**DDiT Transfer of Information (TOI): Returning to work**

FAO: Director of Medical Education (DME) or nominated office for appropriate onward cascade with placement Health Board

The purpose of the DDiT Transfer of Information (TOI): Returning to work form is to ensure the appropriate and timely transfer of relevant information from the TPD in consultation with the trainee when any trainee returns to work.

Trainees may have been on extended leave for a multitude of reasons e.g.

* Sickness
* Shielding
* Scottish Clinical Leadership Fellowship
* OOPR / OOPE
* Maternity leave
* Formal processes e.g disciplinary, GMC involvement

All DDIT Transfer of Information: Returning to work forms should be completed by the TPD and agreed with the trainee prior to submission.

For all planned periods of extended leave – e.g Maternity leave. OOPE etc this form should be completed prior to the start of the planned leave.

This form outlines the appropriate measures and information required to support the trainees return to practice but is not confirmation of placement until all parties ( NES / Service / Trainee) are in agreement.

Details of Doctor or Dentist in training

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name |  | GMC number, Specialty & Grade |  |
| Training Programme Director |  | Current Clinical/ Educational Supervisor name and email address |  |
| Lead Employer Details |  | Current Placement Details |  |
| Clinical Director (or equivalent) of Next Placement |  | Next Placement Details |  |
| Date of DDiT TOI: Returning to work form completion |  | Form completed by |  |
| **CC** | Training Programme Administrator | | |
| **Reason for extended period of leave** | e.g. Maternity leave / Sickness / OOPE | | |
| **Occupational health** | Are reasonable adjustments in place?  Are further adjuestments required/  Are the adjustments temporary / permanent? | | |
| **Rotational arrangements** | Following discussion between trainee and TPD the preference is to **rotate** / **not rotate** to next placement on return to work | | |
| **GMC involvement** | In the event of GMC involvement - are GMC restrictions in place – **Yes / No**? | | |
| **Annual leave** | Is there any annual leave to be carried forward?  If yes - how many days?  (If in next annual leave year, statutory annual leave of 28 days will apply) | | |
| **Date of return to work** | When the extended period of leave is **predictable** – please indicate the proprosed **date of return** to work  **DD / MM / YYYY** | | |

# Relevant Background information

|  |
| --- |
|  |

# Action plan and oTHER RELEVANT INFORMATION

|  |
| --- |
| Please list what needs to be done to support a successful return to work – |