Supported Return to Training (SuppoRTT)

Guidance

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| **Version:** | | 9 | |
| **Ratified by:** | | YH Professional Support Group  YH Postgraduate Dean’s Senior Management Team | |
| **Date ratified:** | | April 2024 | |
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| **Date issued:** | | April 2024 | |
| **Review date:** | | April 2025 | |
| **Target audience:** | | Educators & PGDiTs returning to training | |
| **Document History** | | | |
| **Version** | **Date** | **Author** | **Notes - reason for change, what was changed** |
| 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 Richardson | Content updated to clearly define all processes |
| 6 | April 2020  September 2020 | Victoria Richardson  May Teng | Meeting Forms replaced with electronic  ‘Adjustments in response to COVID 19’ section added |
| 7 | October 2021 | Victoria Richardson | Updated guidance with new HEE branding |
| 8 | January 2023 | Lindsay McLoughlin | Content refined to reflect current process; removal of COVID-19 references; links to forms updated. |
| 9 | April 2024 | Lindsay McLoughlin/Kathryn Bacon/Maya Naravi/ Claire Murphy | Structure and content reviewed and streamlined. |

# Document Status

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# Executive Summary

This guidance document is provided to advise of the Supported Return to Training (SuppoRTT) process in NHSE Yorkshire and Humber (NHSE YH), detailing the main stages, from absence planning to post-return to training and the meetings required at each stage.

Please note, for the sake of brevity, the term ‘PGDiT’ within this document is used to refer to postgraduate Doctors, Dentists and Public Health Registrars in training.

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), SuppoRTT Champion.

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# Introduction

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

In response, NHSE have created the Supported Return to Training (SuppoRTT) programme to develop guidance, process and resources for PGDiTs throughout England. This guidance is specific to the NHSE 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 lengths of absence, as well as the speciality and experience of the PGDiT. This is to ensure that the individual can safely and confidently return and practice within their training programme.

If a PGDiT has been out of training for a period of absence of three months or more, they may be entitled to a supernumerary period and/or enhanced supervised period. This can only be accessed if the PGDiT follows 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 PGDiT’s phased return plans.

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

# Overview of the SuppoRTT Process

## **Prior to Absence**

It is recommended that an **absence planning meeting** should take place three months prior to the start of the PGDiT’s period of planned absence. If the absence is unplanned, this meeting can take place later.

Absence planning meeting

with Educator/Supervisor

Discussion Points; CPD Use of KIT/SPLIT days Any concerns

Absence planning form completed and submitted to NHSEYH SuppoRTT Team

## **During Absence**

All PGDiT’s are encouraged to access the activities offered via the SuppoRTT programme, including access to a coach. Funding to attend appropriate external activities may be accessed via the [SuppoRTT CPD Funding Process](https://www.yorksandhumberdeanery.nhs.uk/learner_support/supported-return-training/trainee-courses-and-events#CPD%20Funding).

Attend SuppoRTT courses and events

Access Coaching

Access external courses or events via SuppoRTT CPD Funding

## **Prior to Return**

Once a timeframe for return is known, the PGDiT 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.

Initial Return Meeting with Educator/Supervisor

Discussion Points; bespoke plan of return, Supernumerary and/or Enhanced Supervised period, Concerns, Review Date

Initial Return Meeting Form completed and submitted to NHSEYH SuppoRTT Team

## **Review of Return**

Towards the end of the supervised period the PGDiT and appropriate Educator/Supervisor will have a **Review Meeting** to discuss the PGDiT’s progress, review assessments, address any concerns and arrange any further targeted training.

