

### **A Guide to Completing the Form R**

It is important that trainees complete a Form R for both training and Revalidation purposes.

A Form R is required from every new trainee joining a training programme, and at every ARCP thereafter (at least once per year). Each ARCP should have a new Form R which should be completed beforehand, but no earlier than 30 days before the ARCP.

The Form is split into two sections; Part A is for personal details and must be completed each time a new Form R is completed, even if the details have not changed since the last Form R. Part B includes questions about significant event, complaints, compliments, probity and health. In addition there is a scope of practice section where trainees are required to list their past and present employers, training placements, time out of programme, advisory or voluntary roles undertaken as a registered medical practitioner since the last ARCP or appraisal.

Below is an annotated guide to completing the Form R. Should you have any further questions about the Form R please contact:

- For trainees joining the GP training programme and completing the Form R for the first time: [sev.GPSchool.sw@hee.nhs.uk](mailto:sev.GPSchool.sw@hee.nhs.uk)
- For trainees completing a Form R in advance of their ARCP: [sev.GPSupport.sw@hee.nhs.uk](mailto:sev.GPSupport.sw@hee.nhs.uk)

# Form R (Part A)

## Trainee registration for Postgraduate Specialty Training

Most trainees will need to tick this box if you are on the standard 36m WTE GP training programme. Only trainees who have specifically applied to shorten their training programme by way of the CEGPR or CEGRP (CP) process will need to tick anything else.

Enter 'RCGP' here.

You can find this from your TeP.

Remember to sign and date this page.

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. <b>By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.</b> 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:	
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%)
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:
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}

The training grade for new starters will be ST1, date started will be your first official day of training, post type will be 'Run Through' and finally unless you have applied for LTFT training, the last box will be Full Time.

This needs to be filled in even if repeating information from page 1.

Complete this table with your posts since last ARCP or since initial registration to GP training if more recent. Please include time OOP and maternity leave in this section.

This section is very important for calculating any necessary changes to CCT dates. Please complete it carefully.

Include all days of TOOT, not just working days.

If you have not taken any TOOT, we still need a '0' in every box, especially the total box.

For longer periods of TOOT, the date to date calculator on this website can be useful for working out the number of days:  
[www.timeanddate.com](http://www.timeanddate.com)

## Form 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:	
Previous Designated Body for Revalidation (if applicable):	
Current Revalidation date:	Date of previous 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)

#### TIME OUT OF TRAINING ('TOOT')

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.

**Enter 0 for any reasons where you have not had Time Out Of Training.**

If you want to clarify your TOOT further, enter a comment in the Health Declaration below.

Reason	Days
✓ 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 <b>does not include</b> 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).	
<b>TOTAL (NOTE: The above fields must <u>also</u> be completed):</b>	

Ensure these boxes  
are ticked.

### 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.

The GMC define a significant event (also known as an untoward or critical incident) as 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. These would normally have led to a formal trust or practice investigation/meeting.

Most entries entered in the learning log as (educational) SEAs would **not** meet these criteria.

**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.



See previous section for definition of SEAs. Please note that this includes SEAs that have been resolved.

## 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 \_\_\_\_\_

### 2) 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.**

Remember to sign and date the form. Please note the Form R should not be completed earlier than 30 days before the date of the ARCP Panel.

**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 and my employer 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.*

**Trainee Signature :**

**Date:**

After your first Form R has been completed prior to the start of GP training, please send it to [SEVGPSchool.sw@hee.nhs.uk](mailto:SEVGPSchool.sw@hee.nhs.uk)

For Form Rs completed for an ARCP, please upload it to the Learning Log section of your TeP as a 'course/certificate'. Please ensure that it is 'shared' so that the ARCP panel can view it. **Do not** upload it to your Personal Library as this cannot be viewed by the panel members.