Name of Guidance	Supported Return To Training (SuppoRTT) CPD Funding
Category	Professional Support
Authorised by	Postgraduate Dean's Senior Management Team
Date Authorised	October 2018
Next Review Date	April 2020
Document Author	Caroline Hinds

Version	Date	Author	Notes Reason for Change, what has changed, etc
1	October 2018	Caroline Hinds	
2	April 2019	Caroline Hinds	Updated to define a clearer process in regards to the approval criteria.

Section 1: Introduction

Many trainees take a period of absence from training for a number of reasons which can often vary in duration. This can include; Parental leave, Shared Parental leave, Carers leave and Sickness. It may also include Out of Programme Experience or Research.

Under the Supported Return to Training scheme funding is available for ALL trainees who are absent from their training programme, who may wish to attend CPD events (courses / educational days) that will be of benefit in preparation for their return to training.

HEEYH offers all OOP trainees (including parental, sickness & carers leave) the opportunity to attend a number of **free** generic supported return to training days and events that are designed to help trainees regain their confidence and previously acquired skills more quickly and safely.

HEE also recognises that trainees may also wish to attend a speciality specific course / events that will aid in their safer return to training. Trainees will be able to apply for individual funding from the SuppoRTT budget to attend courses / educational events prior to their return via the **SuppoRTT CPD Funding Process**.

The purpose of this funding is not to attend generic career enhancing course prior to your return.

Please note that HEE will pay for the course/event and not for trainee salaries.

Section 2: Guidance

- 1. Attendance of courses / events **within** HEEYH Supported Return to Training programme.
 - 1.1 Trainees who are absent from their training programme; For courses held and facilitated centrally by HEEYH, trainees would not need to complete an application form. These courses are funded directly by HEEYH. Details of the programme can be found on the website.

SuppoRTT Webpage

- 1.2 **Trainees who have recently returned to training;** To attend the HEEYH Supported return to training programme, trainees must follow their normal study leave process in accordance with their lead employer.
- 2. Attendance of courses / events **outside** of HEEYH Supported Return to Training programme
 - 2.1 Trainees who are absent from their training programme; To attend courses/events that are not facilitated centrally by HEEYH, trainees will be required to apply for funding via the SuppoRTT CPD Funding Application Form (appendix A). The trainee will be required to seek approval from either their ES / TPD prior to submission. In exceptional circumstances the trainee can seek approval from the SuppoRTT Associate Post Graduate Deane's (the APD may wish to speak to the trainees ES/TPD to discuss suitability prior to approval).

The completed form must then be sent to the SuppoRTT administrator: supportt.yh@hee.nhs.uk

Examples of courses / event include (but are not limited to);

- Bootcamps
- Speciality specific training days
- Mixed speciality courses
- Conferences

The trainee will be expected to pay for the course/event directly and then claim all funds and additional expenses (travel, accommodation etc) via HEE Non-Staff Expenses Claim Form (appendix B). This must be sent to the SuppoRTT administrator: supportt.yh@hee.nhs.uk who will arrange for the trainee to be reimbursed directly within a 6-week period.

In exceptional circumstances HEE YH may arrange direct payment to the supplier / organiser if the trainee is unable to pay for the course / event directly. This will be at the discretion of the business manager.

2.2 **Trainees who have recently returned to training**; To attend courses/events that are not facilitated centrally by HEE YH HEE YH Supported return to training programme, trainees must follow their normal study leave process in accordance with their lead employer.

Section 3: SuppoRTT CPD Funding - flow chart

OOP Trainee identifies a relevant course / activity



Trainee to apply for CPD funding via SuppoRTT CPD Funding application form**this must be singed by the one of the following; ES, TPD or SuppoRTT APD**



Trainee will send their completed form to the SuppoRTT administrator via the SuppoRTT mailbox



The SuppoRTT administrator will; acknowledge recepit of the form via email, record the request on the CPD funding spreadsheet, add a copy of the form to the trainee file



Trainee will be required to pay for the course directly **in exceptional circumstances HEE may be able to arrange direct payment**



Post attendance of the course/activity, the trainee will complete **HEE Non-Staff Expenses Claim form** (please include any additional expenses) and send to the SuppoRTT administator



SuppoRTT administrator will; cross check the details against the origional form, seek apporoval to pay and reimbursed the trainee directly within 6 weeks

Appendix A: SuppoRTT CPD Funding Request Form

(Ap	• •		nding Request e for trainees i		YH)		
SECTION A (to	be completed by	the trainee)					
Trainee Surnam	e: Click here to	enter text.	Trainee Forename	e: Click here to e	enter text.		
NTN: Click here	e to enter text.		GMC No: Click here to enter text.				
Specialty: Clic	k here to enter tex	rt.	Grade (CT/ST etc):				
Current Employer: Point on Salary Scale: Click here to enter text.					o enter text.		
Trainee Address	S:		Trainee Email:				
Leave requested	d for: (please tick)						
1.Professional o	development	:	2. Conference				
3. Other							
Dates (inclusive	of travel):						
From:		To:		No	of days:		
Course / confer	ence / study day	details:					
Title:							
Location:							
EXPENSES	Course Fee	Residential Costs (num of nights) (Please note, maximum of £55 per night)	Travel (24p per mile- Mileage will be reimbursed at AA quickest route)	Subsistence (Receipted Meal expenditure to a maximum £20 per 24 hours)	Other (please specify)		
Estimated	£	£	£	£	£		
Approved	£	£	£	£	£		

Applicant Signature:

Date: Click here to enter text.

