

Return to Training Guidance

This guidance falls within the broad area of 'Return to Work' guidance, important to all employees and employers and 'Return to Practice' guidance, important to medical professional bodies e.g. the Royal Medical Colleges and medical regulators (GMC); but this document focuses specifically on trainees returning to training and the role of HEE(EM). The purpose of this guidance is to enhance the return to work and training experience, to support safe readjustment and maintain high quality, patient safe care. It is the professional duty of the doctor to ensure that they are safe to return to practice; but it is the joint responsibility of the trainee and the School to ensure a safe return to training. The employer also shares a responsibility to ensure a safe return to work. This document should be read in conjunction with similar publications from the employer and professional bodies such as the 2017 HEE published '**Supported Return to Training**' a consensus document setting out good practice developed from trainee feedback and established practice.

Definitions

Return to Work

This is a generic term for employers managing a range of employees back to a range of work. It recognises:

- The employee's capabilities and skills may have changed
- The working environment may have altered
- The working conditions, policies and procedures may have been updated
- A period of readjustment may be required between the employee and employer e.g. the employer provides, and the employee completes an appropriate training package
- The employee may be managing a significant alteration in their health or personal circumstances
- The employer will be required to put in place 'reasonable adjustments', if appropriate

Return to Practice

Within generic return to work guidance, return to practice additionally recognises:

- Doctors must maintain high professional standards
- Doctors must perform at a high level
- Doctors, their regulators and employers must be aware of any factors that impact on performance
- Doctors need to maintain complex cognitive and practical skills
- Complex cognitive and practical skills can deteriorate without use
- Complex cognitive and practical skills can deteriorate in older age

Return to Training

Trainees form a subset of the medical profession. Unlike most of the NHS workforce:

- Their places of work and role are constantly changing
- They are required to continually learn and demonstrate new skills
- They must maintain recently acquired skills
- They are often inexperienced as employees
- They may be learning to balance the considerable demands of working and training with key life events such as relocation, marriage, parenting or being a carer

Differences in terminology between Primary Care and Secondary Care training

Local Education Provider (LEP) - this term applies to the employer providing the trainee placement. It could be a Trust or a GP practice.

In Secondary Care Training the Associate Postgraduate Dean (APD) supports the Head of Postgraduate Specialty School (HOS) and liaises with the Postgraduate Dean or Deputy Dean. In Primary Care Training the Head of Academy (HOA) leads and supports the Primary Care APDs.

What are the key considerations of Returning to Training after an absence?

The Academy of Medical Royal Colleges (AOMRC) produced generic guidance on Return to Practice in 2012. The guidance highlights the responsibilities of the Doctor and the key professional partners, as well as outlining good practice for all parties. The guidance identifies prolonged absence (>3 months) and physician age as significant risk factors for a safe return to work. Other important factors include the impact of illness, the ability to plan the absence and any significant changes to the work life balance of the Doctor.

1) Length of time away from Practice and Training

The AOMRC guidance on Return to Practice (2012) settled on absences over 3 months as likely to 'significantly affect skills and knowledge'. However, it also recognises all Doctors returning after any period of extended absence may benefit from good return to work procedures. Further, Doctors in acute specialties and managing emergencies often lose confidence in their abilities, if they have not had recent experience of certain scenarios.

2) Planned and unplanned absences

Where absence is anticipated, the trainee should engage with the employer and the Training Programme, to plan absence and the return to work. The School should take the opportunity to assess (ARCP) any training period of 2 months or more (or equivalent), particularly if an absence of more than 6 months is planned. For certain types of absence, the trainee may be able to access 'Keep in Touch' events or formal training days, and these could be pre-planned. Examples of planned absence include Maternity and Parental leave, OOPC, OOPE and OOPR. However, absence may occur at short notice, with little time to plan. Examples include illness and the need to care for a family member.

