**Guidance for Face to Face teaching and training until further notice (26 July 2021)**

It is expected that almost all regional teaching events will continue to be conducted virtually as much as possible. It is, however, appreciated that there will very occasionally be some teaching and training that, due to its content, needs to be held face to face.

**NB** Local teaching within a Trust environment should be managed under the Trust Social Distancing and Risk policy.

The criteria by which events will be judged are set out below:

The content is:

* time critical (e.g. skills training for the current or next role/job)
* directly linked to the curriculum of the trainee
* required to be delivered face to face and cannot be delivered using other routes

If it is absolutely necessary to hold face to face teaching then:

* Can appropriate social distancing be maintained?
* Is electronic access provided for those shielding/self-isolating and can sessions be recorded for those unable to attend?
* Is appropriate PPE provided if the training required breaches social distancing rule? e.g. see COVID-19 toolkit on high fidelity simulation guidance.

**Process**

1. If a face to face teaching event is planned, in line with the above criteria, the organizer(s) should complete the Risk Assessment form (Appendix 4) and F2F Teaching and Training post Covid Request Form below (All columns must be completed).
2. If a trainee wishes to run a F2F teaching event, please ensure the Head of School/ Training Programme Director or Educational Supervisor supports your request (By submitting the Request Form and Risk Assessment it will be assumed that agreement has been given).
3. External venues should not be used except in extenuating circumstances – i.e. simulation – and prior approval is needed from the Deanery.
4. Forward both forms to the Study Leave inbox StudyLeave.sw@hee.nhs.uk using a subject heading: **F2F Teaching Request Form.** Please submit the forms at least 2 weeks before the event.
5. A panel of the HEE Senior Education Team will review the documents and the outcome will be returned within 2- 5 working days from receipt of the request.
6. F2F Regional teaching should be approved by the Deanery until further notice.
7. If there are any costs associated with the training (e.g. simulation) please include this (or indicative cost).
8. Please complete the details in full and provide as much information as possible about the event and why F2F is essential.
9. If there are any associated costs, an indicative or actual expenditure needs to be identified on the Teaching and Training Request Form.
* The study leave team will provide a reference number which should be used in all correspondence and also included on the monthly return form if funding has been agreed.
* It is the responsibility of the Requestor to ensure the details for payment are sent to the Trust MEM for the costs to be reimbursed.

**F2F Teaching and Training Request Form**

**School and Programme: …………………………………………………………….. Name of Requestor (In full please) : …………………..……………..………………**

**Date of Course: ………………………………………..……. ………………………… Email address: ……………………………………………………………………………**

**Name of Course: ……………………………………………………………………..… Position: HoS/ TPD/ ES / Trainee (delete as applicable)**

**Trust the requestor is from: ………………………………………………………**

**Has the HoS approved this course: …………. Yes / No (delete as applicable)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time Critical** | **Category 1****Category 2****OR** **Category 3** **(Please indicate)** | **Cannot be delivered on-line (MS Teams)** | **Risk Assessment Form completed (appropriate social distancing can be maintained)** | **Is electronic access provided for shielded trainees or self-isolating** | **Training delivered in NHS venue (if not please indicate the reasons for not using NHS meeting space)** | **Any associated costs (please indicate what these are)**  | **No. of people attending**  |
| **Yes/ No** |  | **Yes/ No****Reason why it cannot be delivered online: Please provide sufficient information for an informed decision to be made** | **Yes/ No** | **Yes/ No** | **Yes/No****Reason for not using NHS meeting space:** **Please provide sufficient information for an informed decision to be made** | **Yes/No****Costs:** **Please provide sufficient information for an informed decision to be made****Provider:** |  |

**For HEE Office Use Only: Reference Number: ……………………..…………… Date Received : ………………………………**

 **Date Returned : ……………………………..**

**Approved : ………………………………………………………………………………………………………………………. (Name of Senior Education Team Member)**

**Not Approved : …………………………………………………………………………………………………………..……. (Name of Senior Education Team Member)**

**Reason for not approving: ……………………………………………………………………………………………………………………………………………………………………………**