Intrepid Version 10 – Trainee Form R completion Guide

This guide is intended to help you navigate your way around completing and submitting your Enhanced Form R via Intrepid Version 10.

This guide was originally produced by the Wessex School of Paediatrics.

1. **Login to your Intrepid Version 10 account.**
   
   https://www.intrepidv10.co.uk/WOX/

   When you login your homepage should come up with a Task in the centre of the page, it will look like:

   ![Intrepid Home Page](image)

   You can enter this task by clicking on the wording next to the red exclamation mark.

   You will then see the page has been split out into Form R Part A and Form R Part B. Under ‘Created by’ you will need to click the blue arrow next to the most recent entry, this will very likely have the name of your School Manager or Administrator next to it.
2. Enhanced Form R – Part A

Part A is the Personal Details section of the form. You will need to fill in all of the white boxes which contain editable information. Some sections will be greyed out. You will not be able to edit this information. Some parts of the form will automatically complete from your Intrepid record, if this information is incorrect please contact me so I can amend. Any data you amend will automatically update your Intrepid record.

Please be careful to submit this form. At bottom of the page there is both a “save” and “submit” button.

The form will not submit if there are blank fields and these will be highlighted in GREEN. All blank fields should be completed and all populated fields should be checked.
<table>
<thead>
<tr>
<th><strong>Forenames</strong></th>
<th>Ben</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GMC Number</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Date of birth</strong></td>
<td>11/01/1979</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Primary qualification and date awarded</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Medical School awarding primary qualification (name and country)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Current home address</strong></td>
<td>Southern House, Otterbourne, Winchester, SG21 2RU</td>
</tr>
<tr>
<td><strong>Current work address</strong></td>
<td>St Mary's Hospital (IOW), Newport, Isle of Wight, PO30 5TG</td>
</tr>
<tr>
<td><strong>Home phone/Mobile</strong></td>
<td>01962 716424</td>
</tr>
<tr>
<td><strong>Work phone/Mobile</strong></td>
<td>01983 524081</td>
</tr>
<tr>
<td><strong>Preferred email address for all communications</strong></td>
<td><a href="mailto:tReat@gmail.com">tReat@gmail.com</a></td>
</tr>
<tr>
<td><strong>Immigration Status</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Post type or Appointment</strong></td>
<td>(e.g. FTE, Rotational)</td>
</tr>
<tr>
<td><strong>Through, core training, Fy3 etc.)</strong></td>
<td></td>
</tr>
</tbody>
</table>
3. Enhanced Form R – Part B

Part B consists of the declarations trainees are asked to make with regard to scope of practice, health, time out of training and any complaints, serious incidents and compliments.

Please note – your address WILL NOT be updated following any changes made to Part A. The part A and part B of the form are created simultaneously.

Scope of Practice – you do not need to add your current training posts, this will automatically be updated via your intrepid record. You should add:

- Any activity outside of your training that uses your medical skills (e.g. charity activities, match first aider etc)
- Locums – Following the implementation of the new Form R it is now a requirement for trainees to note their entire scope of practice. Health Education Wessex endorses the national guidance that trainees who have worked additional shifts in their current Trust only need to report the number of shifts they have worked since their last ARCP in the Form R and do not need to provide additional Reflection.
However, any work outside their current trust or specialty will need to be detailed separately and in full, together with Reflection on the work carried outside of training form.

There will be an Add New button in the right hand corner which will enable you to complete this. Please see below.

Time out of Training – you will need to put in how many days you have had out of training since your last ARCP. This is a GMC requirement, as the information is used to legitimately award further training time if this has had a significant impact on training and as such you have been unable to complete the required competencies.
All other parts of the form require completion in the same manner as scope of practice section and any boxes ticked. Some boxes allow free text which can be used to reference appropriate reflections if necessary. These reflections will be reviewed by the Responsible Officer, Dr Simon Plint, Postgraduate Dean, at the time of your Revalidation and at your ARCP.
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?

Yes: ☐ – Go to Q3b

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/RITA panel or Responsible Officer knew about, please do so below.

Section 4: Update to previous Form R Part B - If you have previously declared any significant Events, Complaints or Other Investigations on your last Form R Part B, please provide updates to these declarations below.

Please do not use this space for new declarations. These should be added in Section 5 (Significant Events), Section 6 (Complaints) or Section 7 (Other Investigations).

Please continue on a separate sheet if required. Title the sheet 'Appendix to previous Form R Part B update', and attach to this form.

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

1) If any previously declared Significant Events, Complaints or Other Investigations have been resolved since your last ARCP/RITA/Appraisal, you are required to have written a reflection on those in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found. (Add additional lines if required).

<table>
<thead>
<tr>
<th>Answer 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant event: ☐</td>
</tr>
<tr>
<td>Date of entry in Portfolio:</td>
</tr>
<tr>
<td>Title/Topic of Reflection/Event:</td>
</tr>
<tr>
<td>Location of entry in Portfolio:</td>
</tr>
</tbody>
</table>

2) 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 since your previous Form R Part B

**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). 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:** In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCP/RITA/Appraisal panel or Responsible Officer should be made aware of. Use non-identifiable patient data only.

Please continue on a separate sheet if required. Title the sheet 'Appendix to new declarations', and attach to this form.

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

1) Please tick ONE of the following only:

* I do NOT have anything new to declare since my last ARCP/RITA/Appraisal ☐

* I HAVE been involved in significant event investigations/complaints/other investigations since my last ARCP/RITA/Appraisal ☐

2) If you know of any RESOLVED significant event investigations/complaints/other investigations since your last ARCP/RITA/Appraisal, 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. (Add additional lines if required).
4. Submission

Whilst the Form R submission period is open you may edit both parts of the Form as many times as you need by clicking the ‘save’ button. Your Form R will not be submitted until you click the submit button.

You should see the options as below. Please remember to click the submit button by the required deadline.

Once your Form R has been submitted this will be shown on the bottom of the Form.

The Form R is available to be completed over 30 calendar days.

5. Reviewing Form R
Once you have submitted your Form Rs you can access them at any time to access this select “My Record” on the left hand menu followed by “Form R” to review, you will be able to download or print your Form R from this screen.

You will able to see the status of your Part A sign off from this screen.

6. Troubleshooting

Password: You can reset your own password by clicking the forgotten password link.

Any system problems, including log in issues, you can contact the Intrepid team via: intrepid.tv@thamesvalley.hee.nhs.uk