**Form 1 – Pre absence**

The return to work scheme is for absences of 3 months or more, but can be opted into for absences less than 3 months if trainee or Educational Supervisor feel it is necessary. Form 1 should be completed 1 month before the trainee doctor is due to go on absence by the trainee doctor and their Educational Supervisor/College Tutor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trainee Name: |  | | GMC Number: |  |
| Position: |  | | Educational Supervisor |  |
| Current place of training: | |  | Anticipated date of absence: |  |
| If known, place of return to training: | |  | Estimated date of return: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for Absence: | | |  | | | | |
| Summary of discussion between trainee and Educational Supervisor:  Discussion parameters : • Keeping up to date • Use of Keeping In Touch days • Particular concerns | | | | | | | |
|  | | | | | | | |
| Are you happy for the PGME to contact you while you are absent? | | | | | | Yes | No |
|  |  |
| If Yes then what are your preferred contact details: | | | | | | | |
| Address: |  | | | | | | |
| Email Address: | |  | | Phone Number: |  | | |
| Trainee signature: | |  | | Date : |  | | |
| Supervisor signature: | |  | | Date : |  | | |

**Form 2 – Pre Return to work**

Form 2 should be completed by the trainee and Educational Supervisor/College Tutor between 6 to 8 weeks prior to the estimated return to training date, this is to allow time for the trainee to be incorporated into the rota.

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| --- | --- | --- | --- | --- | --- |
| Trainee Name: |  | | GMC Number: | |  |
| Position: |  | Educational Supervisor | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of training at absence: |  | Start of absence: |  |
| Place of training on return: |  | Anticipated date of return: |  |

|  |  |
| --- | --- |
| Reason for Absence: |  |

|  |  |  |
| --- | --- | --- |
| Intention to return to training Full Time or LTFT? | Full Time | LTFT |
|  |  |
| If LTFT is the paperwork complete: | Yes / No | |
| Are there any implications on this period of leave for the doctor’s licence to practice or revalidation? (For those in a recognised training programme with an annual ARCP the answer is usually “No”) | Yes / No | |
| If yes please give details : | | |
| Are there any new Occupational Health needs? | Yes / No | |
| If Yes please give details : | | |

|  |  |
| --- | --- |
| Forthcoming roles/responsibilities: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of last APLS |  | Is it within date? | Yes / No |
| Date of last NLS |  | Is it within date? | Yes / No |
| Date of last appropriate Level of Safeguarding |  | Is it within date? | Yes / No |

|  |
| --- |
| Summary of discussion between trainee and Educational Supervisor:  Discussion parameters:   * Anything done to keep up to date, any work done during absence: KIT days, projects, courses etc. * Any particular concerns over returning (any NLS/APLS/ Safeguarding courses needed) |
|  |
| Overview of plan for supervised return to work period :  Including dates of start of on calls if known and any specific need for supervised activity |
|  |

If in exceptional circumstances the decision has been made by both the trainee and the Educational Supervisor that the supervised return to training period is unnecessary, then please provide documentary evidence below that the trainee has maintained active clinical practice during the absence. Then complete Section 3: Return to Training Sign-Off.

|  |  |
| --- | --- |
| Provisional Date of Return Review Meeting: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature: |  | Date : |  |
| Supervisor signature: |  | Date : |  |

**Form 3 – Post Return to work**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trainee Name: |  | | | | GMC Number: | | |  |
| Position: |  | | Educational Supervisor | | |  | | |
| Date of Return Review: | |  | |
| Summary of discussion between trainee and Educational Supervisor:   * Summary of ePortfolio entries & work based assessments * Overall progress and any outstanding concerns/challenges | | | | | | | | | |
|  | | | | | | | | | |
| What additional learning needs have been identified: | | | | | | | | | |
|  | | | | | | | | | |
| Are any further meetings needed due to concerns of increased need for Supervision/support?  If yes please comment below | | | | | | | Yes / No | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, the T**rainee**, feel confident in all respects to recommence usual duties : | | | | Yes / No | |
| Signed: |  | Printed Name: |  | Date: |  |
| I, the **Educational Supervisor**, concur that this trainee has demonstrated to me that they are able to return to their usual duties. | | | | Yes / No | |
| Signed: |  | Printed Name: |  | Date: |  |