3) Impact of mental and physical illness

Any illness, which has complications or persistence of symptoms, should prompt a return to work assessment and action plan. However short periods of illness, where the likelihood is that normal pre-existing health status will be regained, are unlikely to impact on successful return to training. In this instance, the trainee and Educational Supervisor have a dual responsibility to identify any possible short-term impacts of the period of absence e.g. loss of confidence after an accident or near complete recovery at the time of return to work. A short period of enhanced supervision may be required, especially for out of hours duties. Longer periods of illness will require more formal assessment.

4) Nature of activity during absence

The trainee may be able to maintain clinical skills and training skills during an absence e.g. OOPE or during a Fellowship. In this instance the trainee and Educational Supervisor can confirm the maintenance of skills and that the trainee is fully aware of the current training requirements. If the absence has involved clinical work not relevant to the training specialty (OOPE in an allied specialty) or little or no clinical work e.g. OOPR, then a more detailed assessment and plan will be required; the TPD or Trust based College Tutor should be involved.

When absence is prolonged and planned e.g. maternity leave, 'Keep in Touch' days are recommended; but not expected in absence due to ill health.

5) Changes to work life balance

It is important to document significant changes in the life of the trainee outside of work after a period of absence, if they have implications for training. Some of this may represent a common life experience e.g. a new baby after a period of maternity leave; however, as a duty of care, the Educational Supervisor or TPD should explore significant changes to the trainee's life e.g. adjustment after ill health, need for additional health maintenance activities, reduced ability to travel and reduction in the personal time available to support training (e.g. create presentations at short notice).

6) Considerations of normal ageing

The AOMRC identified that the age of the physician was a risk factor for successful return to work. Historically, the trainee population has been made up of people in their 3rd and 4th decade of life. However, older trainees may enter training from a graduate entry programme or from a medical career outside of the UK. Some training posts are very arduous in terms of work commitments and training expectations, as well as the burden of out of hours work. These may be less well tolerated by older trainees. The Trainee and TPD should be cognisant of this as a potential issue during the assessment for return to work; Less Than Full Time (LTFT) training could be considered.

Examples of Absence requiring a Return to Training Process

Absent for more than 3 months

- Maternity Leave
- Parental Leave >3 months
- Any absence due to ill health lasting more than 3 months
- OOPC lasting more than 3 months
- OOPE lasting more than 3 months, that is significantly different from the main area of training e.g. elective period in Public Health
- OOPR with little or no clinical component

Absent for less than 3 months

- Any absence due to Mental Health concerns
- Any period of suspension
- Any absence associated with a conduct or capability investigation

Finally, an absence due to ill health lasting between 14 consecutive days and 3 months consecutively should prompt consideration of an Occupational Health review and a Return to Training process.

Return to Training Processes

The trainee, employer, Educational Supervisor, Trust College Tutor and TPD (as appropriate) should be aware of the key components of planning and delivering a safe Return to Training. Four key sequential components are required:

- Pre-absence Planning and Absence Activities
- Pre-Return to Training Planning

- Return to Training Enhanced Supervision period
- Return to Training Sign off

1) Pre-absence Planning and Absence Activities

Where possible the trainee, Educational Supervisor and TPD should plan the absence and the return to work. As a Trust employee, the trainee must comply with local Trust and statutory procedures in a timely manner.

The TPD should arrange an ARCP to cover the period between the last ARCP and the last day in training, if this period is greater than 2 months (or equivalent). The panel may meet virtually and should assess the portfolio, the Educational Supervisor Structured Report (ESSR) for that period, the appropriate number of SLE's and an MSF from the last 12 months.

In the event of sudden illness, a planning meeting and ARCP may not be possible. However, during emerging ill health, both may be achievable and will also require an Occupational Health assessment. This OH assessment should include consideration of any impact of antecedent illness on clinical performance and assessment. This may lead to an adjustment to the training period by HEE (EM).

