

Name of Guidance	Supported Returning to Training (SuppoRTT)
Category	Professional Support
Authorised by	English Deans SuppoRTT Assurance Board YH Postgraduate Dean's Senior Management Team
Date Authorised	April 2019
Next Review Date	April 2021
Document Author	Caroline Hinds

Version	Date	Author	Notes Reason for Change, what has changed, etc
2	May 2018	Caroline Hinds	Amendments to guidance in line with the Supported Return to Training (SuppoRTT) Programme and Guidance documents.
3	Sept 2018	Caroline Hinds	Amendments to guidance following feedback on V2 and to also incorporate supernumerary and CPD funding eligibility.
4	April 2019	Caroline Hinds	Amendments made to bring guidance in line with the National RTT Guidance.

Section 1: Introduction

Many trainees take a period of absence from training for a number of reasons which can often vary in duration. This can include; Maternity leave, Shared Parental leave, Carers leave and Sickness. It may also include a formal Out of Programme period including; Experience, Research, Training and Carer Break.

In some cases, trainees who have had a prolonged period of absence have been expected to immediately return to full duties, including on-calls without a re-introduction period, which potentially has negative implications for the trainee and patient safety.

The purpose of the Supported Return to Training Guidance (SuppoRTT) is to enhance the experience of doctors returning to clinical practice, enabling them to regain their confidence and previously required skills quickly and safely, significantly benefiting patient safety and quality of care.

The SuppoRTT Guidance has been designed to be flexible, taking into account the differing nature and length of absence, as well as the speciality and experience of the trainee, to ensure that the individual can safely and confidently return and practice within their training programme.

It is recommended that the principles outlined within this guidance are adopted by all Schools and Specialities for ALL trainees (Foundation to Higher Speciality) to ensure that they are provided with an equitable and structured supported return to training. The key principles incorporate the following stages of absence; pre absence, during absence, prior to return and the review of the return.

Section 2: Overview of the guidance

The Academy of Medical Royal Colleges (AoMRC) suggests that a period of absence of 3 months of more is likely to have a significant impact on a doctor's clinical skills and knowledge. Therefore, Health Education England (HEE) **strongly advises** that trainee's (Foundation to Higher Speciality) that have a period of absence of 3 months or more should adhere to the principles outlined within this guidance document and complete all attached forms.

If a trainee is absent for a period less than 3 months it is possible that they may not trigger the return to training process however, the trainee may still follow the processes outlined within this guidance document. It is advised that the trainee will need to discuss their needs with their appropriate educator/supervisor* to determine what support they will need during their period of re-introduction.

Regardless of the reason or duration of absence, if Occupational Health involvement is required they may stipulate that the trainee requires a phased return which could include amendments to their working pattern. Therefore, any phased return / training plans devised by Occupational Health or HR should take precedence. However, this guidance document can still be used in parallel with the trainees phased return plan to help outline the trainee's educational needs during their return period.

The location/post in which the trainee will return too will be determined by their HEE local offices established process. The placement of the trainee will be dependent on their stage of programme and the availability of posts.

Please note if a trainee has been out of training for a period of absence of 3 months or more they may be entitled to a supernumerary and/or enhanced supervised period. This will only be granted if the trainee adheres with the guidance and completes the relevant forms.

It is the responsibility of **ALL** Trainees and appropriate educators/supervisors* to ensure that they understand and follow the Return to Training process and documentation as outlined within this guidance document.

Additional support can be accessed via the SuppoRTT; Associate Dean's (AD) and Local Office team.

*Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

Section 3: Pre-Absence Meeting

Planned absence: Where possible the trainee should meet their appropriate educator/supervisor* at a **Pre-Absence meeting** before their period of absence commences to discuss; how the trainee **may wish** to keep up to date (if appropriate for their circumstances) and any particular concerns they may have about returning.

Educators/supervisors* are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'planning absence' questions and actions (Appendix A.1) to help facilitate the discussion.

It is recommended that this should take place three months prior to the start of the trainee's period of planned absence.

The trainee and appropriate educator/supervisor* will complete the **Pre-Absence Form** (Appendix A) detailing the discussion and then send a copy of this to the FPD or TPD* and SuppoRTT team at HEE YH. The trainee's pre-absence form will be added to the trainees personal file. **The trainee must also upload a copy in their e-portfolio**.

The appropriate educator/supervisor* may also provide the trainee with a copy of their Individualised Action Planner (IAP) (Appendix D) to enable the trainee to start to identify what support they may require prior to their return.

Unplanned absence: If the absence is unplanned (e.g. sickness, bereavement, carers leave), then this meeting can be held at a later date and does not need to face to face (dependent on the trainee's circumstances).

