



## 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.

<b>Section A</b>	includes information about you and your training.
<b>Section B</b>	to record if an extension to your enhanced supervision period is required or confirm the end of your SuppoRTT.
<b>Section C</b>	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](mailto: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](mailto: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](mailto: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.