

Completing the new Form R, Part A (Registration) and Part B (Revalidation) and adding a Digital ID

Health Education England working across Yorkshire and the Humber is introducing the new PDF Form R, Parts A/B for all Anaesthetics & ICM trainees. These editable PDF files should be completed entirely in the digital domain, not printed, physically signed and scanned but completed using a digital signature.

A digital signature is a small box of text embedded into a document to verify by whom and when it was signed and carries additional information confirming the document has not been altered. It does not look like a handwritten signature. Once created, your Digital ID can be stored on your computer/tablet or cloud storage and used to authenticate other documents.

Trainee Signature:	Anna Stetic	Digitally signed by Anna Stetic Date: 2018.05.17 10:56:50 +01'00'	Date:	
<small>FOR DEANERY/HEE USE ONLY</small>				

This short document will advise:

- [how to complete the new Form R, Part A \(required when commencing a new specialty\)](#)
- [how to complete the new Form R, Part B \(required for revalidation before an ARCP\)](#)
- [how to verify you have completed the document with a Digital ID](#)

To insert a digital signature into your Form R you must ensure you have downloaded the Form R to your hard drive/desktop and that you are NOT using a PDF reader plug-in for your web browser (Chrome/Safari etc). The Digital ID in this document does not currently work with mobile devices such as iPads and phones.

You can download the latest FREE Acrobat Reader programme from Adobe by clicking [HERE](#). Acrobat is fully compatible with Microsoft Windows and Apple MacOS. However, the digital ID does not function correctly in Apple's native PDF reader, Preview.

FORM R, PART A (REGISTRATION)

STEP 1:

Open the document in Acrobat Reader and complete the Form R (A) using the free text/drop down menus. Please ensure you add a recent photograph.

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT:			
If this form has been pre-populated by your Deanery/HEE local team, please check all details, cross out errors and write on amendments. <i>By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.</i> 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'.			
Forename:	Anna	GMC-registered surname:	Stetic
GMC Number:	7654321	Deanery / HEE local team:	Yorkshire & The Humber
Date of Birth:	Gender:	Immigration Status:	
22 May 1995	Female	Tier 2	
Primary Qualification:		Date awarded:	
2A Degree		31 May 2011	
Medical School awarding primary qualification (name and country):			
University of Leeds			
Home Address:		Contact telephone:	
25 Walkthis Way Leeds LS9 2EE			
		Contact mobile:	
		07816 000000	
Preferred email address for all communications:			
anna.stetic@doctors.org.uk			
Please tick <u>only one</u> of these six options:		Programme Specialty:	
		Please Select	
I confirm I have been appointed to a programme leading to award of CCT.	<input checked="" type="radio"/>	Specialty 1 for Award of CCT (if applicable):	
		Anaesthetics	
I confirm that I will be seeking specialist registration by application for a CESR.	<input type="radio"/>	Specialty 2 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR CP.	<input type="radio"/>	Intensive Care Medicine	
I confirm that I will be seeking specialist registration by application for a CEGPR.	<input type="radio"/>	Royal College/Faculty assessing training for the award of CCT:	
I confirm that I will be seeking specialist registration by application for a CEGPR CP.	<input type="radio"/>	FICM	
I confirm that I am a core trainee, not yet eligible for CCT.	<input type="radio"/>	Anticipated completion date of current programme, if known:	8 Aug 2022
Training Grade:	Date started:	Post Type or Appointment:	Full time or % of Full time Training:
ST4	1 Aug 2018	Higher	Full Time
By signing this form, I confirm that the information above is correct and I will keep my Designated Body, and the GMC, informed as soon as possible of any change to my contact details.			
Trainee Signature:		Date:	
FOR DEANERY/HEE USE ONLY			
National Training Number/Deanery Reference Number:		GMC Programme Approval Number:	

*please note if you are completing a Form R (A) due to commencing as a Dual trainee select Specialty 2 and add the NEW College responsible for assessing training. If your new college does not appear on the list the form will allow you to type the college in directly by overtyping 'please select'.

