

Supported Returning to Training (SuppoRTT) Guidance

This document sets out the guidance for Supported Returning to Training for foundation and specialty trainees in Surrey and Sussex NHS Trust.

Version 2 (January 2024)

Adapted from Health Education England LKSS SRTT Guidance

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Equality statement

This document demonstrates commitment to create a positive culture of respect and equal opportunities for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, to identify and remove unlawful discriminatory practice contrary to the Equality Act 2010 on the grounds of age, disability, sex, gender reassignment, pregnancy and maternity; race; sexual orientation; religion or belief; marriage and civil partnership.

It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the head of corporate governance.

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1 Introduction and Background

Increasing numbers of trainees are taking a period of absence from training, for a variety of reasons:

- Parental leave
- Research/masters (OOP-R)
- Career break (OOP-C)
- Gain out of programme experience (OOP-E, OOP-T)
- Pause in training (OOP-P)
- Working abroad
- Military leave
- Carer's leave
- Sickness
- GMC suspension

As numbers have increased, there has been increasing recognition that returning to full duties, without a re-introduction period, has the potential to damage both the trainee and patient safety.

Doctors returning to training commonly report:

- Clinical concerns and difficulties, including loss of confidence and "skills fade". - Adjustment problems due to a change in circumstances of perceptions from others - Difficulties returning from parental leave.
- Assessments and ARCP worries, including exam pressure and completing workplace-based assessments.

The duration of the time out of training is a valid predictor of "skills fade", with longer periods leading to greater loss of skills. This, in turn, affects trainee confidence and can be very pertinent in practical specialties.

The purpose of the Supported Return to Training Guidance (SuppoRTT) is to enhance the experience of doctors returning to clinical practice, enabling them to regain their confidence and previously required skills quickly and safely, significantly benefiting patient safety and quality of care.

Surrey and Sussex NHS Trust is committed to ensuring flexible tailored support for **all** trainees returning to clinical practice after an absence.

2 Overview of the guidance

In 2016, the ACAS junior doctors' contract agreement committed HEE to develop an initiative aimed at removing the disadvantage to trainees taking time out of training. SRTT is a national initiative developed, as part of the Enhancing Junior Doctors' Working Lives Programme, to improve the support given to doctors returning after approved time out.

It is open to all Doctors or Dentists who meet the criteria below:

1. A planned or unplanned absence from training of greater than 3 months (although those absent for a shorter period may opt in) and:
 - a. Have a national training number and are part of a training programme or:
 - b. Have successfully applied for training but have not started yet (e.g. Specialist doctor or Fellow who have secured a training programme post)

Trainees who have been absent for less than 3 months or those who do not have a NTN may be eligible, this will be considered by the national SRTT team.

If eligible, HEE can provide up to £1000 a week to a maximum of £3000. At Surrey and Sussex NHS Trust, this programme enables us to provide tailored supernumerary and shadowing arrangements, clinical skills, and SIM training and events and through London and KSS SRTT, refresher courses, accelerated learning, coaching, mentoring and networking.

3 Roles and Responsibilities

Health Education England (HEE) has set out details of roles and responsibilities for trainees, trainers, and employers in their document Supported Return to Training (SuppoRTT) LKSS SRTT Guidance. This section covers local individual and organisational expectations.

Trainees

Trainees are responsible for informing their: educational supervisor/TPD; school; HEE; Trust HR Amaryllis Walsh <amarylliswalsh@nhs.net>) and PGMDE (Louise Iliasi <Louise.iliasi@nhs.net>) of their exit from and return to training.

Trainees are responsible for ensuring that they are clinically safe to practice.

Trainees are also responsible for alerting their departmental rota co-ordinator if they will be applying for supernumerary or shadowing arrangements.

Educational Supervisor (or nominated trainer)

ES are responsible for assessing the level of supported return that is required and the cost associated with this, including this information on the return-to-work form. ES and trainee are responsible for sending the Support Champion a copy of the SRTT application forms.

Departmental Clinical/Educational Leads

Departments are responsible for identifying a trainer who has access to information on specialty specific training days, or specialty return to practice courses and resources. This should be in addition to any knowledge that the TPD has on this.

SRTT Champion

The SRTT champion (Dr Alister Seaton <Alister.seaton1@nhs.net>) is responsible for signposting these trainees and supervisors to SRTT and for supporting the use of SRTT funding, on a named trainee basis, to improve their return to training as necessary. They are responsible for developing a clear and supportive progress for returning to practice in the Trust and for ensuring access to good quality teaching programmes for this group.

