

Name of Guidance	Supported Returning to Training (SuppoRTT)
Category	Professional Support
Authorised by	English Deans SuppoRTT Assurance Board YH Postgraduate Dean's Senior Management Team
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Version	Date	Author	Notes Reason for Change, what has changed, etc
2	May 2018	Caroline Hinds	Amendments to guidance in line with the Supported Return to Training (SuppoRTT) Programme and Guidance documents.
3	Sept 2018	Caroline Hinds	Amendments to guidance following feedback on V2 and to also incorporate supernumerary and CPD funding eligibility.
4	April 2019	Caroline Hinds	Amendments made to bring guidance in line with the National RTT Guidance.
5	February 2020	May Teng & Victoria Jaxon	Content updated to clearly define all processes
6	April 2020	Victoria Jaxon	Meeting Forms replaced with Electronic
7	September 2020	May Teng & Victoria Jaxon	'Adjustments in response to COVID 19' section added

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Introduction

At any given time, approximately 10% of Doctors in training take time out for reasons such as, parental leave, sickness and Out Of Programme (Experience, Research, Training and Carer Break). Returning to training after a prolonged period out of practice can be a daunting prospect for any Trainee due to the potential impact on their clinical competence, technical skills and confidence.

In response Health Education England have created the Supported Return To Training (SuppoRTT) programme to develop guidance, process and resources for Trainee Doctors and Dentists throughout England. This guidance is specific to HEE, Yorkshire and Humber region, with the purpose of enhancing the return to work and training experience, whilst supporting safe readjustment to maintain high quality and safe patient care.

The SuppoRTT Guidance has been designed to be flexible, taking into account the differing nature and length of absence, as well as the speciality and experience of the Trainee. This is to ensure that the individual can safely and confidently return and practice within their training programme.

If a Trainee has been out of training for a period of absence of 3 months or more they may be entitled to a supernumerary period and/or enhanced supervised period. This will only be granted if the Trainee adheres with the guidance and completes the relevant forms.

Any phased return / training plans devised by Occupational Health or HR should take precedence. However, this guidance document can still be used in parallel with the Trainees phased return plans.

It is recommended that the principles outlined within this guidance are adopted by all Schools and Specialities for ALL Trainees (Foundation to Higher Speciality).

***For the purpose of this document, 'Appropriate Educator/Supervisor' can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors (CS), Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).**

Adjustments in response to COVID 19

The SuppoRTT Assurance Board has considered a number of scenarios where a learner is not automatically eligible to access SuppoRTT. The Board determined that local offices should be permitted to make a "discretionary offer" to these individuals if a clear benefit to the learner (and by extension the service and patients) is identified.

In light of the current situation, SuppoRTT Yorkshire and the Humber would like to extend our offer of support to include;

- Trainees who have or are shielding
- Trainees who have or will be redeployed due to COVID 19.

Pre-Absence Meeting

Planned Absence

It is recommended the Trainee meets with their appropriate Educator/Supervisor* 3 months prior to their period of absence for a Pre-Absence Meeting. The purpose of this meeting to discuss, how the Trainee **may wish** to keep up to date (if appropriate for their circumstances) and highlight any particular concerns they may have about returning.

All discussions are to be fully documented on the Pre-Absence Meeting form (Appendix A). A copy of the form is to be sent to the FPD/ TPD and SuppoRTT Team at HEE YH. The Trainee's Pre-Absence form will be added to the Trainee's personal file. **The Trainee must also upload a copy to their e-portfolio.**

Educators/supervisors* are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'planning absence' questions and actions (Appendix A.1) to help facilitate the discussion.

The appropriate Educator/Supervisor* may also provide the Trainee with a copy of their Individualised Action Planner (IAP) (Appendix D) for the Trainee to identify what support they may require prior to their return.

Unplanned Absence

In the event of a sudden illness/unpredictable absence, a pre-absence meeting may not be possible. However, a meeting should be held, and a Pre-Absence form completed at a convenient time.

Please refer to above section, planned absence, for the process following the Pre-Absence Meeting.

During Absence

During the period of absence **ALL** Trainees are encouraged to enter the HEE YH SuppoRTT programme. This incorporates having access to; clinical and non-clinical Return To Training Activities (RTT-A) and Mentorship/ Coaching.

Trainees will be contacted by their local SuppoRTT Team and/or their appropriate Educator/Supervisor* during their absence to notify them of RTT-As organised or supported by the SuppoRTT programme. They will also be signposted to SuppoRTT resources and prompted to plan their return to training.

If on parental leave, the use and payment of Keeping In Touch (KIT) and Shared Parental Leave in Touch (SPLIT) days is to be confirmed and agreed with the Trainee's Employers.

