**FORM 3: SUPPORTED RETURN TO WORK SIGN-OFF**

**Part A: Details**

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| --- | --- | --- | --- |
| **Trainee name:**  | Click here to enter text. | **Date of meeting:**  | Click here to enter text. |
| **GMC number:** | Click here to enter text. | **Current expected CCT date:** | Click here to enter text. |
| **Induction attended (if relevant)?** | Yes [ ]  No [ ]  |
| **Supervised training period completed? (Please also refer to Part B of this form)** | Yes [ ]  No [ ]  |
| **First on-call shift planning/completed?** | Yes [ ]  No [ ] Date: Click here to enter text. |
| **Any ongoing Occupational Health issues?** | Yes [ ]  No [ ]  |
| **Any other outstanding issues requiring attention to enable the trainee’s return to work?** | Click here to enter text. |
| **Date of next ARCP?**  | Click here to enter text. |
| **Delay in CCT date anticipated?** | Yes [ ]  No [ ]  |
| **HEE SuppoRTT following supervised return form completed** | Yes ☐ No ☐ Not applicable *(for trainees outside England)* ☐ <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>  |

*For “Part B: Supported training record” see next page…*

**Part B: Supported training record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Supported training performed?** | **If yes, number of supported sessions/reports checked (please specify)** | **Entrustment level** | **Signed off by:** |
| **Appropriately select and tailor imaging to patient context and the clinical question(s)** | Yes [ ]  No [ ]  | Click here to enter text. | Select entrustment level | Click here to enter text. |
| **Provide timely, accurate and clinically useful reports on imaging studies*** **Plain Film**
* **Cross Sectional**
 | **Plain film:**Yes [ ]  No [ ] **Cross sectional:**Yes [ ]  No [ ]  | Click here to enter text. | **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**
 | **Plain film:**Yes [ ]  No [ ] **Fluoroscopy**Yes [ ]  No [ ] **Basic intervention**Yes [ ]  No [ ] **Complex intervention**Yes [ ]  No [ ]  | Click here to enter text. | **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** | Yes [ ]  No [ ]  | Click here to enter text. | Select entrustment level | Click here to enter text. |
| **Effectively contribute a clinical/imaging opinion to the MDT** | Yes [x]  No [ ]  | Click here to enter text. | Select entrustment level | Click here to enter text. |
| **Details of any further supported training required** | Click here to enter text. |

*Cont…*

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| --- | --- |
| **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. |