SECTION B (to be completed by ES or TPD)

*Approved / Not Approved *delete as appropriate

I CERTIFY THAT:

- 1. This study/course activity is appropriate to the applicants present training requirements
- 2. The applicant has made every effort to prepare him/herself for this course
- 3. The applicant is currently OOP

Name: (please enter name)

Signature: Date: Click here to enter text.

SECTION C (To be completed by SuppoRTT Administrator)

Confirmation of receipt sent to the trainee: Yes / No

SuppoRTT CPD Funding tracker updated: Yes/No

Copy of SuppoRTT CPD Funding added to trainee file: Yes/No



ALL FORMS MUST BE TYPED AND NOT HAND WRITTEN. COMPLETE ALL THE BOXES HIGHLIGHTED IN YELLOW. FAILURE TO DO THIS WILL RESULT IN PAYMENT DELAYS OR NON PAYMENT

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Title	
First Name	
First Name	
IN FULL	
Middle name	
IN FULL	
Surname	
Address Line 1	
/ taarooo Emio 1	
Address Line 2	
Address Line 3	
Address Line 3	
Town/City	
Post Code	

Invoice Number	(completed by HEYH)					
Invoice Date			/		/	
PO Number						
FAO						

Invoice To:

Health Education England – T73 YORKSHIRE AND THE HUMBER LETB T73 Payables F485

Phoenix House Topcliffe Lane Tingley Wakefield WF3 1WE

Return address

Learner Support and Faculty Development Team Health Education Yorkshire and Humber Willow Terrace Road Leeds LS2 9JT

BANK ACCOUNT NUMBER	BANK ACCOUNT SORT CODE	BANK ACCOUNT NAME	SWIFT CODE (OVERSEAS ONLY)	E-MAIL ADDRESS FOR REMITTANCE ADVICE AND QUERIES

Total Value of the Claim

£

Please fill in the breakdown of the claim on the following page

Details of the claim

Finish Location:					
Mode of transport: (Receipts must be attached)	£				
Total Number of Miles:@ 24p per mile (Mileage will be reimbursed at AA quickest route)	£				
Name(s) of passenger(s): Total miles travelled with passenger (Passengers must be travelling to same event & also entitled to reimbursement of travel expenses by PGMDE (Health Education Yorkshire and the Humber)	£				
Accommodation Expenditure (Receipted expenditure to a maximum of £55 per night)	£0				
Meal Expenditure (Receipted expenditure to a maximum £20 per 24 hours)	£0				
Please specify below:	£				
(ALL CLAIMS MUST BE ACCOMPANIED B)	Y RECEIPTS)				
ot a full written explanation must be attached					
Please read the guidance notes you obtained along with this claim form very carefully.					
on Yorskhire and the Humber) reserves the right to re er relevant.	eimburse the				
	Mode of transport: (Receipts must be attached) Total Number of Miles: @ 24p per mile (Mileage will be reimbursed at AA quickest route) Name(s) of passenger(s): Total miles travelled with passenger (Passengers must be travelling to same event & also entitled to reimbursement of travel expenses by PGMDE (Health Education Yorkshire and the Humber) Accommodation Expenditure (Receipted expenditure to a maximum of £55 per night) Meal Expenditure (Receipted expenditure to a maximum £20 per 24 hours) Please specify below: (ALL CLAIMS MUST BE ACCOMPANIED BY the a full written explanation must be attached the notes you obtained along with this claim form very on Yorskhire and the Humber) reserves the right to receipted.				

DATE(S)	From:		То:	
Resource Fee / Backfill / Course Fee				
				£
Claimant Declaration:				
I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.				
Name:		Signed:	D	ate:

Please returned this form to the appropriate HEYH office for authorisation

TO BE COMPLETE	ED BY HEYH STAFF ONLY:	
Certification of Att I have checked this clair	endance: m and am satisfied that the claimant attended the	event according to the information given.
Name:	Signed:	Date:
Any adjustments made to claimant.	penses: n checked and certified in accordance with HEYH to this claim, in line with these guidelines, have be es is attached and submitted with this document.	
	Signed:	Date:
Name:	g 	