

Form R: Registering for Postgraduate Specialty Training¹

Trainee Name:		GMC Number	
SHA:		Deanery	
Medical School awarding primary qualification: (name and country)			<i>Attach Passport Size Photo</i>
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:			
Name and Contact details of your previous Responsible Officer:			
Work Address:		Home/Other Address:	
Work Phone:		Home Phone:	
Email:		Mobile Phone:	
Immigration Status: (e.g. resident, settled, work permit required)		Post Type or Appointment: (e.g. LAT, Run Through, FTSTA etc.)	
GMC Programme Approval Number: (to be completed by Postgraduate Dean)		National Training Number: (to be completed by Postgraduate Dean on first registration)	
Deanery Reference Number:		I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress <input type="checkbox"/>	
Specialty:			
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:		I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/>	

¹ (to be confirmed on appointment to/on entering specialty training and before a National Training Number (NTN) or Deanery Reference Number (DRN) is issued. Must be updated and submitted annually with the Postgraduate Dean in order to renew registration for specialty training).

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)	
<p>Scope of Practice - Please list of any past and present employers/HTO placements/ time out of programme/ advisory/ voluntary roles or any other activity undertaken since last ARCP, in your capacity as a registered medical practitioner including all locum and non NHS work even if these are with their current employer/HTO.</p> <p>Please continue on a separate sheet if required.</p>			
Type of Work (OOP/clinical/non-clinical etc.)	Start Date	End date	Details of Employing/ Hosting Organisation/GP Practice
<p>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.</p> <p><u>Please note that you do not need to list any significant events that were not investigated.</u></p>			
<p>Please select one of the following:</p> <p>I do not have unresolved significant event(s) investigation(s) since my last ARCP <input type="checkbox"/></p> <p>I have unresolved significant event(s) investigation(s) since my last ARCP <input type="checkbox"/></p> <p>(Please attach a brief summary of unresolved investigation(s) and your reflection if they are not included in your portfolio. Details of any resolved investigations should be present in the portfolio)</p>			
<p>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.</p>			

Please select one of the following:

I do not have unresolved complaints since my last ARCP

I have unresolved complaint(s) since my last ARCP

(Please attach a brief summary of unresolved complaint(s) and your reflection if they are not included in your portfolio. Details of any resolved complaints should be present in the 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.

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 attach a brief summary of unresolved investigation(s) and your reflection if they are not included in your portfolio. Details of any resolved investigations should be present in the 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 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)

to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer for the purposes of Revalidation.

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