4 The Application Process

4.1 Pre-absence

For planned absences, if possible, a meeting should take place 3 months prior to the absence between the ES and the trainee. This is to agree and document plans to stay up to date (if appropriate), to identify any concerns and to discuss anticipated support required upon return.

Educators are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'planning absence' questions and actions (Appendix A) to help facilitate the discussion and to complete the Pre-absence Form (https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_37) detailing the discussion. With the trainee's permission, this can be sent to the TPD, SuppoRTT team and the medical education team at the relevant trust. It is recommended this is also uploaded onto the trainees e-portfolio.

If the trainee is planning to return less than full-time, please signpost to the London HEE LTFT Webpage.

For unplanned absences, this meeting can occur at a later date and does not need to be face-to-face.

4.2 During absence

During absence trainees are requested to keep in touch with their ES or TPD. For planned absences the arrangements and point of contact for this can be discussed in the preabsence meeting. For unplanned absences, the trainee should be given access to a supervisor they feel comfortable maintaining contact with, this will be arranged via the local Occupational Health Department.

All eligible trainees are encouraged to enter the SuppoRTT programme with access to clinical and non-clinical return to training activities and mentorship/coaching.

Trainees who have completed their pre-absence form must also expect to be contacted by their local SuppoRTT team and/or their relevant Educator during their absence to notify them of any relevant return to training activities and the need to meet to begin planning their individual return to training.

If the absence is due to parental leave, and the employer and trainee agree, then the trainee can use their Keeping in Touch (KiT) days and Shared Parental Leave in Touch (SPLiT) days to attend study days, courses, team meetings, clinical work, generic life support courses, induction and e-learning. Salaries for these days will need to be discussed with the trainee's employer. In the event that the employer has changed, this will be the Trust which is paying the maternity leave. Employers should consider the scope for reimbursement of reasonable childcare costs or the provision of childcare facilities. Trainees can apply to their trust for additional funding to cover this, but its payment lies at the discretion of the employing trust. For further information: https://london.hee.nhs.uk/sites/default/files/kit_and_split_days_guidance_july_2020.pdf

KiT and SPLiT days need to be taken during the maternity/parental part of leave, not during the accrued annual leave part. If a trainee wishes to take these days during the accrued annual leave, then this needs to be discussed with the departmental service manager as to whether annual leave can be taken at a future date.

HEE recognises that trainees may also wish to attend speciality specific events outside of their regional SuppoRTT programme that will aid in their return to training. There are three options for this:

- Access to SuppoRTT courses funded by the local office and free for trainees to attend (including the annual SuppoRTT conference)
- Funding to attend courses relevant to the return to training which are not covered by SL.
- Funding to attend courses relevant to the RTT which are covered by SL, providing the trainee does not have access to a study budget during their period of absence.

4.3 Pre-return

Once a timeframe for return is known, trainees should try to meet their Educational Supervisors 12-16 weeks prior to their planned return. At this meeting (which can be virtual), they should complete a **Pre-Return Form**:

(https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_36).

The ES needs to calculate the level of supported return required and the cost associated with this, up to a rate of £1000 per week, to a maximum of three weeks. If a trainee is returning to work LTFT then the funding will be for a time period totalling 21 days, over the trainee's work pattern. Time above the three-week threshold must be discussed with the TPD and the HEE Support Team.

The aim of the Initial Return Meeting is to create an individualised plan of return which will consist of identifying and discussing:

- Specific concerns
- Learning and training needs
- The need for supervised clinical sessions.
- Phased return to work plan.
- Flexible working arrangements
- Preparing for ARCP
- Any mandatory training needs.
- Contact details for the rota coordinator and HR team

Supervisors are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'return to practice' questions and actions (Appendix B) to help facilitate the discussion.

The appropriate Supervisor should also signpost the trainee as to where they can access additional support and arrange an informal 'catch up meeting' within the first week of the trainee's return.

The SuppoRTT team will email the appropriate TPD/ES and Medical Education department (with the trainee's permission) to inform them of the completed form. Planning any supervised clinical sessions will be done within local trusts.

It is vital that local rota co-ordinators are made aware of the need for supervised/supernumerary sessions at the earliest opportunity so the need for additional staff can be planned. This is the responsibility of the trainee and educational supervisor.

Please note that any courses that would normally be funded through the trainee's usual study budget (mandatory and optional courses) and application procedure should be applied for via this route. For courses this does not apply to, or for trainees who do not currently have access to a study budget, then funding from the SuppoRTT scheme can be requested.

Under exceptional circumstances it may not be possible for a trainee to adhere to the 12-16 week timeframe. It is essential that any plans for a trainee to return over a shorter period are communicated immediately to the SuppoRTT team and the trust Medical Education department, where they will endeavour to make the necessary arrangements within a suitable timeframe.

