

# North West SuppoRTT Guidance

**December 2023**



## Contents

1. Introduction	3
2. Overview of the guidance	3
3. Pre-Absence	4
Unplanned timeout of training .....	5
4. During Absence	5
Keeping in touch (KIT) days.....	5
Shared parental leave in touch (SPLIT) days.....	6
Supported return to training (SRTT) days – Parental Leave: .....	6
4.1 Unpaid Period .....	6
4.2 Accrued Annual Leave period .....	6
Supported return to training (SRTT) days – Non-Parental Leave .....	6
Funding.....	7
5. Pre-Return	7
6. Enhanced Supervision Period	8
7. Post-Return	9
8. Overview of SuppoRTT Process	10
Prior to Absence .....	10
During Absence .....	10
Pre-Return .....	10
Post-Return.....	11
9. Discretionary Offer of SuppoRTT	11
10. Appropriate Educators / Supervisors	11

## 1. Introduction

Many Postgraduate Doctors and Dentists in training (referred to as trainees for the rest of the guidance) take time out of training for a number of reasons which can often vary in duration. This can include Maternity Leave, Shared Parental Leave, Adoption Leave, Carers Leave and ill-health. It may also include a formal Out of Programme (OOP) period including Career Break (OOPC), Experience (OOPE), Pause (OOPP), Research (OOPR) and Training (OOPT).

In some cases, trainees who had a prolonged period of time out of training 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 trainees 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.

## 2. Overview of the guidance

The Academy of Medical Royal Colleges (AoMRC) suggests that a period of time out of training of 3 months or more is likely to have a significant impact on clinical skills and knowledge. Therefore, NHS England (NHSE) **strongly advises** that trainees (Foundation to Higher Specialty) that have a break in training of 3 months or more should adhere to the principles outlined within this guidance document and complete all relevant forms.

If the break in training is for a period of less than 3 months, it is possible that it 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 they will need to discuss their needs with their appropriate educator/supervisor\* (referred to as supervisor for the rest of the guidance) 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 a phased return which could include amendments to the trainee's 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 phased return plan to help outline the trainee's educational needs during their return period.

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\*list of appropriate educators/supervisors in section 10

The placement that the trainee will return to will be determined by the Deanery's established process. The placement will be dependent on their stage of programme and the availability of posts.

**Please note if the break in training is for a period of 3 months or more, the trainee is entitled to an enhanced supervision period.**

It is the responsibility of **ALL** trainees and their supervisors\* to ensure that they understand and follow the Return to Training (RTT) process and documentation as outlined within this guidance document.

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

### 3. Pre-Absence

Planned time out of training: Where possible the trainee should meet their supervisor\* at a Pre-Absence meeting before their period of time out of training commences to:

- 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.
- discuss plans for their return, where possible.

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 6-8 weeks prior to the start of the period of time out of training.

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

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\*list of appropriate educators/supervisors in section 10

The supervisor\* may also provide the trainee with a copy of their Individualised Action Planner (see section 11) to enable them to start to identify what support they may require prior to their return.

### Unplanned timeout of training

If the time out of training is unplanned (e.g. ill-health, bereavement, carers leave), then this meeting can be held later, or a pre-return meeting may be more appropriate when a return date is known.

For time out of training due to ill-health, it may not be necessary to upload the SuppoRTT meeting forms to their e-Portfolio if the trainee does not wish to.

## 4. During Absence

**ALL** (Foundation to Higher Specialty) trainees who take time out of training 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 access Return to Training Activity (RTT-A) funding, attend the NW SuppoRTT Course, benefit from coaching for SuppoRTT, and undergo a period of Enhanced Supervision on their return to work.

The NW SuppoRTT team and relevant supervisors\* will be in contact with trainees during their time out 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

- Those 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.
- 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/supporttt-activities>.
- Once they are 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).
- A combination of up to 10 KIT and SRTT days can be take in total.

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\*list of appropriate educators/supervisors in section 10

## Shared parental leave in touch (SPLIT) days

- Those 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/supporttt-activities>.
- Each parent taking shared parental leave can take up to 20 SPLIT days.

## Supported return to training (SRTT) days – Parental Leave:

### 4.1 Unpaid Period

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.

### 4.2 Accrued Annual Leave period

If SRTT days are undertaken in the period of accrued annual leave, an additional day of annual leave will be given in lieu, to be taken before they return.

**Please ensure that any SRTT days to be taken in the accrued annual leave period are applied for via the RTT-A application 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 the correct return date with sufficient notice.**

A combination of up to 10 KIT and SRTT days can be taken in total for Maternity and Adoption leave and a combination of 20 SPLIT and SRTT days can be taken in total for Shared Parental Leave.

