recommendation form for additional roles.

You must list:

- all the training posts you have undertaken since your last ARCP/RITA
- any time out of programme since your last ARCP
Health Education England

- Out of Programme (OOP) for training, experience, research, career break, or maternity leave. Periods of ill health should also be recorded if total time not at work was more than 2 weeks.
- any work as a locum
  - Needs to be listed for each employer (this should include locum work undertaken within the region but not in your training department / practice even if it was paid through the LET). If the work declared in your scope of practice was in a regulated NHS organisation, you were employed in an appropriate role and no problems have arisen (see subsequent sections), you will not be expected to produce additional evidence of your performance.
  - If undertaken through an agency, record the name of the agency.
  - If issues have arisen during these locum placements these must be discussed with your educational supervisor.
- any voluntary/advisory work, work in non NHS bodies, or self-employment.
  - Include any role where you have been working (or could be perceived as acting) as a registered medical practitioner and includes both paid and unpaid work. You must discuss these with your educational supervisor and be prepared to produce evidence of your performance in them if required. The evidence required needs to be proportionate to the significance of the role and agreed with your educational supervisor (and if needed the RO/Deputy RO). There are six types of supporting information that you may be asked to provide and discuss at your appraisal for all areas of work not within covered within your training post:
  1. Continuing professional development (CPD)
  2. Quality improvement activity
  3. Significant events
  4. Feedback from colleagues
  5. Feedback from patients
  6. Review of complaints and compliments
  - When listing the “Name and location of the Employing/Hosting Organisation...” you must include details of an individual who can if necessary be contacted for further information about your performance (generally their Responsible Officer/Medical Director if they have one).

The minimum requirement of evidence required is a declaration form from the Medical Director (or equivalent) of the host organisation

2.12 Number of Days TOOT (Time Out of Training)

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

Action: Enter your number of days out of training since your last ARCP, if you have not had any TOOT please enter “0” into this field
2.13 Section 3: Declarations relating to Good Medical Practice

Description: These declarations relate to the Good Medical Practice Guidance issued by the GMC, for further detail into the GMCs guidelines on good medical practice please click here.

1) Declaration relating to Honesty & Integrity, more information on this declaration can be accessed via the GMC by clicking here.

2) Declaration relating to personal health, more information on this declaration can be accessed via the GMC by clicking here. If you wish to make any declarations relating to personal health please do so below in part 4) Health Statement.

3) If answering “Yes” to Q3a “Do you have any GMC conditions...” you should briefly describe them/their context (to ensure that this correlates with the information held by the RO/HENE Revalidation team). Conditions imposed on your practice by the GMC should be declared on each Form R until they have expired.

4) Health Statement – If you would like to declare anything to the ARCP/RITA panel with regards to your personal health, please do so in this section.

Action: Please tick the appropriate boxes and type your health declaration into the available field

2.14 Section 4: Update to previous Form R Part B

Description: This section is used to update us of any significant events, complaints or other investigations that have been declared on your previous Form R. New declarations should not be inputted in this section, instead put any new events since your last ARCP/RITA in Section 5.

1) 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.

2) 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.

3) 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.

Action: Please input the details of where reflections can be located within your ePortfolio,
Significant events
Good educational practice involves reflecting on all events where your performance falls short of what might be expected of you and developing a plan to address your learning needs. This is the essence of personal development and your ARCP panel would expect to see evidence of this within your portfolio. A simple clinical event where you made an error (perhaps in prescribing) which was addressed through normal educational processes would not normally have to be listed on Form R, though this is a matter for personal interpretation and agreement with your educational supervisor.

The GMC requires that you declare any untoward clinical event in that you have been involved which has been subject to a formal investigation. These are usually classified as Serious Untoward Incidents (SUIs) and your involvement may be central or peripheral to the events.

All doctors are likely to be involved in significant events during their careers and as such they are not a barrier to revalidation. The important factor is that they are reflected upon as a learning event, so that personal and organisational performance can be improved.

You will need to provide evidence of reflection within your portfolio. This will be reviewed by your educational supervisor/ARCP panel, who will need to see that an action plan has been developed to address any learning needs.

An incident can be considered “RESOLVED” for revalidation purposes if evidence is contained within your educational portfolio that has been reviewed by your educational supervisor. Details should be recorded in Q2 of this section. If matters have not been resolved (perhaps because the investigation of them is still continuing at the time of your ARCP) then details should be included in Q3.

