

## TOP TIPS FOR EDUCATORS SUPPORTING TRAINEES DURING ABSENCE

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 should have an ARCP prior to going on leave. Many trainees will have an ARCP while they are away from the programme. Encourage them to ensure that they are "ARCP ready" just in case.

**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 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 that the pre-absence paperwork for their Deanery has been completed. Remind the trainee that copies should be uploaded to their e-portfolio and emailed to their TPD and the SuppoRTT 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.

### **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

### **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 OOP Trainees. If necessary, refer the trainee to the Professional Support Unit (PSU) to be seen by the SupportTT 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/night shifts in the first week or so.

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

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 conditional that occupational health has laid down for this, such as therapeutic and phased return hours, 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) Delay writing**

The OOPR trainee will need to meet with their research supervisor to assess where they are at with writing further research requirements. For example, writing up their PhD or applying for further grants. This may need to be delayed and the trainee needs to be prepared for that.

**6) Joint research/clinical meetings**

A meeting will be necessary to assess how well the trainee is coping with their return to work. The trainee's TPD may need to be involved/consulted

**7) 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.

**8) Out of hours**

Is the trainee ready to take part in an on-call rota? Are there some aspects to delay? Would shadowing help?

**9) 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.

**10) Enhanced supervision**

Does the trainee need some form of enhanced supervision period on their return? If so, use HEE Enhanced Supervision document and apply for funding. 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?

**11) Paperwork**

Complete HEE post return documentation and sign off trainee as having returned successfully. Does this need to be reviewed at any further stage?