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Section 4: During Absence

During the period of absence **ALL** (Foundation to Higher Speciality) trainees are strongly encouraged to enter the HEE YH SuppoRTT programme. This incorporates having access to; clinical and non-clinical Return To Training Activities (RTT-A) and Mentorship / Coaching.

This programme has been developed to prepare, support and provide trainees with the necessary guidance prior to their return and to further support their re-introduction period, improving patient safety and quality of care. Please note that all RTT-A's associated with the HEE YH SuppoRTT programme are free to attend for all trainees.

Trainees must also expect to be contacted by their local SuppoRTT team and/or their relevant educator/supervisor* during their absence to notify them of any relevant RTT-A and the need to meet to begin planning their individual return to training.

If the employer and trainee agree, then the trainee can use their Keeping In Touch (KIT) and Shared Parental Leave in Touch (SPLIT) days to attend study days, courses or team meetings. Salaries for these days will need to be discussed with the trainee's employer.

Trainees who are on maternity or shared parental leave may have access to 10 paid KIT Days (these can be used to attend RTT- A if their employer agrees).

HEE YH recognises that trainees may also wish to attend speciality specific courses / events / meetings outside of their regional SuppoRTT programme that will aid in their return to training. Trainees will be able to apply for individual funding from the SuppoRTT budget to attend such events prior to their return via the **SuppoRTT CPD Funding Process** (please refer to the SuppoRTT CPD Funding guidance document).

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Section 5: Prior to Return

Once a timeframe for return is known then the trainee will be required to attend an **Initial Return Meeting** (using Appendix B*);

 For a period of absence that is between 3 - 5 months the trainee will be required to meet with their ES**.

- For a period of absence that is 6 months or over, it is advised that where possible the trainee should meet with their FPD or TPD** who will then cascade any relevant information to the trainee's appropriate educator/supervisor*. Depending on the reason for absence the FPD or TPD** may deem that this does not need to be a face to face meeting and it may be appropriate to meet with the appropriate educator/supervisor* instead.
- Trainees who have been absent for more complex reasons may request to have a 1:1 meeting with a SuppoRTT Associate Dean who may be able to offer the trainee additional pastoral support and guidance. This should **NOT** delay the trainees return date or affect any other aspects of the return process as detailed above. However, the sooner this meeting can take place the more likely additional suitable support can be arranged.

The aim of the **Initial Return Meeting** is to create an individualised plan of return which will consist of identifying and discussing;

- Specific concerns
- Learning & training needs (including possible assessments or courses that the trainee should attend)
- The need for a supernumerary and/or supervised period (see section 6)

Appropriate educators/supervisors** are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'return to practice' questions and actions (Appendix B.1) to help facilitate the discussion.

The details of the meeting (educational needs, concerns, required adjustments to the trainees working pattern) **must be noted in detail** on the Initial Return Meeting Form (using Appendix B*) and the trainees plan of action should be entered onto their Individualised Action Planner (using Appendix D*). The appropriate educator/supervisor** should also; signpost the trainee as to where they can access additional support and arrange an informal 'catch up meeting' within the first week of the trainees return.

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.

It is advised that this takes place 8-12 weeks prior to the estimated date of return, allowing enough time for the return to training to be organised e.g. rota coordination.

Under exceptional circumstances it may not be possible for a trainee to adhere to the 8-12-week time frame. It is essential that any plans for trainee to return over a shorter period are communicated immediately to the SuppoRTT team where they will endeavour to make the necessary arrangements within a suitable time frame.

*All documents to be sent to FPD or TPD and the SuppoRTT Local Office

**Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors, Foundation Programme Directors

(FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

Section 6: Supernumerary Period

A supernumerary period is typically described as a short, intense period where the trainee is considered as an additional member staff that enables the trainee to continue with their training in a flexible manner for a set period to help them return to normal duties safely and confidently. During this time, it is expected that the trainee will have no fixed work commitments enabling them to complete a programme of focused learning and clinical activities which may include shadowing a senior member of staff. The length of the supernumerary period and activities within it will be bespoke to the trainee dependent on their needs.

This period may not count towards training time if longer than two weeks

 For a period of absence that is 6 months or over, it is recommended that upon their return to training, trainees SHOULD undertake a supernumerary and/or supervised period (excluding GP, Dental and Public Health trainees in practice posts).

During this time work-based assessment may be performed to support the trainees return to a normal working pattern.

Please note that actual salaries will be paid by the employing Trust. HEE will make a contribution to cover the salary based on figures set out in the BMA Junior Doctors pay scales document.

