

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:	xxx	GMC-registered surname:	yyyy
GMC Number:	1234567	Primary contact email address:	xxx.yyyy@nhs.uk
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:	Health Education England – North West
Previous Designated Body for Revalidation (if applicable):	

Current Revalidation date:	01/01/2019	Date of previous Revalidation (if applicable):	01/01/2017
Programme/ Training Specialty:	Geriatric Medicine	Dual specialty (if applicable):	General Internal Medicine

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)
ST5 Geriatrics and GIM	01/08/2018	06/08/2019	Y	Manchester Royal Infirmary

TIME OUT OF TRAINING ('TOOT')	Reason	Days
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.	✓ Short- and long-term sickness absence	2
	✓ Parental leave (incl. maternity/paternity leave)	0
	✓ Career breaks within a programme (OOPC) and non-training placements for experience (OOPE).	0
	✓ Paid/unpaid leave (e.g. compassionate, jury service)	0
	✓ Unpaid/unauthorised leave including industrial action	0
	✓ Other (see note below first)	0
TOOT does not include 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).		
TOTAL (NOTE: The above fields must also be completed):		2

Commented [A1]: It is easier to complete this form as an online PDF document – please use this link (copying and pasting it into Internet Explorer or saving it to your PC and opening with Adobe Reader): https://www.nwpgmd.nhs.uk/sites/default/files/190320%20Form%20R%20part%20b%202_0.pdf

This form must be completed no earlier than a month prior to your ARCP. If, for example, your ARCP is on the 5th June, please complete and sign it after 5th May.

Each completed Form R Part B becomes invalid for use at an ARCP a month after it has been signed. Therefore, if you have another ARCP in the same assessment period (eg one for GIM and then one for Geriatrics), please check whether your Form R Part B is still valid and, if not, please complete and sign it again and upload it in advance of the second ARCP.

Commented [A2]: Please read the instructions in the grey sections throughout the form

Commented [A3]: Please ensure you have access to the email address you input

Commented [A4]: This is usually prepopulated

Commented [A5]: Please find your current/upcoming and previous Revalidation dates on GMC Connect.

Commented [A6]: Please see the grey section above for the various types of work that must be included in this section.

Commented [A7]: Input the number of Time Out Of Training days per category, including 0 if you took none of this kind of Time Out Of Training. For example, if you were off work for 2 weeks, that would be inputted as 14 days.

Commented [A8]: You must put the total TOOT from the time since your last ARCP/starting the programme in this box. A blank box is not acceptable – if appropriate, you must put a '0'.

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.

Commented [A9]: To check the box electronically in Microsoft Word, please double click on the box and select 'checked'

Commented [A10]: This box must be checked

Commented [A11]: This box must be checked

Commented [A12]: Either 'Yes' or 'No' must be checked

Commented [A13]: If you checked 'Yes' above in 3a), this box should be checked

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.

Commented [A14]: This section is about events that you have declared on previous Form R Part Bs – you are required to check the box by 1) or complete the details in 2)

Commented [A15]: If you did not declare anything on your previous Form R Part B, this box must be checked

Commented [A16]: If you did declare something as unresolved on your previous Form R Part B and it has since been resolved, please complete this section

Commented [A17]: Please check as appropriate

Commented [A18]: Please ensure this is correct as the Reflections part of the portfolio can be tricky to navigate

Commented [A19]: Usually this would be the Reflective Practice section or in a folder in your Personal Library

Commented [A20]: If you have more than one event to declare, please continue to list the details here

Commented [A21]: If you did declare something as unresolved on your previous Form R Part B and it remains unresolved, please follow these instructions

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 _____

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.

Commented [A22]: This section is about events that you are declaring on a Form R Part B for the first time. Please read the instructions carefully.

Commented [A23]: You must check this or the one below, depending on whether you have something to declare

Commented [A24]: If you check this box, you must declare any resolved significant events/complaints/other investigations below in (2) and/or any unresolved significant events/complaints/other investigations in (3)

Commented [A25]: Please check as appropriate

Commented [A26]: Please ensure this is correct as the Reflections part of the portfolio can be tricky to navigate

Commented [A27]: Usually this would be the Reflective Practice section or in a folder in your Personal Library

Commented [A28]: If you have unresolved, new (since your last Form R Part B) significant events/complaints/other investigations to declare, please follow these instructions

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.**

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 :	Xxx Yyyy	Date:	20/05/2019
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Commented [A29]: Please sign the declaration electronically (by pasting in your signature, by using the electronic signing feature on the online PDF version – just click the red arrow) OR by printing, physically signing and scanning (as opposed to photographing) the Form R Part B before uploading to ePortfolio.

Commented [A30]: This form must be completed no earlier than a month prior to your ARCP. If, for example, your ARCP is on the 5th June, please complete and sign it after 5th May.

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Failure to complete every section of this Form R Part B as per the instructions may delay your ARCP Outcome.