If an untoward event occurs whilst working outside of training placement the same process should be followed and you should agree with your educational supervisor where the documentation is held within your portfolio.

Once issues are resolved they are considered closed and do not need to be declared in subsequent years. If they are “UNRESOLVED” at the time of the ARCP then the expectation is that they would be addressed and included as “RESOLVED” by the next ARCP. If unresolved issues exist then the ARCP chair is likely to record this as “Some concern” in the revalidation section of the ARCP outcome form. This has no practical implications (other than highlighting that there is an issue which needs to be closed at the next ARCP) unless this occurs at an ARCP close to a revalidation date, when it may be necessary for the RO to ask the GMC to defer the revalidation for a period so that the issue can be resolved.

Complaints
The issues for complaints are similar to those detailed for significant events, namely that any complaint (written or verbal) which is the subject of a formal investigation needs to be declared together with evidence of the educational activity that it generated.

Other investigations
Issues declared here could be clinical or non-clinical in nature. They would include:

- investigations by your employer or the GMC since your last ARCP involving concerns about your honesty, integrity or conduct which have not been listed in Section 3
- police cautions/convictions arising from your activities outside work (including drink driving, possession of prohibited substances, theft). The police will automatically inform the GMC of these, but do not necessarily inform HENE or your employer. Cautions and convictions will
not necessarily be bars to revalidation, (unless they are part of a recurring pattern which leads to a GMC Fitness to Practice investigation) and need only be declared in the year in which they occur. You have a responsibility to notify your employer of these and failure to do so, or make a declaration about them on Form R may be regarded as a probity issue.
2.15 Section 5: New declarations since your previous Form R Part B

Description: This section is used to declare any new significant events, complaints or other investigations since your last ARCP/RITA panels.

1) 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.

2) 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.

3) 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.

Action: Please input the details of where reflections can be located within your ePortfolio, filling in every field where an event has been declared. You must not use patient identifiable information on this form.

2.16 Section 6: Compliments

Description: In this section you may declare any compliments you have received during your time in practice. This section is not compulsory, however declaring any compliments we are unaware of will help give us a better picture of your medical practice as a whole and can be useful for the appraisal panel.

2.17 Trainee Signature

Description: You can now sign your Form R using a digital signature. This is a signature that assigns you a unique certificate verified against your email address which can be inputted on your computer, eliminating the need to print and sign your Form R. You may see detailed step by step guidance for signing with a digital signature in the appendix by clicking here, or on Adobes official website by clicking here. Please ensure the email address entered into the digital signature matches the address you will be sending your form from.

Action: Click into the signature field to begin signing your form.
What Happens next?

Once your Form R is completed and you’ve verified that all of your information is correct, the next step is sending the form. The Form R must be submitted electronically via email; if we receive your Form R physically by post it will be rejected and not returned to you.

You should attach your Form R to an email and send it to the appropriate person at HEE NE. (If you are a specialty Trainee this is your named Specialty Programme Coordinator, or if you are a GP Trainee please send it to School Manager, Rachel Hardy).

HEE NE will then check your form to ensure everything is filled in and ready for the colleges approval. If your form is not complete, incorrect or ineligible it will be rejected, and you will be emailed with the specific reason(s) for rejection. If your form is rejected you must submit a corrected version by the original specified deadline, which is usually either before your first placement starts at HEE NE or eight weeks before each ARCP/RITA.

HEE NE can now accept digital signatures on your Form R, this means that the form can be filled and sent entirely on your computer with no need to print & scan. However if you would rather fill out the form by hand it will need to be scanned once completed to send electronically. If you’re not sure about access to scanners, please consult your trust for further advice.

Once your form has been accepted by HEE NE as complete you will be assigned a National Training Number (NTN). The NTN is used throughout your training for various uses, such as registering with your college’s ePortfolio and identifying you as a registered trainee within HEE NE. Your NTN will be sent via email to the same address the Form R is received from.
Appendix 1: Placing a Digital Signature Using Adobe Reader

A digital signature is a small box of text that you can place on a document to verify that you have ‘signed’ the document. It does not look like a handwritten signature.

Here is a picture of a digital signature. When it is placed in a document it carries hidden information which verifies who has placed the signature and confirms that the document has not been altered.

