

Supported Return to Training (SuppoRTT)

Standard Operating Procedure

Yorkshire and Humber Deanery

Workforce Training and Education, North East and Yorkshire, NHS England

July 2026



Name of Document		Supported Return to Training (SuppoRTT)	
Category		Standard Operating Procedure (SOP)	
Audience		External	
Authorised by		SOP Development and Delivery Group	
Date Authorised		21 st July 2026	
Implementation Date (current version)		1	
Next Review Date		July 2028	
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Version	Date	Author	Notes Reason for Change, what has changed, etc
1	21/07/2026	AW LM FB	Updated to improve accessibility, clarify eligibility criteria, and encourage professional support referrals for complex returns

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Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint site is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and Humber Deanery to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.

Introduction

The [Supported Return to Training \(SuppoRTT\)](#) programme has been developed to support resident doctors and dentists and public health registrars returning to training after a prolonged period out of training. The programme aims to enhance the return

to work and training experience, and to support safe readjustment to maintain high quality and safe patient care.

This guidance outlines the Supported Return to Training framework and activities within the Yorkshire and the Humber Deanery. The guidance should be applied flexibly considering the resident's individual circumstances including the nature and length of their time out of training, their specialty, stage of training and experience. This is to ensure that they can safely and confidently return to clinical practice and training.

This guidance is intended to help resident doctors and dentists, clinical educators and supervisors understand and apply the SuppoRTT framework. Training Programme Directors and Heads of School are encouraged to promote SuppoRTT and help ensure that returning residents can access Supported Return to Training.

Eligibility

1. Access to the full Supported Return to Training programme (see the SuppoRTT activities section below) is available to all resident doctors and dentists and public health registrars enrolled on a clinical training programme who have been (or are expected to be) out of training for 3 months or more regardless of the reason. This may include but is not limited to:
 - Maternity Leave
 - Shared Parental Leave
 - Adoption Leave
 - Carer's Leave
 - Out of Programme (Training, Research, Experience, Career Break, Pause)
 - Long Term Sick Leave or health absence
2. Residents returning to training from suspension may access SuppoRTT after the suspension has been completely lifted by their employer and the GMC.
3. Doctors or Dentists who have been appointed to a specialty training programme and have a gap in training or clinical practice of 3 months or more before the start of their training programme are also eligible to access SuppoRTT.
4. Doctors or Dentists appointed to a specialty training programme who have deferred the start of their training are eligible to access SuppoRTT. Any deferrals must be approved through the deanery deferral process.

5. Out of Programme residents are supported by the SuppoRTT team of their home deanery. Residents on OOP within Yorkshire and the Humber may access SuppoRTT courses within the region subject to availability.
6. Residents who have been out of training for less than three months are eligible to access SuppoRTT courses only.
7. Support for International Medical Graduates new to the NHS will be provided by their employing trust when they start their training programme. Additional support, guidance, and advice is available on the deanery's [Support for International Medical Graduates](#) webpages.

SuppoRTT framework

8. The SuppoRTT programme is framed by a series of meetings with the resident and the appropriate supervisor or educator, which provide a structured and holistic approach to planning the time out of training and the subsequent return. These include:
 - **A pre-absence planning meeting** to discuss the arrangements for the time out of training and how (if desired) they will maintain contact with their educators.
 - **A pre-return planning meeting** to discuss the arrangements for their return including any plans for a supernumerary and or enhanced supervision period.
 - **A post-return review meeting** to review their progress and to discuss any remaining concerns or any further support that may be needed.

Further information about each meeting can be found below.

9. The appropriate supervisor or educator may include but is not limited to the resident's Educational Supervisor (ES), College Tutor, Clinical Supervisor (CS), Training Programme Director (TPD), Head of School (HoS), Director of Medical Education (DME), or a SuppoRTT Champion.
10. In some circumstances, it may also be appropriate to invite a Medical Education or Medical Staffing / Human Resources contact to attend a SuppoRTT meeting.
11. As part of each meeting, the resident and appropriate supervisor should agree a plan for the time out of training or return which should be tailored to reflect the resident's individual needs.
12. During the meeting, the discussion and plan should be fully documented using the relevant [online SuppoRTT meeting form](#). The meeting form will then be

circulated by the SuppoRTT admin to team to the relevant trust and school contacts.

