

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 HEEoE. 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 LETB 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 trainees training within the NHS, and the form must be accepted by the LETB within the deadline set (usually either before you begin your specialty training, or before each ARCP where applicable).

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 by the LETB 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.

1. Part A

Part A of the Form R registers trainees onto a training scheme within Health Education East of England (HEEOE), 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.**

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 East of England" in this field

1.3 Attach a Picture

Description: A recent photograph of yourself, 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 HEEoE

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 [Adobes 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 East of England"

2.7 Previous designated body for revalidation

Description: If you are joining HEEoE 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 HEEoE 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 HEEoE

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)

Example:

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)
Paediatrics ST5	05/12/2012	03/12/2013	Yes	Addenbrooke's Hospital, Cambridge
Maternity Leave	04/12/2013	03/06/2014	No	Addenbrookes Hospital, Cambridge
OOPR	04/06/2014	02/09/2014	No	Kings College, Cambridge University

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 you have any GMC conditions, warnings or undertakings placed on you, you must declare them now.
- 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, filling in every field where an event has been declared. *You must not use patient identifiable information on this form.*

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 address: HEEE.Edit@nhs.net. HEEoE 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 HEEoE or eight weeks before each ARCP/RITA.

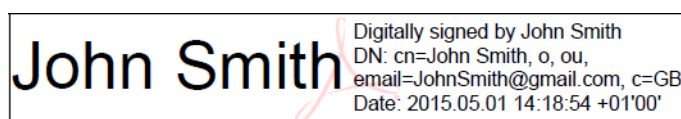
HEEoE can now accept digital signatures on your Form R, this means that the form can be filled and sent entirely on your computer with no need to print & scan. However if you would rather fill out the form by hand it will need to be scanned once completed to send electronically. If you're not sure about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

Once your form has been accepted by HEEoE 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 HEEoE. Your NTN will be sent via email to the same address the Form R is received from.

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.



John Smith
Digitally signed by John Smith
DN: cn=John Smith, o, ou,
email=JohnSmith@gmail.com, c=GB
Date: 2015.05.01 14:18:54 +01'00'

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>

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 HEEoE 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

Please fill out the following form. You can save data typed into this form.

<input type="radio"/>	I confirm that I will be seeking specialist registration by application for a CESR.	<input type="radio"/>	Specialty 2 for Award of CCT (if applicable):
<input type="radio"/>	I confirm that I will be seeking specialist registration by application for a CESR CP.	<input type="radio"/>	
<input type="radio"/>	I confirm that I will be seeking specialist registration by application for a CEGPR.	<input type="radio"/>	Royal College of specialty assessing training for the award of CCT:
<input type="radio"/>	I confirm that I will be seeking specialist registration by application for a CEGPR CP.	<input type="radio"/>	
<input type="radio"/>	I confirm that I am a core trainee, not yet eligible for CCT.	<input type="radio"/>	Anticipated completion date of current programme, if known:
Grade:	Date started:	Post Type or Appointment:	Full time or % of Full time Training:
		(e.g. LAT, Run Through, higher, FT)	(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:

FOR DEANERY/LETB USE ONLY

National Training Number:	GMC Programme Approval Number:	Deanery Reference Number:
FOR DEANERY/LETB USE ONLY	FOR DEANERY/LETB USE ONLY	FOR DEANERY/LETB USE ONLY

Signature of Postgraduate Dean or representative of PGD: Date:

