

## Revalidation for Doctors in Training – how to complete the Form R & Wider Scope of Practice form

The Form R has been amended to include information for your revalidation. At every ARCP or RITA all trainees (including those on RITA) will need to complete the Form R which will be sent to you by the Programme Specialty teams.

**It is important to understand that the review of your training progress is a separate process to revalidation.** It is possible to receive an unsatisfactory outcome but for there to be no concerns over your fitness to practise. Revalidation information will be reviewed at every ARCP and not just at the point of revalidation.

All doctors must expect to receive complaints and be involved in significant events throughout their careers. **The panel is interested in what you have learnt.** You should reflect on any resolved or unresolved significant events, complaints and investigations in your portfolio. Information should be anonymous e.g. you should not name patients/colleagues.

### [Appendix 1](#) – How to complete Form R

### [Appendix 2](#) – Wider scope of practice form

## What happens at the ARCP / RITA?

There will be two parts to an ARCP / RITA:

1. The panel will consider your training progress and will issue you with an outcome.
2. The panel will consider your fitness to practise by reviewing information from 3 sources:
  - a. Your completed form R
  - b. The Educational Supervisor report declaring if they are aware of any concerns / investigations involving you
  - c. Report from your employing organisation declaring if you have been involved in any complaints / investigations / significant events.

### **As a doctor in training you should be made aware of any concerns raised against you before the ARCP / RITA.**

The ARCP outcome form has been amended to include the following boxes on revalidation. All panel decisions are forwarded to the Postgraduate Dean who in his capacity as Responsible Officer will make a revalidation recommendation to the GMC. The GMC will carry out a number of checks and will ultimately decide to revalidate a Doctor. The GMC will write and let you know if they have approved the revalidation recommendation made.

<b>Revalidation:</b>	
There are no known causes of concern	<input type="checkbox"/>
There are causes of concern	<input type="checkbox"/>
Brief summary of concern:	

**Appendix 1** Completing the form R: the below example has been pre-populated in blue to help you to complete the form. It is an **example only**.

Trainee Forename	JOE	Trainee Surname	BLOGGS	GMC Number	123456	
Deanery / LETB	Health Education Thames Valley			Attach Passport Size Photo		
Medical School awarding primary qualification: (name and country) A Medical School, England UK						
Date of Birth: 01.01.1991		Gender: MALE				
Primary Qualification and date awarded: add details of your medical degree and date awarded						
Date of Annual Review of Competence Progression (ARCP): 16 July 2013						
Date of expected Revalidation:			Check your <a href="#">GMC Online account</a> to complete this field			
Date of previous Revalidation (if applicable):			N/A (unless you have revalidated)			
Name and Contact details of your previous Responsible Officer:			DR MICHAEL BANNON is the RO for HETV (If this is your first ARCP with Health Education Thames Valley, your previous RO will be your most recent Postgraduate Dean or the Medical Director of previous employer)			
Work Address: Add details of current employer (e.g. trust or GP practice)			Home/Other Address: It is important you complete these fields so we can be sure our records are up to date			
Work Phone: Email:			Home Phone: Mobile Phone: Email:			
Immigration Status: (e.g. resident, settled, work permit required)  Choose from above examples or add information about other categories			Post Type or Appointment: (e.g. LAT, Run Through, core trainee, FTSTA etc.)  Choose from above examples or information about other post types			
GMC Programme Approval Number: (to be completed by Postgraduate Dean)  Specialty: e.g. Paediatrics			National Training Number: (to be completed by Postgraduate Dean on first registration) OXF/... (your NTN number will start with OXF and can be found in your portfolio) Or Deanery Reference Number: (this will start with a number)			
<b>Training Programme</b> – To be completed by trainees on programmes leading to CCT / CESR / CEGPR (LAT, FTSTA and core trainees in uncoupled specialties, please skip to next section: Scope of Practice)						
I confirm I have been appointed to a programme leading to award of CCT subject to satisfactory progress – tick to accept <input type="checkbox"/> tick if applicable to you						