13. A copy of the form will be uploaded to the resident's TIS record [TIS is the NHSE Trainee Information System]. Residents should also upload a copy of the meeting form to their e-portfolio.
14. Residents who have been (or are expected to be) out of training for less than 3 months do not need to complete the SuppoRTT meetings or forms with their supervisor.

Complex returns

15. Residents who have taken time out of training for more complex reasons may request a one-to-one meeting with a SuppoRTT Associate Dean for additional pastoral support and guidance.
16. Where a meeting with a SuppoRTT Associate Dean is requested, it should not delay the resident's return date or other aspects of the return process, such as scheduling the pre-return planning meeting.
17. To request a meeting with a SuppoRTT Associate Dean, the resident or supervisor should complete a [Professional Support Referral](#), as early as possible to ensure that any appropriate additional support can be arranged.

Pre-absence planning About 3 months before the absence	Pre-return planning About 3-2 months before returning	Post-return review Within 4 weeks of returning	SuppoRTT activities During your absence and when you return	Professional Support At any point during your absence / training
Meet with your supervisor for a pre-absence planning meeting. Discussion points: - Arrangements for your absence - Any concerns for your time out - Maintaining contact (if desired) - Use of KIT / SPLIT / SRTT days (if appropriate) - Available courses and resources At the meeting complete the pre-absence planning meeting form to record your discussion and the plan for your time out.	Meet with your supervisor for a pre-return planning meeting. Discussion points: - Arrangements for your return - Learning / training needs - Organisation of KIT / SPLIT / SRTT days (if appropriate) - Supernumerary / enhanced supervision requests - Available courses and resources At the meeting complete the pre-return planning meeting form to record your discussion and the plan for your return.	Meet with your supervisor for a post-return review meeting. Discussion points: - Review overall progress - Any additional learning / training needs - Any outstanding concerns - Any additional supernumerary / enhanced supervision needs - Available courses and resources At the meeting complete the post-return review meeting form to record your discussion and any action points.	Available SuppoRTT activities and resources include: - SuppoRTT Courses - SuppoRTT CPD Funding - Online resources and e-learning - Trust and School SuppoRTT Champions - Trust Health Toolbox resources Local activities may include: - Regional teaching - Simulation training - e-Learning - Mentoring - Shadowing	The deanery Professional Support team also offers: - Coaching Programme - Counselling and Psychological Support - Mental Health and Wellbeing Resources - Neurodiversity Referrals and Support - Professional Support Referrals   SuppoRTT Professional Support

SuppoRTT activities

18. All eligible residents (see the eligibility section above) are encouraged to access the activities and resources offered by the SuppoRTT programme and Professional Support which are relevant to their individual needs. Currently, these include:
- [SuppoRTT courses](#) with topics including refreshing clinical skills, resilience, wellbeing, and managing work/life balance.
 - [SuppoRTT CPD funding](#) for external courses or activities which enable the resident to build confidence or refresh their skills.
 - [Online resources library](#) linking to digital support resources and services.
 - [e-Learning for Health](#) which includes a range of online modules on refreshing clinical competencies and professional behaviour.
 - Trust and School Trust [SuppoRTT Champions](#) who can offer guidance and help resident's navigate local process and resources.
 - Local trust [Health Toolbox](#) sites to access local guidance, orientation resources, and helpful tips for returning registrars.
 - The deanery [Coaching Programme](#) which can provide up to six free and confidential sessions with a certified coach.
 - Deanery [Counselling and Wellbeing Support](#) with access to counselling services as well as a library of mental health and wellbeing resources.
 - Deanery [Neurodiversity Support](#) including curated resources, supportive courses and signposts to external peer support networks and services.
 - Deanery [Professional Support Referrals](#) which offer a neutral space to explore challenges and help to access the right support and guidance.
19. Eligible residents may participate in these activities at any stage during their absence and within the 3 months after their return.
20. Returning residents may also wish to access local activities and resources including department visits, regional teaching, simulation training, e-learning, mentoring, and shadowing.
21. Residents on parental leave retain their entitlement to study leave which may usually be taken on keeping in touch (KIT) days. (See the [national study leave guidance](#), p5.)
22. Residents on maternity and adoption leave may take up to 10 keeping in touch (KIT) days. Residents on shared parental leave may take up to 20 shared parental leave in touch (SPLIT) days. KIT and SPLIT days are paid by the employing trust. Residents should contact Medical Staffing at their employing trust to book KIT or SPLIT days.

