

Name of Guidance	Supported Returning to Training (SuppoRTT)
Category	Professional Support
Authorised by	Postgraduate Dean's Senior Management Team
Date Authorised	September 2018
Next Review Date	May 2019
Document Author	Caroline Hinds

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 to include feedback on V2 and to incorporate new processes.

Section 1: Introduction

Many trainees take a period of absence from training for a number of reasons which can often vary in duration. This can include; Parental leave, Carers leave and Sickness. It may also include Out of Programme Experience or Research.

In some cases, trainees who have had a prolonged period of absence have been expected to immediately return to full duties, including on-calls without a re-introduction period, which potentially has negative implications for the trainee and patient safety.

The purpose of the Supported Return to Training Guidance (SuppoRTT) is to improve patient safety and quality of care, whilst giving trainees an opportunity to regain their confidence and previously acquired skills more quickly and safely.

The SuppoRTT Guidance is designed to be flexible and take into account the differing nature and length of absence, as well as the speciality and stage of the trainee, to ensure that the individual can safely and confidently return and practice within their training programme.

Section 2: Overview of the guidance

Any trainee that has a period of absence of 3 months or more is **strongly advised** to adhere to this guidance document and complete all of the attached forms.

If a trainee is absent for a period less than 3 months they may 'opt in' to this guidance document. However, for this group of trainees any phased return / training plan devised by Occupational Health or HR should take precedence. It is advised that the trainee will need to discuss their needs with their Educational Supervisor or Clinical Supervisor to determine what support they will need during their period of re-introduction.

Please note if you have been OOP (including Parental leave or sickness) for a period of absence of 6 months or more you are entitled to a 3-day supernumerary period. This will only be granted if the trainee adheres with the guidance as detailed below.

It is the responsibility of **ALL** Trainees, Educational Supervisors (ES) and Training Programme Directors (TPD) to ensure that they understand and follow the Return to Training process and documentation as outlined within this guidance document. Additional support can be accessed via the SuppoRTT Associate Post Graduate Dean's (APD) and the SuppoRTT team.

Section 3: Pre-Absence Meeting

Planned absence: Where possible the trainee should meet their ES or TPD at a **Pre-Absence meeting** before their period of absence to discuss; how the trainee **might** keep up to date (if appropriate for their circumstances) and any particular concerns they may have about returning.

The trainee and ES/ TPD will complete the **Pre-Absence Form** (Appendix A) detailing the discussion and then send a copy of this to the TPD and the SuppoRTT team at

HEYH, this will be added to the trainees personal file. The trainee must also keep a copy in their personal portfolio.

The ES may also provide the trainee with a copy of their Individualised Action Planner (IAP) (Appendix D) to enable the trainee to start to identify what support they may require prior to their return.

Unplanned absence: If the absence is unplanned, then this meeting can be held at a later date.

Section 4: During Absence

During the period of absence **ALL** trainees are strongly encouraged to enter the SuppoRTT programme. This incorporates having access to; Return To Training Events (RTT-E), Return To Training Days (RTT-D) and a Mentorship / Coaching programme.

This programme has been developed to prepare, support and provide trainees with the necessary guidance prior to their return and to further support their re-introduction period, improving patient safety and quality of care.

If the employer and trainee agree, then the trainee can use their Keeping In Touch Days (KIT) to attend study days, courses or team meetings. Salaries for these days will need to be discussed with the trainee's employer.

Trainees who are on parental leave may have access to 10 paid KIT Days (these can be used to attend RTT-D and RTT-E if their employer agrees).

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

Section 5: Prior to Return

Once a timeframe for return is known then the trainee will be required to attend an **Initial Return Meeting** (using Appendix B*);

- For a period of absence that is between 3 5 months the trainee will be required to meet with their ES.
- For a period of absence that is 6 months or over, it is advised that where possible the trainee should meet with their TPD who will then cascade any relevant information to the trainee's ES and CS. Depending on the reason for absence the TPD may deem that this does not need to be a face to face meeting and it may be appropriate to meet with the ES instead.
- Trainees who have been absent for more complex reasons may request to have a 1:1 meeting with a YH SuppoRTT APD who may be able to offer the trainee additional 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.

