

SuppoRTT Initial Return Meeting Form - Yorkshire & Humber

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Welcome to the SuppoRTT Initial Return Meeting Form

SuppoRTT is available for all Trainees including those shielding, Military and International Medical Graduates (IMG) entering specialty training.

It is recommended the Initial Return Meeting takes place 8-12 weeks prior to the Trainees estimated date of return.

This form is to be completed with the Trainee and Appropriate Educator / Supervisor*.

Please note, you are able to pause your submission and come back to it later by selecting the 'finish later' option at the bottom of each page. This enables the form to be reviewed or completed by various people such as the Trainee and Appropriate Supervisor. Once you have selected 'finish later' you will be provided with a screen which will provide a unique link for you to access your form and an option to email the link to access later.*

It is the responsibility of the Educational Supervisor and Training Programme Director to disseminate the Trainees plan of return to all relevant educators/supervisors/medical education departments who will be responsible for the Trainee during their return.

If you have any queries regarding the SuppoRTT Programme please visit [SuppoRTT Webpage](#) or contact the SuppoRTT Team, supportt.yh@hee.nhs.uk

*For the purpose of this document, 'Appropriate Educator/Supervisor' can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors (CS), Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME), SuppoRTT Champion.

The information collected in this form will be securely held by HEE and will only be accessible to those directly involved in the Supported Return to Training.. Information may also be made available to the trainees employing Trusts i.e HR and Medical Education / Supported Return to Training Champion / administrator, Head of School, Training Programme Director. Data will not be shared wider without your explicit consent.

Next >

1. Trainee First Name: * *Required*

2. Trainee Surname: * *Required*

3. GMC/GDC or other professional registration number: * *Required*

4. Trainee email address: * *Required*

Please enter a valid email address.

5. Gender:

6. Medical or Dental Specialty: * *Required*

7. Grade: * *Required*

8. Have you been informed of your Educational Supervisor? * Required

 Less info

If you have selected yes, please add the details below.

- Yes
- No

9. Training Programme Director name: * Required

a. Training Programme Director email address: * Required

Please enter a valid email address.

10. Who was / is present at the Initial Return Meeting: * Required

- Clinical Supervisor
- College Tutor
- Educational Supervisor
- Human Resources
- SuppoRTT Champion
- Trainee
- Training Programme Director
- Other

11. Place of training prior to absence: * Required

12. Anticipated place of training on return: * Required

13. Start date of absence: * Required

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

(dd/mm/yyyy)


14. Estimated date of return (date you will commence clinical duties): * Required

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

(dd/mm/yyyy)

15. Reason for absence: * Required

Please select 

16. The Trainee and Appropriate Supervisor* should use this meeting as an opportunity to discuss anything relating to returning to training, including but not limited to the following. Please indicate if the below have been discussed.

	* Required	
	Yes	No
Any concerns over returning	<input type="radio"/>	<input type="radio"/>
Any work done during absence i.e. on calls, KIT/SPLIT days	<input type="radio"/>	<input type="radio"/>
Change in working hours	<input type="radio"/>	<input type="radio"/>
Coaching / Mentoring	<input type="radio"/>	<input type="radio"/>
CPD done whilst absent	<input type="radio"/>	<input type="radio"/>
Enhanced supervision period	<input type="radio"/>	<input type="radio"/>
Learning & training needs (including possible assessments or courses the Trainee should attend)	<input type="radio"/>	<input type="radio"/>
Occupational Health (If applicable)	<input type="radio"/>	<input type="radio"/>
On call	<input type="radio"/>	<input type="radio"/>
Signposting to internal/external Return To Training Activities	<input type="radio"/>	<input type="radio"/>
Supernumerary period	<input type="radio"/>	<input type="radio"/>
COVID19 (Specific Training, online courses & updates, Trust Induction, Wellbeing Resources)	<input type="radio"/>	<input type="radio"/>

a. Further detail of discussion: * Required

17. Does the Trainee intend on returning Full Time or Less Than Full Time (LTFT)? * Required

Please select ▼

Please note, that if you are planning to change your regular working days or hours, you will need to apply for this through HEE as early as possible (6-12 months in advance). Please see relevant information on the [HEE YH Website](#)

18. Employing Trust on return (pays salary): * Required

Please select ▼

19. Is a supernumerary period required upon return? * Required

- Yes (provided as standard for return within the specialty)
- Yes (up to 3 days)
- Yes (more than 3 days)
- No

Trainees who have been out of programme for 6 months or more are entitled to a supernumerary period (excluding GP, Dental and Public Health Trainees in practice posts). This is as standard 3 days however more can be requested. This request would be reviewed by the SuppoRTT Associate Deans.

A supernumerary period is typically described as a short, intense period where the Trainee is considered as an additional member of staff to help them return to normal duties safely and confidently. During this time, it is expected that the Trainee will have no fixed work commitments enabling them to complete a programme of focused learning and clinical activities. The length of the supernumerary period and activities within it will be bespoke to the Trainee dependent on their needs.

This period could include, but not limited to, familiarisation of work environment, IT setup, shadowing a senior member of staff.

20. Is a period of enhanced supervision required upon return? * *Required*

- Yes
- No

An enhanced supervised period is typically described as a short, intensive period of enhanced supervised practice, focused learning activities and direct observation of clinical activities with the aim of enabling trainees to return to normal duties safely and confidently.

It is expected that during this time trainees may not be required to undertake any out of hours arrangements if adequate supervision isn't available (as detailed in the returning trainees RTT plan). The length of the enhanced supervised period, level of supervision required and activities within it will be bespoke to the trainee dependent on their needs.

21. Date Review Meeting to be held: *Optional*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

22. Please select this box to confirm this is an accurate record agreed by both Trainee and Appropriate Educator / Supervisor* * *Required*

- I confirm this is an accurate record agreed by both Trainee and Appropriate Educator / Supervisor*

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100% complete

Thank You

Download my responses

You have 15 minutes to view this data

 [My responses](#)

Thank you for completing this Initial Return Meeting Form.

You will be contacted by the SuppoRTT Team within 5 working days in response to your form being received and processed.

The information you have provided will be communicated with the Trainee, Training Programme Director, Clinical/ Educational Supervisor, SuppoRTT Champion, Medical Staffing (HR) at the employing Trust and Trust point of contacts for SuppoRTT. This action will be taken by the SuppoRTT team.

Please select the 'my responses' link above to access a PDF version of your completed form. You will need to upload a copy of this to your E-portfolio.

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