**APPENDIX B: RETURN TO TRAINING FORM**

North West School of Medicine Return to Training Form

Questionnaire to be completed together by trainee and ES/TPD, approximately 8 weeks before returning to clinical practice / training.

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| Trainee Name: Specialty: |
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| Was a pre-absence form completed? Yes or No? If yes please review. |
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| How long has the trainee been away? Is it the same time as originally anticipated? If the absence has extended beyond what was originally expected, what impact has this had? (If it was an unplanned absence, the reasons may be important). |
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| Place of training at absence |
|  |
| Place of training on return |
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| What level was the trainee at before the planned leave? |
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| What does your new timetable look like? Do you have any concerns about the responsibilities you will hold on return? How do you feel about your confidence and skills levels? |
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| Would a period of shadowing be helpful? Would mentoring be useful? What support would the trainee like? |
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| Are there other factors affecting the return to training or does the trainee have issues to raise? |
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| If the trainee is at ST1 / CT1 or ST3, or in a new hospital or new unit, or been away for some time – what induction / mandatory training will they need to undertake? (Hospital induction, HEE induction, unit induction). |
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| What KIT (keeping in touch) days has the trainee undertaken? What skills do they need to brush up on and how might they do this?  |
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| Are there new changes in clinical practice the trainee needs to know about? e.g. need for training such as new equipment, new procedures, etc. New practices within their specialty, learning from significant events, etc. |
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| Are there any issues relating to the trainee’s next ARCP which need to be considered? |
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| Has the trainee maintained their GMC licence? If not please urgently contact the Postgraduate Dean. |
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| Are there any new issues to take into account when managing your practice? e.g. childcare, LTFT, research, exams, caring for a member of the family, etc. |
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| Is the trainee having a staged return due to health reasons? (Occupational Health advice). |
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| When do you think you will be back at the same level as you were before? How much time would you like as a phased return? (up to 3 months is the norm). When will your training clock re-start?  |
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| Overall plan for return to work: |
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| Provisional date of return review meeting  |
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|  | **Trainee** | **ES/TPD** |
| **Name** |  |  |
| **Signature** |  |  |
| **Date** |  |  |

**Once complete and signed, please forward to your Training Programme Director and the School of Medicine (****medicine.nw@hee.nhs.uk****) and upload a copy of the completed form to the e-portfolio.**