ONCE completed click the Trainee Signature box and follow the instructions [HERE](#) for creating a Digital ID.

FORM R, PART B (REVALIDATION)

STEP 1 – Complete all the relevant fields using either free text or drop-down menus.

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 Part B when requested may result in an Outcome 5 at ARCP (Gold Guide V6, 7.74).

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.

Current Deanery/HEE local team:
 Previous Designated Body for Revalidation (if applicable):

Current Revalidation date: Date of previous Revalidation (if applicable):

Programme/
Training Specialty: Dual specialty (if applicable):

Section 2: Whole Scope of Practice

Read these instructions carefully!
 Please list all placements in your capacity as a registered medical practitioner since **to programme if more recent**. This includes: (1) each of your training posts if you have any time out of programme, e.g. OOP, mat leave, career break, etc.; (2) any voluntary bodies, or self-employment; (3) any work as a locum. For locum work, please group unbroken period as one employer-entry. Include the dates and number of shifts worked. *Please add more rows if required, or attach additional sheets for printed copy and email.*

Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start Date	End date	Was this a training post? Y/N	Organisation/GP Practice (Please use full name of organisation/site and town/city, rather than acronyms)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure you enter '0' days absent in the category boxes rather than leave blank.

<input type="text" value="ST6 advance pain"/>	<input type="text" value="2/8/2017"/>	<input type="text" value="31/7/2018"/>	<input type="text" value="Yes"/>	<input type="text" value="Leeds Teaching Hospitals"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TIME OUT OF TRAINING ('TOOT')	Reason	Days
Self-reported absence whilst part of a training programme <u>since last ARCP</u> (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. <u>Partial days must be rounded up.</u> 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.	✓ Short- and long-term sickness absence	<input type="text" value="2"/>
	✓ Parental leave (incl. maternity/paternity leave)	<input type="text" value="0"/>
	✓ Career breaks within a programme (OOPC) and non-training placements for experience (OOPE).	<input type="text" value="0"/>
	✓ Paid/unpaid leave (e.g. compassionate, jury service)	<input type="text" value="0"/>
	✓ Unpaid/unauthorised leave including industrial action	<input type="text" value="0"/>
	✓ Other (see note below first)	<input type="text" value="0"/>
TOOT does not include study leave, paid annual leave, prospectively approved Out of Programme Training/Research (OOPT/OOPR) or periods of time between training programmes (e.g. between core and higher training).		
TOTAL (NOTE: The above fields must <u>also</u> be completed):		<input type="text" value="2"/>

If you have missed a mandatory field Acrobat will notify you which fields are incomplete when you try to add a signature.

Once all fields are complete - select the signature field and you will be asked to configure a [new digital ID](#) (unless you have previously created one) and the step-by-step wizard will take you through the process.

STEP 2: Signing with a Digital ID

Configure a Digital ID for signing

A Digital ID is required to create a digital signature. The most secure Digital IDs are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device**
Configure a smart card or token connected to your computer
- Use a Digital ID from a file**
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID**
Create your self-signed Digital ID

Cancel Continue

STEP 3: You have the option to save the Digital ID on your computer/device's hard drive

Select the destination of the new Digital ID

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases.

Consult with your recipients if this is an acceptable form of authentication.

- Save to File**
Save the Digital ID to a file in your computer
- Save to Windows Certificate Store**
Save the Digital ID to Windows Certificate Store to be shared with other applications

Back Continue

STEP 4:

Complete the certificate using your GMC registered name and the email used on the Form R and switch the region to GB (for United Kingdom)

Create a self-signed Digital ID ✕

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name	<input type="text" value="Anna Stetic"/>
Organizational Unit	<input type="text" value="Enter Organizational Unit..."/>
Organization Name	<input type="text" value="NHS England"/>
Email Address	<input type="text" value="anna.stetic@doctors.org.uk"/>
Country/Region	<input type="text" value="GB - UNITED KINGDOM"/>
Key Algorithm	<input type="text" value="2048-bit RSA"/>
Use Digital ID for	<input type="text" value="Digital Signatures"/>

? Back Continue

STEP 5 – Save the certificate to your hard drive/cloud storage for future use and encrypt with a password.

