**FORM 2: RETURN FROM ABSENCE – INITIAL REVIEW**

**Part A: Details of Absence Period**

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| **Trainee name:**  | Click here to enter text. | **Date of meeting:** | Click here to enter text. |
| **Start date of absence** | Click here to enter text. | **Expected return date:**  | Click here to enter text. |
| **Educational Supervisor / Training Programme Director** | Click here to enter text. | **Line Manager and Employee Relations informed of planned absence period?**  | Yes [ ]  No [ ]  |
| **GMC number:** | Click here to enter text. | **Currently Full Time or Less than Full Time (LTFT)?** | Choose an item. |
| **Place of work at absence:**  | Click here to enter text. | **Returning Place of Work** | Click here to enter text. |
| **Current expected CCT date:** | Click here to enter text. | **Current grade:** | Click here to enter text. |
| **Date of last ARCP** | Click here to enter text. | **ARCP documents up to date?**  | Yes [ ]  No [ ]  |
| **HEE SuppoRTT planning return form completed** | Yes [ ]  No [ ]  Not applicable *(for trainees outside England)* [ ]  <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>  |
| **If ARCP documents are not up to date, summary of outstanding appraisals or assessments due** | Click here to enter text. |
| **Any other outstanding issues requiring attention prior to absence from training?** | Click here to enter text. |
| **Adapted AOMRC checklist of other points for discussion :*** Was a planning an absence checklist completed? (If so this should be reviewed)
* How long has the doctor been away?
* Has the absence extended beyond that which was originally expected? If so what impact has this had?
* How long had the doctor been practising in the role they are returning to prior to their absence?
* What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?
* How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
* What is the doctor’s full scope of practice to be (on their return)?
* 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?
* What support would the doctor find most useful in returning to practice?
* Has the doctor had relevant contact with work and/or practice during absence e.g. Keep In Touch’ days?
* Have there been any changes since the doctor was last in post? E.g.:
	+ 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.
	+ Changes to common conditions or current patient population information
	+ Significant developments or new practices within their specialty
	+ 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?
* 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?
* 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?
* Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
* If the doctor is a trainee, what are the plans for a return to learning?
* Is the doctor having a staged return to work on the advice of Occupational Health?
* 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)
* Are there other factors affecting the return to practice or does the doctor have issues to raise?
* 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?
* Will the doctor need training, special support or mentoring on return to practice? If so, are there any funding issues related to this which need to be considered?
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*For “Part B: Supported training plan” see next page…*

**Part B: Supported training plan**

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|  | **Self assessment of competence*****(Observe/Direct supervision/Indirect supervision/Unsupervised)*** | **Agreed plan for supported return** | **Expected date of return to prior level of competence** |
| **Appropriately select and tailor imaging to patient context and the clinical question(s)** | Select entrustment level | Click here to enter text. | Click here to enter text. |
| **Provide timely, accurate and clinically useful reports on imaging studies*** **Plain Film**
* **Cross Sectional**
 | **Plain film:**Select entrustment level**Cross sectional:**Select entrustment level | Click here to enter text. | Click here to enter text. |
| **Appropriately manage imaging examination lists/procedures according to clinical need and professional expertise*** **USS**
* **Fluoroscopy**
* **Basic Intervention**
* **Complex Intervention**
 | **USS**Select entrustment level**Fluoroscopy**Select entrustment level**Basic intervention**Select entrustment level**Complex intervention**Select entrustment level | Click here to enter text. | Click here to enter text. |
| **Safely Manage the imaging and image guided intervention needed to support emergency care** | Select entrustment level | Click here to enter text. | Click here to enter text. |
| **Effectively contribute a clinical/imaging opinion to the MDT** | Select entrustment level | Click here to enter text. | Click here to enter text. |
| **Any further details or actions required to enable full return to training:** | Click here to enter text. |

*Cont.*

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| --- | --- |
| **Additional notes/comments:** | Click here to enter text. |
| **Trainee Name:**  | Click here to enter text. | **Signature:** | Click here to enter text. |
| **Educational Supervisor / TPD Name:** | Click here to enter text. | **Signature:** | Click here to enter text. |