**Return to Work Form**

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| **Doctor’s**  **Name:** |  | **GMC Number:** |  |
| **Position left:**  **Position on return:** |  | **Educational Supervisor/Appraiser:** |  |

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| **Start date of leave: Length of absence:** |  | **Expected date of return:** |  |
| **Trust left:** |  | **Trust returning to:** |  |
| **Reason for absence** |  | | |
| **Workplace needs**  **assessment required?\*** |  | | |
| **Outcome of needs\*\*:** |  | | |

PART ONE - to be completed ideally *before* return to work

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| **Date of review:** |  |
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| **1. Was an ‘Absence from work’ form completed? (if so, this should be reviewed)** | |
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| **2. What responsibilities will the doctor have in the role they are returning to? Will there be any new responsibilities/expectations?** | |
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| **3. How does the doctor feel about their confidence and skills level? Would a period of mentoring and/or being supernumery/supervised be beneficial?** | |
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| **4. Is the doctor returning to a new role/ or in a new trust? If so, what induction**  **support will they require? Will they require any additional support (e.g. training with new equipment or IT systems)? What actions can they take to prepare?** |
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| **5. What support would the doctor find most useful in returning to work**  **(consideration can be given to how they have learnt well in the past, e.g. skills and drills, direct supervision, etc.)?** |
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| **6. Has the doctors had any contact with work and/or practice during absence (e.g.**  **Keeping in Touch days)? If applicable, have they been able to keep up to date with their CPD requirements?** |
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| **7. Has the absence had any impact on the doctor’s licence to practice or revalidation? What support might they need to fulfil their requirements for**  **revalidation?** |
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| **8. Is the doctor having a staged return to work on the advice of Occupational Health? If so, are there any adjustments to the doctor’s rota that need to be**  **considered (e.g. no night time duties)?** |
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| **9. Are there any other issues that the doctor would like to raise?** |
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| 1. **If a period of being supernumerary/supervised is required, please state:**    * **How long this period is required (2 weeks recommended)?**    * **What this will involve (e.g. mixture of shadowing LW/on calls, Day Surgery/Main theatre lists, skills and drills training, etc.)?**    * **What assessments would be useful to assess progress and feedback (e.g. OSATs on specific procedures such as instrumental delivery or laparoscopy, CbDs/mini-CEXes on LW or acute gynaecological management)?**    * **Who will this period of supervision be with (i.e. shadowing one consultant’s activities, ‘buddying’ with fellow trainee at same level, mixture)?** |
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| **11. Are there any foreseeable funding issues with regard to the above? How could**  **this be resolved? (a doctor returning from maternity/paternity leave may wish to use their KIT/SPLIT days if funding is unavailable).** |
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| **Agreed date for review after period of**  **being supernumerary/supervised:** | |  | | |
| **Signatures** | | | | |
| **Doctor:** |  | | **Date:** |  |
| **Supervisor:** |  | | **Date** |  |

PART 2 – to be completed after period of being supernumerary/supervised

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| **1. How does the doctor feel about their confidence and skills levels after the period of being supernumerary/supervised?** |
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| **2. Has the doctor completed all the assessments agreed in the initial meeting (see Part 1)?** |
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| **3. What feedback has the doctor received during this period?** |
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| **4. Does the doctor feel ready to return to their usual clinical duties? If so, what on going support/mentorship can they access (either formal or informal)?** |
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| **5. If the doctor does not feel ready, does the period of supervision need to be extended?** |
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| **6. If an extended period of being supernumerary/supervised is required,** |

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| * **How long is this period required?** * **What this will involve (e.g. mixture of shadowing LW/on calls, Day Surgery/Main theatre lists, skills and drills training, etc.)?** * **What assessments would be useful to assess progress and feedback (e.g. OSATs on specific procedures such as instrumental delivery or laparoscopy, CbDs/mini-CEXes on LW or acute gynaecology management)?** * **Who will this period of supervision be with (i.e. shadowing one consultant’s activities, ‘buddying’ with fellow trainee at same level, mixture)?** |
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| **Agreement of return to usual clinical duties (please state YES/NO)**  **OR** | |  | | |
| **Agreed date for review after extended**  **period of being supernumerary/ supervised\*\*\*:** | |  | | |
| **Signatures** | | | | |
| **Doctor:** |  | | **Date:** |  |
| **Supervisor:** |  | | **Date** |  |

**\* Under the Management of Health and Safety at Work Regulations 1999, individuals taking a leave of absence for reasons such as pregnancy should have a Work place risk assessment.**

**\*\* Any adjustments should be recorded in writing and acted upon, e.g. the discontinuation of nights/long days after a certain gestation.**

**\*\*\* If an extended period of supervision is agreed, please complete Part 2 of Return to work form again at review.**