23. Residents on long-term sick leave may use study leave for SuppoRTT activities, but study leave is otherwise not usually permitted during periods of sick leave. (See the [national study leave guidance](#), p5.)
24. Residents taking time out of training for other reasons may be able to access up to 10 supported return to training (SRTT) days to participate in SuppoRTT activities. SRTT days are paid by the employing trust, or time off in lieu may be granted. Residents should contact Medical Staffing at their employing trust to book SRTT days.

Pre-absence planning meeting

25. Before taking time out of training, residents should meet with their appropriate supervisor for a [pre-absence planning meeting](#). This meeting should normally take place about 3 months before the start of a planned absence.
26. Where the absence is unplanned (for example due to sudden illness), the absence planning meeting should be held as soon as is appropriate for the resident.
27. The purpose of the pre-absence planning meeting is to discuss the arrangements for the time out of training, any activities the resident may wish to undertake while out of training, and any concerns they may have about any break from clinical practice.
28. If the resident wishes to maintain contact with the supervisor during their time out of training, the contact method and who will be responsible for initiating contact should be discussed and agreed at the pre-absence planning meeting.
29. To help facilitate the meeting supervisors are encouraged to use the 'Planning an Absence from Practice Checklist' from the Academy of Medical Royal Colleges (Appendix A).
30. During the meeting, the discussion should be documented using the online [pre-absence planning meeting form](#). A copy of meeting form will then be circulated by the SuppoRTT admin to team to the relevant trust and school contacts.
31. The supervisor may provide the resident with a copy of the Individualised Action Planner for the resident to complete to identify what support they may need before their return (Appendix C).
32. Where it is not possible to arrange a pre-absence planning meeting or the meeting is delayed, the resident or their supervisor should complete an absence notification form to register with the SuppoRTT programme.

Pre-return planning meeting

33. When the timeframe for their return is known, the resident should meet with their appropriate supervisor for a [pre-return planning meeting](#). The meeting should normally take place about 3 or 2 months before the estimated return date to ensure that the appropriate arrangements for their return can be made. This includes any arrangements effecting their rota, such as a supernumerary and or enhanced supervision period.
34. In exceptional circumstances, it may not be possible to hold the pre-return planning meeting at this point, in which case, the pre-return planning meeting should take place as soon as appropriate.
35. Where the resident is absent due to health reasons and a complex return is expected, the pre-return planning meeting should take place earlier, if possible, to ensure appropriate arrangements can be made well in advance.
36. The purpose of the pre-return planning meeting is to create an individualised return plan including:
 - The arrangements for the resident's return to clinical practice and training
 - Identifying any learning or training needs and how these will be met
 - Agreeing any activities or additional support that will be helpful for their return
37. A short supernumerary and or enhanced supervision period to support the resident's return may also be requested through the pre-return planning meeting and form. See below for more information about supernumerary and enhanced supervision periods.
38. To help facilitate the meeting educators/supervisors are encouraged to use the 'Return to Practice Checklist' from the Academy of Medical Royal Colleges (Appendix B).
39. During the meeting, the discussion should be documented using the online [pre-return planning meeting form](#). A copy of the meeting form will then be circulated by the SuppoRTT admin to team to the relevant trust and school contacts.
40. The supervisor is responsible for communicating and agreeing any arrangements and adjustments with the relevant contacts and departments; including as appropriate departments, supervisors, rota coordinators, Medical Education, Medical Staffing / Human Resources.

Occupational Health

41. If a phased return or Occupational Health support is needed, the supervisor should contact Medical Staffing / Human Resources at the resident's employing trust as soon as possible to discuss the referral.