The need for a supernumerary period and length should be discussed at the **Initial Return Meeting** (using Appendix B**) approximately 8-12 weeks prior to their return. The trainee and appropriate educator/supervisor* should discuss the length of supernumerary and/or enhanced supervision required, recommended training needs and their expected roles and responsibilities during this time. All decisions **must be detailed** within the **Initial Return Meeting form** (using Appendix B**) and then communicated directly to the Trust and to the HEE YH SuppoRTT team. All forms and corresponding emails will be saved to the trainees personal file in a SuppoRTT folder.

Near to the end of the trainee's supernumerary period the trainee and appropriate educator/supervisor* will meet at a **Return Review Meeting** (using Appendix C**) to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period (See Section 8).

Once the trainee and appropriate educator/supervisor* are **both** satisfied with the trainee's progress then the trainee can be signed off to return to 'normal duties'.

Under exceptional circumstances a period of enhanced supervision may not be necessary. Clear evidence of this must be documented on the Initial Meeting form (using Appendix B**) and agreed with the FPD or TPD*.

**All documents to be sent to FPD or TPD* and HEE YH SuppoRTT team

*Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

Section 7: Enhanced Supervised Period

An enhanced supervised period is typically described as a short, intensive period of enhanced supervised practice, focused learning activities and direct observation of clinical activities with the aim of enabling trainees to return to normal duties safely and confidently. It is expected that during this time trainees may not be required to undertake any out of hours arrangements if adequate supervision isn't available (as detailed in the returning trainees RTT plan). The length of the enhanced supervised period, level of supervision required and activities within it will be bespoke to the trainee dependent on their needs.

 For a period of absence that is over 3 months it is recommended that upon their return to training, trainees SHOULD undertake a period of enhanced supervision (this is still recommended even if the trainee is eligible and accessed a period of supernumerary practice).

The need for an enhanced supervised period and length should be discussed at the **Initial Return Meeting** (using Appendix B**) approximately 8-12 weeks prior to their return. The trainee and appropriate educator/supervisor* should discuss the length of supernumerary and/or supervision required, recommended training needs and their expected roles and responsibilities during this time. All decisions **must be detailed** within the **Initial Return Meeting form** (using Appendix B**) and then communicated directly to the Trust and HEYH SuppoRTT team. All forms and corresponding emails will be saved to the trainees personal file in a SuppoRTT folder.

Near to the end of the trainee's supernumerary and/or supervised period the trainee and appropriate educator/supervisor* will meet at a **Return Review Meeting** (using Appendix C**) to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period (See Section 8).

Once the trainee and appropriate educator/supervisor* are **both** satisfied with the trainee's progress then the trainee can be signed off to return to 'normal duties'.

If Occupational Health stipulates that the trainee requires a phased return this will determine their working pattern and will thus take precedence. However, the need for enhanced supervision may still be required. All enhanced supervision plans can run in parallel alongside the trainees outlined working pattern.

Under exceptional circumstances a period of enhanced supervision may not be necessary. Clear evidence of this must be documented on the Initial Meeting form (using Appendix B**) and agreed with the FPD or TPD*.

**All documents to be sent to FPD or TPD and the SuppoRTT team

*Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

Section 8: Return Review

Towards the end of the supervised period the trainee and appropriate educator/supervisor* will meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training. If the trainee and appropriate educator/supervisor* are satisfied with the trainee's progress, then the trainee can be signed off and return to normal duties (using Appendix C**).

If the trainee requires an extended return to training period the trainee and appropriate educator/supervisor* will need to arrange a further **Return Review Meeting** until the trainee and the appropriate educator/supervisor* agree that the trainee is ready to be signed off and can return to their normal duties.

Once the trainee has been approved to return to normal duties they must still be encouraged to contact their appropriate educator/supervisor* if they have any further concerns or would like to discuss their ongoing progress post their return.

**All documents to be sent to FPD or TPD and HEE YH SuppoRTT team

*Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

Section 9: The Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP) will take place every year for every trainee however, there are occasions where trainees may have more than one ARCP if they take a period of absence from their training programme. HEE recommends that the ARCP is arranged at the following periods;

 For parental leave and OOP a trainee should whenever possible have an ARCP prior to the start of this period of leave, or if this is not possible within 4 weeks of return. This will review the period from the last ARCP to the start of the OOP/parental leave. For trainees who absent due to more complex reasons i.e. sick or carers leave, it
is recommend that a date for the ARCP is discussed between the trainee and
Training Programme Director at the initial return to training meeting. This will
review the period from your last ARCP to the start of your leave.