Save the self-signed Digital ID to a file ✕

Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing.

Save the Digital ID file in a known location so that you can copy or backup it.

Your Digital ID will be saved at the following location :

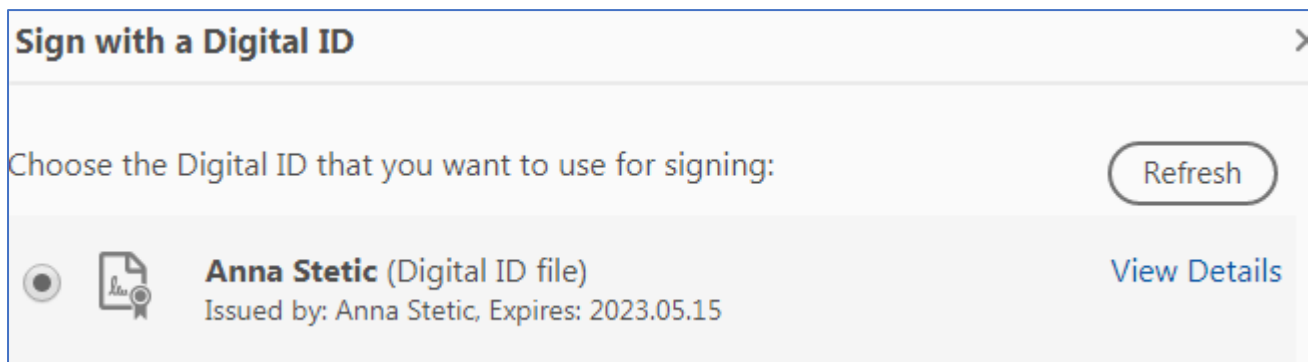
Browse

Apply a password to protect the Digital ID:

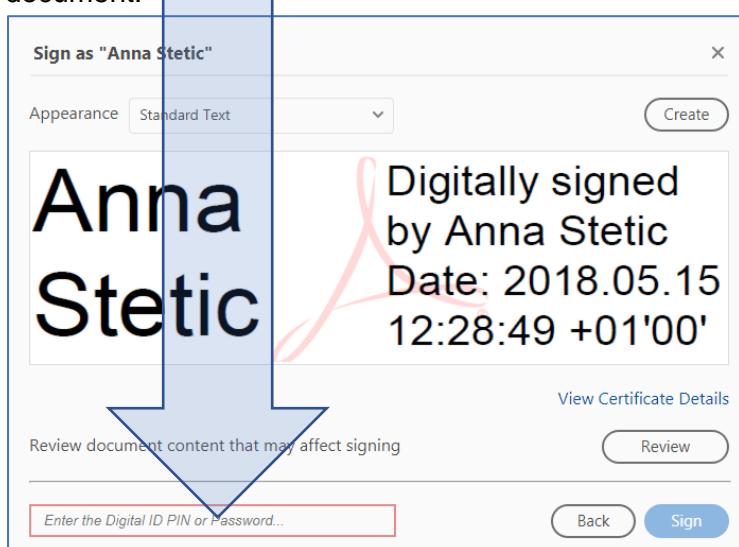
Confirm the password:

? Back Save

STEP 6 – select the signature to sign the document



STEP 7 - enter your password and click 'sign' and you will be asked where to save the new digitally signed document.



Your Form R is now validated.

Form R Part A should be returned to Health Education England at anaesthetics.yh@hee.nhs.uk, once received, we will confirm your National Training Number or Deanery Reference Number (core trainees).

Form R Part B should be uploaded to your ePortfolio and a copy returned to Health Education England at anaesthetics.yh@hee.nhs.uk.

Trainee Signature:	Anna Stetic	Digitally signed by Anna Stetic Date: 2018.05.17 10:56:50 +01'00'	Date:	
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