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| **Form 2 – Planning your Return to training*****this meeting should take place the 3 months prior to your anticipated return date*** |

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| **Trainee Name:** |  | **GMC Number:** |  |
| **Training Level** |  | **School** |  |
| **Last Placement** |  | **New Placement** |  |
| **Last Educational Supervisor** |  | **New Educational Supervisor** |  |

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| **Reason(s) for Absence:** |  |
| **Provisional Date of Return To Training** |  |

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| **Intention to return to training Full Time or LTFT?**(check whether application has been made?) | **Full Time** | **LTFT at %** |
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| **Summary of discussion between trainee and Educational Supervisor:**Please consider the following:* Anything done to keep up to date whilst out of training for example KIT Days / Return to Clinical Practice courses / online resources etc.
* Any particular concerns over returning
* Any health concerns or Occupational Health Referrals / Assessment / Plan
* Does a referral need to be made to the Professional Support Unit (PSU)

(Form can be found at <https://eastmidlandsdeanery.nhs.uk/trainee/psu> )  |
|   |
| **Overview of plan for supervised return to work period:**You should document the enhanced supervision period plan (This refers to the period of time from the first day back at work to the time when both the trainee & supervisor are satisfied that the trainee has adjusted to the workplace & the training requirements) |
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| **List any required assessments in this period:**These must include assessments of observed practice such as workplace based assessments (WPBAs) and logbook evidence (don’t forget mandatory training) |
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| **Provisional Date of Return Review Meeting**This should be approximately 2 weeks after return: |  |

**Trainee declaration**

By inserting my name below, I confirm that the information provided is correct. I understand if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. This may result in disciplinary action and referral to the GMC.

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| **Trainee Name** |  | **Date**  |  |

**TPD, Educational Supervisor or College Tutor declaration**

By inserting my name below, I confirm that I have discussed and agreed to this activity in the individualised SuppoRTT plan with the trainee and I confirm that I will facilitate the return to clinical practice.

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| **TPD / Educational Supervisor/****College Tutor**  |  | **Date**  |  |