

## Enhanced Form R for Doctors in Training

(Self Declaration to be completed by the trainee doctor)

Trainee Forename:	<b>JOHN</b>		Trainee Surname:	<b>SMITH</b>	
Deanery / LETB:	<b>North Western Deanery/ North West LETB</b>	GMC Number:	<b>777123</b>		<i>Attach Passport Size Photo</i>  <b>PLEASE ATTACH A RECENT PHOTOGRAPH</b>
Medical School awarding primary qualification: (name and country) <b>UNIVERSITY OF MANCHESTER, UNITED KINGDOM</b>					
Date of Birth: <b>03/12/1983</b>		Gender: <b>MALE</b>			
Primary Qualification and date awarded: <b>MBBS, 2008</b>					
Date of Annual Review of Competence Progression (ARCP): <b>INSERT NEXT ARCP DATE. FOR NEW TRAINEES COMPLETING THIS FORM FOR REGISTRATION PURPOSES, THIS IS NOT APPLICABLE</b>					
Date of expected Revalidation:		<b>INSERT DATE IF KNOWN – GMC WILL HAVE NOTIFIED YOU OF THIS</b>			
Date of previous Revalidation (if applicable):		<b>INSERT DATE IF KNOWN</b>			
Name and Contact details of your previous Responsible Officer:		<b>IF TRAINED IN ANOTHER DEANERY, PLEASE GIVE DETAILS OF THAT POSTGRADUATE DEAN HERE</b>			
<b>Work Address:</b> <b>MANCHESTER ROYAL INFIRMARY</b> <b>OXFORD ROAD</b> <b>MANCHESTER</b> <b>M1 2BC</b> <b>Work Phone: 0161 234 6666</b> <b>Email: J.SMITH@CMFT.NHS.UK</b>			<b>Home/Other Address:</b> <b>1 DEANERY ROAD</b> <b>MANCHESTER</b> <b>M1 1AB</b> <b>Home Phone: 0161 123 4444</b> <b>Mobile Phone: 07987654321</b> <b>Email: JOHNSMITH@DOCTORS.ORG.UK</b>		
<b>Immigration Status:</b> <b>BRITISH CITIZEN</b> (e.g. resident, settled, work permit required)			<b>Post Type or Appointment:</b> <b>RUN-THROUGH TRAINING</b> (e.g. LAT, Run Through, core trainee, FTSTA etc.)		
<b>GMC Programme Approval Number:</b> <b>TO BE COMPLETED BY DEANERY</b> (to be completed by Postgraduate Dean)			<b>National Training Number: PLEASE CONTACT YOUR SPECIALTY SCHOOL MANAGER IF UNSURE</b> (to be completed by Postgraduate Dean on first registration)		
<b>Specialty: HAEMATOLOGY</b>			<b>Or</b> <b>Deanery Reference Number: NOT APPLICABLE IN NORTH WESTERN DEANERY</b>		
<b>Training Programme – To be completed by trainees on programmes leading to CCT / CESR / CEGPR</b> (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"/> <b>PLEASE READ AND TICK IF CORRECT</b>					
<b>Specialty 1 for Award of CCT:</b> <b>HAEMATOLOGY</b>			I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/>		
<b>Specialty 2 for Award of CCT (if applicable):</b> <b>PLEASE INCLUDE IF APPLICABLE</b>			I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/> <b>PLEASE TICK AS APPROPRIATE</b>		
<b>Provisional Date for CCT/CESR/CEGPR Award:</b> <b>PLEASE ENTER CURRENT EXPECTED CCT DATE</b>		<b>Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme):</b> <b>ROYAL COLLEGE OF ...</b>			
<b>Initial Appointment to Programme:</b> <b>FULL TIME</b> (Full time or % of Full time Training)			<b>Date of Entry to Grade/Programme:</b> <b>ENTER START DATE</b> (Substantive date started in Programme of appointment)		

## Self Declaration to be completed by Trainee

### Scope of Practice –

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 including all locum and non NHS work even if these are with current employer/HTO. (Please add more rows if required).

Type of Work (OOP/clinical/non-clinical etc.) <b>PLEASE INCLUDE YOUR GRADE EG “ST5” OR “LAT AT ST3”</b>	Start Date <b>OF YOUR PLACEMENT</b>	End date <b>OF YOUR PLACEMENT</b>	Details of Employing/ Hosting Organisation/GP Practice
EG. CLINICAL – SPECIALIST TRAINEE (ST3)	01/02/2012	31/07/2012	MANCHESTER ROYAL INFIRMARY
EG. OOP RESEARCH	01/08/2012	31/07/2013	UNIVERSITY OF MANCHESTER

**Significant Events -** 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. Please note that you do not need to list any significant events that were not investigated.

Please select one of the following: **PLEASE TICK AS APPROPRIATE**

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 ☐

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.

**PLEASE ENTER BRIEF DETAILS OF SIGNIFICANT EVENTS HERE AND WHETHER REFLECTIONS ARE INCLUDED IN YOUR PORTFOLIO**

**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: **PLEASE TICK AS APPROPRIATE**

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

I have unresolved complaint(s) since my last ARCP ☐

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. **PLEASE ENTER BRIEF DETAILS OF COMPLAINTS HERE AND WHETHER REFLECTIONS ARE INCLUDED IN YOUR PORTFOLIO**

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 ENTER BRIEF DETAILS HERE IF APPLICABLE**

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 ☐ **PLEASE READ AND TICK**

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

I have nothing to declare ☐

I have something to declare ☐

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. **PLEASE ENTER BRIEF DETAILS OF ANY INVESTIGATIONS HERE AND WHETHER REFLECTIONS ARE INCLUDED IN YOUR PORTFOLIO**

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 READ AND TICK**

Please tick here to confirm your acceptance ☐

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:	<b>PLEASE SIGN HERE</b>	Date:	<b>PLEASE DATE HERE</b>
Signature of Postgraduate Dean/Head of School/ STC Chair/TPD:	<b>ASSOCIATE DEAN WILL SIGN TO CONFIRM REGISTRATION OF NEW TRAINEES ONLY</b>	Date:	<b>DATE</b>