Review Meeting with Educator/Supervisor

Discussion Points; overall progress/ additional learning needs/ outstanding concerns

Review Meeting Form completed and submitted to NHSEYH SuppoRTT Team

# Absence planning Meeting

It is recommended the PGDiT meets with their appropriate Educator/Supervisor at least three months prior to their period of absence for an absence planning meeting. The purpose of this meeting is to discuss how the PGDiT **may wish** tokeep in contact with their Educator/Supervisor (if appropriate for their circumstances) and highlight any concerns they may have about their future return to training. If maintaining contact is agreed at this meeting, it should also be agreed who will be responsible for initiating the contact and what the PGDiT’s preferred email address for contact is.

In the event of a sudden illness/unpredictable absence, an absence planning meeting may not be possible. However, a meeting should be held as soon as is convenient.

Educators/supervisors are encouraged to use the Academy of Medical Royal Colleges (AoMRC) planning absence questions and actions (see [Appendix A](#_Appendix_A:_AoMRC)) to help facilitate the discussion at this meeting. Discussions at the absence planning meeting should be documented on the [absence planning meeting form](https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO49Zb_l6d5LJKn1hO7dgTrQlURjNRNjBYR1BXTjkzMk5HMEgyWUE3RjRBMy4u). This is an electronic form which is automatically sent to the SuppoRTT team once submitted. A copy of the Absence planning form will be added to the PGDiT’s personal file. **The PGDiT is advised to also upload a copy to their e-portfolio**.

The appropriate Educator/Supervisor may also provide the PGDiT with a copy of the Individualised Action Planner (see [Appendix C](#_Appendix_C:_Individualised)) for the PGDiT to complete to identify what support they may require prior to their return.

# During Absence

Where the period of absence lasts for at least three months, **all** PGDiTs are encouraged to enter the NHSEYH SuppoRTT programme and engage with it during their absence. This enables access to; clinical and non-clinical activities and courses, as well as Mentorship / Coaching. PGDiTs can participate in the programme of activities and events at any stage during their absence.

PGDiTs will be contacted by the NHSEYH SuppoRTT Team and/or their appropriate Educator/Supervisor during their absence to notify them of as the available activities 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 PGDiT’s Employers.

NHSEYH recognises that PGDiTs may also wish to attend speciality specific courses / events / meetings outside of the regional SuppoRTT programme that will aid in their return to training. PGDiTs can apply for individual funding from the SuppoRTT budget to attend such events via the [SuppoRTT CPD Funding Process](https://www.yorksandhumberdeanery.nhs.uk/learner_support/supported-return-training/trainee-courses-and-events#CPD%20Funding)**.**

# Initial Return Meeting

It is advised that the PGDiT and appropriate Educator/Supervisor have an Initial Return Meeting within 8-12 weeks before the estimated date of return. Where a PGDiT is absent owing to health reasons and a complex return is anticipated, we recommend having this meeting sooner to ensure appropriate arrangements are in place well in advance.

The aim of the Initial Return Meeting is to create an individualised plan of return which will consist of identifying and discussing:

* Specific concerns about returning to the clinical environment.
* Learning & training needs (including possible assessments or courses that the PGDiT should attend).
* The need for a supernumerary and/or period of enhanced supervision.

Appropriate Educators/Supervisors are encouraged to use the Academy of Medical Royal Collages (AoMRC) return to practice questions and actions (see [Appendix B](#_Appendix_B:_AoMRC)) to help facilitate the discussion at this meeting.

Discussions should be fully documented on the [Initial Return Meeting form](https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO49Zb_l6d5LJKn1hO7dgTrQlUMFlWRFdSUlhFVUg3WjZKTFdNQlJBUkwxSy4u). This is an electronic form, and a copy is automatically sent to the SuppoRTT team upon submission. **The PGDiT is advised to upload a copy to their e-portfolio**.

It is the responsibility of the Appropriate Educator/Supervisor to communicate and agree any adjustments required with the relevant departments /

individuals, i.e., medical departments/supervisors/medical education and rota coordinators.

