



Royal College
of Physicians

Faculty of
Physician Associates

**Faculty of
Physician Associates
Managed Voluntary
Register (MVR)**
Self-disclosure form

Part 2

1 Personal details and qualifications

In signing this document you consent for the information provided to be checked for validity by the administrator of the Managed Voluntary Register (MVR).

Title (complete all fields in block capitals)

First name(s)

Surname

Home address (including postcode)

Home telephone no.

Mobile no.

Email address

Date of birth

Name of university

Year of study

Date of qualification

Date of passing National Examination

Date of passing Recertification Examination

Declaration

- ☐ I declare that if I were to become impaired in my fitness or ability to practise safely or be involved in any fitness to practise issues in which I am named then I will inform the Faculty of Physician Associates and my employer without delay. I understand that failure to report any fitness to practise issues will result in removal from the faculty membership.
- ☐ I agree that the information provided by me may be subject to checks for validity by the Faculty of Physician Associates.
- ☐ I agree to be governed by the Faculty of Physician Associates' Code of Professional Conduct and Scope of Practice and accept that any breaches of these may result in a fitness to practise enquiry and removal from membership.
- ☐ I agree to provide a current postal address and contact details.
- ☐ I agree that my name and membership number may be accessible to the general public via the Faculty Register, and that my scope of practice and geographical location of workplace can be used in the event of fitness to practise issues and in the compilation of statistical data regarding the physician associate profession.
- ☐ I declare that the information provided in this application is, to the best of my knowledge, accurate and true.
- ☐ I hereby faithfully promise to abide by the standing orders of the faculty and the bye-laws, statutes and regulations of the Royal College of Physicians as they apply to members of the Faculty of Physician Associates.
- ☐ I understand that registration on the RCP CPD diary is mandatory and I will register on the CPD diary

2 Continuing professional development (CPD)

Continuing professional development (CPD) is the educative means of updating, developing and enhancing the knowledge, skills and attitudes required to work safely and effectively as a physician associate.

All physician associates are currently required to fulfil CPD requirements to remain on the managed voluntary register (MVR).

The Faculty of Physician Associates requires documented evidence of members CPD as an essential component of the information needed to remain on the Managed Voluntary Register. This evidence is required, under membership of the faculty of physician associates, to be documented in the members RCP CPD diary. All physician associates have to complete 50 hours of CPD per year in accordance to the Continuing Professional Development Guidance for Physician Associates (available online at <http://www.fparcp.co.uk/your-career/cpd>).

Please note: updates and changes may be made to these standards from time to time. Physician associates on the MVR will be notified of these changes in reasonable time so that they are able to comply with the CPD requirements.

Declaration

- ☐ I have completed the required number of CPD hours.
- ☐ I have NOT completed the required number of CPD hours.

Reason (ie recent graduate)

3 Employer's details

Current employer's details

Institution name (complete all fields in block capitals)

Institution address (including postcode)

Specialty (eg GP, paediatrics, general etc)

Clinical supervisor's name

Clinical supervisor's GMC no.

Clinical Supervisor's job title

Clinical Supervisor's email address

Clinical Supervisor's telephone no.

Start date

Type of employment (tick if applicable)

☐ Paid ☐ Unpaid

☐ Tick this box if you are currently not employed

Previous employer's details (if applicable)

Institution name

Institution address (including postcode)

Clinical Supervisor's name

Clinical supervisor's GMC no.

Clinical Supervisor's job title

Clinical Supervisor's email address

Clinical Supervisor's telephone no.

Start date

End date

Type of employment (tick if applicable)

☐ Paid ☐ Unpaid

4 Fitness to practise disclosures

Health

I declare that, I am in good health and have no health issues that would impair my fitness or ability to practise safely.

☐ Yes ☐ No*

I declare that, during the period between the date of registration and today's date, I have not been adjudicated as mentally incompetent by a court or other government entity?

☐ Yes ☐ No*

Disciplinary

I declare that, during the period between the date of registration and today's date, I have not been subject to any disciplinary action, suspension or fitness to practise proceedings as a PA.

☐ Yes ☐ No*

Criminality

I declare that, during the period between the date of registration and today's date, I have not accepted a caution, been charged or found guilty of a criminal offence, or entered a plea of guilty or contested a crime in any jurisdiction (including under the Military Law and/or any international jurisdiction) other than a minor traffic offence.

☐ Yes ☐ No*

Right to work in the UK

I declare that, I have a right to work in the UK.

☐ Yes ☐ No*

***If the answer to any of the above is 'no', please provide details in the space below.**

Continue over the page if necessary

4 Fitness to practise disclosures cont

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4 Fitness to practise disclosures cont

Signature:
You must sign the field below using either a digital dated signature or a handwritten signature

Print name:

Date:

5 Submission checklist

- ☐ Part 1 application completed (for PA student, and PA member applications).
- ☐ Part 2 application completed (for PA member applications only).
- ☐ Copy of Passport is enclosed (for PA student, and PA member applications).
- ☐ Copy of National Examination certificate is enclosed (for PA member applications only).
- ☐ Copy of Recertification Examination certificate, if applicable, is enclosed (for PA members only).
- ☐ Copy of university programme certificate is enclosed (for PA member applications only).
- ☐ CPD declaration has been ticked and Fitness to Practise disclosure has been signed.

Please return this form to the faculty at the address below. Please allow up to 10 working days for application processing time (in some cases an application may take longer to process). On completion, we will send you a welcome pack to help you get the most out of your membership.

Royal College of Physicians
Faculty of Physician Associates
11 St Andrews Place
Regent's Park, London NW1 4LE

Membership Department

Tel: +44 (0)20 3075 1743

Email: FPA@rcplondon.ac.uk

www.rcplondon.ac.uk/FPA



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