

Name of Guidance	Supported Returning to Training (SuppoRTT) – North West
Category	Professional Support
Authorised by	Dr Shirley Remington, Deputy Dean for Learner Support
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Section 1: Introduction

Many trainees take time out of training for a number of reasons which can often vary in duration. This can include: Maternity Leave, Shared Parental Leave, Carers Leave and Sickness. It may also include a formal Out of Programme (OOP) period including: Career Break, Experience and Research.

In some cases, trainees who had a prolonged period of absence have been expected to immediately return to full duties, including on-calls without a re-introduction period, which potentially has negative implications for the trainee and patient safety.

The purpose of the Supported Return to Training (SuppoRTT) Guidance is to enhance the experience of doctors returning to clinical practice, enabling them to regain their confidence and previously required skills quickly and safely, significantly benefiting patient safety and quality of care.

The SuppoRTT Guidance has been designed to be flexible, considering the differing nature and length of absence, as well as the specialty and experience of the trainee.

Section 2: Overview of the guidance

The Academy of Medical Royal Colleges (AoMRC) suggests that a period of absence of 3 months or more is likely to have a significant impact on a doctor's clinical skills and knowledge. Therefore, Health Education England (HEE) **strongly advises** that trainees (Foundation to Higher Specialty) that have a period of absence of 3 months or more should adhere to the principles outlined within this guidance document and complete all relevant forms.

If a trainee is absent for a period less than 3 months, it is possible that they may not trigger the return to training process. However, the trainee may still wish to follow the processes outlined within this guidance document. It is advised that the trainee will need to discuss their needs with their appropriate educator / supervisor* to determine what support they will need during their period of re-introduction.

Regardless of the reason or duration of absence, if Occupational Health (OH) is involved, they may stipulate that the trainee requires a phased return which could include amendments to their working pattern. Therefore, 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 trainee's phased return plan to help outline the trainee's educational needs during their return period.

The location / post in which the trainee will return to will be determined by their local HEE office's established process. The placement of the trainee will be dependent on their stage of programme and the availability of posts.

Please note if a trainee has been out of training for a period of absence of 3 months or more, they are entitled to an enhanced supervision period.

It is the responsibility of **ALL** trainees and appropriate educators / supervisors* to ensure that they understand and follow the Return to Training process and documentation as outlined within this guidance document.

*A list of appropriate educators / supervisors can be found on page 8

Additional support can be accessed via the SuppoRTT Associate Postgraduate Dean (APD), Trust and School SuppoRTT Champions and the NW SuppoRTT Team. Contact details can be found on our website here: <https://www.nwpgmd.nhs.uk/supportt-contacts>.

Section 3: Pre-Absence

Planned absence: Where possible the trainee should meet their appropriate educator / supervisor* at a Pre-Absence meeting before their period of absence commences to:

- Discuss plans for their return, where possible.
- Set a proposed return date (this is not binding but it is helpful to plan the return).
- Share information with the trainee about courses and ways of keeping up to date while absent.
- Ensure up-to-date contact details are available to keep in touch with the trainee while they are away from their usual workplace.

Educators / supervisors* are encouraged to use the [Academy of Medical Royal Colleges' \(AoMRC\) 'planning an absence from practice' questions and actions to help facilitate the discussion](#).

It is recommended that this meeting should take place 8-12 weeks prior to the start of the trainee's period of planned absence.

The trainee and appropriate educator / supervisor* will complete the online **Pre-Absence Form** (which can be found on the NW SuppoRTT webpages here: <https://www.nwpgmd.nhs.uk/supportt-process>) detailing the discussion and then send a copy of this to the FPD or TPD. **The trainee must also upload a copy to their e-Portfolio.**

The appropriate educator / supervisor* may also provide the trainee with a copy of their Individualised Action Planner (Appendix A) to enable the trainee to start to identify what support they may require prior to their return.

Unplanned absence: If the absence is unplanned (e.g. sickness, bereavement, carers leave), then this meeting can be held later and does not need to be face-to-face (dependent on the trainee's circumstances).

Section 4: During Absence

During the period of absence **ALL** (Foundation to Higher Specialty) trainees are strongly encouraged to enter the SuppoRTT programme. This is done by completing the pre-absence form (when possible) or the pre-return form. Trainees will then be eligible to attend Return to Training Activities (RTT-A), benefit from the SuppoRTT mentorship scheme in our region, and undergo a period of Enhanced Supervision on their return to work.