42. Any phased return, adjustments or support plans recommended by Occupational Health or Medical Staffing / Human Resources should take precedence. This guidance can be used in parallel with any phased return plans.

Supernumerary period

43. All residents returning from an absence of 3 months or more are eligible for a 3-day supernumerary period on their return to enable them to return to normal duties safely and confidently.
44. A supernumerary period normally starts from the return to training date and allows the resident to be considered as an additional member of the team with no fixed work commitments, enabling them to complete a programme of focused learning and clinical activities. On call duties would not normally be expected during this period.
45. This period may include, but is not limited to, familiarisation with the work environment, IT setup, shadowing a senior member of staff.
46. The length of the supernumerary period and planned activities should be based on the resident's individual needs.
47. The offer of a supernumerary period should be discussed at the pre-return planning meeting. The supernumerary period can only be requested through the [pre-return planning meeting form](#), and it is important that the need for this support is clearly documented.
48. SuppoRTT will normally fund a standard supernumerary period of up to 3 days. In exceptional circumstances an extended supernumerary period of up to 10 days may be requested. Exceptional supernumerary funding requests will be considered by a SuppoRTT Associate Dean.
49. If the supernumerary period is longer than 14 days, it may not count towards training. This should be discussed with the appropriate Educational Supervisor.
50. Where SuppoRTT funding is agreed, NHS England will pay the approved funding to the employing trust which pays the resident's salary. The funding will be based on the pay scales for Doctors and Dentists in Training set out by NHS Employers.
51. As resident doctors working in primary care posts are normally regarded as supernumerary, SuppoRTT does not normally fund supernumerary periods for General Practice registrars returning to a primary care placement.

Enhanced supervision

52. We recommend that all residents returning from an absence of 3 months or more have an enhanced supervision period of at least 10 working days to enable them to return to normal duties safely and confidently.
53. Enhanced supervision periods are designed to be short and provide the resident with a greater level of supervision in their practice, which may include focused learning activities and direct observation of clinical activities. Out of hours duties would not normally be expected during this period if adequate supervision is not available.
54. The enhanced supervision period normally runs from the end of any agreed supernumerary period or, where a supernumerary period is not needed, from the return to training date.
55. This period may include, but is 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.
56. The length of the enhanced supervision period and planned activities should be based on the resident's individual needs.
57. The offer of an enhanced supervision period should be discussed at the pre-return planning meeting. The enhanced supervision period can only be requested through the [pre-return planning meeting form](#), and it is important to clearly document the need for this support.
58. NHS England does not contribute financially to the enhanced supervision period.

Post-return review meeting

59. The resident should meet with their appropriate supervisor for a [post-return review meeting](#) at the end of any supernumerary/enhanced supervision period. Where the resident has not requested a supernumerary or enhanced supervision period, the meeting should take place within 4 weeks of their return to clinical duties.
60. The purpose of the post-return review meeting is to discuss the resident's progress, review assessments and feedback, address any remaining concerns they have about clinical practice and arrange any further targeted training which may be needed.
61. During the meeting, the discussion should be documented using the online [post-return review meeting form](#). A copy of meeting form will then be circulated by the SuppoRTT admin to team to the relevant trust and school contacts.

62. If the resident and appropriate supervisor are satisfied with the resident's progress, the resident can be signed off and return to normal duties.
63. If the resident and appropriate supervisor agree that an extension to the supervision period is appropriate, additional review meetings should be arranged and documented until both the resident and appropriate supervisor agree the process is complete and the resident can return to normal duties.

SuppoRTT administration

64. Residents must always inform their placement and employing trust about any planned or unplanned absences from work.
65. Residents should inform the relevant deanery [rotations team](#) about any absences from training of 14 days or more. If the absence end date changes after this, they should advise the relevant rotations team of the change. Residents may view their placement history, including recorded absences, using [TIS Self-Service](#).
66. Residents who are absent from training should inform the deanery if their email address changes or if they prefer to be contacted using a different email address during their absence. Residents may use [TIS Self-Service](#) to check or update the email address in their TIS record.
67. The SuppoRTT admin team will contact eligible residents to inform them of the SuppoRTT programme and of available or recommended activities and resources.
68. When they are due to return to training, the SuppoRTT admin team will also contact eligible residents to prompt them to plan their return.
69. Eligible residents who wish to opt out of SuppoRTT mailshots or notifications can do so by contacting the SuppoRTT admin team.

