

HEYH OPHTHALMOLOGY
RETURN-TO-WORK PROTECTED ADAPTATION PERIOD PLAN

Trainee name _____

Educational supervisor _____

Date of meeting: _____

Agreed duration of protected adaptation period: _____

Recommended length is 4 weeks, range 1-6. Factor in full-time vs LTFT status

Agreed sessions for timetable (please check all that apply):

- Supervised eye-casualty clinic (supernumerary, with consultant present, no junior supervision duties)
- Buddied/shadowed on-calls: Number of on-calls _____
- Cataract theatre: Number of lists per week _____
- Subspecialty theatre list (senior trainees/TSC):
 Subspecialty: _____
 Supervisor: _____
- Protected wet-lab and simulation sessions (factor in travel, if applicable, when rostering): Number of days agreed _____
- Subspecialty supernumerary clinics (especially if on TSC)
- Other:

TIMETABLE PLAN

Delete/cross out non-working days and extra weeks as needed)

Week 1:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 2:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 3:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 4:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 5:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 6:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Agreed progress review date: _____

- Educational supervisor to forward plan to College Tutor and Clinic Management team to finalise and confirm timetable.
- Trainee to document in e-portfolio/PDP