

SuppoRTT Review Meeting Form - Yorkshire & Humber

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Welcome to the SuppoRTT Review Meeting Form

This meeting is to take place towards the end of the supervised period. The purpose of this meeting is to discuss the Trainee's progress, review assessments, address any concerns, arrange any further targeted training.

Once the Trainee and Appropriate Educator/Supervisor* are both satisfied with the Trainee's progress the Trainee can be signed off to return to 'normal duties'.

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.

1. Trainee First Name: * Required

2. Trainee Surname: * Required

3. GMC/GDC Number: * Required

4. Trainee email address: * Required

5. Gender:

6. Medical or Dental Specialty: * Required

7. Grade: * Required

8. Educational Supervisor name: * Required

a. Educational Supervisor email address: * Required

Please enter a valid email address.

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 Review 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. Place of training on return: * Required

Please select 

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. Date of return (date clinical duties commenced): * 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 Educator / Supervisor* should use this meeting as an opportunity to discuss anything relating to the Trainee's return, including not not limited to the following. Please indicate if the below have been discussed.

	* Required	
	Yes	No
Additional learning needs (if applicable)	<input type="radio"/>	<input type="radio"/>
Assessments	<input type="radio"/>	<input type="radio"/>
Outstanding concerns	<input type="radio"/>	<input type="radio"/>
Overall progress	<input type="radio"/>	<input type="radio"/>

a. Further detail of discussion: * *Required*



17. Extension to supernumerary period required? * *Required*

- Yes
- No

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.

18. Extension to enhanced supervision required? * *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.

19. Is an additional Review Meeting required? * *Required*

- Yes
- No

20. 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 Trainees, 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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