

Return to Work following Absence due to Sickness

The management of all doctors in training who return to work following a period of sickness must follow the process laid down in The All Wales Managing Attendance at Work policy document, and it is the employers' responsibility to ensure arrangements are in place for managing return to clinical duties.

However, in order to support trainees who have needed time away from their clinical training following prolonged sick leave or repeated episodes of sickness, the Welsh School of Anaesthesia has put together additional guidance for all anaesthetic departments on the process to be followed to ensure that missed training modules will be prioritised and any ongoing training or health concerns addressed.

It is strongly advised if the circumstances set out below apply, a Consultant training representative is jointly present at the return to work meeting with the responsible Department Line Manager. This would usually be the RCoA College Tutor, however the Educational Supervisor may be the training representative present if the trainee would prefer.

The circumstances are as follows - if a trainee is absent for:

1. More than 14 calendar days in a 12 month period *or*
2. Has had 3 episodes of sickness in a 12 month period, which would trigger an informal meeting with a representative from Human Resources i.e. usually the Line Manager or their deputy *or*
3. Following a work related incident *or*
4. If the Trainee specifically requests a training representative to be present

The return to work checklist below is designed as a useful tool to guide the conversation.

Return to Work following Sick Leave Checklist

*To be completed in a joint meeting with Line Manager and Colleague Tutor
(or other nominated trainee representative)*

If there has been a probity or competence reason for absence this form **must** be completed prior to recommencing clinical work.

Name: _____ Grade: _____

First date of absence: _____ Length of Absence: _____

Date of Meeting: _____ Conducted by: _____

Reason for Absence: _____

Criteria for RTW Interview: **1** **2** **3** **4**
(Please circle)

Are you returning to a hospital in which you have previously worked? Yes No

Are you receiving any medication and/or further treatment? Yes No

Do you have an underlying health problem which may be contributing to your recent illness and may result in further absences?

Has the employee been referred to Occupational Health? Yes No
 If yes please see All Wales RTW Form for details

If the absence was work related has a critical incident form been completed? Yes No
(please complete section 2 – Critical Incident)

If there are repeat absences, are they related? Yes No
(Details below)

On what basis will you be returning? Full Time LTFT Graded Return

Are you returning to a temporary or modified role? Yes No

Describe temporary or modified role and location

Anticipated date of return to full duties: _____

What rota will you return to and is this a new rota for you?

Will you be taking on any new responsibilities?

Yes

No

For the Trainer – To you deem this appropriate?

Yes

No

Do you have any concerns regarding your rota?

Yes

No

If yes, please highlight your concerns below:

What are your feelings about your confidence levels and skills on your return to work?

What support would you find most useful?

Are you on track for your modules / training completion?

Yes

No

If no, please give details below. If a delay is expected – how long?

Do you have additional training needs?

Yes

No

What training modules need to be targeted?

HEIW Professional Support Unit is encouraged for any trainee when unscheduled leave is impacting on training progression.

Would a referral be helpful?

Yes

No

If yes, what is the agreed plan?

On-Calls

Do you have any issues with on-call duties?

Yes No

If no, resume as normal

If yes, is there a need for temporary adjustment?

Yes No

Please give details below with a timescale

Does this need reviewing with ES/CTCT prior to commencing on-calls?

Yes No

If appropriate, depending on length of absence, please ensure that you have informed the following of your return:

- Training Program Director +/- RCoA Training Department
- Deanery HEIW Speciality Training Manager
- Trust HR
- Training Programme Director / Anaesthetic Department Manager
- RCoA / Educational Supervisor
- Medical Protection Provider

Date for next ES/CT Meeting: _____

Trainee Signature: _____

Date: _____

Managers Signature: _____

Date: _____

College Tutor Signature: _____

Date: _____

Training Representative Signature: _____

Date: _____