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

# Complex Returns

PGDiTs who have been absent for more complex reasons may request a one-to-one meeting with a SuppoRTT Associate Dean who may be able to offer the PGDiT additional pastoral support and guidance. This should **not** delay the PGDiT’s 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. Such a meeting can be requested by emailing [england.suppo-rtt.yh@nhs.net](mailto:england.suppo-rtt.yh@nhs.net).

# Supernumerary Period

A supernumerary period is typically described as a short, intense period where the PGDiT 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 PGDiT 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 PGDiT dependent on their needs.

This period could include, but is 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 Educator/Supervisor.**

* All PGDiTs returning from a period of absence of six months or more, are entitled to a three-day supernumerary period running consecutively from their return to training date (excluding GPPGDiTs in practice posts\*). Salaries will be paid by the employing Trust. NHSE YH 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 the Education Contract.
* The PGDiT and appropriate Educator/Supervisor should discuss the length of supernumerary period required and this should be detailed in the Initial Return Meeting Form.
* In exceptional circumstances the appropriate Educator/Supervisor may request an extended supernumerary period, lasting longer than three days. The reasons for this request should be detailed in the Initial Return Meeting Form. The request will be reviewed by a SuppoRTT Associate Dean and an approval decision will be provided by the SuppoRTT team via email.

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

\*GPs returning to in-practice posts can request supernumerary funding if there are extenuating circumstances, and the decision is at the discretion of the Associate Deans.

# Enhanced Supervision

A period of enhanced supervision is typically described as a short, intensive period of focused learning activities and direct observation of clinical activities with the aim of enabling PGDiT to return to normal duties safely and confidently. It is expected that during this time PGDiTs 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 PGDiT, dependent on their needs.

This period could 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.

* It is recommended that **all** PGDiTs returning from a period of absence of three 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 PGDiT 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 as to why must be documented on the Initial Return Meeting Form.

**Please note NHSE YH do not contribute financially to enhanced supervision.**

# Review Meeting

The PGDiT and appropriate Educator/Supervisor should meet to review the PGDiT’s return to practice, at the end of any supernumerary/enhanced supervision period. Where the PGDiT has not requested a period of supernumerary or enhanced supervision, the meeting should take place within four weeks of their return to clinical duties.

The aim of the **Review Meeting** is to discuss the PGDiT’s progress, review assessments and feedback, address any remaining concerns and arrange any further targeted training.

All discussions are to be documented on the [Review Meeting Form](https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO49Zb_l6d5LJKn1hO7dgTrQlUNFcyQUdMNENZOUJVWUdSWVNNS0kwUVlEQy4u). This is an electronic form, and a copy is automatically sent to the SuppoRTT team upon submission. **The PGDiT is advised to also upload a copy to their e-portfolio**.

If the PGDiT and appropriate Educator/Supervisor are satisfied with the PGDiT’s progress, then the PGDiT can be signed off and return to normal duties.

If the PGDiT and appropriate Educator/Supervisor agree that an extension to the supervision period is appropriate, additional Review Meetings should be arranged and documented until both the PGDiT and appropriate Educator/Supervisor agree the process is complete and the PGDiT can return to normal practice.

# Annual Review of Competence Progression (ARCP)

All PGDiTs will undertake an Annual Review of Competence Progression (ARCP), however, there are occasions where PGDiTs may have more than one ARCP if they have taken a period of absence from their training programme. NHSE recommends that an ARCP is arranged at the following periods:

* In the case of a planned absence: the PGDiT must undertake an ARCP two months prior to the start of the absence.
* In the case of an unplanned absence: the PGDiT and appropriate Educator/Supervisor must arrange an ARCP when applicable.

This will review the period from the last ARCP to the start of the PGDiT’s absence.

# Appendix A: 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: 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?

1. 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?
2. 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?
3. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
4. If the doctor is a trainee, what are the plans for a return to learning?
5. Is the doctor having a staged return to work on the advice of Occupational Health?
6. 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)
7. Are there other factors affecting the return to practice or does the doctor have issues to raise?
8. 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?
9. 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: 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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