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)
- Eligibility for supernumerary status (see section 6)
- A period of increased supervision if required (see section 7)

The details of the meeting must be noted on the Initial Return Meeting Form (using Appendix B*) and the trainees plan of action should be entered onto their Individualised Action Planner (using Appendix D*). The ES or TPD should also signpost the trainee as to where they can access additional support.

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.

Under exceptional circumstances it may not be possible for a trainee to adhere to 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 where they will endeavour to make the necessary arrangements within a suitable time frame.

*All documents to be sent to TPD and the SuppoRTT Team

Section 6: Supernumerary Period

All trainees (excluding GP trainees who are returning to a practice) who have had a period of absence of 6 months or more are entitled to a 3-day supernumerary period on their return. This offer will be made during the trainees **Initial Return Meeting** by their relevant ES/TPD (if they do not make this offer the trainee is encouraged to ask for this entitlement). This meeting should take place 8-12 weeks prior to return to allow enough time for the supernumerary time to be organised.

All decisions must be detailed within the **Initial Return Meeting form** (using Appendix B*) and then sent to the SuppoRTT team who will liaise with the relevant Trust. The SuppoRTT team will further communicate with the trainee and the ES/TPD once the Trust has acknowledged the conditions surrounding the trainees return. All forms and corresponding emails will be saved onto the trainees personal file in a SuppoRTT folder.

Prior to the trainees return the Trust will be provided with a suggested time table of events which may include recommendations provided by the trainee's ES/TPD. The trainee will be expected to provide the SuppoRTT team with feedback post their return.

In **exceptional circumstances** the ES/TPD has the right to request a longer supernumerary period if they deem it is necessary. A copy of the trainees **Initial Return Meeting form** (using Appendix B*) would be forwarded to the SuppoRTT APD for approval and sign off. The SuppoRTT team will be responsible for liaising with the Trust as detailed above.

Please note that actual salaries will be paid by the employing Trust. The Trust will be reimbursed by HEE in the following LDA payment.

*All documents to be sent to TPD and the SuppoRTT Team

Section 7: Supervised Period

Upon their return to training, trainees who have had a period of absence for over 3 months **SHOULD** undertake a period of increased supervision. This may include out of hours work.

During this time work-based assessment may be performed to support the trainees return to a normal working pattern.

At the **Initial Return Meeting** (using Appendix B^{**}) the trainee and ES / TPD should discuss the length of supervision required, this must be communicated directly to the Trust and to the SuppoRTT team. This supervised period will clearly impact on the trainees ability to undertake out of hours work for a period of time.

This supervised period should be in addition to the supernumerary period.

All decisions must be detailed on the **Initial Return Meeting form** (Appendix B**) and then sent to the SuppoRTT team who will liaise with the relevant Trust. The SuppoRTT team will further communicate with the trainee and the ES/TPS once the Trust has acknowledged the conditions surrounding the trainees return. All forms and corresponding emails will be saved onto the trainees personal file in a SuppoRTT folder.

Near to the end of the trainee's supervised period the trainee and ES will meet at a **Return Review Meeting** (using Appendix C**) to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period (See Section 8).

Once the trainee and ES are **both** satisfied with the trainee's progress then the trainee can be signed off to return to 'normal duties'.

Under exceptional circumstances a period of enhanced supervision may not be necessary. Clear evidence of this must be documented on the Initial Meeting form (using Appendix B*) and agreed with the TPD.

*All documents to be sent to TPD and the SuppoRTT Team

Section 8: Return Review

Towards the end of the supervised period the trainee and ES will meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training. If the trainee and Educational Supervisor are satisfied with the trainee's

progress, then the trainee can be signed off and return to normal duties (using Appendix C^*).