Trainees should expect to be contacted by their local SuppoRTT team and / or their relevant educator / supervisor* during their absence to notify them of any relevant RTT -A and the need to meet to begin planning their individual return to training.

Keeping in touch (KIT) days:

- Trainees on Maternity / Adoption Leave and in receipt of Statutory Pay (SMP / SAP) can apply to do KIT days.
- Basic salary will be paid for each day worked.

*A list of appropriate educators / supervisors can be found on page 8

- Time in lieu will be given if they were in receipt of full or half pay at the time of the KIT day.
- Funding for expenses can be applied for from SuppoRTT via the RTT-A Application form: <https://www.nwpgmd.nhs.uk/supportt-activities>.
- Once the trainee is no longer eligible for KIT days (no longer in receipt of SMP / SAP) they will be able to use Supported Return to Training (SRTT) days instead (see below).
- Trainees can take a combination of up to 10 KIT and SRTT days in total.

Shared parental leave in touch (SPLIT) days:

- Trainees on Shared Parental Leave may wish to apply to do SPLIT days.
- Basic salary will be paid for each day worked.
- Time in lieu will be given if they were in receipt of full or half pay at the time of the SPLIT day.
- Funding for expenses can be applied for from SuppoRTT via the RTT-A Application form: <https://www.nwpgmd.nhs.uk/supportt-activities>.
- Each parent taking shared parental leave can take up to 20 SPLIT days.

Supported return to training (SRTT) days – Parental Leave: At the end of parental leave, many trainees opt to take a period of unpaid leave. Following this they will commence accrued annual leave. During these periods, they can apply to do SRTT days. If the trainee is in the period of unpaid parental leave at the time, they will be paid basic salary for each day worked. If they are in the period of accrued annual leave at the time, they will be given an additional day of annual leave in lieu, to be taken prior to their return to work. **Please ensure that any SRTT days to be taken in the accrued annual leave period are applied for directly to the Lead Employer as soon as possible and no later than 8 weeks prior to the date of the SRTT day to ensure host organisations are informed of a trainee's correct return date with sufficient notice.**

Funding for expenses can be applied for from SuppoRTT via the RTT-A Application form: <https://www.nwpgmd.nhs.uk/supportt-activities>.

Trainees can take a combination of up to 10 KIT and SRTT days in total.

Supported return to training (SRTT) days – Non-Parental Leave: Trainees out of training for any other reason can also apply to do SRTT days. Depending on their circumstances, most will be approved for time back in lieu on their return to work. They can apply for funding for expenses from SuppoRTT via the RTT-A Application Form: <https://www.nwpgmd.nhs.uk/supportt-activities>.

The Policy and Toolkits can be found on the Lead Employer's Shared Services website: <https://sharedservices.sthk.nhs.uk/lead-employer/policies-and-forms/>.

More information on the RTT-A application form and guidance on return to training activities can be found on our website here: <https://www.nwpgmd.nhs.uk/supportt-activities>.

Section 5: Pre-Return

Once a timeframe for return is known, the trainee will be required to attend a Pre-Return meeting with their educator / supervisor* 8-12 weeks before their return date. If the trainee is unable to be allocated an Educational Supervisor during this timeframe, they should contact their TPD / FPD / School SuppoRTT Champion to arrange a Pre-Return meeting.

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The aim of the Pre-Return meeting is to create an individualised plan of return which will consist of identifying and discussing:

- An up-to-date health assessment (if required).
- Confirmation of LTFT or FT status planned on return.
- List of mandatory requirements outstanding e.g. resuscitation courses and safeguarding etc.
- An agreement on the anticipated enhanced supervision period. This is usually no less than 10 working days (pro rata).
- The clinical activities of the enhanced supervision period (e.g. ward work, surgery / outpatient work, home visits, emergency work, out of hours work etc.)
- The assessment methods for the enhanced supervision period (e.g. SLEs / WPBAs, direct observations, simulation scenarios, senior team feedback, peer feedback etc.)
- Any RTT-A to be accessed prior to return. If SRTT days are to be used during the accrued annual leave period for trainees on parental leave they should be applied for no later than 8 weeks prior to the date of the SRTT to ensure host organisations are made aware of the trainee's actual return date with sufficient notice.

