

Returning to Training in the School of Medicine

Guidance for Trainees in Yorkshire and the Humber

Last reviewed October 2017

This guidance is written specifically for trainees at any level from CT/ST1 up to ST8 level in the School of Medicine, Yorkshire and the Humber. It builds upon the HEEYH “Return to Training Scheme” guidance¹ and makes it more relevant to the School of Medicine. Trainees may return to training for a number of reasons with the more common being parental leave, ill health and out of programme periods (including research). It’s generally recognised that a period out of training of greater than 3 months can have significant implications for both a trainee’s confidence and competence. This document is designed to help you understand what support is available and outlines what to expect around this period.

Who is this for?

As above, this guidance is for anyone returning to training following a period of absence for any reason. It is not purely for those returning from parental leave (indeed only a quarter of those taking time out of training in Yorkshire and the Humber are doing so for parental leave at any one point in time).

Do I need to read the HEEYH “Return to Training Scheme” guidance¹?

Yes – this document needs reading alongside the return to training scheme guidance as it defines both the exact rules and requirements but also contains the pre-absence, initial review pre-return and subsequent review meeting post-return forms.

What are the key points?

The first key point is that everyone who returns to training should have an individualised plan. Although there may be similarities between trainees, there are a huge number of variables such as previous experience, duration of time out, previous periods away from training, clinical activities during the period out, the job the trainee is return to, whether the return is to full or less than full time training and also individual characteristics. Therefore nothing is prescribed other than the assessment and planning parts outlined in the return to training scheme guidance – everything else is a suggestion.

The second key point is that anyone absent for more than 3 months has to follow the “Return to Training Scheme” whereas it’s optional for those absent for less than 3 months but is certainly something to consider. This document primarily addresses those taking breaks of greater than 3 months but if your break is shorter than this and you feel you may benefit from any of the ideas described below, we encourage you to follow this guidance as you feel is beneficial in discussion with your Educational Supervisor (ES)

What should I do before I take a break from practice?

This is outlined in the return to training scheme guidance and referred to as a “pre-absence meeting.” This is a meeting between the trainee and their ES to discuss how the trainee might

Returning to Training in the School of Medicine

keep up to date and any particular concerns they may have about returning. This should be documented on the form in the appendix and returned to the TPD.

What if I don't have time to prepare?

There are obviously some circumstances where preparation for time away from training isn't possible or appropriate. In this case, we'd encourage you to meet with your ES as soon as is practicable to go over the same issues and plan a return on the same form.

What should I do prior to coming back?

Again this is outlined in the return to training scheme guidance and referred to as the "Initial review." It's advised this should take place 6-10 weeks prior to estimated date of return but that this can be flexible depending upon the needs of the trainee. Here the trainee and ES agree a plan around the pre-return and return period. You'll note that this may well not be enough time to book onto courses etc. hence the benefit of the pre-absence meeting. The documentation of this meeting should also be submitted to the TPD.

One important part of this meeting is to agree upon a supervised period (or not). This is outlined below.

What is the supervised period?

The Return to Training Scheme guidance states that:

"Upon return to work there should be a period under increased supervision including any on-calls, during which time workplace-based assessments should be performed...for the majority of cases it is expected that a supervised period will be required."

Given that this is a supervised period, if there's a time (such as night shifts or evening on-call) where the trust is unable to supervise a trainee adequately then they shouldn't be rostered to do these shifts given this is a patient safety issue.

This period should include observed practice and workplace based assessments as well as logbook evidence (if appropriate).

The trainee and ES should meet at a pre-determined time towards the end of the supervised period and record this using the "review meeting" template. This form confirms either that the trainee is able to return to "normal duties" from a defined date or documents a decision to extend the supervision period.

There isn't a defined period required for supervision it's simply left between the trainee and ES to agree what is needed and it's entirely possible this period may be a good number of weeks or even months if needed. If you're unable to agree a timeframe with your ES see "What if I'm having difficulties..." below

Who can I meet with to plan my return?

Ideally your planning, initial and review meetings should be with the same person but we note that trainees may return in both a different trust and with a different ES to when they left. You can complete the required forms with a previous CS, ES or experienced consultant with the

Returning to Training in the School of Medicine

agreement of both them and your ES upon return. If you're unsure who to have these meetings with your TPD should be able to advise.

What activities are available around the return to training period?

There's no definitive list on what is or is not available to any specific trainee. It's simply up to an individual and their Educational Supervisor (ES) to agree and document their plan. Agreement around funding (if required) is via the TPD on curriculum delivery (AKA Study Leave) forms.