The planning meeting should normally be conducted between the trainee and the Educational Supervisor (and the practice manager for a GP placement). However, complex cases (e.g. ill health impacting on performance or ability to complete the training programme) will require the involvement of the TPD, HOS, APD and HR of the employing Trust. The planning meeting should conclude with the agreed completion of the absence planning form (Return to Training Form 1 -appendix A). This form and copies of additional paperwork e.g. OOPC form should be co-located in the trainee's electronic record by sending them to the Programmes Team.

The trainee should be encouraged to maintain email contact with the TPD during the period of absence. Study leave for appropriate courses should be supported and funded, if appropriate. Training days (or employer 'Keep in Touch' days) can be attended where suitably convenient. Attendance at such activities could be part of the agreed Return to Training action plan. Each trainee has access to a Return to Training budget for appropriate courses.

2) Pre-Return to Training Planning

The trainee should confirm the return to work date with the TPD as soon as possible (and preferably 3 months before that date, after a long absence). The trainee and TPD may need to adjust the return to work date dependent on factors such as on-going health assessments, personal circumstances and programme limitations. The TPD and trainee will need to liaise with the employing Trust or education provider.

Starting the return to work and training plan can begin by email or telephone conversation. However, a formal meeting should be encouraged; particularly when a 'phased return' or an 'enhanced supervision period' is anticipated; by either the trainee or the TPD. Reference should be made to the employer's HR policies e.g. 'Well-being and Attendance' policy and procedure and involve the Trust HR department.

For absences that are long, complex or require a change of LEP and Educational Supervisor; the TPD should lead these meetings and involve the Trust College Tutor and new Educational Supervisor as appropriate.

For absences that are short, less complex and involve the same Educational Supervisor; the Educational Supervisor should conduct these meetings and discuss the action plans with the Trust College Tutor and TPD.

A record of the meetings should be made using the Return to Training Form 2 - Planning Form (appendix B). When a phased return and/ or an enhanced supervision period is required or likely, these plans must be agreed with the TPD. The TPD should discuss complex cases with the Secondary Care HOS/ APD or Primary Care APD. The Service Lead for the LEP and the local Trust College Tutor need to agree any enhanced supervision period. The local Trust HR department or Practice Manager must be informed of return dates and the need for a phased return (altered hours) as well as identify any mandatory training needs. Where available, an up to date Occupational Health return to practice and training plan should form the basis of the action plan.

3) Return to Training Enhanced Supervision Period

The local Primary Care TPD or Secondary Care Trust College Tutor, TPD, Educational Supervisor, Service Lead, Rota co-ordinator and HR department must be aware of the return date and must plan an initial induction session for the trainee. This will include active consideration of:

- *A welcome back meeting*
- *Essential employer Induction (security, ID badges, Parking etc)*
- *A plan of activities for the first 2-5 days*
- *Awareness of key policy or procedural changes*
- *Awareness of key personnel*
- *Awareness of key new equipment*

Where possible an action plan should be created before the return to work date. However, for short periods of absence and for detailed fine-tuning with the Educational Supervisor, the plan can be created or improved on the day of return (Return to Training Form 3-Enhanced Supervision Plan-appendix C).

The action plan should include

- *An up to date health assessment (if required)*
- *An agreement on the anticipated period of phased return and/or enhanced supervision (anticipated as usually 2-6 weeks in the AOMRC guidance)*
- *Confirmation of LTFT or FT status planned on return to training*
- *List of mandatory training requirements e.g. resuscitation and safeguarding*
- *The clinical activities of the enhanced supervision period (e.g. ward work, surgery/outpatient work, home visits, emergency work, out of hours work etc.,)*
- *The assessment methods for the enhanced supervision period (e.g. SLEs, direct observations, simulation scenarios, senior team feedback, peer feedback etc.,)*

Supervised Learning Events (SLEs) should be used to document core and key patient safe skills e.g. knowledge, patient assessments, handover, leadership and communication, emergency and technical skills etc. The Educational Supervisor should be encouraged to use simulation to assess some of these skills. The Educational Supervisor should also access written feedback from Consultant colleagues and other colleagues. In 2017 additional central HEE funding was made available for Postgraduate Schools and Directors of Postgraduate Medical Education to develop appropriate RTT courses including simulation.

