

London and KSS Form R and Self assessment

Response ID	Completion date
601896-601887-66271428	13 Oct 2020, 00:35 (BST)

Forename:	
	Naureen
GMC-registered surname:	
	Khan
Immigration Status:	
	British Citizen
Gender:	Female
Date of Birth	28/09/1969
GMC/Professional Reg. Number:	6079391
Preferred email address for all communications:	Naureen.khan3@nhs.net
Contact mobile:	07983153391

Current Home Address:
First Line:

	44
Second Line:	
	foxley road
Town/Region:	
	Croydon
County:	
	Surrey
Post Code:	
	CR7 7DT

Regional office	Health Education England - Kent, Surrey and Sussex
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Primary Qualification:	MBBS
Date Awarded:	10/10/1995
Medical School awarding primary qualification:	Non-UK

Post Type or Appointment: (e.g. LAT, Core, Run-Through)	Speciality Training
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Programme Specialty: (Please note Core Surgery Trainees must ensure they select Core Surgery and not their sub-specialty)	General Practice
Specialty 1 for Award of CCT (if applicable): (Please note Core Surgery Trainees must ensure they select Core Surgery and not their sub-specialty)	General Practice
Royal College/Faculty assessing the award of CCT	Royal College of General Practitioners
If you are a current trainee what is your NTN or DRN?	KSS/800/2824/C
I can confirm that my certificate route is:	CCT
Initial Appointment to Programme	Full-time
Current Grade	ST3

Date of Entry to Grade/Programme:	01/08/2015
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Anticipated completion date of current programme, if known:	30/11/2020
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Name of previous Designated Body for Revalidation:	KSS HEE
Date of Previous Revalidation: (if applicable)	25/08/2016
Programme/Training Specialty that you were revalidated in (if applicable):	General Practice

Type of Work 1:	
Name and grade of specialty rotation:	ST1 in accident & emergency and OBstetrics and gynae
Start Date:	04/12/2016
End date:	31/07/2017
Was this a training post?	YES
Name and location of Employing Organisation:	Worthing hospital Western Sussex NHS Trust
Type of Work 2:	

Name and grade of specialty rotation:	ST2 Paediatrics /General practice /Psychiatry
Start Date:	01/08/2017
End date:	31/07/2018
Was this a training post?	YES
Name and location of Employing Organisation:	Worthing Hospital Western sussex NHS trust Northbourne medical centre
Type of Work 3:	
Name and grade of specialty rotation:	ST2 General practice
Start Date:	01/08/2018
End date:	02/02/2019
Was this a training post?	YES
Name and location of Employing Organisation:	willow green surgey Worthing hospital western sussex NHS trust
Type of Work 4:	
Name and grade of specialty rotation:	ST3 General practice
Start Date:	02/02/2019
End date:	30/11/2020
Was this a training post?	YES

Name and location of Employing Organisation:	Pullborough Medical Center Maywood surgery Henfield medical center Ouse valley practice
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Time out of training: Trainee self-reported absence since last ARCP as mandated by the GMC: 'Time out of training' includes all forms of absence such as sickness, maternity, compassionate paid/unpaid leave, jury service, etc. You do not need to include study or annual leave or prospectively approved Out of Programme Training/ Research. (no. of Days)	sick leave29/8/2019-31/10/2019.OOT 1/11/19-10/12/2019
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I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to honesty & integrity.	YES
I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.	YES

Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing Trust or other organisation?	NO
If YES, are you complying with these conditions/undertakings?	NO

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 these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.

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Type of Event	Significant event
Date of entry in Portfolio	05/03/2019
Title/Topic of Complaint	HRT prescription.
Location of entry in Portfolio	learning log

1) Please tick/cross ONE of the following only:	I do NOT have anything new to declare since my last ARCP/RITA/Appraisal
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<p>By ticking this box I confirm this is a true and accurate declaration at this point in time and will immediately notify the Deanery/LETB and my employer if I am aware of any changes to the information provided. I give permission for my past and present ARCP/RITA portfolios and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.</p>	<p>I agree</p>
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<p>Please self-rate your progress in your training since your last ARCP using the three-point rating scale</p>	<p>Satisfactory progress meeting expectations for stage of training but some required competencies not met due to COVID 19</p>
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Please list them briefly below	improvement in work base assessment .My recent assessment feedback can be read to see the evidence.
Please add any other information you wish to provide for the ARCP panel below	I progressing since I am working close to my house .I am very confident I will pass RCA and AKT . I have sick leave and I was OOT , total of 92 days .I would have been given that time which will cover my AKT exam dates . My revalidation date sent by GMC - on last revalidation is 24/08/2021.

Please indicate in response to the following	I would like to have discussion about my training or current situation with my supervisor.
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Changes were made to my placement due to my individual circumstances	No
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Education Supervisor Name	Janet Hardingham
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Education Supervisor Email Address	Janet.hardingham@nhs.net
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Please tick to confirm the below statements

- I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/HEE local team and my employer if I am aware of any changes to the information provided in this form.
- I give permission for my past and present ARCP/RITA portfolios and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation. Trainee Signature