HEE YH recognises that Trainees may also wish to attend speciality specific courses / events / meetings outside of their regional SuppoRTT programme that will aid in their return to training. Trainees can apply for individual funding from the SuppoRTT budget to attend such events via the **SuppoRTT CPD Funding Process** (please refer to the SuppoRTT CPD Funding guidance document).

Initial Return Meeting

It is advised 8-12 weeks prior to the estimated date of return, the Trainee/ appropriate Educator/Supervisor* should arrange and attend an Initial Return Meeting.

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 & training needs (including possible assessments or courses that the Trainee should attend)
- The need for a supernumerary and/or supervised period

Appropriate Educators/Supervisors* are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'return to practice' questions and actions (Appendix B.1) to help facilitate the discussion.

All discussions are to be fully documented on the Initial Return Meeting form (Appendix B). A copy of the form is to be sent to the FPD / TPD and SuppoRTT team at HEE YH. **The Trainee must also upload a copy to their e-portfolio.** It is the responsibility of the Appropriate Educator/Supervisor* to communicate any adjustments required with the relevant departments, i.e medical departments/supervisors/medical education and rota coordinators.

Trainees who have been absent for more complex reasons may request a 1:1 meeting with a SuppoRTT Associate Dean who may be able to offer the Trainee additional pastoral support and guidance. This should **NOT** delay the Trainees return date or affect any other aspects of the return process as detailed above. However, the sooner this meeting can take place the more likely additional suitable support can be arranged.

Under exceptional circumstances it may not be possible for a Trainee to arrange this meeting within the 8-12-week time frame. It is essential that any plans for Trainee to return over a shorter period are communicated immediately to the SuppoRTT team and relevant departments, i.e medical departments/supervisors/medical education and rota coordinators.

Supernumerary Period

A supernumerary period is typically described as a short, intense period where the Trainee is considered as an additional member of staff to help them return to normal duties safely and confidently. During this time, it is expected that the Trainee will have no fixed work commitments enabling them to complete a programme of focused learning and clinical activities. The length of the supernumerary period and activities within it will be bespoke to the Trainee dependent on their needs.

This period could include, but not limited to, familiarisation of work environment, IT setup, shadowing a senior member of staff.

This period may not count towards training time if longer than two weeks. This should be discussed with the appropriate Supervisor*

- All Trainees returning from a period of absence of 6 months or more, are entitled to a 3-day supernumerary period running consecutively from their return to training date (excluding GP, Dental and Public Health Trainees in practice posts).
- The Trainee and appropriate Educator/Supervisor* should discuss the length of supernumerary period required and this must be detailed in the **Initial Return Meeting Form.**
- In exceptional circumstances the appropriate Educator/Supervisor* may request an extended supernumerary period. This must be detailed in the **Initial Return Meeting Form** and will reviewed by a SuppoRTT Associate Dean to provide approval.

If a supernumerary period is not requested, clear evidence must be documented on the **Initial Return Meeting Form**.

Please note that salaries will be paid by the employing Trust. HEE will contribute to the salary based on figures set out in the NHS Employers pay scales document. The Trust will be reimbursed each quarter via Learning Development Agreement.

Enhanced Supervision

An enhanced supervised period is typically described as a short, intensive period of focused learning activities and direct observation of clinical activities with the aim of enabling Trainees to return to normal duties safely and confidently. It is expected that during this time Trainees may not be required to undertake any out of hours arrangements if adequate supervision isn't available. The length of the enhanced supervised period and how it is used is bespoke to the Trainee dependent on their needs.

This period could include but not limited to, peer, senior team or consultant supervision covering areas such as routine ward work, outpatient clinics, clinical skills, emergency and out of hours work.

- It is recommended for all Trainees returning from a period of absence of 3 months or more are provided with a period enhanced supervision. This is to run consecutively from their return to training date or the end of their supernumerary period.
- The Trainee and appropriate Educator/Supervisor* should discuss the length of enhanced supervision required and this must be detailed in the **Initial Return Meeting Form**.

If an enhanced supervised period is not requested, clear evidence must be documented on the **Initial Return Meeting Form**.

Please note HEE do not contribute financially for enhanced supervision.

Review Meeting

Towards the end of the supernumerary/ enhanced supervised period the Trainee and appropriate Educator/Supervisor* will meet and discuss the Trainee's progress, review assessments and feedback, address any concerns and arrange any further targeted training.

- If the Trainee and appropriate Educator/Supervisor* are satisfied with the Trainee's progress, then the Trainee can be signed off and return to normal duties (Appendix C).
- If the Trainee and appropriate Educator/Supervisor* agree that an extension to the supervision period is appropriate, additional return review meetings should be arranged until both the Trainee and appropriate Educator/Supervisor* agree the period is complete and the Trainee can return to normal practice.

