

**FORM 3 - RETURN TO TRAINING (Enhanced Supervision Plan Form)**

|                      |  |                              |  |
|----------------------|--|------------------------------|--|
| Trainee Name:        |  | Training Level:              |  |
| GMC Number:          |  | School:                      |  |
| Dates of Absence:    |  | Named Educational Supervisor |  |
| Date of Meeting:     |  | Name of LEP                  |  |
| Duration of Absence: |  | Named Clinical Supervisor    |  |

|   |           |           |
|---|-----------|-----------|
| Intention to return to training full time or LTFT?    | Full Time | LTFT at % |
| Has an LTFT Training Application been made?           |           |           |
| Is a phased return required? (if so, how long?)       |           |           |
| Estimated Length Enhanced Supervision Period Required |           |           |

List the Training or Mandatory requirements to allow Return to Practice and Training e.g. Resuscitation courses, Safeguarding and Prescribing.

Describe in detail the Return to Practice and Training Transition period (activities and Supervisors)

List the capability domains and assessments required before Return to Training sign off

What specific plans and assessments will contribute to confirmation of out of hours and emergency capability?

|  |     |    |      |
|--|-----|----|------|
| Trainee Signature – I am happy with the discussion and will ensure that the form is uploaded to my e-portfolio and is emailed to my TPD and/or College Tutor and the SuppoRTT Team at <a href="mailto:SuppoRTT.em@hee.nhs.uk">SuppoRTT.em@hee.nhs.uk</a> | Yes | No | Sign |
|  |     |    | Name |
| ES Signature – I confirm that the above discussion has taken place with the Trainee  | Yes | No | Sign |
|  |     |    | Name |