

Name of Guidance	Return to Training Scheme
Category	Professional Support
Authorised by	Postgraduate Dean's Senior Management Team
Date Authorised	March 2014
Next Review Date	March 2019
Document Author	Peter Taylor

Version	Date	Author	Notes Reason for Change, what has changed, etc
1	March 2014	Peter Taylor	New guideline
1.1	March 2016	Jill Hanson, Business Manager	Amendments in line with new HEE branding guidelines
1.2	March 2017	Peter Taylor	Content review with no changes recommended

Section 1: Introduction

Trainees may be absent from training and active clinical practice for a number of reasons including maternity/paternity leave, research, ill health, OOP etc. In some cases trainees have been expected to return to full duties, including on-calls, after a prolonged period of absence and potentially in a new hospital, which has implications for patient safety.

The purpose of this scheme is to promote patient safety and quality of care, whilst giving trainees an opportunity to regain their confidence and previously acquired skills more quickly and safely.

The scheme is designed to be flexible to take into account the differing nature and length of absence, as well as the stage of the trainee, to ensure that the individual can safely and confidently return to training.

Section 2: Overview of Scheme

Participation in the scheme is compulsory for absences of 3 months or more. It can be “opted into” for absences shorter than 3 months if desired, but any phased return/training plan devised by occupational health or HR should take precedence.

Section 3: Pre-Absence Meeting

Planned absence: Where possible the trainee should meet their Education Supervisor¹ at a **Pre-Absence meeting** before their period of absence to discuss how the trainee might keep up to date and any particular concerns they may have about returning.

The trainee and Educational Supervisor should complete the Pre-Absence Form (Appendix A) detailing the discussion and then send a copy of this to the Training Programme Director (TPD). The TPD should then send a copy to the appropriate Programme Support team at HEYH. The trainee should also keep a copy of in their portfolio.

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

Section 4: During Absence

What clinical practise the trainee does during the absence will be dependent on the nature of the absence and what the trainee chooses to do.

If the employer and the trainee agree, then the trainee can use their Keeping in Touch (KiT) days to attend study days, courses or team meetings.

Section 5: Prior to Return

Once a timeframe for return is known then the trainee should meet with their Educational Supervisor for an **Initial Review** (using Appendix B). The aim of the meeting is to agree an individualised plan for return accommodating any specific concerns, learning needs and required assessments.

It is advised that this takes place 6 – 10 weeks prior to the estimated date of return, allowing enough time for the trainee to be incorporated into the rota. However, this should be flexible depending on the needs and circumstances of the trainee.

Section 6: Supervised Period

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. After this supervised period the trainee and Educational Supervisor should 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. Once the trainee and Educational Supervisor are both satisfied with the trainee's progress then the trainee can be signed off to return to 'normal duties'.

For the majority of cases it is expected that a supervised period will be required. However for shorter absences when the trainee has maintained active clinical practice a supervised return period may not be necessary. Good evidence of this must be documented on the Return to Training form and the lack of a supervised period agreed with the Training Programme Director.

¹ A trainee may wish to meet with an appropriate mentor (usually a previous CS or ES or experienced consultant) rather than their Educational Supervisor. This is considered acceptable provided the Educational Supervisor has given their prior agreement to this.

Section 7: Return review

Towards the end of the supervised period the trainee and educational supervisor should meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training (see below). If the trainee and educational supervisor are satisfied with the trainees progress then the trainee can be signed off and return to normal duties.

Section 8: Extension of supervised period

In some cases, an extension of the supervised period may be required. If so, a further **Return Review Meeting** (using Appendix C) should take place after an agreed period to review progress with a view to the trainee being signed off to return to 'normal duties'.

References:

Return to Practice Guidance, *Academy of Medical Royal Colleges*, April 2012

http://www.aomrc.org.uk/doc_details/9486-return-to-practice-guidance

Recommendations for Supporting a Successful return to Work after a period of absence, *Royal College of Anaesthetists*, March 2011,

<http://www.rcoa.ac.uk/document-store/career-breaks-and-returning-work>

APPENDIX A: Pre-absence Form

If possible this form should be completed by the trainee doctor and their Educational Supervisor, before the trainee doctor is due to go on absence.