<p><b>Specialty 1 for Award of CCT:</b> e.g. Paediatrics</p> <p><b>Specialty 2 for Award of CCT (if applicable):</b> (complete for dual CCT)</p>	<p>This box should only be completed by those <b>not</b> on a specialty approved programme</p> <p>I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/></p> <p>I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/></p>		
<p><b>Provisional Date for CCT/CESR/CEGPR Award:</b> If you are not sure check with your TPD and College</p>	<p>Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme): e.g. Royal College of Paediatrics and Child Health</p>		
<p><b>Initial Appointment to Programme:</b> (Full time or % of Full time Training)  e.g. Full time (at point of training <u>not</u> now)</p>	<p><b>Date of Entry to Grade/Programme:</b> (Substantive date started in Programme of appointment)  e.g. 6 August 2009</p>		
<p><b>Self Declaration to be completed by Trainee</b></p> <p><b>Scope of Practice –</b></p> <p>Since your last ARCP or if no ARCP since GMC full registration, please list, any past and present employers/HTO placements/ time out of programme/ advisory/ voluntary roles or any other activity undertaken in your capacity as a registered medical practitioner <u>including all locum and non NHS work</u> even if these are with current employer/HTO. (Please add more rows if required).</p>			
<p><b>Type of Work (OOP/clinical/non-clinical etc.)</b></p>	<p><b>Start Date</b></p>	<p><b>End date</b></p>	<p><b>Details of Employing/ Hosting Organisation/GP Practice</b></p>
<p>ST3 Paediatrics</p>	<p>01.08.12</p>	<p>31.01.13</p>	<p>Add name of first trust</p>
<p>Voluntary Medic, Kilimanjaro Expedition</p>	<p>09.12.12</p>	<p>22.12.12</p>	<p>VSO</p>
<p>Locum at employing trust (no need to list all sessions)</p>	<p>01.02.13</p>	<p>31.07.13</p>	<p>Add name of second trust</p>
<p>Locum work (name specialty)</p>	<p>01.04.13</p>	<p>25.04.13</p>	<p>Add name of trust / locum agency</p>
<p><b>Significant Events -</b> 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.</p> <p>Please note that you do not need to list any significant events that were not investigated.</p>			

Please select one of the following:

I am not aware of any unresolved significant event(s) investigation(s) since my last ARCP

I have unresolved significant event(s) investigation(s) since my last ARCP

Tick as appropriate. There is an example below as to how to record an incident, you should include the location of the reflection in your portfolio.

Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. **For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.**

*I was involved in a drug error on a ward. It was determined that my prescription was adequate but nursing staff had incorrectly administered the dose. I have reflected in the development log, entry date 12 March 2013 on how I can improve legibility of prescriptions.*

**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 probity 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.**

Please select one of the following:

I am not aware of any unresolved complaints since my last ARCP

I have unresolved complaint(s) since my last ARCP

Tick as appropriate

Please provide details of any complaint(s) you have been involved in since your last ARCP. Resolved complaint(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. **For any unresolved complaint(s) or any not included in your portfolio please provide a brief summary and your reflection.**

**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. Please use a separate sheet if required.**

Please ensure that patient information (e.g. a patient's name) is non-identifiable

**Probity - Probity is at the heart of medical professionalism. Probity means being honest and trustworthy and acting with integrity. Probity is covered in paragraphs 56-76 of Good Medical Practice.**

**I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity.**

Please tick here to confirm your acceptance

Tick as appropriate

**In relation to being subject to an investigation of any kind since my last ARCP:**

I have nothing to declare  ← Tick as appropriate

I have something to declare  ←

**For example GMC investigation, conduct investigation**

Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. **For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.**

**Health - 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 paragraphs 77-79 of Good Medical Practice.**

**I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.**

Please tick here to confirm your acceptance  Tick as appropriate

**I confirm this is a true and accurate declaration at this point in time and will immediately notify the deanery and my employer if I am aware of any changes to the information provided.**

**I give permission for my past and present ARCP portfolios (covering a period of five consecutive years in total) 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 (prescribed connection) 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 :	Sign	Date:	Add date
Signature of Postgraduate Dean/Head of School/STC Chair/TPD:	(leave blank - this will be signed at the ARCP)	Date:	

**It is important to ensure that you complete and return the Form R as per the deadline set by your School, or you risk receiving an Outcome 5 at ARCP.**

## Appendix 2 Wider scope of practice form

You do not need to complete this form if you carry out locum work in your **own specialty through your own employing organisation**, but you will need to declare this work on your Form R.

All doctors in training who carry out clinical work outside of a training programme (voluntary or paid) should declare this information on the Form R and complete the below information to share with the Educational Supervisor.

Any work carried out as a **health professional** should be declared below. Examples are locum work carried out at another organisation/specialty; editor of a medical journal; section 12 if you are a doctor in training in Psychiatry; private practice; Territorial Army etc

Type of Work (locum; expedition; editor of medical journal)	Start Date	End date	Details of Employing / Hosting Organisation / GP Practice (name and address)
Voluntary Medic, Kilimanjaro Expedition	09.12.12	22.12.12	VSO
Locum work (Emergency Medicine)	01.04.13	25.04.13	Locum agency

### To be completed by the doctor in training:

**Reflection on practice noted above:** (e.g. are you up to date with CPD; what have you learnt / experienced which will change your every day practice)

Are you involved in any incidents/complaints/investigations **in these roles that are not already declared in the Form R?**

**Yes\* / No**  
(delete as appropriate)

If Yes, please add further information:

### To be completed by the Educational Supervisor:

**Comments / developments for the doctor in training** (e.g does this doctor have sufficient training / experience for this role, CME requirements etc).

Name of Doctor in training:		Signature:
		Date:
Name of Educational Supervisor:		Signature:
		Date:

*This completed, signed form should be returned with your ARCP paperwork to Oxford PGMDE at least 2 weeks prior to the ARCP.*