

## Form R (F2)

### Self declaration to be completed by the foundation doctor

**IMPORTANT:** Sections of this form have been prepopulated by the e-portfolio - please check all details and if there are any errors liaise with your local e-portfolio administrator before submitting. **By signing this document you are confirming that ALL details (prepopulated or entered by you) are correct.**

It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/HEE local team remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

**Failure to appropriately complete a Form R when requested may result in an Outcome 5 at ARCP**

### Section 1: Doctor's details

Forename:			
GMC registered surname:			
GMC number:			
Primary contact email address:			
For reasons of security and due to frequent system failures with internet email accounts, you are strongly advised to provide an 'NHS.net' email address.			
Medical School awarding primary qualification (name):			
Medical School awarding primary qualification (country):	○	UK	○
If 'Other', please specify which non-UK country here:	Other		
Current Deanery/HEE local team:			
Previous Designated Body for Revalidation (if applicable):			
Current Revalidation date:			
Date of previous Revalidation (if applicable):			
Foundation School:			
Programme / Training Specialty:	Foundation Programme		

## Section 2: Whole Scope of Practice

### **Read these instructions carefully!**

Please list all placements in your capacity as a registered medical practitioner **since last ARCP (or since initial registration to programme if more recent)**. This includes:

- (1) each of your training posts if you are or were in a training programme;
- (2) any time out of programme, e.g. OOP, mat leave, career break, etc.;
- (3) any voluntary or advisory work, work in non-NHS bodies, or self employment;
- (4) any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the dates and number of shifts worked in each locum employer-entry.

NB: Foundation doctors should only undertake work in GMC designated Approved Practice Settings.

*Add as many entries / rows as required.*

Type of Work (e.g. name and grade of specialty placement, OOP, maternity leave, etc.)	Start Date	End Date	Was this a training post?	Name and location of Employing/Hosting Organisation/GP Practice (Please use full name of organisation/site and town/city, rather than acronyms)
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	

## TIME OUT OF TRAINING ('TOOT')

Self-reported absence whilst part of a training programme since last ARCP (or, if no ARCP, since initial registration to programme). Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/Deanery/HEE in recalculation of the date you should end your current training programme. Partial days must be rounded up.

### **Enter 0 for any reasons where you have not had Time Out Of Training.**

If you want to clarify your TOOT further, enter a comment in the Health Declaration below.

Reason	Days	(number of days must be whole numbers between 0 and 365)
Short- and long-term sickness absence		
Parental leave (incl. maternity/paternity leave)		
Career breaks within a programme (OOPC) and non-training placements for experience (OOPE)		
Paid/unpaid leave (e.g. compassionate, jury service)		
Unpaid/unauthorised leave including industrial action		
Other ( <b>see note below first</b> )		

TOOT **does not include** study leave, paid annual leave or prospectively approved 'Time Out of Foundation Programme' (TOFP) / Out of Programme Training/Research (OOPT/OOPR).

**TOTAL** (NOTE: The above fields must **also** be completed):

### Section 3: Declarations relating to Good Medical Practice

These declarations are compulsory and relate to the Good Medical Practice guidance issued by the GMC.

**Honesty & Integrity** are at the heart of medical professionalism. This means being honest and trustworthy and acting with integrity in all areas of your practice, and is covered in Good Medical Practice.

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 Good Medical Practice.

1) I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty & integrity.\*

Please tick here to confirm your acceptance

\* If you wish to make any declarations in relation to honesty & integrity, please do this in Section 4.

2) 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

3a) Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing Trust or other organisation?

<input type="radio"/>	Yes	- Go to Q3b
<input type="radio"/>	No	- Go to Q4

3b) If YES, are you complying with these conditions/undertakings?

Yes - Go to Q4

4) **Health statement** – Writing something in this section below is **not compulsory**. If you wish to declare anything in relation to your health for which you feel it would be beneficial that the ARCP Panel or Responsible Officer knew about, please do so below.

**Section 4: Update to previous Form R declaration of significant events/complaints/other investigations**

If you have previously declared any Significant Events, Complaints or Other Investigations on your last Form R, please provide updates to these declarations below.

Please **do not** use this space for new declarations. These should be added in Section 5 (New declarations since your previous Form R/starting F2 training).

*Add as many entries / rows as required.*

**\*\*REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM\*\***

1) If you did not declare Significant Events, Complaints or Other Investigations on your previous Form R or have not completed a Form R before, check this box and go to Section 5.

**2) If any previously declared Significant Events, Complaints or Other Investigations have been resolved since your last ARCP, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. You are also advised to link any relevant forms to this form using the ePortfolio linking facility.**

Type of declaration	Date of entry in Portfolio	Title/Topic of Reflection/Event	Location of entry in Portfolio
<input type="checkbox"/> Significant event <input type="checkbox"/> Complaint <input type="checkbox"/> Other investigation			
<input type="checkbox"/> Significant event <input type="checkbox"/> Complaint <input type="checkbox"/> Other investigation			
<input type="checkbox"/> Significant event <input type="checkbox"/> Complaint <input type="checkbox"/> Other investigation			
<input type="checkbox"/> Significant event <input type="checkbox"/> Complaint <input type="checkbox"/> Other investigation			
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<input type="checkbox"/> Significant event <input type="checkbox"/> Complaint <input type="checkbox"/> Other investigation			
<input type="checkbox"/> Significant event <input type="checkbox"/> Complaint <input type="checkbox"/> Other investigation			

3) If any previously declared Significant Events, Complaints or Other Investigations remain unresolved, please provide a brief summary below, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

Section 5: New declarations of significant events/complaints/other investigations

**Significant Event:** 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. Use non-identifiable patient data only.

**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 honesty & integrity 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. Use non-identifiable patient data only.

**Other investigations:** Any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

**\*\*REMINDER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM\*\***

1) Please select ONE of the following only:

<input type="radio"/>	I do <u>NOT</u> have anything new to declare since my last ARCP/starting my F2 training
<input type="radio"/>	I <u>HAVE</u> been involved in significant events/complaints/other investigations since my last ARCP/starting my F2 training

2) If you know of any **RESOLVED** significant events/complaints/other investigations since your last ARCP/starting your F2 training, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. You are also advised to link any relevant forms to this form using the ePortfolio linking facility.

Type of declaration	Date of entry in Portfolio	Title/Topic of Reflection/Event	Location of entry in Portfolio
<input type="radio"/> Significant event <input type="radio"/> Complaint <input type="radio"/> Other investigation			
<input type="radio"/> Significant event <input type="radio"/> Complaint <input type="radio"/> Other investigation			
<input type="radio"/> Significant event <input type="radio"/> Complaint <input type="radio"/> Other investigation			
<input type="radio"/> Significant event <input type="radio"/> Complaint <input type="radio"/> Other investigation			
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<input type="radio"/> Significant event <input type="radio"/> Complaint <input type="radio"/> Other investigation			
<input type="radio"/> Significant event <input type="radio"/> Complaint <input type="radio"/> Other investigation			

3) If you know of any **UNRESOLVED** significant events/complaints/other investigations since your last ARCP/starting your F2 training, please provide below a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking this investigation.

**Section 6: 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, to help give a better picture of your practice as a whole. **This section is not compulsory.**

**Section 7: Declaration**

*I confirm this form is a true and accurate declaration at this point in time and will immediately notify the foundation school/HEE local team and my employer if I am aware of any changes to the information provided in this form.*

*I give permission for my past and present ARCP portfolios 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 or Designated Body 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:**