Section 10: Overview of SuppoRTT Process

Prior to Absence

- It is recommended that this should take place three months prior to the start of the trainee's period of planned absence.
- If the absence is unplanned, this meeting can take place later.

Pre-Absence Meeting with Educator/Supervisor* Disscusion Points; CPD Use of KIT/SPLIT days Any concerns Pre-Absence Form comlpeted, ageed & sent to; FPD/TPD* & SuppoRTT Local Office

During Absence

It is encouraged that all trainees have access to a menu of Return to Training Activities (RTT-A) either internally or externally including access to a mentor and/or a coach. Funding to attend such activities should be made available via the SuppoRTT budget.

Clinical & Non Clinical courses/educational events

Access to Mentorship and/or Coaching

Access to CPD funding via
SuppoRTT Funding
Process

Prior to Return

Once a timeframe for return is known then the trainee will be required to attend an **Initial Return Meeting.** It is advised that this takes place **8-12** weeks prior to the estimated date of return, allowing enough time for the return to training to be organised e.g. rota coordination.

Initial Return Meeting
with
Educator/Supervisor*

Individulised plan of return/ Supernumerary and/or Enhanced Supervised period/ Concerns/ Review Initial Return Meeting Form completed, signed & sent to; FPD/TPD* & SuppoRTT Local Ofiice

Return Review

Towards the end of the supervised period the trainee and appropriate educator/supervisor* will meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training.

Return Review Meeting with Educator/Supervisor*

Discussion Points; Overall porgress/ Additional Learning needs/ Outstanding concerns Return Review Meeting Form completed, signed & sent to FPD/TPD* SuppoRTT Local Office

*Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

APPENDIX A: Pre-absence Form

Return to Trainir	Return to Training: Pre-Absence Form		
SECTION A (to be completed by the Trainee)			
Date of Pre-Absence Meeting: Click here to	enter text.		
Trainee Surname: Click here to enter text.	Trainee Forer	Trainee Forename: Click here to enter text.	
NTN: Click here to enter text.	GMC No: Cli	ck here to enter to	ext.
Specialty: Click here to enter text.	Grade (CT/ST	etc): Click here t	to enter text.
Educational/Supervisor Name:	FPD/TPD Nan	FPD/TPD Name:	
Click here to enter text. Click here to enter text.			
Email address: Click here to enter text.	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.	·		ck here to enter
Reason for absence: Click here to enter tex	t.		
Are you happy for HEE (local office) to contact you whilst you are absent?		Yes (complete 1,2)	No (move to section
	\ .	(2)	B)
Preferred Email Address ⁽¹⁾ : Click here to enter text.	Preferred Email Address ⁽¹⁾ : Click here to enter text. Phone Number ⁽²⁾ : Click here to enter text.		enter text.
Section B (to be completed by the Trainee	e, 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 considered (including KIT/SPLIT days)
- Any work that may be done during absence i.e. on calls, KIT/SPLIT days etc.
- Sign posting to internal/external Return to Training Activities
- Any concerns over time away and returning
- Learning & training needs (including possible assessments or courses that the trainee should attend)

Click here to enter text.

Appropriate 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.

Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and HEEYH SuppoRTT team

Appendix A.1: AoMRC Planning an Absence from Practice – Recommended Questions and Actions

- 1. How long is the doctor expected to be absent? (Is there any likelihood of an extension to this?)
- 2. Are there any training programmes (including mandatory training) or installation of new equipment due to take place in the doctor's workplace in the period of absence? If so, how should the doctor become familiar with this on return?
- 3. How long has the doctor been in their current role? Is this relevant in determining their needs?
- 4. Will the doctor be able to participate in CPD or e-learning to keep up to date?
- 5. Will the doctor be able to participate in any keep in touch days or other means of keeping in touch with the workplace? If so, how will this be organised? This should also address how KIT days will be organised if the returner is returning to a different Trust.
- 6. Does the doctor have any additional educational goals, during their absence?
- 7. What sort of CPD, training or support will be needed on the doctor's return to practice?
- 8. Are there any funding issues related to question 6 which need to be considered?
- 9. Will the doctor be able to retain their licence to practise and to fulfil the requirements for revalidation?
- 10. Are there any issues relating to the doctor's next appraisal which need to be considered? If so, the Responsible Officer/representative may need to be informed.
- 11. If the doctor is a trainee, how do they plan to return to learning?
- 12. What will be the doctor's full scope of practice on their return?
- 13. If the doctor will be returning to a new role, what support relating to this will be needed, and how can the doctor prepare?

APPENDIX B: Return to Training Form: Initial Return Meeting

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.

Please complete the form electronically.