## Supported return to training (SRTT) days – Non-Parental Leave

Those 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 following their return. They can apply for funding for expenses from SuppoRTT via the RTT-A Application Form: <https://www.nwpgmd.nhs.uk/supporttt-activities>.

NHSE-NW offers a joint streamlined process to allow trainees to easily apply for reimbursement of the time to undertake activities (KIT/SPLIT/SRTT days) and the associated expenses (course fee, travel and accommodation etc.) in a single RTT-A application form.

Lead Employer policies, guidance and handbooks can be found on the Lead Employer Services website here: <https://leademployer.merseywestlancs.nhs.uk/>.

## Funding

Return to training activities (RTT-A) funding is available from SuppoRTT when access to study budgets is unavailable. This can be used to fund activities to support returning to training as well as activity that would ordinarily be approved from study leave if the trainee was in programme.

Funding is available throughout the period of time out of training and up to 8 weeks post-return. To be eligible to access RTT-A funding the trainee must be registered with SuppoRTT by submitting one of the meeting forms.

The RTT-A guidance and application form can be found on our website here: <https://www.nwpgmd.nhs.uk/supportt-activities>.

## 5. Pre-Return

Once a timeframe for return is known, the trainee will be required to attend a Pre-Return meeting with their supervisor\* 8-12 weeks before their return date. If no Educational Supervisor is allocated during this timeframe, they should contact their TPD/FPD/School SuppoRTT Champion to arrange a Pre-Return meeting.

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.
- The clinical activities of the enhanced supervision period (e.g. ward work, surgery/outpatient work, home visits, emergency work, out of hours work etc.)

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\*list of appropriate educators/supervisors in section 10

- 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 those 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 actual return date with sufficient notice.

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 plan of return should be entered onto their Individualised Action Planner (see section 11). The supervisor\* should also signpost to where additional support can be accessed and arrange an informal 'catch up meeting' within the first week of 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 people who will be responsible for the trainee during their return i.e. educators, supervisors, medical education departments, medical staffing etc.

It is advised that this meeting takes place 8-12 weeks prior to the estimated date of return, allowing enough time for the enhanced supervision period to be organised e.g. rota coordination.

**Under exceptional circumstances it may not be possible 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.**

## 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.**

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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 return plan).

The length of the enhanced supervision period, level of supervision required and activities within it will be bespoke, dependent on the returner's needs. It is recommended that for those 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 length of enhanced supervision required, recommended training needs and the expected roles and responsibilities of the trainee during the enhanced supervision period should be discussed during the Pre-Return meeting. For more information about the Pre-Return meeting, please see section 5.

If Occupational Health (OH) stipulates that a phased return is required, this will determine the trainee's 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. Further information about returning from ill health can be found in the Attendance Management Policy on the Lead Employer Services website here: <https://leademployer.merseywestlancs.nhs.uk/policies-and-forms?policy=3>

Under some exceptional circumstances (e.g. when clinical work has continued during the period of time out of training) 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/TPD.

## 7. Post-Return

Towards the end of the enhanced supervision period, the trainee and 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 **Post-Return Review Form** (which can be found on the NW SuppoRTT webpages here: <https://www.nwpgmd.nhs.uk/supportt-process>). This will "restart the clock" on training.

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\*list of appropriate educators/supervisors in section 10

If an extension of the enhanced supervision period is required, the trainee and supervisor\* will need to arrange a further meeting(s), until they agree that the trainee is ready to be signed off and can return to their normal duties.

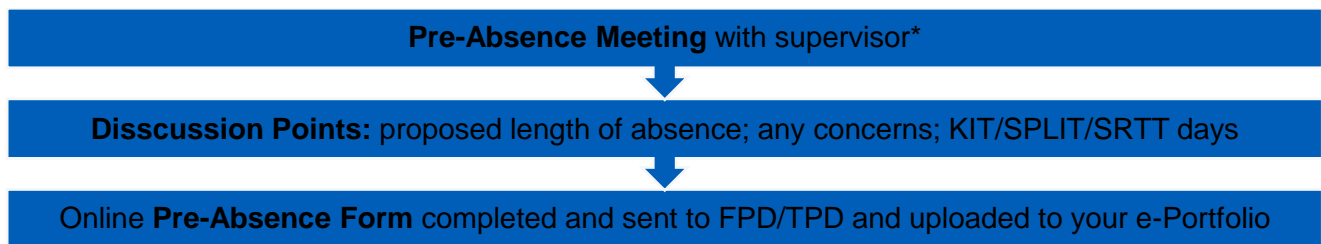
Once the trainee has been approved to return to normal duties, they must still be encouraged to contact their supervisor\* if they have any further concerns or would like to discuss their ongoing progress.