*All documents to be sent to TPD and the SuppoRTT Team

APPENDIX A: Pre-absence Form

Return to Traini	ng: Pre-Absence Form
SECTION A (to be completed by the Train	ee)
Date of Pre-Absence Meeting: Click here to	o enter text.
5	
Trainee Surname: Click here to enter text.	Trainee Forename: Click here to enter text.
NTN: Click here to enter text.	GMC No: Click here to enter text.
Specialty: Click here to enter text.	Grade (CT/ST etc): Click here to enter text.
Educational Supervisor Name: Click here to enter text.	Training Programme Director Name: Click here to enter text.
Place of training prior to absence: Click here to enter text.	Anticipated place of training on return: Click here to enter text.
Date absence commenced: Click here to enter text.	Anticipated date of return: Click here to enter text.
Reason for absence: Click here to enter tex	kt.
Are you happy for HEE YH to contact you absent?	whilst you are (complete 1,2)Yes No
Preferred Email Address ⁽¹⁾ : Click here to enter text.	Phone Number ⁽²⁾ : Click here to enter text.
Section B (to be completed by the Trainee	e, ES or TPD)
Please provide detailed summery of the d Discussion should include (but not limited to) • CPD considered (including Ki	T days)
 Any work that may be done done Sign posting to the YH Suppo Any concerns over time away 	
 Any work that may be done do Sign posting to the YH Suppo Any concerns over time away Learning & training needs (incomentation) 	RTT programme and returning

ES or TPD Name: Click here to enter text.

Signature:

text.

Trainee Name: Click here to enter text.

Signature:

text.

Date: Click here to enter

Date: Click here to enter

Once completed please send a copy of this form to the TRAINING PROGRAMME DIRECTOR and the SuppoRTT Team (supportt.yh@hee.nhs.uk)

A copy also needs to be retained in your portfolio

APPENDIX B: Return to Training Form: Initial Return Meeting

	itial Return M	leeting Form	n	
SECTION A (to be completed by the Train	ee or ES or TPI))		
Date of Initial Return Meeting: Click here to	o enter text.			
Trainee Surname: Click here to enter text.	Trainee Forer	name: Click h	nere to ente	er text.
NTN: Click here to enter text.	GMC No: Cli	ck here to ente	er text.	
Specialty: Click here to enter text.	Grade (CT/ST	etc): Click her	re to enter t	text.
Educational Supervisor Name: Click here to enter text.	Training Prog		or Name:	Click
Place of training prior to absence: Click here to enter text.	Anticipated p		g on retur	n: Clic
Date absence commenced: Click here to enter text.	Anticipated d text.	ate of return:	Click here	to ente
Intention to return to training Full Time or If considering LTFT Please see our websit	te for more deta	ails	Full Time	LTF
http://www.yorksandhumberdeanery.nhs.uk/ Section B (to be completed by the ES or T		n_tun_time/		
	FPD) iscussion betw te i.e. on calls, Ki RTT programme	een the Train e T days etc.		
 Section B (to be completed by the ES or T Please provide detailed summery of the d Discussion should include (but not limited to) CPD done whilst absent Any work done during absenc Sign posting to the YH Suppo Any concerns over returning Learning & training needs (inclusion) 	FPD) iscussion betw e i.e. on calls, Ki RTT programme cluding possible a	een the Train e T days etc.		

