

**RECORD OF IN-TRAINING ASSESSMENT (RITA): SPECIALIST REGISTRAR GRADE**

**FORM F:** Report of “out-of programme” experience (to be completed at no longer intervals than one year in place of a Form C Satisfactory)

**Region:** ----- **Deanery:** -----

**Name:** ----- **NTN (or VTN):** -----

**Speciality:** ----- **Training programme reference:** -----

**Royal College/Faculty recommending award of CCT:** -----

**SPECIALIST REGISTRAR’S REPORT OF OUT-OF-PROGRAMME TRAINING/EXPERIENCE**

Date ..... Period covered : from ..... to .....

Most recent complete year/phase of training programme reviewed (circle): 0, 1, 2, 3, 4, 5, 6 of Final Year.

Experience gained during period of out-of-programme:

	<i>Attachment/ Slot/Post/Experience</i>	<i>Dates: from to</i>	<i>In/out of Programme</i>	<i>PT/FT PT as a % of FT</i>
1				
2				
3				
4				

State if concurrent NHS substantive or honorary appointment is held .....

I confirm that I have undertaken the above experience and that:

- i the aim of my out-of-programme experience is .....
- ii I intend to re-enter training (subject to adequate progress) on .....( insert approximate date)
- iii The estimated date for the award of my CCT is .....
- iv I wish to retain my NTN ..... Y / N

I also confirm that the Core Information on *Form A* and the amendments to it on *Form B* are correct.

Registrar (*signature*) .....

I agree that ..... (*name*) can retain his/her NTN

This decision is based/is not based on interview with the SpR

Postgraduate Dean (*signature*).....

If not returned to training, date for next return requiring authorisation for retention of NTN .....