GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

HEIW Medical Deanery Guidance on Planning Return to Work for Doctors in Training

Introduction

Trainees' perception of vulnerability when returning to work is the subject of increased concern for statutory education bodies, the GMC, employing organisations and the trainees themselves. Returning to work presents challenges to trainees' confidence and competence, which are likely to increase in keeping with the duration of absence from regular clinical practice.

Parental leave is the most common reason for an extended period of absence; additional reasons include other caring responsibilities, periods of ill health, or time Out of Programme (OOP) involving reduced clinical exposure. Return to practice may coincide with less than full time (LTFT) working, particularly in the group returning after parental leave, presenting additional complexity in planning working/training opportunities and home life.

In addition to concerns over safe clinical practice, trainees have commonly encountered difficulties associated with joining workplaces outside the usual windows of rotations. Problems with joining payrolls, receiving identification badges and IT systems logins, as well as departmental inductions, create needless difficulties of the sort cited in *Caring For Doctors, Caring For Patients (GMC 2019)* as "pebbles in the shoes", which can be detrimental to morale.

The GMC in Wales has conducted specific research into trainees' experience of return to practice. This found that trainees would value access to individuals within training organisations and health boards who understand the processes involved in return to clinical practice and can guide them through the situation. For training organisations, this might be the Training Programme Director, or this could be delegated to a specific individual with the Specialty Training School. Within Health Boards and GP Practices, trainees expressed a preference to have a named clinician to contact as well as administrative staff with expertise in this area.

Reintegration into clinical practice should include individualised training and support: during the period of absence, at induction, and following return to work.

In England, HEE have invested in "SupporTTT", a resource aimed at supporting programmes within individual HEE regions to provide guidance and disseminate good practice, as well as funding education and training provision directly.

Within Wales, there is significant variability in trainee experiences. There is no "standard offer" from employers and doctors are expected to liaise with local departments in an ad hoc fashion to arrange it. Velindre Hospital was highlighted as a workplace which offered full individualised induction to returning doctors.

Several specialties in Wales provide additional training opportunities aimed at returning doctors, in the form of simulation workshops or other events. In some cases this is co-ordinated with other Deaneries in order to increase the available numbers of doctors. There was variability among specialties as to the ability to support supernumerary status at the beginning of returning to work, and to avoid unsupported work out of hours during this period. Paediatrics offers a mentorship programme, led by a trainee, which pairs returning doctors with those in the same workplace who have previously returned to work.

The Academy of Medical Royal Colleges and Joint Royal Colleges of Physicians Training Board have set out broad principles and suggestions for the level of support likely to be required following different periods of absence. They have also provided checklists for use at the beginning and end of the period of absence to facilitate establishing doctors' needs and plans. They note that absences of over 3 months are likely to require escalation of support versus shorter absences.

Doctors returning to clinical practice need a process which is consistent, accountable to their needs, and promotes psychological safety. It will need to be individualised to their particular circumstances including the reason for absence and its duration, as well as their level of training.

This guidance document summarises existing good practice and makes recommendations regarding the delineation between trainees, training organisations, educational supervisors, and host employers. Planning for return to practice should begin from the time that a need for absence is known; continue throughout the period of absence; engage all relevant parties in the run-up to return to practice; and continue following return to work.

Guidance from Academy of Medical Royal Colleges

Who is this for?

All doctors returning to the same clinical area as previously practiced following absence for any reason (including those returning to their usual practice after working in a different area of clinical practice).

Absence duration	
<2 weeks	No action required for absence <2 weeks (AOMRC)
2 weeks to 3 months	2 weeks to 3 months – no formal actions, mention in ES report (AOMRC)
3 to 6 months	Document using formal process, no requirement for specific RTP (AOMRC)
6 months to 2 years	Likely to require period of enhanced supervision RTP of 2-4 weeks (AOMRC)
2-4 years	Likely to require 4-8 weeks enhanced supervision 4-8 weeks (AOMRC)
Longer absence	Joint discussion between ES, TPD, LETB/Deanery regarding continuing (AOMRC)

The guidance table below outlines an approach for those trainees who are likely to or are returning to practice after a six month absence or more.

	Before Period Of Absence	During Period Of Absence	Approaching Return To Work	During Return To Work
Trainee	Send update of planned absence	Maintain contact with ES	Meet with ES approx. 6-8 weeks before RTW	Ensure regular meetings with clinical/educational supervisor
	Complete relevant documentation	Record work / CPD undertaken	Complete relevant documentation	
			Self-assess education needs for RTW	
HEIW Medical Deanery Specialty School	Allow early designation of ES	Receive updates from trainee each 3-6 month	Joint meeting with workplace	Support "re-induction" to specialty
	Approve and document absence following recognised procedures	Follow established practice with regard to trainee progression e.g. ARCP	Return To Work checklist – individualised for longer absence	
			Meeting between ES / TPD / School LTFT lead	
Educational Supervisor	Allow early designation of ES	Maintain contact with trainee	Meet prior to RTW eg 6-8 weeks.	Involve several consultants/GPs in supervision and feedback
			Complete relevant documentation	May delegate responsibilities to local clinical supervisor
			Discuss on-call arrangements, assess competence and confidence	
Host Organisation		Keep In Touch days: Standardise eligibility Manage integration of KIT days with leave allowance		Support mentoring schemes