4) Return to Training Sign off

The trainee and Educational Supervisor should meet briefly each week to discuss progress against the action plan and trainee wellbeing.

If progress is satisfactory, the trainee is well and clinical confidence is returning; the Educational Supervisor can agree to end the enhanced supervision phase and to the resumption of the training period. For the next ARCP, the date of return to training can be assumed as the date of return to work, if the enhanced supervision phase lasts less than 2 weeks.

The Educational Supervisor and Trainee should complete the Return to Training Form 4 (Enhanced Supervision Plan Review and Sign Off -appendix D). Complex cases should be discussed with the TPD before sign off.

The Next ARCP

The return to training paperwork should be on the e-portfolio (e.g. in the 'Private Log' and labelled as 'Return to Training').

For planned absences, an ARCP should have been conducted just prior to the absence.

Prior to the panel, the TPD and trainee should review any occupational health assessments and agree the duration of the antecedent illness period prior to the absence, when the trainee was not fit to train.

Therefore, the panel should be aware of the return to work/practice date and the agreed return to training date. For short, non-complex absences these dates can be agreed as the same. This should have been done with the trainee as part of the process and before this ARCP. Where a phased return has been required with a prolonged period of enhanced supervision, the TPD and trainee should agree a Return to Training date. In both instances a new CCT date can be calculated at or shortly after the time of the ARCP.

Summary of Good 'Return to Training' Practice

- Use Checklists (see AORMC & Trust guidance) and appropriate Forms (see appendix)
- Record Meetings
- Understand the importance of confidence and well-being in safe performance
- Understand how to build resilience in Health Care Professionals
- Record the trainees concerns about their confidence, skills and their health
- Make individual evaluations
- If indicated, obtain up to date health advice on any adjustments required for return, from Occupational Health
- Use detailed Action Plans
- Incorporate Occupational Health advice in to the action plans
- Use recognised assessment tools to confirm progress
- Use simulation to build confidence and assess progress where appropriate
- Consider using a phased return or supernumerary period
- Be aware of HR policies and ensure organisational responsibilities are correctly delivered
- Keep key members of the education provider engaged and well informed
- Ensure good Mentoring and Career advice
- Identify a Return to Training Champion in each school
- Identify a Return to Training Champion in each Trust
- 'Complex cases' should be supported by an APD
- Avoid an 'In at the Deep End' approach to returning trainees e.g. unsupervised operating lists or emergency on calls in first few days

APPENDIX A

FORM 1 - Return to Training (Pre-absence Planning and Absence Activities Form)

If possible, this Form should be completed by the trainee and their educational supervisor/college tutor before the trainee is due to go on absence e.g. planned sick leave, OOP.

This MUST be completed for all absences of 3 months or more but should be used for certain absences of less than 3 months or if the Educational Supervisor or Trainee believe it will be useful.

Trainee Name:		Training Level:	
GMC Number:		School:	

Current LEP:		Educational Supervisor:	
Date of Absence and Duration:		Estimated date of return:	

Reason(s) for absence:	
Is Health one of the reasons for absence?	
Has an Occupational Health assessment been completed?	
Is a specialist HEE (EM) aligned OH assessment required?	