Standard Hours ^(1,2) : Click here to enter text. Point on Salary Scale ^(1,3) : Click here to enter text. Expected Supernumerary period dates ^(1,4) : From: Click here to enter text. From: Click here to enter text. To: Click here to enter text. If the expected length of supernumerary training needs to exceed the allocated three-day period, please indicate the reason why, including background information. Please note that	er
From: Click here to enter text. To: Click here to enter text. If the expected length of supernumerary training needs to exceed the allocated three-day	
If the expected length of supernumerary training needs to exceed the allocated three-day	
this will require sign off from the SuppoRTT APD (section C).	
Background information and reason: Click here to enter text.	
2. Is a supervised return to training period necessary? Yes No (complete (complete (complete 2.1,2.2 & 2.3) 2.3)	
^(2.1) Please give details: This must include details of the overall plan for supervised return to training period and the level of supervision required	
Click here to enter text.	
(2.2) Required assessment(s) in this period: These must include assessments of <u>observed</u> practice and may include workplace based assessments (WPBAs) and logbook evidence. <i>Nu details should be discussed with the clinical supervisor for the returning post</i> Click here to enter text.	3:
^(2.3) Date of Review Meeting: Click here to enter text.	
^(2.4) Reason for no period of increased supervision: If, in <i>exceptional</i> circumstances, the decision has been made by both trainee and the Educational Supervisor / Training Programn Director that the supervised return to training period is unnecessary, please provide documentary evidence below that the trainee has maintained active clinical practice during the absence. If this is provided, then this form confirms that the trainee and Educational Supervisor are confident that the trainee can to return to "normal duties" from the date signed of this meeting	ne
Click here to enter text.	
ES or TPD Name: Click here to enter text.	
Signature: Date: Click here to enter text.	
Trainee Name: Click here to enter text.	
Signature: Date: Click here to enter text.	

SECTION C (to be completed by the SuppoRTT APD/ DD if addition support has been requested)

SuppoRTT APD approval: Yes/ No, please provide details

Click here to enter text.

Signature:

Date: Click here to enter text.

Once completed please send a copy of this form to the TRAINING PROGRAMME DIRECTOR and the SuppoRTT Team (supportt.yh@hee.nhs.uk)

A copy also needs to be retained in your portfolio

APPENDIX C: Return to Training Form: Review Meeting

This form should be used for ALL review meetings after the Initial Meeting

Return to Trainin	g: Review Meeting Form
SECTION A (to be completed by the Train	ee)
Date of Review Meeting: Click here to enter	r text.
Trainee Surname: Click here to enter text.	Trainee Forename: Click here to enter text.
NTN: Click here to enter text.	GMC No: Click here to enter text.
Specialty: Click here to enter text.	Grade (CT/ST etc): Click here to enter text.
Educational Supervisor Name: Click here to enter text.	Training Programme Director Name: Click here to enter text.
Place of training prior to absence: Click here to enter text.	Place of training on return: Click here to enter text.
Date absence commenced: Click here to enter text.	Date of return: Click here to enter text.
Reason for absence: Click here to enter tex	
Section B (to be completed by the Trainee	e, ES or TPD)
Please provide detailed summery of the d Discussion should include (but not limited to) Summary of observed ass Overall progress Outstanding concerns Any additional learning net	sessments & logbook
Click here to enter text.	
Extension to supervised return to training required?	y period Yes (complete,1,2,3) No
(1) Places give details. This should include	reasons why a further period is required and details
of the overall plan for extended supervised re	

⁽²⁾ **Required assessment(s) in this period:** These must include assessments of observed practice, and may include workplace based assessments (WPBAs) and logbook evidence. NB: details should be discussed with the clinical supervisor for the returning post.

Click here to enter text.

⁽³⁾ Date for further Review Meeting (if extension is required):

Click here to enter text.

ES or TPD Name: Click here to enter text.

Signature:

Date: Click here to enter text.

Trainee Name: Click here to enter text.

Signature:

Date: Click here to enter text.

Once completed please send a copy of this form to the TRAINING PROGRAMME DIRECTOR and the SuppoRTT Team (supportt.yh@hee.nhs.uk)

A copy also needs to be retained in your portfolio

APPENDIX D: Individualised Action Planner

Trainee:	Returning location:	Returning department:	

	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:	

Once completed please send a copy of this form to the TRAINING PROGRAMME DIRECTOR and the SuppoRTT Team (supportt.yh@hee.nhs.uk)
A copy also needs to be retained in your portfolio