Annual Review of Competence Progression (ARCP)

70. Senior Faculty and Panel Chairs should familiarise themselves with to the local [Annual Review of Competency Progression \(ARCP\) Operational Guidance](#) section on 'Statutory Leave and the ARCP' to ensure that the ARCP process is followed correctly in relation to residents taking statutory leave.

Appendix A: Planning an absence from practice checklist

1. How long is the doctor expected to be absent? (Is there likely to be an extension?)
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 any potential support the doctor needs for a safe return to practice?
4. During their absence, will the doctor be able to participate in CPD or e-learning to keep up to date?
5. During their absence, will the doctor be able to participate in any keep in touch (KIT) days or other means of keeping in touch with the workplace? If so, how will this be organised? If the doctor is returning to a different Trust how will KIT days be organised?
6. Does the doctor have any additional educational goals during their absence?
7. Are there any funding issues related to question 6 which need to be considered?
8. If known, what CPD, training or support will be needed on the doctor's return to practice?
9. Will the doctor be able to retain their licence to practise and fulfil the requirements for revalidation?
10. Are there any issues relating to the doctor's next appraisal which need to be considered? If so, does the Responsible Officer/representative need to be informed.
11. If the doctor is a resident doctor, how do they plan to return to training?
12. What will the doctor's full scope of practice be 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?

Attribution: 'Return to Practice Guidance' (2026), Academy of Medical Royal Colleges

Appendix B: Return to practice checklist

1. How long has the doctor been away?
2. Was a 'Planning an absence checklist' completed? If so, this should be reviewed.
3. Was the absence longer than originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be particularly important).
4. What relevant contact with work and/or practice during absence has the doctor had, e.g. Keep in Touch days?
5. Prior to their absence, how long had the doctor been working in the role they are returning to?
6. How is the doctor feeling about their return to work, generally?
7. Has there been any impact (negative or positive) on the doctor's confidence or abilities?
8. How aware is the doctor of their support needs and the resources available to them?
9. What support would the doctor find most useful in returning to practice?
10. Would a period of shadowing or mentoring be beneficial?
11. What responsibilities, particularly new ones, does the doctor have in the post to which they are returning?
12. On their return, what will the doctor's full scope of practice be?
13. If the doctor is returning to a new role, what induction support will they need?
 - Will they require any specific support because they have been out of practice?
 - What can the doctor do to prepare themselves?
14. Have there been any changes since the doctor was last in post that they will need training or updating in? For example:
 - Training to use new equipment or medication. Any changes to infection control, health and safety or quality assurance. New procedures, NICE guidance, or any mandatory training missed
 - Changes to common conditions or current patient population information
 - Significant developments or new practices within their specialty
 - Service reconfiguration

- Changes to procedures due to learning from significant events
 - Changes in management or role expectations. What time will the doctor have for patient care?
15. Are there any teaching, research, management or leadership roles required?
 16. 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?
 17. Has the doctor been able to keep up to date with their CPD while they were away from practice? (If they were unwell or on parental leave, this may not have been expected)
 18. 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)
 19. If the doctor is a resident doctor, what are the plans for returning to training?
 20. Is the doctor having a staged return to work on the advice of Occupational Health? If so, are there any reasonable adjustments that need to be considered?
 21. 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?
 22. Will the doctor need training, special support or mentoring on return to practice? If so, are there any funding issues related to this which need to be considered?
 23. Are there other factors affecting the return to practice or does the doctor have any issues to raise?

Attribution: 'Return to Practice Guidance' (2026), Academy of Medical Royal Colleges

Appendix C: Individualised Action Planner

Trainee Name:	
GMC / GDC / PH Number:	
Specialty:	
Returning location / department:	

	Clinical	Personal & Professional Wellbeing	Mentorship & Coaching
Desired outcome:			
Action:			
Outcome:			
Trainee comments:			
Supervisor comments:			

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