FRPA_GGV5_Apr2015

2. This will summon the digital signature wizard, select "A new digital ID I want to create now" then click "Next"

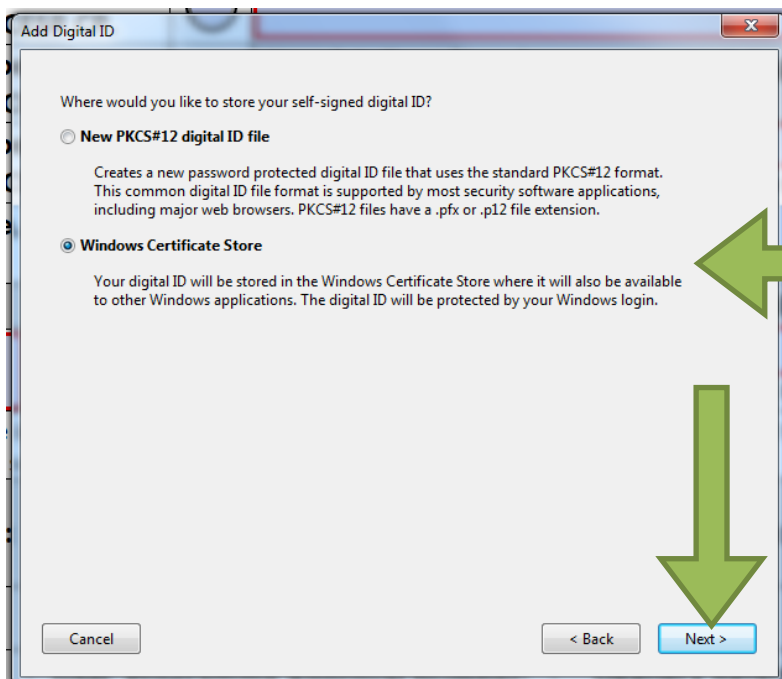
Add Digital ID

I want to sign this document using:

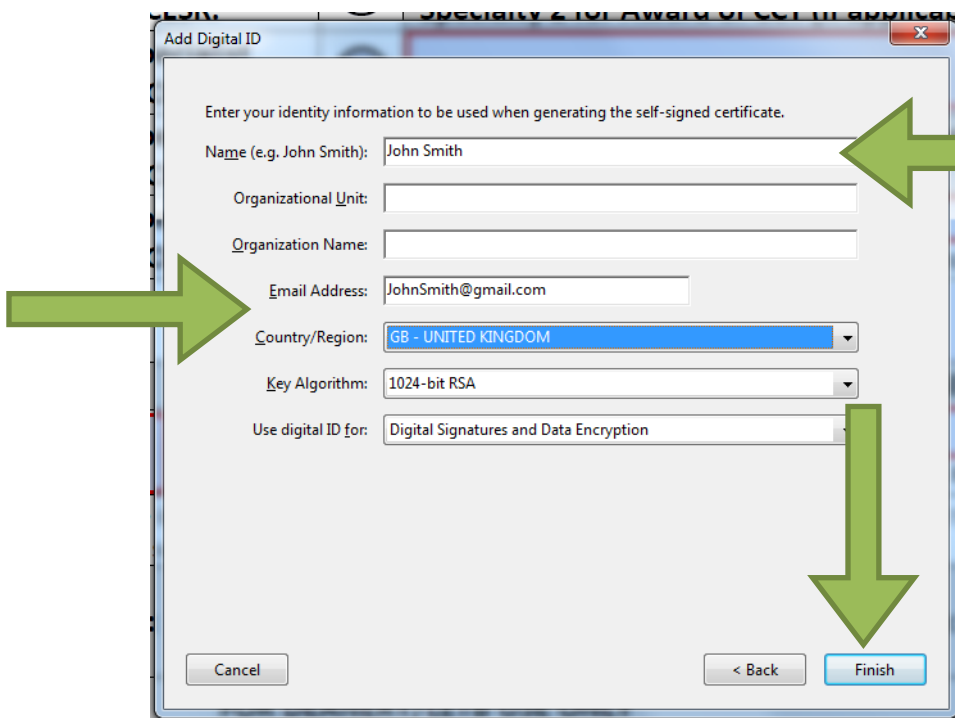
- My existing digital ID from:
 - A file
 - A roaming digital ID accessed via a server
 - A device connected to this computer
- A new digital ID I want to create now

Cancel < Back 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 HEEoE 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 HEEoE for review