Appropriate educators / supervisors* are encouraged to use the [Academy of Medical Royal Colleges' \(AoMRC\) 'planning a return to practice' questions and actions to help facilitate the discussion.](#)

The details of the meeting (educational needs, concerns, required adjustments to the trainee's working pattern) must be noted in detail on the online **Pre-Return Form** (which can be found on the NW SuppoRTT webpages here: <https://www.nwpgmd.nhs.uk/supportt-process>) and the trainee's plan of action should be entered onto their Individualised Action Planner (using Appendix A). The appropriate educator / supervisor* should also signpost the trainee to where they can access additional support and arrange an informal 'catch up meeting' within the first week of the trainee's return.

The ES / TPD responsible for having the Pre-Return Meeting with the trainee will also be responsible for disseminating the trainee's plan of return to all relevant educators / supervisors / medical education departments who will be responsible for the trainee during their return.

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 and enhanced supervision to be organised e.g. rota coordination.

Under exceptional circumstances it may not be possible for a trainee to adhere to the 8-12 weeks' time frame. It is essential that any plans for the trainee to return over a shorter period are communicated immediately to the returning host organisation in order to make the necessary arrangements within a suitable time frame.

All documents must be sent to the FPD or TPD and uploaded to the trainee's e-portfolio.

Section 6: Enhanced Supervision Period

An enhanced supervision period is typically described as *a short, intensive period of enhanced supervised practice, focused learning activities and direct observation of clinical activities with the aim of enabling trainees to return to normal duties safely and confidently.* It is expected that during this time trainees may not be required to undertake any out of hours arrangements **if adequate supervision is not available** (as detailed in the returning trainee's RTT plan).

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The length of the enhanced supervision period, level of supervision required and activities within it will be bespoke to the trainee, dependent on their needs. It is recommended that for all trainees who are returning from a break in clinical practice of 3 months or more, a period of enhanced supervision of at least 10 working days should be undertaken. It is recognised that for some specialties, a longer period of enhanced supervision may be beneficial.

The trainee and appropriate educator / supervisor* should discuss the length of supervision required, recommended training needs and their expected roles and responsibilities during the Pre-Return meeting. For more information about the Pre-Return meeting, please see section 5.

If Occupational Health (OH) stipulates that the trainee requires a phased return this will determine their working pattern and will thus take precedence. However, the need for enhanced supervision may still be required. All enhanced supervision plans can run in parallel alongside the trainee's outlined working pattern.

The trainee should receive payment during this period at their usual rate, as if they had returned to work on their usual working pattern.

Under exceptional circumstances a period of enhanced supervision may not be necessary. Clear evidence of this must be documented on the online Pre-Return meeting form and agreed with the FPD or TPD.

Section 7: Post-Return

Towards the end of the enhanced supervision period, the trainee and appropriate educator / supervisor* will meet and discuss:

- The trainee's progress and review any assessments done.
- Any ongoing learning needs the trainee might have.

If both parties are satisfied with the trainee's progress, then the trainee can be signed off and return to normal duties using the online **Return Review Form** (which can be found on the NW SupportTT webpages here: <https://www.nwpgmd.nhs.uk/supportt-process>). This will "restart the clock" on training.

If the trainee requires an extended return to training period, the trainee and appropriate educator / supervisor* will need to arrange a further meeting(s), until the trainee and the appropriate educator / supervisor* agree that the trainee is ready to be signed off and can return to their normal duties.

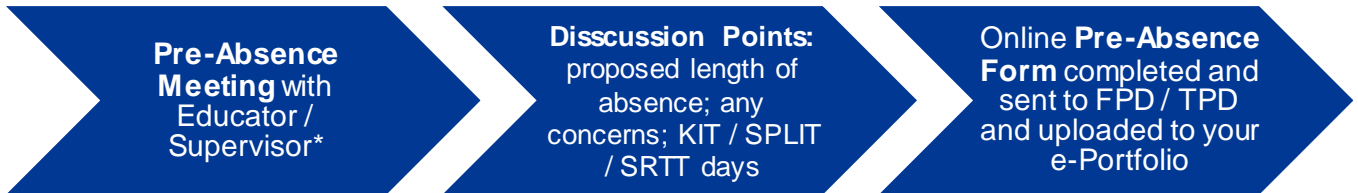
Once the trainee has been approved to return to normal duties, they must still be encouraged to contact their appropriate educator / supervisor* if they have any further concerns or would like to discuss their ongoing progress.