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

## 8. Overview of SuppoRTT Process

### Prior to Absence

It is recommended that this should take place 6-8 weeks prior to the start of the period of planned time out of training. If the time out of training is unplanned, this meeting can take place later or a pre-return meeting may be more appropriate when a return date is known.



### During Absence

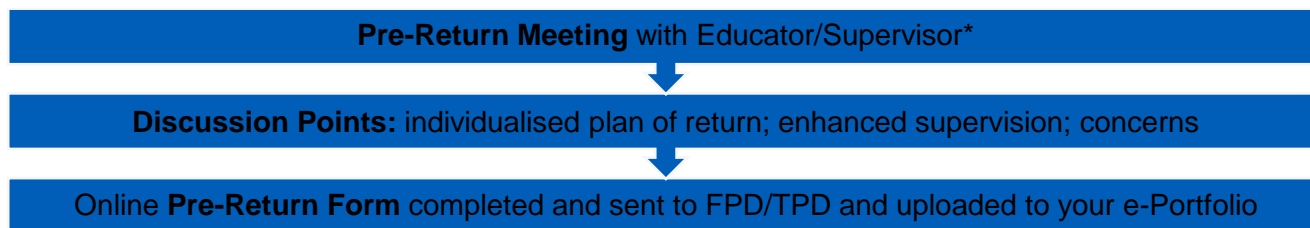
It is encouraged that all trainees have access to a menu of Return to Training Activities (RTT-As). These can be generic or specialty specific. Funding to attend such activities is available via SuppoRTT. Trainees can also access coaching during their return to training period.



### Pre-Return

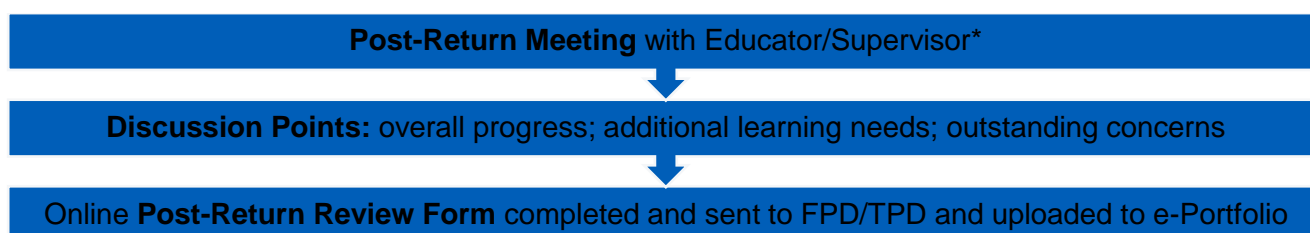
Once a timeframe for return is known then the trainee will be required to attend a Pre-Return Meeting. It is advised that this takes place 8-12 weeks prior to the estimated date of return, allowing enough time for the enhanced supervision period to be organised e.g. rota coordination.

\*list of appropriate educators/supervisors in section 10



## Post-Return

Towards the end of the enhanced supervision 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.



## 9. Discretionary Offer of SuppoRTT

SuppoRTT is available via our discretionary offer to International Medical Graduates (IMGs) who have been accepted on a training programme in the NW, and it will either be their first NHS role or they started in their first NHS role within the past 6 months. These trainees are eligible to access NHSE-NW's Enhanced Induction and some aspects of the NW SuppoRTT Programme, including the NW SuppoRTT Course and other freely available resources on the NW SuppoRTT webpages: <https://www.nwpgmd.nhs.uk/supported-return-to-training>. We are unable to offer RTT-A funding to IMGs as part of the discretionary offer.

## 10. Appropriate Educators / Supervisors

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

- Educational Supervisors (ES)
- Clinical Supervisors (CS)
- College Tutors and Trust Specialty Training Leads (TSTLs)
- Foundation Programme Directors (FPDs)
- Training Programme Directors (TPDs)
- Heads of School (HoS)

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\*list of appropriate educators/supervisors in section 10



- Directors of Medical Education (DMEs)
- School SuppoRTT Champions

## 11. SuppoRTT Individualised Action Planner

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

	Clinical	Personal & Professional Well-being (Resilience)	Mentorship & Coaching
<b>Desired outcome:</b>			
<b>Action:</b>			
<b>Outcome:</b>			
<b>Trainee comments:</b>			
<b>Supervisor comments:</b>			

\*list of appropriate educators/supervisors in section 10