**Return to work form**

*Please refer to the* [*RCOG return to work toolkit*](https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/return-to-work-toolkit/) *for further information and details of who to send this form to once complete.*

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| **Doctor’s**  **name:** |  | **GMC Number:** |  |
| **Position left:**  **Position on return:** |  | **Educational Supervisor/Appraiser:** |  |

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| **Start date of leave:** |  | **Expected date of return:** |  |
| **Length of absence:** |  | **Trust returning to:** |  |
| **Trust left:** |  | | |
| **Reason for absence:** |  | | |
| **Workplace needs assessment required?\*** |  | | |
| **Outcome of needs\*\*:** |  | | |

PART ONE – to be completed ideally *before* return to work

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| **Date of review:** |  |
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| **1. Was an ‘Absence from work’ form completed? (if so, this should be reviewed)** | |
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| **2. What responsibilities will the doctor have in the role they are returning to? Will there be any new responsibilities/expectations?** | |
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| **3. How does the doctor feel about their confidence and skills level? Would a period of mentoring and/or being supernumerary/supervised be beneficial?** |
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| **4. Is the doctor returning to a new role/ or in a new trust? If so, what induction support will they require? Will they require any additional support (e.g. training with new equipment or IT systems)? What actions can they take to prepare?** |
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| **5. What support would the doctor find most useful in returning to work (consideration can be given to how they have learnt well in the past, e.g. skills and drills, direct supervision, etc.)?** |
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| **6. Has the doctors had any contact with work and/or practice during absence (e.g.**  **Keeping in Touch days)? If applicable, have they been able to keep up to date with their CPD requirements?** |
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| **7. Has the absence had any impact on the doctor’s licence to practice or revalidation? What support might they need to fulfil their requirements for revalidation?** |
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| **8. Is the doctor having a staged return to work on the advice of Occupational Health? If so, are there any adjustments to the doctor’s rota that need to be considered (e.g. no night time duties)?** |
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| **9. Are there any other issues that the doctor would like to raise?** |
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| **10. If a period of being supernumerary/supervised is required, please state:**   * + How long this period is required (2 weeks recommended)?   + What this will involve (e.g. mixture of shadowing LW/on calls, Day Surgery/Main theatre lists, skills and drills training, etc.)?   + What assessments would be useful to assess progress and feedback (e.g. OSATs on specific procedures such as instrumental delivery or laparoscopy, CbDs/mini-CEXes on LW or acute gynaecological management)?   + Who will this period of supervision be with (i.e. shadowing one consultant’s activities, ‘buddying’ with fellow trainee at same level, mixture)? |
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| **11. Are there any foreseeable funding issues with regard to the above? How could this be resolved? (A doctor returning from maternity/paternity leave may wish to use their KIT/SPLIT days if funding is unavailable).** |
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| **Agreed date for review after period of**  **being supernumerary/supervised:** | |  | | |
| **Signatures** | | | | |
| **Doctor:** |  | | **Date:** |  |
| **Supervisor:** |  | | **Date:** |  |

PART TWO – to be completed after period of being supernumerary/supervised

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| **1. How does the doctor feel about their confidence and skills levels after the period of being supernumerary/supervised?** |
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| **2. Has the doctor completed all the assessments agreed in the initial meeting (see Part 1)?** |
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| **3. What feedback has the doctor received during this period?** |
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| **4. Does the doctor feel ready to return to their usual clinical duties? If so, what ongoing support/mentorship can they access (either formal or informal)?** |
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| **5. If the doctor does not feel ready, does the period of supervision need to be extended?** |
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| **6. If an extended period of being supernumerary/supervised is required:**   * How long is this period required? * What this will involve (e.g. mixture of shadowing LW/on calls, Day Surgery/Main theatre lists, skills and drills training, etc.)? * What assessments would be useful to assess progress and feedback (e.g. OSATs on specific procedures such as instrumental delivery or laparoscopy, CbDs/mini-CEXes on LW or acute gynaecology management)? * Who will this period of supervision be with (i.e. shadowing one consultant’s activities, ‘buddying’ with fellow trainee at same level, mixture)? |
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| **Agreement of return to usual clinical duties (please state YES/NO)**  **OR** | |  | | |
| **Agreed date for review after extended**  **period of being supernumerary/ supervised\*\*\*:** | |  | | |
| **Signatures** | | | | |
| **Doctor:** |  | | **Date:** |  |
| **Supervisor:** |  | | **Date:** |  |

**Guidance for completion**

\* Under the Management of Health and Safety at Work Regulations 1999, individuals taking a leave of absence for reasons such as pregnancy should have a Work place risk assessment.

\*\* Any adjustments should be recorded in writing and acted upon, e.g. the discontinuation of nights/long days after a certain gestation.

\*\*\* If an extended period of supervision is agreed, please complete Part 2 of Return to work form again at review.