Overarching Duties	
HEIW Specialty School	Provide training and support sessions– locally and/or co-ordinating with neighbouring Deaneries Host relevant documentation on specialty specific website Individualised approach to support, including direction to Professional Support Unit if appropriate Named person responsible for Return To Work – may be TPD, LTFT lead or someone else Offer individualised meetings to trainee in order to plan Support a mentorship programme
Host Organisation	Plan for graduated return to work: Avoid scheduling night shifts within two weeks of return Support increased supervision and/or supernumerary status
	Occupational Health assessment and response

Specific factors for long term sickness absence:

- Use of "All Wales Document" for workplaces to plan return
- Likely to need longer period of adjustment
- Detailed Occupational Health Assessment may be needed

Links to resources

https://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revison_0617-2.pdf

https://www.jrcptb.org.uk/sites/default/files/JRCPTB%20GUIDELINES%20ON%20RETURN%20TO%20PRACTICE.pdf

Appendix 1 – Sources For Recommendations

Trainee Responsibilities

Recommendation	Existing Good Practice / Recommendation
Send updates of doctor's plan to responsible body, review progress after 3-6 months.	AOMRC recommendation
Maintain contact with ES during planned absence	JRCPTB recommendation
Meet with ES approximately 6-8 weeks before RTP, complete C7 RTW work on this occasion	JRCPTB recommendation
Complete C6 pre absence form prior to period of absence	JRCPTB recommendation
Record any work or CPD undertaken during absence	JRCPTB recommendation
List any plans for education regarding returning to practice	JRCPTB recommendation

HEIW Specialty School Responsibilities

Recommendation	Existing Good Practice / Recommendation
TPD maintains awareness of those returning to work	Paediatrics; Medicine highlighted deficit
Offer individual meetings with TPD	Emergency Medicine
Designated "return to work" trainee rep	Paediatrics
Mentorship programme	Paediatrics (allocated trainee with appropriate training within same hospital 8 week programme)
Early designation of Educational Supervisor ahead of return to work and/or meeting with ES before period off	Paediatrics, Anaesthetics
Provide training and support days locally	Anaesthetics, Emergency Medicine
Liaise with other deaneries /specialties to enhance offering for training and support days	Paeds, Anaesthetics (both SW Deanery) Emergency Medicine (attendance on Anaesthetic day)
Individualised support including direction to PSU if appropriate	Several specialties
Return To Work Checklist	Obstetrics
Host relevant documentation on specialty website	Emergency Medicine
Specific checklist for long term sickness	Anaesthetics

Meeting with ES/TPD/School LTFT Lead prior to return to work	Anaesthetics (6 weeks prior)
Meet jointly with College Tutor, ES, Dept. Manager	Anaesthetics
TPD specific / Specialty Manager role	Direct liaison with employer
Nominated STC lead for RTW (/LTFT?)	Madhu / GMC
Receive updates of doctor's plan, review progress after 3-6 months	AOMRC recommendation

Educational Supervisor responsibilities

Recommendation	Existing Good Practice / Recommendation
Meeting with ES/TPD/School LTFT Lead prior to return to work	Anaesthetics (6 weeks prior)
Meet jointly with College Tutor, ES, Dept. Manager	Anaesthetics
Maintain contact with ES during planned absence	JRCPTB recommendation
Meet with ES approximately 6-8 weeks before RTP, complete C7 RTW work on this occasion	JRCPTB recommendation
Involve several consultants in supervising RTP process and solicit feedback	JRCPTB recommendation
Discuss arrangements for on calls and assess competence and confidence eg via ACAT	JRCPTB recommendation

Employer / Host Organisation Responsibilities

Recommendation	Existing Good Practice / Recommendation
Avoid scheduling trainee on nights within two weeks of return to work	Paediatrics, Anaesthetics
Graduated return to work	Emergency Medicine, Anaesthetics JRCPTB recommendation
Keep In Touch Days	Paediatrics, Obstetrics, Emergency Medicine
Support increased direct supervision	Obstetrics, Chemical Pathology JRCPTB recommendation
Supernumerary arrangements if needed	JRCPTB recommendation
Meet jointly with College Tutor, ES, Dept. Manager	Anaesthetics
Assess specific occupational health consequences for health problems and/or pregnancy	Legal requirement

Provide appropriate departmental induction and mandatory training	JRCPTB recommendation
Ensure returning trainee familiar with local trust IT, name badges, etc.	JRCPTB recommendation
Support formal or informal mentoring	JRCPTB recommendation
Contribute to assessment of doctor's needs and arranging proportionate response	JRCPTB recommendation
Nominate a clinician within HB who can be asked questions directly by trainee	Madhu / GMC

Appendix 2

Example Form: Pre Planning (AOMRC)

Planning an absence from practice – recommended questions and actions

The following checklist of questions is recommended to be used pre-absence, where possible, in order to help with the identification of issues and facilitate support planning. A copy of the completed checklist should be given to the doctor.

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 Health Board, Trust or GP Practice.

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?

Signatures

Doctor …… Date …….

On behalf of the organisation …… Date …….

Appendix 3

Example Form: Return (AOMRC)

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?

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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:

— 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 — Changes to common conditions or current patient population information — Significant developments or new practices within their specialty — 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?

12. 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?

13. 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?

14. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?

15. If the doctor is a trainee, what are the plans for a return to learning?

16. Is the doctor having a staged return to work on the advice of Occupational Health?

17. 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)

18. Are there other factors affecting the return to practice or does the doctor have issues to raise?

19. 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?

20. 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?

Signatures

Doctor …… Date …….

On behalf of the organisation …… Date …….

HD/IC/MK January 2021