

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.



To insert a digital signature into your Form R you must:

- ensure you have downloaded the Form R to your hard drive/download folder
- open the file using Acrobat Reader
- do NOT open the file by clicking the link in your inbox
- do NOT use 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.

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

Please download the most recent FREE Acrobat Reader programme from Adobe by clicking <u>HERE</u> and select Acrobat Reader (FREE) not Acrobat Pro (PAID). Acrobat is fully compatible with Microsoft Windows and Apple MacOS.

Please note, Digital ID does not work 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

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By signing th	nis form, I confirm t					nd I will keep me to my contact			Body, and the	GMC, informed	
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											1

*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'.

FORM R, PART B (REVALIDATION)

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

Contact decails. Total beariery fact local team remains your besignated body unbugnout your diffield training. Total 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: Anna	GMC-regi	stered sur	name:	Stetic						
GMC Number: 7654321	ntact email	address:	anna.s	tetcic@doctors.org.uk						
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: Yorkshire and the Humber										
Previous Designated Body for Revalidation (if applicable):										
Current Revalidation date: 31	/7/2018	Date of	Date of <u>previous</u> Revalidation (if applicable):							
Programme/ Training Specialty: Anaestheti	cs		Dual speci appli	alty (if cable):	Intensive Care Medicine					
Section 2: Whole Scope of Practice Read these instructions carefully! Please list all placements in your capacity as a registered medical practitioner since I Geriatric Medicine to programme if more recent). This includes: (1) each of your training posts if you are any time out of programme, e.g. OOP, mat leave, career break, etc.; (3) any voluntar bodies, or self-employment; (4) any work as a locum. For locum work, please grather break or shifts wor unbroken period as one employer-entry. Include the dates and number of shifts wor Please add more rows if required, or attach additional sheets for printed copy and en Intensive Care Medicine										
Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start Date	End date	Was this training post? Y/N	Nai Org	Medical Microbiology ganisation/GP Practice (Please use full me of organisation/site and town/city, her than acronyms)					

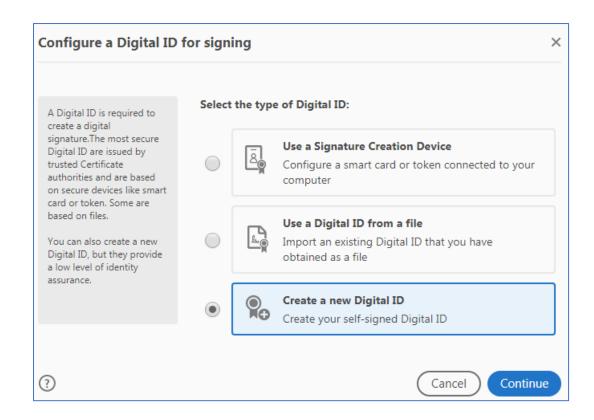
Please ensure you enter '0' days absent in the category boxes rather than leave blank.

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TIME OUT OF TRAINING ('TOOT')			Reason					
Self-reported absence whilst part of	✓	✓ Short- and long-term sickness absence						
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			✓ 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)					
date you should end your current tra	✓	✓ Unpaid/unauthorised leave including industrial action						
programme. <u>Partial days must be ro</u>	✓	✓ Other (see note below first)						
Enter 0 for any reasons where you have not had Time Out Of Training.			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					
If you want to clarify your TOOT furt		(e.g. between core and higher training).						
comment in the Health Declaration	7	TOTAL (NOTE: The above fields must <u>also</u> be completed): 2						

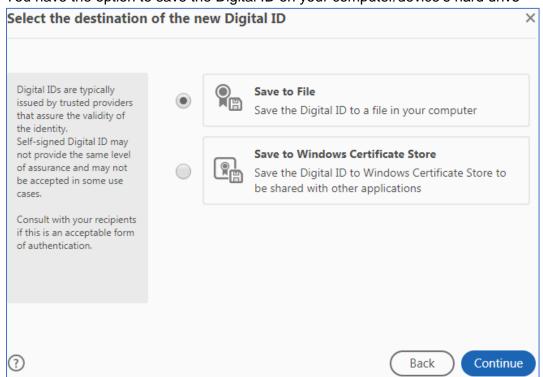
If you have missed a mandatory field Acrobat will notify you which fields are incomplete when you try to add a signature.

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

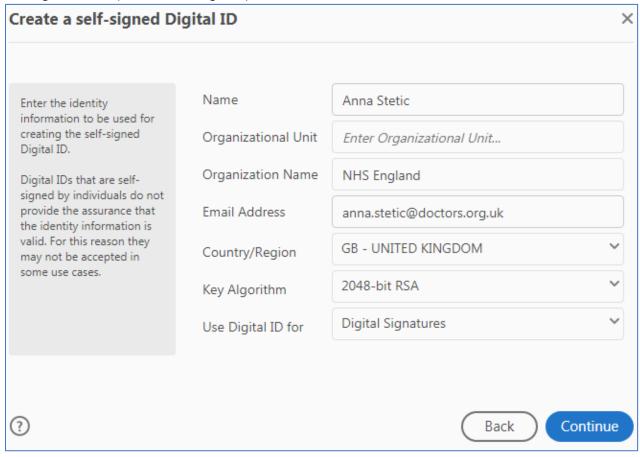
STEP 2: Signing with a Digital ID



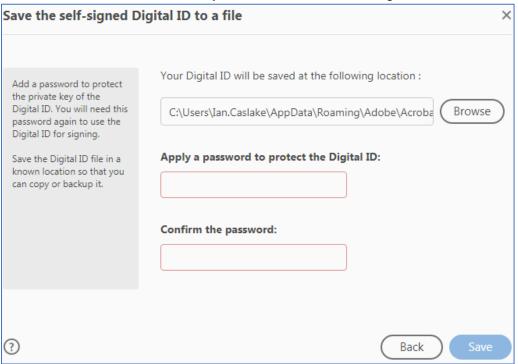
STEP 3: You have the option to save the Digital ID on your computer/device's hard drive



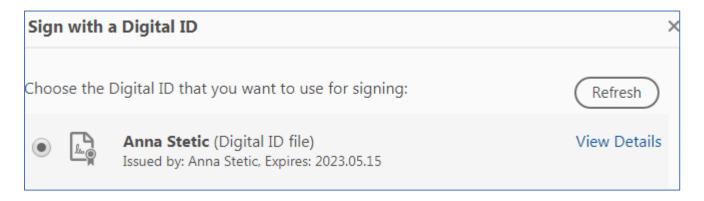
STEP 4: Complete the certificate using your GMC registered name and the email used on the Form R and switch the region to GB (for United Kingdom)



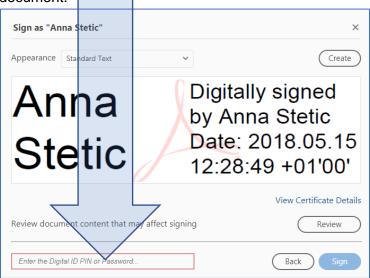
STEP 5 – Save the certificate to your hard drive/cloud storage for future use and encrypt with a password.



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.

