

Return to Work Policy for The School of Emergency Medicine, HEE NW

This document is applicable to those trainees returning to work in Emergency Medicine (EM) after a period of time away from training / EM work of 3 months or more. This will include those returning from maternity, paternity, parental leave, sick leave and any time out of programme that does not include relevant clinical work in Emergency Medicine.

The length of absence may influence the speed of return to practice and this is particularly pertinent to surgical specialties. Although there is a paucity of data, the following has been suggested by the Royal College of Anaesthetists:

- 3-6 months rapid return to practice
- 6-12 months will require some support
- >1 year will require a structured return
- >3 years will require significant period of supervision and assessment of progress

The Academy of Medical Royal Colleges report 'Return to medical practice Guidance' suggests that an absence exceeding three months is more likely to affect clinical skills and they provide a useful assessment around which to base local LETB practice.

Planning an absence from training

All trainees planning an absence with only very few exceptions are required to notify HEE North West in advance. This allows a plan to be put in place for what may be required during this time of absence and following return.

The trainee should have a planning meeting with their Educational Supervisor or Trust Specialty Training Lead to discuss their plans and in particular address the checklist in Appendix 1, addressing specifically how they might keep up to date and what they consider may be issues to address on their return. This will help to anticipate their requirements but also help draft a personalised provisional plan upon return. The appendix 1 paperwork should be returned to the TPD to inform them of the planned absence.

Keeping in touch (KIT) days

KIT days can include attending regional training days, simulation or ultrasound training afternoons. Attending courses or conferences relevant to EM training can also count as KIT days. We encourage trainees to keep in touch with the school with regard to their proposed return to work date and update the school of any changes at the earliest opportunity. The trainee can then be informed of the return to work training opportunities available in the region. KIT days can only be taken during periods of statutory maternity leave or SPLIT days (Shared Parental Leave in Touch days) during periods of Shared Parental Leave. Please note that if you are in a period of accrued leave you cannot undertake statutory KIT or SPLIT days.

Return to Work Review

The trainee should arrange to meet with their TSTL two months / 8 weeks prior to their return to work date for a post absence review. This aim of this meeting is to review the time out of training, identify any concerns and issues and to facilitate support and focused training, during the supported return phase. The supervised return to work period is for up to 4 weeks, depending on the trainees needs.(length of time out of training, time since last clinical work etc). The number and type of WPBA to be completed during this period should be agreed at this meeting. The document in appendix 2 should be completed and a copy returned to the TPD/HOS, and Lead Employer.

Health Education England

The trainee should plan to attend a return to work simulation run by the School of EM to update and refresh skills and address specific learning needs prior to returning to work.

Supervision during the return to work phase

All trainees will have direct shop floor consultant supervision during their return to work (RTW) period. This can be for up to 4 weeks and the time frame for this will be agreed between the trainee and their TPD / TSTL prior to their return to work. During this return to work period the trainee should not be the most senior Doctor working in the ED and should be clinically supervised by a consultant present in the Emergency Department at all times. If consultants do not work night shifts the trainee cannot work night shifts during this period. During the RTW period the trainee should complete work place based assessments (WPBA) particularly focusing on areas identified prior to return to training. At the end of the RTW period the trainee should meet with their ES to review WPBA, competencies and check they are ready to return to the full shift rota. The training unit will be required to document a Faculty Governance Statement after the RTW period to record whether the Doctor is ready to return to training

If the trainee or ES have ongoing concerns and /or the FGS raises concerns the RTW period can be extended for a further period of time with regular review of competency gain. At this stage the CCT date may need to be extended further – this would be reviewed when the trainee returns to full shift working.

Confirmation of readiness to return to training

At the point that the trainee is ready to return to training the confirmation of return to training document in appendix 3 should be completed by the ES and trainee and a copy returned to the TPD and Lead Employer.

Appendix 1: Planning an absence from practice form

1.	Length of absence (Is there any likelihood of an extension to this?)
2.	Length of current role
3.	Will there be an opportunity to participate in any 'Keeping in Touch' days/ SPLIT days (Shared Parental Leave) or other means of keeping in touch with the workplace? If so, how will this be organised?
4.	Additional educational goals which need to be completed during absence
5.	Training or support needed on return to practice
6.	Issues relating next ARCP to be considered
7.	Any anticipated difficulties with return to learning
Signatures	
Trainee	Date
ES/TSTL	Date

Appendix 2: Return To Work Plan

Return to Work Plan for:

Date of meeting:

Planned return to work date:

1.	Review of pre-departure checklist:
2.	Length of absence:
3.	Has absence extended beyond that originally expected? If so, what impact has this had? (If unplanned absence, please give reasons)
4.	What level of training is the trainee returning to and how long had they been practising in that role prior to absence?
5.	Forthcoming roles and responsibilities (In particular are there any new responsibilities, especially if ST3 to ST4):
6.	How does the trainee feel about their confidence and skills levels?
7.	What support would the trainee find most useful in returning to practice?
8.	Any relevant contact with work and/or practice, during absence (e.g. 'keeping in touch' days/ SPLIT days)
9.	Any changes since the trainee was last in post: e.g.: <ul style="list-style-type: none"> • new equipment, new NICE guidance, • Changes to RCEM curriculum • Significant developments or new practices
10.	Issues relating to the trainee's next ARCP and preparation for this
11.	Any other factors affecting the return to practice
12.	Has the trainee been put in contact with the return to work simulation team in order to book their RTT EM simulation session?
13.	Overview of plan for supervised return to work programme including attendance in a School of EM return to work simulation
14.	Evidence of active clinical practice during absence (only if supervised return to training deemed unnecessary)

15	Required assessments in this period (including WPBS & FGS)
16	Provisional date for confirmation of readiness meeting
<p>Signatures:</p> <p>Trainee Date</p> <p>ES/TSTL Date</p>	

Appendix 3: Confirmation of Return to Training

Name:		
Position:		GMC No.:
Place of work before absence:		
Date of return:		
Period of Absence:	From:	To:
Reason for Absence:		
Place of work on return:		
Intention to return to training: Full time LTFT		
Training undertaken during period of leave (e.g. induction, courses, Keeping in touch days / SPLIT days etc.)		
End of return to work programme comments (including number of WPBA completed)		

Confirmation by returning trainee

I feel confident in all respects to recommence full duties on: (date)		
Signed:	Printed:	Date:
Confirmation by educational supervisor/trust specialty training lead		
Signed:	Printed:	Date:

Authors

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Further information

Recommendations for Supporting a Successful Return to Work after a period of Absence, Royal College of Anaesthetists, March 2011.

www.rcoa.ac.uk/document-store/career-breaks-and-returning-work

Return to practice Guidance, Academy of Royal Colleges, April 2012.

www.aomrc.org.uk/publications/reports-a-guidance/doc_details/9486-return-to-practice-guidance.html

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk/education-and-exams/curriculum

[Lead Employer](#)

www.sharedservices.sthk.nhs.uk