

TOP TIPS FOR EDUCATORS SUPPORTING TRAINEES PLANNING OR RETURNING FROM TIME AWAY FROM TRAINING

This sheet includes tips and reminders for Educational Supervisors/TPD's supporting trainees during absence.

Pre-Planning

1) Get training requirements up-to-date

Encourage the trainee to ensure that they are as up-to-date in terms of training requirements as possible prior to going on leave. *Is their e-portfolio up-to-date and have they completed the required number of assessments etc?*

2) Be ready for a possible ARCP

Where the absence is anticipated; the trainee and TPD should consider the value of an ARCP prior to starting their time away. This is particularly helpful if the last ARCP was more than 6 months ago.

3) Joint meeting with Research/Educational Supervisor

Ensure that the trainee has (where possible) informed all relevant parties of their absence and met with relevant supervisors to set up advance planning.

4) Set up childcare plans

If going on maternity/paternity leave, encourage the trainee to start thinking about who is going to be looking after their child on their return and set up arrangements. Encourage them to come up with a Plan B or other strategies, in case their child or the childcare provider is sick.

5) What is staying in contact going to look like?

Encourage the trainee to consider what staying in contact looks like from their point of view. What would they prefer in terms of contact from staff at HEE-EM? Have they anticipated how they might feel about being out of touch with work, colleagues and their career?

6) Any neurodiversity needs?

Consider any neurodiversity or additional educational needs that the trainee may have – will these make it more likely that they will need extra support while absent or on their return? Does an assessment need to be done by a provider such as an Educational Psychologist or Dyslexia specialist? If necessary, refer the trainee to the Professional Support Unit for further assessment and/or support prior to going on leave. It can sometimes take several weeks for PSU to organise an assessment and/or support - don't leave it too late.

7) Is the trainee considering LTFT training when they return?

Ensure they are familiar with the LTFT guidance for their region by visiting the appropriate page on the Deanery website. Encourage them to consider the impact of becoming LTFT might have, e.g. – financially, personally, professionally.

8) Has their HEE pre-absence paperwork been completed?

Ensure you make a record of the plans: a pre-absence record is available for use on the website. Remind the trainee that copies should be uploaded to their e-portfolio and emailed to their TPD and the SupportTT team

Pre-return

1) What are their worries?

Find out their concerns about returning to training? How does the doctor feel about their confidence and skill level? Each trainee will have different priorities and needs, and different

approaches will be required. HEE-EM supports an individualised approach to planning their return.

2) What do they need?

Find out what their concerns are and sort them into immediate, short and long-term categories. *What is most important to the trainee? What is of least concern?* Sorting needs into categories provides structure for the trainee in thinking through their problems and can often reduce anxiety levels.

3) Any financial worries?

Just like anyone else, financial worries can play a huge part in a trainee's return to training, particularly if they have not received a full-time salary for some months during their needs.

4) KIT days

Organising KIT days can be immensely complicated with the trainee generally needing to organise and negotiate these themselves. Each trust has differing rules about when and how KIT days can be taken and paid for which is a minefield for trainees, particularly when they are out of practice of being in a work environment. Provide support as necessary. Advise the trainee to seek help from their HR team. If they appear to be struggling you may need to intervene.

5) Have there been any changes since the trainee was last in post?

You may need to consider:

- Is there need for training such as for new equipment, medication, infection control, health and safety, quality assurance, other new procedures, NICE guidelines or anything else that the doctor needs to learn?
- Changes to common conditions or current population information
- Significant developments or new practices within their specialty
- Changes in management or role expectations, teaching, research, management or leadership roles
- Changes in the law that affect trainee's practice and developments in guidance on professional standards and ethics

Help the Service Lead/Junior Doctor Lead plan their induction, if out of sequence with the normal start dates

6) Mandatory Training

Encourage the trainee to make sure that they consider mandatory training in their return to training as this is very often forgotten. They may need time during their KIT days or first few days of their return to catch up with this.

7) Acknowledge potential guilt

Guilt can play a huge part in a return to training. For example, new parents may feel immense guilt or worry at leaving their child in a childcare setting. They may also feel guilt at having to take emergency carers leave, having to leave work on time to pick up their child from the childminders, the problems their absence might impact on their colleagues, potentially reducing hours to LTFT etc.

8) PSU support: mentoring, coaching, counselling, time-planning, study skills

PSU can offer lots of structured support during the trainee's absence such as coaching, counselling, study skills and time-management skills. They also offer mentoring and resilience courses for all trainees and a writing skills course for OOPR Trainees. If necessary, refer the trainee to the Professional Support Unit (PSU) to be seen by the SuppoRTT Team.

9) Alter clinical activity and on-calls

Consider whether clinical activity and/or on-calls need to be reduced on the trainee's return. This will need organising with the trainee's rota co-ordinator well in advance of the trainee's return. Many trainees will need to reintegrate to clinical care particularly out of hours; do they need to shadow a colleague? They should not return to weekend overnight shifts in the first week or so. SuppoRTT can fund a few days Shadowing.

10) Start to complete the trainee's Return to Training documentation well in advance of the return.

Make a record of the plans. Treat the documentation as a log to document what is being done by all parties to support the trainee to return to training.

Post Return

- 1) **Have any new issues come to light since the pre-planning stage?**
What impact is that having on the doctor's confidence or abilities? You will need to meet with them in week one. Contact the trainee and find out if they have any new concerns or worries to raise. Speak to colleagues who are supporting the clinical return.
- 2) **Plan for childcare/child illness**
It can come as a shock trying to factor in children to your busy working life and many parents juggle work and a family life successfully. However, some doctors don't factor in a plan for when they are working, and their child becomes ill. Short of taking emergency annual leave (not always possible when you have a full clinic or list), help the trainee consider their options in such an eventuality. *Is there anyone they can call on? Do they need to go home for a short time to sort out the situation and then return? Can their partner or parents help?*
- 3) **Leave and return for sickness**
Where a trainee has been off for sickness reasons, you may have been liaising with occupational health with regards to the trainee's return. You may need to consider any special conditions or adjustments that occupational health has laid down for this, such as phased or graded return, reduced or no on calls etc.
- 4) **LTFT training**
Has the trainee considered or applied for LTFT training? Where are they in the application process? Have they submitted their application and made themselves aware of the LTFT Guidelines for their Deanery?
- 5) **On-going research demands**
The OOPR trainee will need to meet with their research supervisor to review project completion, writing up or further research plans e.g. future grants or academic posts. These may need to be delayed to allow a safe return to clinical practice. Leading a joint meeting with the research supervisor may be useful.
- 6) **Reduce clinics**
What responsibilities does the trainee have in managing clinics? Consider reducing clinics initially in order to allow the trainee to get back up to speed with how to manage and run a clinic. Liaise with the clinic co-ordinators.
- 7) **Out of hours**
Is the trainee ready to take part in an on-call rota? Are there some aspects to delay? Would shadowing help? Would a few SIM sessions help?
- 8) **Use assessments/supervised learning events**
Trainees may need to demonstrate formally that they are ready for practice and relative independence. SLEs/WPBAs are good methods for this. Maybe schedule in a time for CEX or CbD with them.
- 9) **Shadowing**
Does the trainee need a short supernumerary period on their return? If so, contact the SuppoRTT team to help arrange this with the Trust HR. Did the trainee have any relevant contact with work or practice during their absence? Did they have KIT days and if so, what did they do with them?
- 10) **Ready for 'full duties'?**
Make a record that you and the trainee are happy to return to full training and work activities. *Does this need to be reviewed at any further stage? This is an important step, particularly for those returning from a long absence or illness.*