

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.*

Section 1: Doctor's details			
Forename	Mandatory	GMC-registered surname	Mandatory
GMC Number	Mandatory	Deanery / LETB	Health Education East of England
Date of Birth: Mandatory	Gender: Mandatory	Date of <u>previous</u> Revalidation (if applicable): Leave this field blank, unless you have gone through the revalidation process already	
Name of <u>previous</u> Designated Body for Revalidation (if applicable): If you are currently training in East of England your Responsible Officer is Professor Simon Gregory. If you are newly joining from another Deanery/LETB, please enter the name and details of the Postgraduate Dean from your previous Deanery/LETB. If you are joining from other employment (e.g. Specialty Doctors and Associate Specialist (SAS doctor) etc.) please enter the name and details of the Medical Director/Responsible Officer of your employing organisation.			
Specialty (e.g. Foundation, Core Medical Training, Anaesthetics, General Practice, Rheumatology, etc.): Mandatory			
If dual specialty, second specialty: Mandatory if applicable			
Current Home address: Current address as at time of completing this form.			
Home Phone / Mobile: Highly recommended			
Preferred email address for all communications: Mandatory			

Section 2: Whole Scope of Practice				
<u>Read these instructions carefully!</u>				
Please list all placements <u>in your capacity as a registered medical practitioner since your last ARCP/RITA or appraisal.</u> 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. <i>Please add more rows if required, or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.</i>				
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.				
Time out of training: Trainee self-reported absence since last ARCP/RITA as mandated by the GMC: 'Time out of training' includes all forms of absence such as sickness, maternity, compassionate paid/unpaid leave, jury service, etc. You do not need to include study or annual leave or prospectively approved Out of Programme Training/ Research.				Mandatory days

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 or undertakings placed on you by the GMC, employing Trust or other organisation?

Mandatory

Yes - Go to Q3b

No - Go to Q4

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

Yes

No **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 5: Complaints - A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. 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.

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

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

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

Location of entry in Portfolio

**

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

Location of entry in Portfolio

**

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

Location of entry in Portfolio

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

Please give details here if applicable....

Section 6: Other investigations - In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

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

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

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

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

Location of entry in Portfolio

**

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

Location of entry in Portfolio

**

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

Location of entry in Portfolio

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

Please give details here if applicable....

Section 7: 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....

I confirm this 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.

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

Date:

Mandatory

Please return this form once completed to:
Assessment and Revalidation Team
Health Education East of England
2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB