Form R: Registering for Postgraduate Specialty Training

This information has been written to help you complete the Form R, which has two purposes.

- Registration with the Deanery and Specialty Training Programme
- Self-Declaration for Revalidation

The form needs to be completed when you register with the Deanery for the first time on joining a Training Programme, then annually around the time of your assessment for re-registration and as a requirement as part of the your on-going revalidation.

The guide will go through each field on the form explaining how and what to complete. Fields indicated with a * may be pre-populated on annual assessment Form Rs. Where a field is pre-populated, please check that the information is correct and update it if necessary

Registration

Self-Declaration

Signatures

Registration
The first section of the form is for registration.

Trainee Name*
Enter your full name here. Your name must match exactly the name on your GMC registration.

GMC*Enter your GMC number here.

Deanery/LETB*Enter your Deanery here. As a KSS trainee, please enter Health Education KSS.

Medical School awarding primary qualification (name and country)*Enter the name and country of the Medical School from which you gained your primary qualification here.

Date of Birth*Enter your date of birth here.

Gender*Enter your gender here.

Attach Passport Size Photo
If you are newly joining a Training Programme and registering with the Deanery for the first time, please attach a passport size photo. If you are completing a Form R for your annual assessment, this is not essential.

Primary Qualification and date awarded*Enter your primary qualification and date awarded here.
**Date of Annual Review of Competence Progression (ARCP)**
Enter the date of your ARCP here. If you are newly joining a Training Programme and registering with the Deanery for the first time, please leave blank. All ARCP Dates are advertised on the website.

**Date of expected Revalidation**
If you know your date of expected revalidation, enter it here if you know, otherwise, please leave blank. Please check GMC Connect as it should be on the system.

**Date of previous Revalidation**
As revalidation is new, you will not have a previous revalidation date, so please leave blank.

**Name and contact details of your previous Responsible Officer**
If you are newly joining KSS from another deanery, either through recruitment to a specialty training programme or Inter Deanery Transfer, please enter the name and details of the Postgraduate Dean from your previous Deanery. If you are joining KSS Deanery from other employments (e.g. Clinical Fellow post etc.) please enter the name and details of the Medical Director/Responsible Officer of your employing organisation (including Locum Agencies).

**Work Address*/ Work phone*/Work email**
Please enter your work contact details here. If you are newly joining a Training Programme and registering with the Deanery for the first time, please leave blank.

**Home/Other Address*/Home phone*/Mobile*/Email**
Enter your personal contact details here.

**Immigration Status (e.g. resident, settled, work permit required)**
Enter your immigration status here.

**Post Type or Appointment (e.g. LAT, Run Through, FTSTA etc.)**
If this field is not pre-populated, please leave blank.

**GMC Programme Approval Number (to be completed by Specialty Workforce Team)**
If this field is not pre-populated, please leave blank.

**National Training Number (to be completed by Specialty Workforce Team on first registration)**
If this field is not pre-populated, please leave blank. Please note that if you are in a Core Programme i.e. CT1, 2 or 3, or a FTSTA/LAT post then you will not have a National Training Number, you will have a Deanery Reference Number as stated below.

**Deanery Reference Number (to be completed by Postgraduate Dean)**
This is for Core Trainees (CT1-3) & LAT/FTSTA trainees only. If this field is not pre-populated, please leave blank.
Tick Box - I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress
If you have been appointed to a programme leading to the award of a Certificate of Completion of Training (CCT), please tick this box. This is for all trainees who
This does not apply to Core training programmes, LATs or FTSTA’s, or people working towards CESR or CEGPR. If you are unsure, please contact your Specialty School contact.

Specialty*
If you are on a Core training programme or are a LAT or FTSTA appointee, please enter your training specialty here. If not, please leave blank.

Specialty 1 for Award of CCT*
If you are on a programme leading to the award of a CCT, please enter the main specialty here

Specialty 2 for Award of CCT*
If you are working towards accreditation in more than one specialty, please enter your secondary specialty here

Tick Box - I confirm that I will be seeking specialist registration by application of a CESR
LEAVE BLANK unless otherwise instructed by your Specialty School.

Tick Box - I confirm that I will be seeking specialist registration by application of a CEGPR
LEAVE BLANK

Provisional Date for CCT/CESR/CEGPR Award*
This date should be the date you expect to complete your training if you are in a run through or higher specialist programme. If you are in a Core Programme, this will not need completing.

Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme)*
Please enter the relevant Royal College/Faculty here.

Initial Appointment to Programme (Full time or % of Full time Training)*
Enter whether you are Full Time or Less Than Full Time (LTFT) here. If you are LTFT, please indicate the percentage.

Date of entry to Grade/Programme (dd/mm/yyyy) (Substantive date started in programme of appointment)*
Enter the date you started your programme or grade here.

Self-Declaration
The second section of the form is the self-declaration for Revalidation.

Scope of Practice
Please list any past and current employers, including your training posts, time out of programme, advisory, or voluntary roles, or any activity undertaken since your last ARCP, in your capacity as a registered medical practitioner including all locum and non NHS work even if these are with your current employer or HTO. Please continue on a separate sheet if required.
**Significant Events**
Tick the appropriate box, and attach a brief summary of unresolved investigations and your reflection if they are NOT included in your portfolio. Details of any resolved investigations must be present in your portfolio.
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.

**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.
Tick the appropriate box and attach a brief summary of unresolved complaints and your reflection if they are NOT included in your portfolio. Details of any resolved complaints must be present in your portfolio.

**Compliments**
Compliments are another important piece of feedback. You may wish to detail here any compliments 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. Please tick the box to accept the professional obligations placed on you in Good Medical Practice about probity. You will also need to tick the appropriate box in relation to unresolved investigations and attach a brief summary of any unresolved investigations and your reflection if they are NOT included in your portfolio. Details of any resolved investigations must be present in your portfolio.

**Health**
Please tick the box to confirm your acceptance of the professional obligations placed on you in Good Medical Practice about your personal health.

**Signatures**
The third section is for you to sign to confirm that the information you have provided is a true and accurate declaration at the point in time it is completed. You also agree to immediately notify the deanery and your employer if you are aware of any change to the information provided. And finally, you give permission for your past and present ARCP portfolios (covering a period of five consecutive years in total) to be viewed by your Responsible Officer and any appropriate person nominated by the Responsible Officer for the purposes of Revalidation. **PLEASE NOTE ELECTRONIC SIGNATURE ARE NOT ACCEPTABLE, THEY MUST BE HANDWRITTEN.**

Once your form is submitted to the Deanery, it will be signed by the Postgraduate Dean / Head of School / STC Chair / TPD as necessary. The original form will be held by the Deanery with a copy being returned to you (the trainee) and another submitted to the relevant Medical Royal College.