

Form R: Registering for Postgraduate Specialty Training¹

Trainee Name:	Please complete	GMC Number	Please complete
SHA:	Hampshire or IOW = South Central SHA OR Dorset or South Wilts = South West SHA	Deanery	Wessex
Medical School awarding primary qualification: (name and country) Please complete			<i>Attach Passport Size Photo</i> Please attach
Date of Birth: Please complete	Gender: Please complete		
Primary Qualification and date awarded: Please complete			
Date of Annual Review of Competence Progression (ARCP): Leave Blank			
Date of expected Revalidation:		Deanery to complete	
Date of previous Revalidation:		Leave Blank	
Name and Contact details of your previous Responsible Officer: A Responsible Officer is a senior licensed doctor in an organisation responsible for making revalidation recommendations to the GMC about doctors within the organisation.		Please complete if you are not currently in a Wessex Deanery training programme. If you are part of a different Deanery programme prior to joining Wessex then please provide the name of the Deanery and Postgraduate Dean. If you are working in a Trust as a LAS or SAS doctor prior to joining Wessex then please provide the name of the Trust and Medical Director. If you do not know who your Responsible Officer is then please just provide details of the organisation you are working for before you join Wessex.	
Work Address: Please complete if you know what your work address will be from August. Work Phone: Email:		Home/Other Address: This is your permanent contact address Home Phone: Mobile Phone: Email:	
Immigration Status: (e.g. resident, settled, work permit required) Please complete		Post Type or Appointment: (e.g. LAT, Run Through, FTSTA etc.) Run through	

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).

GMC Programme Approval Number: (to be completed by Postgraduate Dean) Deanery to complete		National Training Number: (to be completed by Postgraduate Dean on first registration) Deanery to complete	
Deanery Reference Number: Deanery to complete		I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress <input type="checkbox"/> Please tick	
Specialty: General Practice			
Specialty 1 for Award of CCT: General Practice		I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/> Leave blank	
Specialty 2 for Award of CCT: Leave Blank		I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/> Leave blank	
Provisional Date for CCT/CESR/CEGPR Award: Do not complete		Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme): RCGP	
Initial Appointment to Programme: (Full time or % of Full time Training) Please complete – e.g. Full time or if part time, please state e.g. 60%		Date of Entry to Grade/Programme: (Substantive date started in Programme of appointment) Please complete Your start date will be 1 August 2012 unless we have agreed a different date with you	
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. Please continue on a separate sheet if required.			
Type of Work (OOP/clinical/non-clinical etc.)	Start Date	End date	Details of Employing/ Hosting Organisation/GP Practice
Please complete. If you have not had an ARCP in the last year or ever before, then please complete for any work undertaken in the last year.			
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 complete. If you have not had an ARCP in the last year or ever before, then please complete for any significant event investigations in the last year. An example of a significant event investigation would be a formal SUI (Serious Untoward Incident) or SIRI (Serious Incidents Requiring Investigation).

I do not have unresolved significant event(s) investigation(s) since my last ARCP

I have unresolved significant event(s) investigation(s) since my last ARCP

(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)

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 complete. If you have not had an ARCP in the last year or ever before, then please complete for any complaints in the last year.

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 complete

Please tick here to confirm your acceptance

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

Please complete. If you have not had an ARCP in the last year or ever before, then please complete for any investigations in the last year.

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 complete

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 :	Please complete	Date:	Please complete
Signature of Postgraduate Dean/Head of School/STC Chair/TPD:	Leave Blank, this will be completed by Wessex to register you with the Deanery.	Date:	Leave Blank