**North West of England Foundation School**

**Guidance for the completion of Form R in**

**Foundation Training**

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**Introduction**

Completion of form R is important for doctors in training, as part of the process of *revalidation*. To prove that registered doctors continue to meet the General Medical Council (GMC) professional standards, each has to hold and maintain a licence to practise. Revalidation is the process by which doctors holding a licence must regularly demonstrate that they remain fit to practise. This includes a recommendation to the GMC by the doctor’s Responsible Officer (RO). Although revalidation itself does not start until Foundation year 2 (FY2), year 1 doctors (FY1) are also asked to complete a form R in preparation for their annual review of competence progression (ARCP), prior to full GMC registration. The RO for doctors in training in England is the Postgraduate Dean at the relevant local office of Health Education England (HEE). All trainees, trainers and ARCP panels need to understand the process.

This guidance document is not intended to be exhaustive, but covers many of the common problem areas relating to form R as it relates to Foundation ARCPs. The GMC has extensive information available on its website (1). HEE, on the website of its East of England office, has detailed guidance on the Form R (2).

All doctors **must** …

* Understand the importance of revalidation and form R

All doctors **should**…

* Read carefully the GMC and HEE information and guidance on completion of form R

**General considerations**

Patient confidentiality is imperative, so there should be no patient identifiable data entered on form R. Form R consists of two parts.

The first part largely contains demographic information. It should be presented to trainees by the ePortfolio already pre-populated with forename, GMC-registered surname, GMC number, Horus-registered email address, medical school, primary medical qualification and Foundation programme details. It is important to check that this has occurred and that the details are correct. If they are incomplete or inaccurate, the trainee should contact their Foundation Programme Administrator (FPA). ‘Date of previous Revalidation’ should typically be left blank for most Foundation trainees, since revalidation occurs every five years after GMC registration. It would be very unusual for any Foundation doctor to have previously undergone Revalidation.

Some important information will not be pre-populated, such as date of birth, gender, home address and telephone number. It is important to complete the sections which are not pre-populated. When signing off the form, you are declaring that the whole form is correct, including the prepopulated areas.

Foundation trainees **must** …

* Check pre-populated parts of Form R for completeness and accuracy
* Contact their FPA if pre-populated sections are incomplete or inaccurate

Foundation trainees **should**…

* Familiarise themselves with GMC and HEE guidance on revalidation & form R

Foundation trainees **must *not***…

* Include patient identifiable information in form R

Foundation trainees **should *not*** …

* Assume pre-populated sections are complete or accurate

**Declarations in Form R**

The second part of form R is larger and relates to declarations around scope of practice, *Good Medical Practice* (3) and significant incidents. *Good Medical Practice* is the GMC document which describes the standard of behaviour expected of doctors.

The scope of practice declarations necessarily include the start and end dates of any and every placement. These will be checked by the ARCP panel and need to be accurate, or an outcome 5 should be issued. *All* activities must be declared, including locum work even if within the employing Trust. FY1 doctors are only allowed to practise in training posts and must not undertake service posts, however short they may be. Any time in voluntary work, advisory work, non - NHS work or self-employment must be declared. Such activities must, in any case, be discussed with the Postgraduate Dean before being undertaken.

With some exceptions, periods of time out of training must be declared. Mandatory declarations include sickness, maternity/paternity leave, compassionate leave and time spent in jury service or the Territorial and Reserve Forces. Notably, this also includes unpaid or unauthorised leave and industrial action, which must be declared. Planned time out of Foundation Programme (TOFP) for approved reasons need not be declared.

Foundation trainees **must** …

* Write to the Postgraduate Dean before undertaking work outside their training post
* Declare periods of absence from the training workplace, including industrial action
* Work only in training posts in FY1

Foundation trainees **should**…

* Consider carefully the risks & benefits before working outside their training post

Foundation trainees **must *not***…

* Work in service posts when in FY1
* Include patient identifiable information in form R

Foundation trainees **should *not*** …

* Declare authorised study leave, paid annual leave and prospectively approved TOFP

**Form R and ARCP outcome 5**

Outcome 5 (incomplete information provided, extended training may be needed) at ARCP is an *interim* measure. It is, by definition, temporary and should usually be in place for no more than two weeks (which should typically include augmented support for the trainee) before being superceded by an appropriate outcome. If a valid Form R is resubmitted for the next panel, an ARCP outcome appropriate to the trainee’s educational progression can be issued. If an accurate and complete Form R is not presented after 2 weeks, a favourable ARCP outcome is impossible at this stage. In addition HEE (North West office) will be involved and GMC referral for non-engagement with revalidation will be instituted (4).