It is our recommendation at Surrey and Sussex Healthcare NHS Trust that trainees returning to training do not start on-call or night shifts unsupervised. We would strongly encourage a two-week period of enhanced supervision or supernumerary work.

4.4 Post-return

Trainees should meet their Educational Supervisor immediately upon return and at regular intervals through the return period. Progress should be reviewed after a reasonably short period of time to ensure there are no concerns. The supervisor, TPD and trainee will agree on how much of the return period counts towards training and will make a recommendation to the ARCP panel.

Near to the end of the trainee's supernumerary period the trainee and appropriate Supervisor will meet at a Return Review Meeting (https://lasepgmdsupport.hee.nhs.uk/support/tickets/new?form_38) to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period.

5 Supervised Clinical Sessions

These can be used to provide the trainee with a short period on their return where there are adjusted duties and close supervision. It can include acting as an additional member of staff (supernumerary), with enhanced supervised practice, focused learning activities or direct observation of clinical activities.

6 The Annual Review of Competence Progression (ARCP)

This will take place every year for every trainee.

7 Trainee Resources

Refresher courses

Local return to training courses are available for trainees to attend, the SupportTT Website has a list of up-to-date courses and the application details.

Coaching and Mentoring

Trainees have access to coaching for the duration of their involvement in the SRTT programme. Coaching is provided by the Professional Support Unit at <https://www.lpmde.ac.uk/professional-development/coaching-service>, or via the London Leadership Academy.

Other support

The Professional Support Unit provides help for the professional development of clinicians within London, throughout all stages of their career. They can provide:

- Careers advice
- Individual support
- Communication skills assistance
- Occupational Health

All the services are available on self-referral. Use the links via their website, or e-mail them (psu@hee.nhs.uk), or phone 0207 866 3721.

Health Concerns

Support for health concerns and issues is available for trainees, whether the absence from training was health related, or if there are new health concerns on/prior to return to work. We can arrange for occupational health review, or trainees can self-refer.

Further support is available by the award-winning Practitioner Health Programme. This is a free and confidential health service for doctors in England and is an excellent service. Trainees can Self-refer.

HEE SRTT page:

<https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>

LKSS SRTT page:

<https://london.hee.nhs.uk/professional-development/supported-return-training>

Professionals Support Unit:

<https://www.lpmde.ac.uk/professional-development/professional-support-unit>

Practitioner Health Programme: <http://php.nhs.uk/>

Doc Health: <http://www.dochealth.org.uk/>

KIT Days: <https://www.gov.uk/employee-rights-when-on-leave>

8 Supervisor Training

SuppoRTT have created training programmes for ES, College Tutors, and TPDs to enhance their skills in supporting returned trainees. These are available via the SuppoRTT website, or local training is available via your SRTT Champion.

9 References

Supported Return to Training (SuppoRTT): LKSS SRTT Guidance. Caroline Hinds and Karina George, adapted for LKSS by Dr Rosalyn Hallewell (May 2019).

Appendix A: AoMRC Planning an Absence from Practice – Recommended Questions and Actions

1. How long is the doctor expected to be absent? (Is there any likelihood of an extension to this?)
2. Are there any training programmes (including mandatory training) or installation of new equipment due to take place in the doctor's workplace in the period of absence? If so, how should the doctor become familiar with this on return?
3. How long has the doctor been in their current role? Is this relevant in determining their needs?
4. Will the doctor be able to participate in CPD or e-learning to keep up to date?
5. Will the doctor be able to participate in any keep in touch days or other means of keeping in touch with the workplace? If so, how will this be organised? This should also address how KIT days will be organised if the returner is returning to a different Trust.
6. Does the doctor have any additional educational goals, during their absence?
7. What sort of CPD, training or support will be needed on the doctor's return to practice?
8. Are there any funding issues related to question 6 which need to be considered?
9. Will the doctor be able to retain their licence to practise and to fulfil the requirements for revalidation?

10. Are there any issues relating to the doctor's next appraisal which need to be considered? If so, the Responsible Officer/representative may need to be informed.

11. If the doctor is a trainee, how do they plan to return to learning?

12. What will be the doctor's full scope of practice on their return?

13. If the doctor will be returning to a new role, what support relating to this will be needed, and

Appendix B: AoMRC Planning a Return from Practice – Recommended Questions and Actions

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 practicing 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:
- Changes to common conditions or current patient population information
 - Significant developments or new practices within their specialty
 - 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.
 - 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. 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?