For Core Medical Trainees HEE will fund simulation in the form of the ASCME course and procedural skills courses.

For Higher Trainees HEE will again fund the procedural skills course and are presently looking at developing a "returning as the medical registrar course." Whilst this is being developed or if there is something specific to returning in your speciality at this level that you are aware of your TPDs are encouraged to agree to fund this.

There are many other activities available such as supervised work (ensure your indemnity covers this); shadowing or observation of clinical activities; relevant conferences or meetings to update/refresh specific knowledge; study days; courses or team meetings; extended meetings with your Educational or Clinical Supervisor to go over local changes or changes in practice; student examinations or teaching of students and potentially more – if you and your supervisor feel it's relevant and your TPD agrees to fund it (if needed) then you can do it.

What about timing this around leave?

There's no requirement about when to do these around your period out of training and it's up to you and your ES to decide when is best to do these things. Some courses may be run infrequently and so it may be best going on them a few months prior to coming back or indeed a few weeks after coming back – it all depends on you.

Obviously different reasons for absence may have different constraints placed upon them – those on extended leave for health reasons or parental leave may (potentially) have more flexibility than those employed doing something else (such as research) where they may need the agreement of their employer as well. For this reason, if appropriate we're happy for you to arrange these activities in the period following return (with agreement from your ES).

Any specific points regarding parental leave?

The average duration of parental leave that doctors take is increasing and it's no longer unusual for it to be 52 weeks in duration. It's also not unusual for people to return to training at less than full time. There is separate guidance available from the School of medicine on less than full time training² if this is relevant to you.

Those on parental leave can take up to 10 Keeping in Touch (or KIT) days. These are detailed below.

Who can get and what are KIT days?

These are up to 10 paid days available to anyone who is taking parental (including adoption) leave and must be agreed between the employer and employee and don't bring to an end the parental leave period. They are there to facilitate a smooth transition back to work and there's

Returning to Training in the School of Medicine

no requirement on what they include or exclude but we'd expect ideas around them to be discussed with your Educational Supervisor as part of your pre-absence form completion meeting. Everything included in the section "What activities are available..." above would be included.

The rules around them are best described in the NHS Terms and Conditions of Service Handbook³. Key points from this include:

Paragraph 15.18: "The employee will be paid at their basic daily rate for the hours worked, less appropriate maternity leave payment for KIT days worked."

Paragraph 15.12: "To enable employees to take up the opportunity to work KIT days, employers should consider the scope for reimbursement of reasonable childcare costs or the provision of childcare facilities."

Paragraph 15.19: "Working for part of any day will count as one KIT day."

Paragraph 15.16: "The work can be consecutive or not and can include training or other activities which enable the employee to keep in touch with the workplace."

Details regarding pay should be discussed with your employing organisation. Reimbursement or payment for courses should be claimed via the curriculum delivery (AKA study leave) forms but obviously sections such as "rota-coordinator" approval aren't relevant. As usual your TPD has to authorise expenses but the guidance in "What activities are available..." above should help clarify what you can expect. You may be asked to get confirmation that KIT days have been completed for your employer. We would expect a confirmatory email from the person supervising the day would be enough but if something more is required by your employing trust they will advise you accordingly.

What happens if I take shared leave?

This doesn't affect the described process at all – this is about individuals. If you take a month off and agree with your ES that you don't need to do anything more then that's fine but if your partner takes 4 months off then they have to go through this process. Equally, if you both take more than 3 months off, you both have to have these meetings and reviews individually.

What about local induction?

Local induction is up to individual trusts and departments and consequently isn't something we can cover here.

What if I'm having difficulties with any of the above?

The returning to training scheme guidance isn't optional – your ES has to do this with you. The School of Medicine within HEE have agreed to fund the simulation courses described above and the NHS terms and condition of service handbook describes the KIT scheme. If you're having trouble with anything outlined above, the usual escalation chain would be through your ES to TPD to Deputy Head of School to Head of School for medicine.

Returning to Training in the School of Medicine

-
- ¹ HEEYH (2017) Return to Training Scheme. Available from <http://yorksandhumberdeanery.nhs.uk/media/969184/Return%20to%20training%20Mar17.pdf> [accessed 04/10/17]
- ² HEEYH LTFT Trainee Guidance. Available from http://yorksandhumberdeanery.nhs.uk/pgmde/policies/less_than_full_time/ [accessed 19/10/17]
- ³ NHS Terms and Conditions of Service Handbook. Available from: <http://www.nhsemployers.org/tchandbook> [accessed 04/10/17]