**A doctors return to practice: recommended questions and actions**

The following checklist of questions is recommended to be used post-absence to help with identification of issues and facilitate support planning. A copy of the completed checklist should be given to the doctor. A full version of the Academy of Medical Royal Colleges’ Return to Practice guidance is available at <https://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revison_0617.pdf>

1. Was a planning an absence checklist completed? (If so, this should be reviewed.)

2. How long has the doctor been away?

3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important)

4. How long had the doctor been practising in the role they are returning to prior to their absence?

5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?

6. How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?

7. What is the doctor’s full scope of practice to be (on their return)?

8. 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?

9. What support would the doctor find most useful in returning to practice?

10. Has the doctor had relevant contact with work and/or practice during absence e.g. Keep In Touch days?

11. Have there been any changes since the doctor was last in post?

For example:

* 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?

12. 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?

13. 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?

14. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?

15. If the doctor is a trainee, what are the plans for a return to learning?

16. Is the doctor having a staged return to work on the advice of Occupational Health?

17. 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)

18. Are there other factors affecting the return to practice or does the doctor have issues to raise?

19. 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?

20. 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?