

Return to Training Form

Trainee Name:		GMC Number:	
Position:		Educational Supervisor	

1. Initial Review - compulsory

The Initial Review between trainee and Educational Supervisor should take place between 6 to 10 weeks prior to the estimated return to training date to allow time for the trainee to be incorporated into the rota.

Date Initial Review:	
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Place of training at absence:		Date of absence:	
Place of training on return:		Anticipated date of return:	

Reason for Absence:	
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Intention to return to training Full Time or LTFT?	Full Time	LTFT
Comments:		

Forthcoming roles/responsibilities:	
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<p>Summary of discussion between trainee and Educational Supervisor:</p> <p>Discussion parameters:</p> <ul style="list-style-type: none"> Anything done to keep up to date Any work done during absence: on calls, KiT days etc. Any particular concerns over returning

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Overview of plan for supervised return to work period*:

Required assessments in this period:

These must include assessments of **observed** practice, and may include workplace based assessments (WPBAs) and logbook evidence

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Provisional Date of Return Review Meeting:

*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.

Evidence of how active clinical practice has been maintained during absence:

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2. Return Review – compulsory after supervised return to work period

Date of Return Review:	
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<p>Summary of discussion between trainee and Educational Supervisor:</p> <p>Discussion parameters:</p> <ul style="list-style-type: none"> • Summary of observed assessments and logbook • Overall progress • Outstanding concerns

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What additional learning needs have been identified:

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Is an extension to the supervised return to training period necessary:	Yes	No

Please comment:

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If Yes, an extension to the supervised period is required, please complete Section 4: Plan of Extended Supervised Period.

If No, an extension to the supervised period is not required, please complete Section 3: Return to Training Sign Off.

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3. Return to Training Sign Off

Trainee Statement:

I feel confident in all respects to recommence usual duties on:			
Signed:			
Printed Name:		Date:	

Educational Supervisor Statement:

I concur that this trainee has demonstrated to me that they are able to return to their usual duties.			
Signed:			
Printed Name:		Date:	

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4. Plan of Extended Supervised Period – if required

Date of Review:	
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Overview of plan for extended supervised return to training period:

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Required assessments in this period:

These must include assessments of **observed** practice, and may include workplace based assessments (WPBAs) and logbook evidence

<ul style="list-style-type: none">••••••

Provisional Date of next Review Meeting:	
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5. Review of Extended Supervised Period

Date of next Review Meeting:	
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<p>Summary of discussion between trainee and Educational Supervisor: Discussion parameters:</p> <ul style="list-style-type: none"> • Summary of observed assessments and logbook • Overall progress • Outstanding concerns

<p>What additional learning needs have been identified:</p>

Is a further extension to this supervised return to training period necessary:	Yes	No

<p>Please comment:</p>

If Yes, an extension to the supervised period is required, please complete another Section 4: Plan of Extended Supervised Period on a separate Return to Training Form.

If No, an extension to the supervised period is not required, then please go back and complete Section 3: Return to Training Sign Off.

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