Are you happy for representatives of HEE (EM) and the training programme to contact you?	Yes	No
Contact details during absence:		
Address:		
Email:		Phone number:

ARCP: Last ARCP date and outcome, ARCP recommendations, arrangements for ARCP prior to absence

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Summary of discussion between trainee and Educational Supervisor:

- Keeping in contact with the School
- Keeping up to date
- Use of keeping in touch days (where applicable)
- Use of Study Leave
- Concerns
- Return to Training Meeting Date
- Anticipated training needs on return

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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 SupportTT Team at SupportTT.em@hee.nhs.uk	Yes	No	Sign
			Name
ES Signature – I confirm that the above discussion has taken place with the Trainee	Yes	No	Sign
			Name

APPENDIX B

Form 2 - RETURN TO TRAINING (Return to Training Planning Form)

Trainee Name:		Training Level:	
GMC Number:		School:	
Last LEP:		Last Educational Supervisor:	
Date of Absence and Duration:		Estimated date of return:	
Date of Planning Meeting:		New Educational Supervisor: New LEP:	

Reason(s) for absence:	
Was Health one of the reasons for absence?	
Is there a recent Occupational Health assessment and plan?	
Is a specialist HEE (EM) aligned OH assessment required?	
Are there on-going health or health related issues?	
Does the employer need to consider making 'reasonable adjustments'?	

Intention to return to training full time or LTFT?	Full Time	LTFT at %
Is a phased return required?	Yes	No
Is an Enhanced Supervision Period Required	Yes	No

Briefly Describe any relevant activities during the period of absence and **Confirm if and why an Enhanced Supervision Period is NOT REQUIRED**

Briefly Describe the Return to Practice Transition anticipated:

Briefly Describe any Particular concerns about returning to Practice or Training:

Briefly List any major training or Mandatory requirements to allow Return to Practice

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 SuppoRTT.em@hee.nhs.uk

Yes

No

Sign

Name

ES Signature – I confirm that the above discussion has taken place with the Trainee

Yes

No

Sign

Name

APPENDIX C 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 SuppoRTT.em@hee.nhs.uk	Yes	No	Sign
			Name
ES Signature – I confirm that the above discussion has taken place with the Trainee	Yes	No	Sign
			Name

APPENDIX D

FORM 4 - RETURN TO TRAINING (Enhanced Supervision Plan Review and Sign Off Form)

The return review should take place at the end of the scheduled Enhanced Supervision period and again at the end of any extension to this period.

Trainee Name:		Training Level:	
GMC Number:		School:	
Duration of Absence:		Enhanced Period:	
Date of Meeting:		Educational Supervisor:	

Summary of discussion between trainee and educational supervisor

- Summary of observed assessments, development and skills log
- Overall progress
- Outstanding concerns

What additional learning needs have been identified		
Is an extension to the Enhanced Supervision Return to Training period necessary? If yes, please complete a new Plan for the Extended Enhanced Supervision period. If No, please complete the Return to Training sign off.	Yes	No
Comment:		

Return to Training Declaration and Sign Off

Return to Training Declarations and Sign off	Date		
(Trainee Declaration) I feel confident in all respects to recommence usual duties and Training on / / I will upload the form to my e-portfolio and email the form to my TPD and/or College Tutor and the SuppoRTT Team at SuppoRTT.em@hee.nhs.uk	Yes	No	Sign
			Name
(ES Declaration) this trainee has demonstrated to me that they are able to return to their usual duties and Training	Yes	No	Sign

APPENDIX E

FORM 5 - RETURN TO TRAINING (Extension to a period of Enhanced Supervision -Planning Form)

Trainee Name:		Training Level:	
GMC Number:		School:	
Enhanced Period No__:		Extra Enhanced Period:	
Date of Meeting:		Educational Supervisor:	
Overview of plan for extended supervised return to work period:			
Required assessments in this period:			
These must include assessments of observed practice and may include SLEs and portfolio development and skills log evidence			
Provisional date of next Review:			
Record of Discussions with Senior School (TPD, HOS, Primary Care APD) or Senior HEE (EM) staff (Secondary Care APD, Dean, HOA) and LEP (Service lead and HR)			
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 SupportTT Team at SupportTT.em@hee.nhs.uk	Yes	No	Sign
			Name
ES Signature - I confirm that the above discussion has taken place with the named Trainee	Yes	No	Sign
			Name