**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**

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|  | **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  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. |