

Enhanced Form R for Doctors in Training
(Self Declaration to be completed by the trainee doctor)

Trainee Forename		Trainee Surname		GMC Number	
Deanery / LETB				<i>Attach Passport Size Photo</i>	
Medical School awarding primary qualification: (name and country)					
Date of Birth:		Gender:			
Primary Qualification and date awarded:					
Date of Annual Review of Competence Progression (ARCP):					
Date of expected Revalidation:					
Date of previous Revalidation (if applicable):					
Name and Contact details of your previous Responsible Officer:					
Work Address: Work Phone: Email:			Home/Other Address: Home Phone: Mobile Phone: Email:		
Immigration Status: (e.g. resident, settled, work permit required)			Post Type or Appointment: (e.g. LAT, Run Through, core trainee, FTSTA etc.)		
GMC Programme Approval Number: (to be completed by Postgraduate Dean) Specialty:			National Training Number: (to be completed by Postgraduate Dean on first registration) Or Deanery Reference Number:		
Training Programme – 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"/>					

Specialty 1 for Award of CCT:	I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/>
Specialty 2 for Award of CCT (if applicable):	I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/>
Provisional Date for CCT/CESR/CEGPR Award:	Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme):
Initial Appointment to Programme: (Full time or % of Full time Training)	Date of Entry to Grade/Programme: (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.)	Start Date	End date	Details of Employing/ Hosting Organisation/GP Practice

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:

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.

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 ☐

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.

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 ☐

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

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.

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 ☐

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 :		Date:	
Signature of Postgraduate Dean/Head of School/ STC Chair/TPD:		Date:	