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| **Supported Return to Training: Pre-Absence Form** | | | | |
| **SECTION A (to be completed by the Trainee)** | | | | |
| **Date of Pre-Absence Meeting:** Click here to enter text. | | | | |
| **Trainee Surname:** Click here to enter text. | | **Trainee Forename:** Click here to enter text. | | |
| **NTN:** Click here to enter text. | | **GMC No:** Click here to enter text. | | |
| **Specialty:** Click here to enter text. | | **Grade (CT/ST etc):** Click here to enter text. | | |
| **Educational/Supervisor Name:**  Click here to enter text.  **Email address:** Click here to enter text. | | **FTPD/TPD Name:**  Click here to enter text.  **Email address:** Click here to enter text. | | |
| **Place of training prior to absence:** Click here to enter text. | | **Anticipated place of training on return:** Click here to enter text. | | |
| **Date absence commenced:** Click here to enter text. | | **Anticipated date of return:** Click here to enter text. | | |
| **Reason for absence:** Click here to enter text. | | | | |
| **Are you happy for HEE Thames Valley to contact you whilst you are absent?** | | | **Yes**  (complete 1,2) | **No** |
| **Preferred Email Address(1):** Click here to enter text. | **Phone Number(2):** Click here to enter text. | | | |
| **Section B (to be completed by the Trainee, ES or TPD)** | | | | |
| **Please provide detailed summery of the discussion between the Trainee and appropriate educator/supervisor.** Discussion should include (but not limited to)   * CPD considered (including KIT/SPLIT days) * Any work that may be done during absence i.e. on calls, KIT/SPLIT days etc. * Sign posting to internal/external Return to Training Activities * Any concerns over time away and returning * Learning & training needs (including possible assessments or courses that the trainee should attend)   Click here to enter text. | | | | |
| **Appropriate Educator/Supervisor Name:** Click here to enter text.  **Email address:** Click here to enter text.  **Signature: Date: Click here to enter text.** | | | | |
| **Trainee Name:** Click here to enter text.  **Signature: Date: Click here to enter text.** | | | | |

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| **Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and the Thames Valley SuppoRTT Local Office,** [**srtt.tv@hee.nhs.uk**](mailto:srtt.tv@hee.nhs.uk)  **A copy also needs to be retained in your e-portfolio** |

**AoMRC Planning an Absence from Practice – Recommended Questions and Actions**

1. How long is the doctor expected to be absent? (Is there any likelihood of an extension to this?)
2. Are there any training programmes (including mandatory training) or installation of new equipment due to take place in the doctor’s workplace in the period of absence? If so, how should the doctor become familiar with this on return?
3. How long has the doctor been in their current role? Is this relevant in determining their needs?
4. Will the doctor be able to participate in CPD or e-learning to keep up to date?
5. Will the doctor be able to participate in any keep in touch days or other means of keeping in touch with the workplace? If so, how will this be organised? This should also address how KIT days will be organised if the returner is returning to a different Trust.
6. Does the doctor have any additional educational goals, during their absence?
7. What sort of CPD, training or support will be needed on the doctor’s return to practice?
8. Are there any funding issues related to question 6 which need to be considered?
9. Will the doctor be able to retain their licence to practise and to fulfil the requirements for revalidation?
10. Are there any issues relating to the doctor’s next appraisal which need to be considered? If so, the Responsible Officer/representative may need to be informed.
11. If the doctor is a trainee, how do they plan to return to learning?
12. What will be the doctor’s full scope of practice on their return?
13. If the doctor will be returning to a new role, what support relating to this will be needed, and how can the doctor prepare?