**FORM 1: PRIOR TO ABSENCE FROM TRAINING**

**Part A: Details of Absence Period**

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| **Trainee name:**  | Click here to enter text. | **Date of meeting:** | Click here to enter text. |
| **Start date of planned absence** | Click here to enter text. | **End date (provisional):**  | Click here to enter text. |
| **Educational Supervisor / Training Programme Director** | Click here to enter text. | **Line Manager and Employee Relations informed of planned absence period?**  | Yes [ ]  No [ ]  |
| **GMC number:** | Click here to enter text. | **Currently Full Time or Less than Full Time (LTFT)?** | Choose an item. |
| **Current place of work:**  | Click here to enter text. | **Returning Place of Work** | Click here to enter text. |
| **Current expected CCT date:** | Click here to enter text. | **Current grade:** | Click here to enter text. |
| **Date of last ARCP** | Click here to enter text. | **ARCP documents up to date?**  | Yes [ ]  No [ ]  |
| **HEE SuppoRTT planning for absence form completed** | Yes [ ]  No [ ]  Not applicable *(for trainees outside England)* [ ]  <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>  |
| **If ARCP documents are not up to date, summary of outstanding appraisals or assessments due** | Click here to enter text. |
| **Any other outstanding issues requiring attention prior to absence from training?** | Click here to enter text. |
| **Adapted AOMRC checklist of other points for discussion :*** How long is the doctor expected to be absent? (Is there likely to be any extension of this)
* Are there any training programmes (including mandatory training) or installation of new equipment due to take place in the workplace during period of absence? If so, how should the doctor become familiar with this on return?
* Will the doctor be able to participate in CPD to keep up to date?
* Will the doctor be able to participate in any keeping in touch days? If so how will these be organized.
* Does the doctor have any additional educational goals during their absence?
* Are there any funding issues related to above?
* What sort of CPD, training or support will be needed on the doctors return?
* Will the doctor retain their licence to practice and to fulfil requirements for revalidation?
* How does the trainee plan to return to learning?
* If the doctor will be returning to a new role what support relating to this will be needed and how can the doctor prepare?
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*For “Part B: Training level prior to absence” see next page*

**Part B: Training Level Prior to Absence**

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| --- | --- | --- |
|  | **Current level of entrustment:***(Observe, Direct Supervision, Indirect Supervision, Unsupervised)* | **Comments** |
| **Appropriately select and tailor imaging to patient context and the clinical question(s)** | Select entrustment level | Click here to enter text. |
| **Provide timely, accurate and clinically useful reports on imaging studies*** **Plain Film**
* **Cross Sectional**
 | **Plain film:**Select entrustment level**Cross sectional:**Select entrustment level | Click here to enter text. |
| **Appropriately manage imaging examination lists/procedures according to clinical need and professional expertise*** **USS**
* **Fluoroscopy**
* **Basic Intervention**
* **Complex Intervention**
 | **USS**Select entrustment level**Fluoroscopy**Select entrustment level**Basic intervention**Select entrustment level**Complex intervention**Select entrustment level | Click here to enter text. |
| **Safely Manage the imaging and image guided intervention needed to support emergency care** | Select entrustment level | Click here to enter text. |
| **Effectively contribute a clinical/imaging opinion to the MDT** | Select entrustment level | Click here to enter text. |
| **Additional notes/comments:** | Click here to enter text. |
| **Trainee Name:**  | Click here to enter text. | **Signature:** | Click here to enter text. |
| **Educational Supervisor /TPD Name:** | Click here to enter text. | **Signature:** | Click here to enter text. |