All discussions are to be fully documented on the **Review Meeting Form** (Appendix C). A copy of the form is to be sent to the FPD / TPD and SuppoRTT team at HEE YH. **The Trainee must also upload a copy to their e-portfolio.**

Annual Review of Competence Progression (ARCP)

All Trainees will undertake an Annual Review of Competence Progression (ARCP), however, there are occasions where Trainees may have more than one ARCP if they have taken a

period of absence from their training programme. HEE recommends that an ARCP is arranged at the following periods;

- Planned Absence – The Trainee must undertake an ARCP 2 months prior to the start of the absence
- Unplanned Absence- The Trainee and appropriate Educator/Supervisor* must arrange an ARCP when applicable.

This will review the period from the last ARCP to the start of the Trainees absence.

Overview of SuppoRTT Process

Prior to Absence

It is recommended that this should take place three months prior to the start of the Trainee's period of planned absence. If the absence is unplanned, this meeting can take place later.



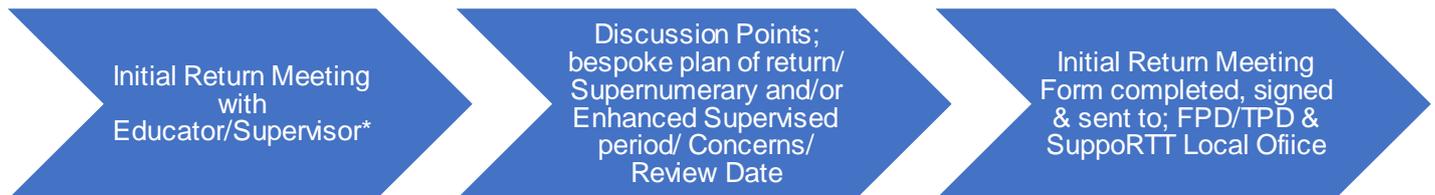
During Absence

It is encouraged that all Trainees have access to a menu of Return to Training Activities (RTT-A) either internally or externally including access to a mentor and/or a coach. Funding to attend such activities may be accessed via the SuppoRTT budget.



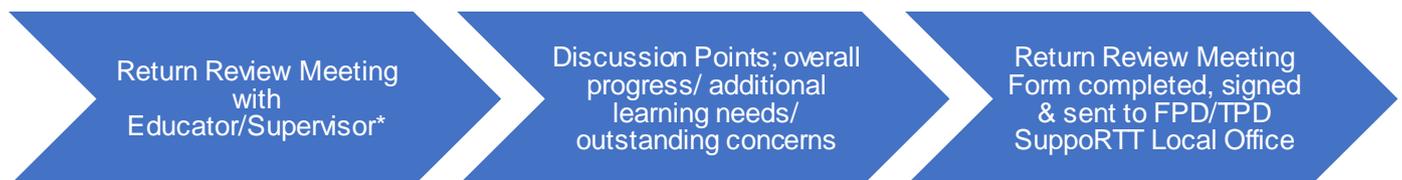
Prior to Return

Once a timeframe for return is known then the Trainee will be required to attend an **Initial Return Meeting**. It is advised that this takes place **8-12** weeks prior to the estimated date of return, allowing enough time for the return to training to be organised e.g. rota coordination.



Return Review

Towards the end of the supervised period the Trainee and appropriate Educator/Supervisor* will meet and discuss the Trainee's progress, review assessments, address any concerns and arrange any further targeted training.



Appendix A: Pre-Absence Meeting Form

To be accessed electronically via the below link.

<https://healtheducationyh.onlinesurveys.ac.uk/supportt-pre-absence-form-yorkshire-humber>

Appendix A.1: 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 how can the doctor prepare?

Appendix B: Initial Return Meeting Form

To be accessed electronically via the below link.

<https://healtheducationyh.onlinesurveys.ac.uk/supportt-initial-return-meeting-form-yorkshire-humber>

Appendix B.1: 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 practising 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?

Appendix C: Review Meeting Form

To be accessed electronically via the below link.

<https://healtheducationyh.onlinesurveys.ac.uk/supportt-review-meeting-form-yorkshire-humber>

Appendix D: Individualised Action Planner

Trainee:		Returning location:		Returning department:	
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Clinical	
Desired outcome:	
Action:	
Outcome:	
Trainee comments:	
Supervisor comments:	

**Personal & Professional Wellbeing
(Resilience)**

Desired outcome:

Action:

Outcome:

Trainee comments:

**Supervisor
comments:**

Mentorship & Coaching

Desired outcome:

Action:

Outcome:

**Trainee
comments:**

**Supervisor
comments:**