The information on here is about placing a signature using Adobe Reader. This you can download for free from this website: [http://www.adobe.com/uk/products/reader.html](http://www.adobe.com/uk/products/reader.html)

It works with either Windows or Mac OSX or iOS.

Signing your Form R is the last step in completing your form, signing the form before entering all the data will invalidate the signature and your form will be rejected.

Please follow the instructions in this document so that you can apply a digital signature to your HEE NE forms. Further guidance can be obtained from Adobes official website by clicking here.

1. Click into the signature field to begin signing the Form R
2. This will summon the digital signature wizard, select “A new digital ID I want to create now” then click “Next”
3. Click “Windows Certificate Store” followed by “Next”

4. Enter your full GMC registered name, email address and country, once complete click “Finish”. Please note, the email address entered here must match the address registered at HEE NE and your Form R must also be submitted to us from this same email address. If these conditions are not met your Form R will be rejected as incomplete
5. You have now generated a digital signature click “Sign” to save a new signed copy

6. Once saved, your digital signature will be inputted automatically into the form and it may now be submitted by email to HEE NE for review.
**Form R (Part A)**

Trainee registration for Postgraduate Specialty Training

**IMPORTANT:**
If this form has been pre-populated by your Deanery/LETB, 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/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under ‘My Revalidation’.

<table>
<thead>
<tr>
<th><strong>Forename:</strong></th>
<th>1.1 Mandatory</th>
<th><strong>GMC-registered surname:</strong></th>
<th>1.1 Mandatory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GMC Number:</strong></td>
<td>1.1 Mandatory</td>
<td><strong>Deanery / LETB:</strong></td>
<td>1.2 Mandatory</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
<td>1.1 Mandatory</td>
<td><strong>Immigration Status:</strong></td>
<td>1.5 Mandatory</td>
</tr>
<tr>
<td>(e.g. resident, settled, work permit required)</td>
<td></td>
<td></td>
<td>1.3 Mandatory (If newly joining HEE NE)</td>
</tr>
<tr>
<td><strong>Primary Qualification:</strong></td>
<td>1.6 Mandatory</td>
<td><strong>Date awarded:</strong></td>
<td>1.6 Mandatory</td>
</tr>
<tr>
<td><strong>Medical School awarding primary qualification</strong> (name and country):</td>
<td>1.7 Mandatory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Address:**

| **Contact telephone:** | 1.8 Mandatory |
| **Contact mobile:** | 1.8 Highly Recommended |

**Preferred email address for all communications:**

| **Programme Specialty:** | 1.10 Mandatory |
| **Specialty 1 for Award of CCT (if applicable):** | 1.11 If on dual CCT |
| **Specialty 2 for Award of CCT (if applicable):** | 1.11 If on dual CCT |
| **Royal College/Faculty assessing training for the award of CCT:** | 1.14 Mandatory |

**Please tick only one of these six options:**

| **Programme Speciality:** | 1.10 Mandatory |
| **Specialty 1 for Award of CCT (if applicable):** | 1.11 If on dual CCT |
| **Specialty 2 for Award of CCT (if applicable):** | 1.11 If on dual CCT |
| **Royal College/Faculty assessing training for the award of CCT:** | 1.14 Mandatory |

<table>
<thead>
<tr>
<th><strong>Grade:</strong></th>
<th>1.15 Mandatory</th>
<th><strong>Date started:</strong></th>
<th>1.16 Mandatory</th>
<th><strong>Post Type or Appointment:</strong></th>
<th>1.17 Mandatory</th>
<th><strong>Full time or % of Full time Training:</strong></th>
<th>1.18 Mandatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g. LAT, Run Through, higher, FTSTA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(e.g. Full Time, 80%, 60%)</td>
<td></td>
</tr>
</tbody>
</table>

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:** | 1.19 Mandatory |

**National Training Number:**

| **GMC Programme Approval Number:** | 1.17 Mandatory |
| **Deanery Reference Number:** | 1.18 Mandatory |

| **Signature of Postgraduate Dean or representative of PGD:** | FOR DEANERY/LETB USE ONLY |

**FOR DEANERY/LETB USE ONLY**

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**Guidance-FormR(PartB)**

Self-declaration for the Revalidation of Doctors in Training

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**IMPORTANT:**

If this form has been pre-populated by your Deanery/LETB, 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/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under ‘My Revalidation’.