Date of Initial Return Meeting: Click here t	o enter text.		
Trainee Surname: Click here to enter text.	Trainee Forename: Click here	e to enter text.	
NTN: Click here to enter text.	GMC No: Click here to enter to	ext.	
Specialty: Click here to enter text.	Grade (CT/ST etc): Click here to enter text.		
Educator/Supervisor Name:	FPD/TPD Name:		
Click here to enter text.	Click here to enter text.		
Contact email address:	Contact email address:		
Click here to enter text.	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 te	xt.		
Intention to return to training Full Time o		Full LTF	

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)

Click here to enter text.

Date of Review Meeting: Click here to enter text.

Date of next ARCP: Click here to enter text.

1. Is a Supernumerary Period required upon their	Yes	No
return?	(complete	(Move to section
	1.1,1.2,1.3	2, unless
	&1.4)	claiming
		exceptional
		circumstances)

Employing Trust on return (pays salary) (1.1) Click here to enter text.

Expected Supernumerary period dates (1.4):

From: Click here to enter text. **To:** Click here to enter text.

Total number of days: Click here to enter text.

Background information and reason: Click here to enter text.

2. Is an	enhanced supervised return to training period	Yes	No
neces	sary?	(complete	(complete
		2.1,2.2 &	point 2.4)
		2.3)	

(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 required

Click here to enter text.

(2.3) Required assessment(s) in this period: These must include assessments of <u>observed</u> 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) Reason for no period of enhanced supervision decision has been made by both trainee and the Edu Director that the supervised return to training period in documentary evidence below that the trainee has manabsence. If this is provided, then this form confirms the Supervisor are confident that the trainee can to return of this meeting	icational Supervisor / Training Programmers unnecessary, please provide aintained active clinical practice during the nat the trainee and Educational
Click here to enter text.	
Educator/Supervisor Name: Click here to enter text.	
Email address: Click here to enter text.	
Signature: text.	Date: Click here to enter
Trainee Name: Click here to enter text.	
Signature: text.	Date: Click here to enter
SECTION C (to be completed by the SuppoRTT A requested)	PD/ DD if addition support has been
SuppoRTT APD approval: Yes/ No, please provide	e details

Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and HEEYH SuppoRTT team

Date: Click here to enter text.

Click here to enter text.

Signature:

Appendix B.1: 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?
- 12. 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?

- 13. 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?
- 14. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
- 15. If the doctor is a trainee, what are the plans for a return to learning?
- 16. Is the doctor having a staged return to work on the advice of Occupational Health?
- 17. 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)
- 18. Are there other factors affecting the return to practice or does the doctor have issues to raise?
- 19. Is a period of observation of other doctors' practice is required and/or does the doctor need to be observed before beginning to practise independently again?
- 20. Is a period of observation of other doctors' practice is required and/or does the doctor need to be observed before beginning to practise independently again?

APPENDIX C: Return to Training Form: Review Meeting

This form should be used for ALL review meetings after the Initial Meeting

Determs to Tradition	ar Daview Mastina Farms		
Return to Training	g: Review Meeting Form		
SECTION A (to be completed by the Traino	ee)		
Date of Review Meeting: Click here to enter	r 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:	FPD/TPD Name:		
Click here to enter text.	Click here to enter text.		
Email address:	Email address:		
Click here to enter text.	Click here to enter text.		
Place of training prior to absence: Click here to enter text.	Place of training on return: Click here to enter text.		
Date absence commenced: Click here to enter text.	Date of return: Click here to enter text.		
Reason for absence: Click here to enter tex	ct.		
Section B (to be completed by the Trainee	e, ES or TPD)		
Please provide detailed summery of the dieducator/supervisor. Discussion should inconsummery of observed associated and observ	sessments & logbook		
Click here to enter text.			
Extension to supernumerary and/or enhar supervised return to training period require			

(1) Please give details: This should include, reasons why a further period is required and details of the overall plan for extended supervised return to training period.

Click here to enter text.

(2) 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.

(3) Date for further Review Meeting (if extension is required):

Click here to enter text.

Date of next ARCP: 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.

Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and HEEYH SuppoRTT team

APPENDIX D: Individualised Action Planner

Trainee:		Returning location:		Returning department:	
			Clinical		
Desired o	utcome:				
Action:					
Outcome:					
Trainee comments					
Superviso comments					

Personal & Professional Wellbeing (Resilience)		
Desired outcome:		
Action:		
Outcome:		
Trainee comments:		
Supervisor comments:		

	Mentorship & Coaching
Desired outcome:	
Action:	
Outcome:	
Trainee comments:	
Supervisor comments:	

Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and HEE YH SuppoRTT team