An ARCP outcome 5 is, therefore, a mismatch between the information the panel was expecting and the information actually presented. From our experience, many such outcomes could be avoided if *trainees and trainers went through the Form R together prior to the ARCP*. It also follows that that trainees and trainers need to be clear what the ARCP panels expect, Foundation Programme Directors (FPDs) and their teams need to be clear about their expectations. Experience suggests that clarity and consistency of expectations between trainees, trainers and ARCP panels is the key to producing a valid form R.

Form R asks for declarations of any significant event, untoward or critical incident which could have or did cause patient harm. Form R also asks for declaration of any complaints or investigations, including those relating to honesty, integrity or conduct. This includes ongoing or unclosed investigations - it is the trainee’s responsibility to follow these investigations to their conclusion and reflect upon them for subsequent ARCPs. Revalidation requires these issues to be recorded with doctors’ reflections on such events encountered ‘in their work’. Our working definition of ‘in their work’ is any incident or investigation in which the individual is mentioned in the case or has written in the case notes. Clarity and consistency about this *degree of involvement* in an event or an enquiry ‘in their work’ is key to the process.

It is wise to ensure consistency between the form R and the ePortfolio. Events significant enough to be declared in form R should be reflected upon in the ePortfolio and vice versa. If there is doubt after a discussion between trainee and trainer about a declaration, the FPD should be consulted. If necessary, the HEE (North West office) can be contacted.

Foundation trainees **must** …

* carefully read all the text in the good medical practice and significant events sections
* declare conditions, warnings or undertakings from the GMC *or anyone else*
* declare significant events, incidents, complaints and enquiries encountered
* declare ongoing or open investigations, not yet resolved, which must be followed up
* ensure that events significant enough to be declared in form R should be reflected upon in the ePortfolio and vice versa

Foundation trainees **should**…

* go through their form R with a suitably experienced trainer before their ARCP
* if unsure of what constitutes a significant event, discuss with their FPD before ARCP

Foundation trainees **must *not***…

* fail to declare open or ongoing events which have yet to be resolved

Foundation trainees **should *not*** …

* complete the integrity and health sections without referring to *Good Medical Practice*

ARCP panels **must** …

* check the presence and accuracy of Form R before issuing an outcome

ARCP panels **should**…

* issue (at best) an outcome 5 in case of absence or inaccuracy of Form R
* refer to the HEE for non-engagement in cases of repeated failure of Form R

ARCP panels **must *not***…

* issue a favourable outcome if Form R is missing or inaccurate

ARCP panels **should *not*** …

* convene without shared understanding of the definition of ‘involvement’ in incidents

Foundation Programme Directors **must …**

* ensure their trainees, trainers and ARCP panels share their understanding of ‘involvement’ in incidents, complaints or investigations

Foundation Programme Directors **should …**

* ensure all trainees are able to review Form R with a trainer before ARCP

**References**

1. GMC information on revalidation

[**http://www.gmc-uk.org/doctors/revalidation/12382.asp**](http://www.gmc-uk.org/doctors/revalidation/12382.asp)

Accessed 25/1/17

1. Health Education England (East of England office) Guidance for Completion of Form R Parts A & B

[**https://heeoe.hee.nhs.uk/sites/default/files/form\_r\_guidance\_2\_0.pdf**](https://heeoe.hee.nhs.uk/sites/default/files/form_r_guidance_2_0.pdf)

Accessed 25/1/17

1. Good Medical Practice

<http://www.gmc-uk.org/guidance/good_medical_practice.asp>

Accessed 25/1/17

1. COPMED guidance on incomplete Form R

<http://copmed.s3.amazonaws.com/publications/revalidation/COPMeD%20guidance%20for%20incomplete%20form%20R.pdf?AWSAccessKeyId=AKIAIGEGZICS6K7TFJ5Q&Expires=1485353589&Signature=r%2BSTmjaZ%2B2rwCoKVfLIzdUK8swQ%3D>

Accessed 25/1/17