The return to work scheme is compulsory for absences of 3 months or more, but can be opted into for absences less than 3 months if the trainee or Educational Supervisor feel it is necessary.

Trainee Name:		GMC Number:	
Specialty and level:		Educational Supervisor:	
Current place of training:		Anticipated date of absence:	
If known, place of return to training:		Estimated date of return:	
Reason for Absence:			

<p>Summary of discussion between trainee and Educational Supervisor:</p> <p>Discussion parameters:</p> <ul style="list-style-type: none"> • Keeping up to date • Use of Keeping in Touch days • Particular concerns

Are you happy for HEEYH to contact you whilst you are absent? (please circle)	Yes	No
If Yes then please provide your preferred contact details:		
Address:		
Email Address:	Phone Number:	

Signed:	Trainee:		Date:	
	Educational Supervisor:		Date:	

ONCE COMPLETED PLEASE SEND A COPY OF THIS FORM TO THE TRAINING PROGRAMME DIRECTOR

A copy also needs to be retained in your portfolio

APPENDIX B: Return to Training Form: Initial Meeting

Date of initial Meeting:			
Trainee Name:		GMC Number:	
Specialty and level:		Educational Supervisor:	
Place of training prior to absence:		Date absence commenced:	
Anticipated place of training on return:		Anticipated date of return:	
Reason for Absence:			

Intention to return to training Full Time or Less than full time (LTFT)? (please circle) If LTFT Please see our website for more details http://www.yorksandhumberdeanery.nhs.uk/policies/less_than_full_time/	Full Time	LTFT
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Summary of discussion between trainee and Educational Supervisor: Discussion should include: <ul style="list-style-type: none"> Anything done to keep up to date Any work done during absence: on calls, KiT days etc. Any particular concerns over returning

Is a supervised return to training period necessary (please circle):	Yes (complete (1), (2) and (3))	No (complete (4))
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(1) If yes, please give details. To include: This must include details of the overall plan for supervised return to training period and the level of supervision required

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

(3) Date for review meeting (if a supervised training period is required):	
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(4) If, in *exceptional* circumstances, the decision has been made by both trainee and the Educational Supervisor 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

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Signed:	Trainee:		Date:	
	Educational Supervisor:		Date:	

ONCE COMPLETED PLEASE SEND A COPY OF THIS FORM TO THE TRAINING PROGRAMME DIRECTOR
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

Date of Review Meeting:			
Trainee Name:		GMC Number:	
Specialty and level:		Educational Supervisor:	
Place of training prior to absence:		Date absence commenced:	
Anticipated place of training on return to training:		Anticipated date of return:	
Reason for Absence:			

<p>Summary of discussion between trainee and Educational Supervisor: Discussion should include:</p> <ul style="list-style-type: none"> • Summary of observed assessments and logbook • Overall progress • Outstanding concerns
<p> </p>
<p>What additional learning needs have been identified?</p>
<p> </p>

Extension to supervised period required? (please circle):	Yes (complete (1), (2) and (3))	No (complete (4))
<p>(1) If yes, details of extension period: This should include:</p> <ul style="list-style-type: none"> • reasons why a further period is required and • details of the overall plan for extended supervised return to training period 		
<p> </p>		
<p>(2) Required assessment(s) in this period: These must include assessments of observed practice, and may include workplace based assessments (WPBAs) and logbook evidence <i>NB: details should be discussed with the clinical supervisor for the returning post</i></p>		
<p> </p>		

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(3) Date for further review meeting (if an extension is required):	
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(4) If no, 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 below
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Signed:	Trainee:		Date:	
	Educational Supervisor:		Date:	

ONCE COMPLETED PLEASE SEND A COPY OF THIS FORM TO THE TRAINING PROGRAMME DIRECTOR A copy also needs to be retained in your portfolio