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### Section 1: Doctor’s details

<table>
<thead>
<tr>
<th>Forename:</th>
<th>Mandatory</th>
<th>GMC-registered surname:</th>
<th>Mandatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC Number:</td>
<td>Mandatory</td>
<td>Date of Birth:</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Gender:</td>
<td>Mandatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Highly recommended</td>
<td>Primary contact email address:</td>
<td>Mandatory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Deanery/LETB:</th>
<th>Health Education North East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Designated Body for Revalidation (if applicable):</td>
<td>Mandatory if applicable</td>
</tr>
</tbody>
</table>

| Date of previous Revalidation (if applicable): | Mandatory if applicable |
| Programme/Training Specialty: | Mandatory |
| Dual specialty (if applicable): | Mandatory if applicable |

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### Section 2: Whole Scope of Practice

**Read these instructions carefully!**

Please list all placements **in your capacity as a registered medical practitioner since your last ARCP/RITA or appraisal.**

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 number of shifts worked during each employer-period.

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

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

**Mandatory: Please read instructions above carefully - if you don’t fill out this section you will automatically get an ARCP outcome 5**

---

**Number of days of TOOT:**

<table>
<thead>
<tr>
<th>Mandatory days</th>
</tr>
</thead>
</table>

**TIME OUT OF TRAINING (‘TOOT’)**

Self-reported absence whilst part of a training programme since last ARCP/RITA (or, if no ARCP/RITA, 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/LETB in recalculation of the date you should end your current training programme.

**TOOT should include:**

- short- and long-term sickness absence;
- unpaid/unauthorised leave;
- maternity/paternity leave;
- compassionate paid/unpaid leave;
- jury service;
- career breaks within a programme (OOPC) and non-training placements for experience (OOPE).

**TOOT should not include:**

- study leave;
- paid annual leave;
- prospectively approved Out of Programme Training/Research (OOPT / OOPR);
- periods of time between training programmes (e.g. between core and higher training).
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 **☐ Mandatory**
   * 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 **☐ Mandatory**

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 Mandatory**
   No **☐ - Go to Q4**

3b) If YES, are you complying with these conditions/ undertakings?
   Yes **☐ - Go to Q4 Mandatory if applicable**

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.
   **Please give details here if applicable**
**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.

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

1) 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 ______________________________________________________________________

2) 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.

Please give details here if applicable.....
**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:** 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.

Please continue on a separate sheet if required. Title the sheet ‘Appendix to new declarations’, and attach to this form.

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

1) Please tick/cross ONE of the following only: Mandatory, please tick one of the following boxes.

   - 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).*

   **Mandatory if applicable**

<table>
<thead>
<tr>
<th>Significant event:</th>
<th>Complaint:</th>
<th>Other investigation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Date of entry in Portfolio ____________________  
   Title/Topic of Reflection/Event ____________________

   Location of entry in Portfolio ____________________

   **

<table>
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<tr>
<th>Significant event:</th>
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   Date of entry in Portfolio ____________________  
   Title/Topic of Reflection/Event ____________________

   Location of entry in Portfolio ____________________

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<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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.

   Please give details here if applicable
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.**

Please give details here if applicable...

<table>
<thead>
<tr>
<th>Trainee Signature</th>
<th>Mandatory (typed/printed not acceptable)</th>
<th>Date:</th>
<th>Mandatory</th>
</tr>
</thead>
</table>
Appendix 3: Whole Scope of Practice Form

Whole Scope of Practice Recommendation – Additional Roles

Doctors name:

GMC number:

Job title:

Organisation:

Location:

This document sets out the requirements stated in the General Medical Council (GMC); Guide for Responsible Officers 2012 on the recommendations for whole scope clinical appraisal and revalidation.

The registered manager of the health care organisation should complete this form on behalf of the doctor to evidence fitness to practice.

<table>
<thead>
<tr>
<th></th>
<th>Unable to comment</th>
<th>Agree</th>
<th>Disagree</th>
<th>Please comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The doctor has participated in annual clinical appraisal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No significant concerns have arisen through clinical practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are no outstanding performance concerns</td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>There are no outstanding serious incidents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are no outstanding remediation recommendations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The doctor is not being investigated by a professional body (GMC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have no concerns about the above named doctor's fitness to practice  

I have concerns about the above named doctor’s fitness to practice  (Please provide additional comment)

Name:

Organisation:

Date:

This form must be sent, by the person who has completed it, to your Specialty Programme Coordinator and uploaded to your e-portfolio.