All documents must be sent to the FPD or TPD and uploaded to their e-portfolio.

Section 8: Overview of SuppoRTT Process

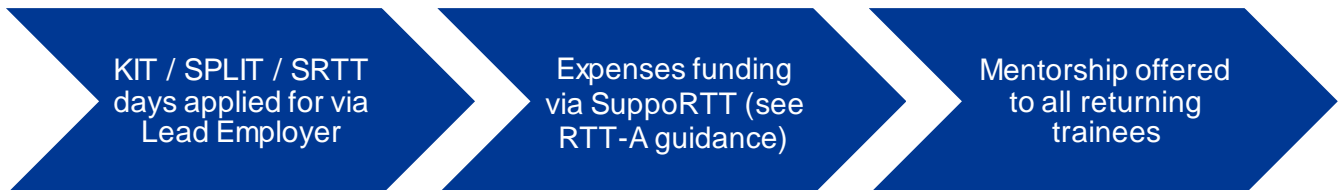
Prior to Absence

- It is recommended that this should take place 8-12 weeks prior to the start of the trainee's period of planned absence.
- If the absence is unplanned, this meeting can take place later.



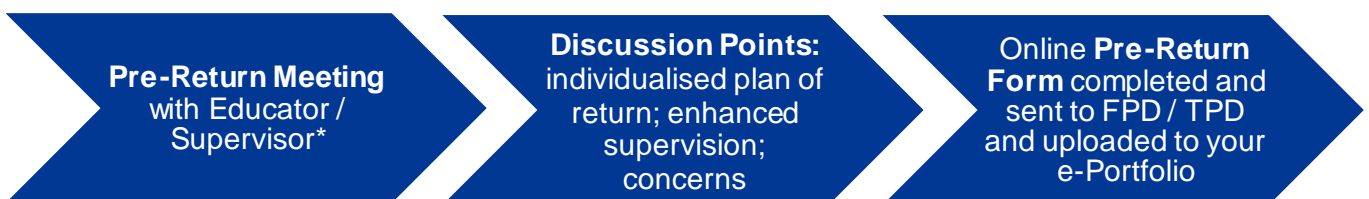
During Absence

It is encouraged that all trainees have access to a menu of Return to Training Activities (RTT-A). These can be generic or specialty specific. Funding to attend such activities is available via SuppoRTT. Trainees should also be offered a Mentor during their return to training period.



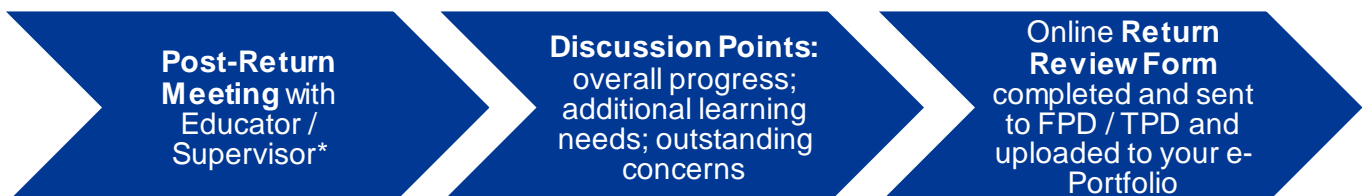
Pre-Return

Once a timeframe for return is known then the trainee will be required to attend a Pre-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.



Post-Return

Towards the end of the supervised period the trainee and ES (or relevant supervisor) will meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training.



Section 9: Appropriate Educators / Supervisors

Appropriate educators / supervisors can be categorised, but not limited to:

- Educational Supervisors (ES)
- College Tutors
- Foundation Programme Directors (FPDs)
- Training Programme Directors (TPDs)
- Heads of School (HoS)
- Directors of Medical Education (DMEs)
- School SuppoRTT Champions

APPENDIX A: Individualised Action Planner

Trainee Name:	
GMC / GDC / PH Number:	
Specialty:	
Returning location / department:	

	Clinical	Personal & Professional Wellbeing (Resilience)	Mentorship & Coaching
Desired outcome:			
Action:			
Outcome:			
Trainee comments:			
Supervisor comments:			