CONFIRMATION OF SUPPORT FOR TRAINING

Dear [name of trainee]

Following the recent selection process, I am pleased to confirm your place on the Health Education England (HEE) commissioned accelerated clinical endsocopist training programme which starts on Tuesday 26 September 2017.

The training programme runs for seven months from September 2017 until April 2018.

We are committed to developing clinical endoscopy expertise within our organisation and to support this, the course fees will be fully funded centrally to the cost of £3,620.

In addition, time off from normal duties will be given to attend:-

all academic study days as per timetable ( 8 days)

JAG basic skills course ( 2-3 days date to be confirmed)

minimum of two dedicated single modality training lists a week pro rata for the duration of the course (29 days)

* minimum of 5 days equivalent time for additional training requirements to advance practice and experiences eg MDT, clinics
* additional time required including for independent study, completion of 4,000 word academic assignment and SLATE e-learning programme

You will continue to be paid in accordance with your substantive contract………………………………………. (INSERT JOB TITLE) for the duration of the training programme.

Upon successful completion of the training you will ………………………………..(TRUST TO ADD DETAILS OF WHAT HAS BEEN AGREED LOCALLY e.g. do they move into a different role)

If you leave our employment for any reason within a two year period immediately following the date of completion of the training you will be required to re-pay either all or a proportion of the cost of the training programme as follows:

1. Either before completing the course or within 12 months of the date of completion of the training then 100% of the backfill costs are to be paid in full by you to the employer.
2. More than 12 months but not more than 18 months from the date of completion of the training then 50% of the backfill costs are to be paid in full by yourself to the employer.
3. More than 18 months but not more than 2 years from the date of completion of the training then 25% of the backfill costs are to be paid in full by yourself to the employer.
4. More than two years after completing the programme you will not be required to re-pay any backfill costs to the employer.

For the purposes of this agreement, “backfill costs” are defined as the additional staffing costs directly incurred by your employer to fill the role vacated by you whilst you undertake the accelerated clinical endoscopist training programme. For the avoidance of doubt, the amount of backfill costs which you are required to repay will not exceed the amount of the course fees (whether such fees are payable by the employer or a third party).

We are entitled to deduct any or all of the sums owing directly from your salary including from your final salary payment. Any additional monies owed that are not covered by your salary payments will be payable immediately on demand.

In exceptional circumstances we may choose not to enforce your obligations to pay the monies owed under this agreement; however such a decision will be at our sole discretion.

If you are unable to commence or complete the training for any reason, please ensure that you inform ……………………………………….. (INSERT NAME AND DEPARTMENT***)*** with immediate effect.

You will have received a copy of the learning agreement for you to check, sign and return. Your place on the programme will be confirmed when we receive your signed agreement to the attached training costs agreement. If you have any questions please do not hesitate to contact the JAG office on nme@rcplondon.ac.uk or via telephone on 0203 075 1760/1372.

TRAINING COSTS AGREEMENT

Between

………………………………………………………………… (*INSERT EMPLOYER NAME*)

The Employer

And

………………………………………………………………… (INSERT EMPLOYEE NAME)

The Employee

The Employer hereby agrees to make available the course fees to enable the Employee to undertake the Health Education England (HEE)-commissioned accelerated clinical endsocopist training programme.

The cost of the course fees for this training are £ 3,620.

If the Employee fails to satisfactorily attend and/or complete the course then 100% of the training course costs are to be paid in full by the Employee to the Employer.

If the Employee leaves the service of the Employer within a two year period immediately following the date of completion of the training:

1. Either before completing the course or within 12 months of the date of completion of the training then 100% of the backfill costs are to be paid in full by the Employee to the Employer.
2. More than 12 months but not more than 18 months from the date of completion of the training then 50% of the backfill costs are to be paid in full by the Employee to the Employer.
3. More than 18 months but not more than 2 years from the date of completion of the training then 25% of the backfill costs are to be paid in full by the Employee to the Employer.
4. More than two years after completing the programme the Employee will not be required to re-pay any backfill costs to the Employer.

 For the purposes of this agreement, “backfill costs” are defined as the additional staffing costs directly incurred by your employer to fill the role vacated by you whilst you undertake the accelerated clinical endoscopist training programme. For the avoidance of doubt, the amount of backfill costs which you are required to repay will not exceed the amount of the course fees (whether such fees are payable by the employer or a third party).

The employer reserves the right to deduct from the employee’s wages any money owed under this Agreement, subject to the provisions of the Employment Rights Act 1996.

The employee agrees to the employer deducting any monies owed from his/her wages including from the final salary or any outstanding payments due to the employee.

Any remaining monies owed will be payable to the Employer immediately on demand.

In exceptional circumstances the Employer may choose not to enforce the Employee’s obligations to pay the monies owed by the employee under this agreement; however such a decision will be at the sole discretion of the Employer in each case.

**Signed**

……………………………………………………………… (FOR EMPLOYER)

………………………………………………………………..DATE

**Signed**

……………………………………………………………… (FOR EMPLOYEE)

………………………………………………………………..DATE