I confirm I have been appointed to a programme leading to award of CCT.		<input type="radio"/>	Specialty 1 for Award of CCT (if applicable):
I confirm that I will be seeking specialist registration by application for a CESR.		<input checked="" type="radio"/>	Acute Care Common Stem - Anaesthetics
I confirm that I will be seeking specialist registration by application for a CESR CP.		<input type="radio"/>	Specialty 2 for Award of CCT (if applicable):
I confirm that I will be seeking specialist registration by application for a CEGPR.		<input type="radio"/>	Anaesthetics
I confirm that I will be seeking specialist registration by application for a CEGPR CP.		<input type="radio"/>	Royal College/Faculty assessing training for the award of CCT:
I confirm that I am a core trainee, not yet eligible for CCT.		<input type="radio"/>	Royal College of Surgeons (if undertaking full prospectively approved programme)
Anticipated completion date of current programme, if known:		<input type="radio"/>	04/06/2015
Grade:	Date started:	Post Type or Appointment:	Full time or % of Full time Training:
CT2	13/05/2015	Run Through (e.g. LAT, Run Through, higher, FTSTA)	56 (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:	John Smith	Digitally signed by John Smith DN: cn=John Smith, o, ou, email=JohnSmith@gmail.com, c=GB Date: 2015.05.01 16:18:57 +01'00'	Date: 01/05/2015
FOR DEANERY/LETB USE ONLY			
National Training Number:	GMC Programme Approval Number:	Deanery Reference Number:	
FOR DEANERY/LETB USE ONLY	FOR DEANERY/LETB USE ONLY	FOR DEANERY/LETB USE ONLY	
Signature of Postgraduate Dean or representative of PGD:		Date:	

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT:					
<p>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.</p> <p>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'.</p>					
Forename:	1.1 Mandatory		GMC-registered surname:	1.1 Mandatory	
GMC Number:	1.1 Mandatory	Deanery / LETB:	1.2 Mandatory		
Date of Birth:	Gender:	Immigration Status:		1.3 Mandatory (If newly joining HEEoE) <i>{If newly registering, attach passport-sized photo of face here}</i>	
1.4 Mandatory	1.1 Mandatory	1.5 Mandatory (e.g. resident, settled, work permit required)			
Primary Qualification:		Date awarded:			
1.6 Mandatory		1.6 Mandatory			
Medical School awarding primary qualification (name and country):					
1.7 Mandatory					
Home Address:		Contact telephone:			
1.8 Mandatory		1.8 Highly Recommended			
		Contact mobile:			
		1.8 Highly Recommended			
		Preferred email address for all communications:			
		1.8 Highly Recommended			
Please tick <u>only one</u> of these six options:		Programme Specialty:			
1.9 Mandatory		1.10 Mandatory			
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"/>	1.11 If on dual CCT			
I confirm that I will be seeking specialist registration by application for a CESR CP.	<input type="checkbox"/>	Specialty 2 for Award of CCT (if applicable):			
I confirm that I will be seeking specialist registration by application for a CEGPR.	<input type="checkbox"/>	1.11 If on dual CCT			
I confirm that I will be seeking specialist registration by application for a CEGPR CP.	<input type="checkbox"/>	Royal College/Faculty assessing training for the award of CCT:			
I confirm that I am a core trainee, not yet eligible for CCT.	<input type="checkbox"/>			(if undertaking full prospectively approved programme)	
		Anticipated completion date of current programme, if known:		1.14 Mandatory	
Grade:	Date started:	Post Type or Appointment:		Full time or % of Full time Training:	
1.15 Mandatory	1.16 Mandatory	1.17 Mandatory (e.g. LAT, Run Through, higher, FTSTA)		1.18 Mandatory (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:		1.19 Mandatory		Date:	1.19 Mandatory
FOR DEANERY/LETB USE ONLY					
National Training Number:		GMC Programme Approval Number:		Deanery Reference Number:	
FOR DEANERY/LETB USE ONLY		FOR DEANERY/LETB USE ONLY		FOR DEANERY/LETB USE ONLY	
Signature of Postgraduate Dean or representative of PGD:		FOR DEANERY/LETB USE ONLY		Date:	FOR DEANERY/LETB USE ONLY

Guidance - Form R (Part B)

Self-declaration for the Revalidation of Doctors in 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'.

Section 1: Doctor's details

Forename:	Mandatory	GMC-registered surname:	Mandatory
GMC Number:	Mandatory	Date of Birth:	Mandatory
		Gender:	Mandatory
Telephone:	Highly recommended	Primary contact email address:	Mandatory
Current Deanery/LETB:	Health Education East of England		
Previous Designated Body for Revalidation (if applicable):	Mandatory if applicable		
Date of previous Revalidation (if applicable):	Mandatory if applicable		
Programme/ Training Specialty:	Mandatory	Dual specialty (if applicable):	Mandatory 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 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'.

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)
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:

Mandatory days

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.

****REMINDER: 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.

****REMINDER: 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

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.

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...

Section 7: Declaration

I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/LETB 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 : 	Mandatory (typed/printed not acceptable)	Date: 	Mandatory
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