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| **Supported Return to Training: Initial Return Meeting Form**  |
| **SECTION A (to be completed by the Trainee or ES/TPD)** |
| **Date of Initial Return Meeting:** Click here to enter text. |
| **Trainee Surname:** Click here to enter text. | **Trainee Forename:** Click here to enter text. |
| **NTN:** Click here to enter text. | **GMC No:** Click here to enter text. |
| **Specialty:** Click here to enter text. | **Grade (CT/ST etc):** Click here to enter text. |
| **Educator/Supervisor Name:**Click here to enter text.**Contact email address:**Click here to enter text. | **FPD/TPD Name:**Click here to enter text.**Contact email address:** Click here to enter text. |
| **Place of training prior to absence:** Click here to enter text. | **Anticipated place of training on return:** Click here to enter text. |
| **Date absence commenced:** Click here to enter text. | **Anticipated date of return:** Click here to enter text. |
| **Reason for absence:** Click here to enter text. |
| **Intention to return to training Full Time or Less than full time (LTFT)?**  | **Full Time** | **LTFT** |
| **Section B (to be completed by the ES or TPD)** |
| **Please provide detailed summery of the discussion between the Trainee and appropriate educator/supervisor.** Discussion should include (but not limited to)* CPD done whilst absent
* Any work done during absence i.e. on calls, KIT/SPLIT days etc.
* Sign posting to internal/external Return to Training Activities
* Any concerns over returning
* Learning & training needs (including possible assessments or courses that the trainee should attend)
* First day induction arrangements

Click here to enter text. |
| **Date of next ARCP:** Click here to enter text. |
| 1. **Is a Supernumerary Period required upon their return?**
 | **Yes** (complete 1.1,1.2,1.3 &1.4) | **No**(Move to section 2, unless claiming exceptional circumstances) |
| **Employing Trust on return (pays salary) (1.1)** Click here to enter text. |
| **Standard Hours (1.2):** Click here to enter text. | **Point on Salary Scale (1.3):** Click here to enter text. |
| **Expected Supernumerary period dates (1.4):** **From:** Click here to enter text. **To:** Click here to enter text.**Background information and reason:** Click here to enter text. |
| 1. **Is an enhanced supervised return to training period necessary?**
 | **Yes** (complete 2.1,2.2, 2.3, & 2.4) | **No**(complete point 2.5) |
| **(2.1) Expected enhanced supervised period dates:****From:** Click here to enter text. **To:** Click here to enter text.**Will this affect the trainees ability to work their scheduled shifts/contractual hours?** For example, will the trainee be able to work nights or be on call.Click here to enter text. |
| **(2.2) Please give details:** This must include details of the overall plan for supervised return to training period and the level of supervision requiredClick here to enter text. |
| **(2.3) Required assessment(s) in this period:** These must include assessments of observed practice and may include workplace based assessments (WPBAs) and logbook evidence. *NB: details should be discussed with the clinical supervisor for the returning post*Click here to enter text. |
| **(2.4) Date of Review Meeting:** Click here to enter text. |
| **(2.5) Reason for no period of enhanced supervision:** If, in *exceptional* circumstances, the decision has been made by both trainee and the Educational Supervisor / Training Programme Director that the supervised return to training period is unnecessary, please provide documentary evidence below that the trainee has maintained active clinical practice during the absence. If this is provided, then this form confirms that the trainee and Educational Supervisor are confident that the trainee can to return to “normal duties” from the return date.Click here to enter text. |
| **Educator/Supervisor Name:** Click here to enter text.**Email address:** Click here to enter text.**Signature: Date: Click here to enter text.** |
| **Trainee Name:** Click here to enter text.**Signature: Date: Click here to enter text.** |
| **SECTION C (to be completed by the SuppoRTT APD/ DD if additional support has been requested)** |
| **SuppoRTT APD approval: Yes/ No, please provide details** Click here to enter text.**Signature: Date: Click here to enter text.** |

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| **Please note; The ES/TPD\* responsible for having the Initial Return Meeting with the trainee will also be responsible for disseminating the trainees plan of return to all relevant educators/supervisors/medical education departments who will be responsible for the trainee during their return.**  |

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| **Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and the Thames Valley SuppoRTT Local Office,** **srtt.tv@hee.nhs.uk****A copy also needs to be retained in your e-portfolio** |

**AoMRC Planning a Return from Practice – Recommended Questions and Actions**

1. Was a ‘planning an absence’ checklist completed? (If so, this should be reviewed.)
2. How long has the doctor been away?
3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important)
4. How long had the doctor been practising in the role they are returning to prior to their absence?
5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?
6. How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
7. What is the doctor’s full scope of practice to be (on their return)?
8. If the doctor is returning to practice but in a new role, what induction support will they require and will they require any specific support due to the fact that they have been out of practice? What can the doctor do to prepare themselves?
9. What support would the doctor find most useful in returning to practice?
10. Has the doctor had relevant contact with work and/or practice during absence e.g. Keep In Touch’ days?
11. Have there been any changes since the doctor was last in post? For example:
* Changes to common conditions or current patient population information
* Significant developments or new practices within their specialty
* The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or any mandatory training missed etc
* Service reconfiguration
* Changes to procedures as a result of learning from significant events
* Changes in management or role expectations. What time will the doctor have for patient care? Are there any teaching, research, management or leadership roles required?
1. Has the absence had any impact on the doctor’s licence to practise and revalidation? What help might they need to fulfil the requirements for revalidation?
2. Have any new issues (negative or positive) arisen for the doctor since the doctor was last in practice which may affect the doctor’s confidence or abilities?
3. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
4. If the doctor is a trainee, what are the plans for a return to learning?
5. Is the doctor having a staged return to work on the advice of Occupational Health?
6. Are there any issues regarding the doctor’s next appraisal which need to be considered? Is the revalidation date affected? (If either applies, the Responsible Officer/ appraiser should be informed)
7. Are there other factors affecting the return to practice or does the doctor have issues to raise?
8. Is a period of observation of other doctors’ practice required and/or does the doctor need to be observed before beginning to practise independently again?