



Post-Return Review Questions

Link to the form: <https://forms.office.com/e/mDpXKHk0Dr>

The format of the form means that further questions will appear based on your previous answers; this document contains all of the questions included in the form so that you have sight of them all and can prepare prior to your pre-return meeting.

There are 3 sections for you to complete.

Section A	includes information about you and your training.
Section B	to record if an extension to your enhanced supervision period is required or confirm the end of your SuppoRTT.
Section C	requests the email addresses of people involved in the SuppoRTT process so that a copy of your completed form will automatically be sent to them, making them aware of vital information about your return to training.

This is not just a tick box exercise, but we have tried to keep the number of questions to a minimum and only included ones needed to support you during the end of your return, and to help us manage the process.

SECTION A

To be completed by the Resident Doctor/Dentist or Public Health Specialty Registrar

This section contains 10-12 general questions about you and your time out of training; further questions will appear as you progress through the section.

Section B should be completed with your supervisor as part of your pre-absence meeting.

Date of meeting

Professional Registration Number (GDC / GMC / PH)

Surname

First Name(s)

Email Address

School

Specialty

Training Grade

Current Placement

Return to training date

Reason for time out of training

SECTION B

To be completed as part of the post-return review meeting with a relevant supervisor.

Please review the AoMRC's recommended Questions and Action for planning a return to training found here: <https://tinyurl.com/4347ee5t>

Do you have any outstanding concerns and/or have any learning/training needs that have been identified. How will these be addressed?

If you have any **employment concerns** (i.e. contractual issues, pay, leave entitlement etc.) please visit the Lead Employers website <https://leademployer.sthk.nhs.uk/> in the first instance or contact the helpdesk at lead.employer@sthk.nhs.uk.

If you are considering applying for **less than full time (LTFT)** training, please visit <https://www.nwpgmd.nhs.uk/content/less-full-time-training> for more information.

RETURN TO TRAINING ACTIVITIES (RTT-A)

You are eligible to access SuppoRTT funding for Return to Training Activities (RTT-As) up to 12 weeks post-return. For information about activities to support your return, how to apply for funding and the time to undertake the activity (i.e. Study Leave etc.) please visit <https://www.nwpgmd.nhs.uk/supportt-activities>.

COACHING

For further information about Coaching for SuppoRTT please visit <https://nwpgmd.nhs.uk/supportt-coaching> where you can also find the referral form. Referrals can be made by your AD, TPD, SuppoRTT Champion, College Tutor, ES or named CS.

Do you need to access any of the following activities to help support your return (please choose all that apply)?

- No
- Coaching
- Coffee Catch Ups
- Conference / Course / Webinar
- e-learning
- Facebook / WhatsApp Group
- Immersive Tech Resources
- Local / regional teaching
- NW SuppoRTT Course
- Overcoming Imposter Feelings webinar
- Podcasts
- Other

Please provide further details including specific course titles and dates (where relevant)

To be eligible to access RTT-A funding we ask that the activities are including in one of the SuppoRTT forms.

ENHANCED SUPERVISION PERIOD

An enhanced supervision 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 PGDiTs to return to normal duties safely and confidently**.

It is expected that during this time returners may not be required to undertake any out of hours arrangements **if adequate supervision isn't available**.

Following your initial period of enhanced supervision, if you and your supervisor agree that you would benefit from further enhanced supervision, please detail this below.

Your supervisor and/or Trust Champion can work with rota coordinators to ensure this is accommodated.

Is an extension to the enhanced supervision period required?

(if Yes)

How many working days will the enhanced supervision period be extended for?

Start Date

End Date

Please share the overall plan for the extended enhanced supervision period including any assessments required during this time:

What is the date of the next review meeting?

Please use the following space to record anything else that you, your School, or your supervisor requires in terms of this period of time out of training:

(if No)

Confirmation of Readiness

If an extended enhanced supervision period is required please answer No to the following question.

To be completed by the supervisor

I am confident that you are ready to recommence full responsibilities and duties of the role.

To be completed by you (the returner)

With the full support of my training programme, I confirm that I am confident in all aspects and ready to recommence the full responsibilities and duties of my role.

Name of the person/people in the meeting and completing the form with you

What is their role in relation to your training (i.e. Educational Supervisor)

The email address of the person/people in the meeting completing the form with you

SECTION C

In an effort to simplify this process and automatically share the contents of the form with the necessary people, please provide us with the following email addresses:

Email address of a relevant supervisor (not the person completing the form with you - this may be your Educational Supervisor, Clinical Supervisor, College Tutor, Trust Specialty Training Lead (TSTL) etc.). *Please leave blank if you do not need it to be sent to anyone else*

Email address of the Foundation or Training Programme Director

School SuppoRTT Champion **please use the dropdown below the table to choose your Champion If you are a Foundation Doctor, please choose england.supportt.nw@nhs.net**

Trust SuppoRTT Champion **if you are returning to a Trust placement please use the dropdown below the table to choose your Champion If your return placement will not be in a Trust (i.e. you're returning to a GP practice) please select england.supportt.nw@nhs.net**

Please only choose Mersey and West Lancashire if your placement will be at that Trust; this question is not asking for Lead Employer details.