

Supported Return to Training
(SuppoRTT) & Less than Full Time
Training (LTFT) in Surgery-
HST Induction

HEENW School of Surgery
SuppoRTT Team

Supported Return to Training (SuppoRTT) & Less than Full Time Training (LTFT) in Surgery

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SuppoRTT Team

HEENW School of Surgery SuppoRTT/ LTFT Champions

- **Danielle Wharton (Consultant Trauma and Orthopaedic Surgeon at Whiston)** - Danielle.Wharton@sthk.nhs.uk covers Whiston , Warrington, Leighton , Macclesfield , Salford, St Helens & Knowsley and WWL
- **Su De (Consultant Paediatric ENT Surgeon at Alder Hey)**
Su.De@alderhey.nhs.uk – covers Alder Hey, Southport, Liverpool Hospitals FT (RLBUHT, Aintree), Arrowe, COCH, The Walton Centre and Liverpool Heart & Chest
- **Nicola Barnes (Consultant Breast Surgeon at MFT)**
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- **Emma Davies (Consultant General and Colorectal Surgeon at Lancaster)** Emma.J.Davies@mbht.nhs.uk MBHT, ELTH, LTHT, Oldham, Bolton and Blackpool

Role of HEENW School of Surgery SupportTT/ LTFT Champions

- We are all consultant surgeons who have been through periods of absence from work ourselves and understand the challenges
- We are here to guide you through the process, either on the phone or in person
- Impartial advice and presence at meetings with your AES or Trusts
- Education for STCs/TPDs/AES/Trusts
- Roughly split by geographical area, but if you are unsure where your next job is then just contact any one of us

Your 'Go To' Person

- A SupportTT/ LTFT lead has been identified within each subspecialty STC
- If you are considering time out of training for any reason or Less than Full time Training, please make contact with your subspecialty SupportTT/LTFT lead AND the SOS SupportTT/ LTFT Champion to discuss your needs and the processes involved.

Out of Training

Nationally, about 10% of trainees at any point in time are OOT

- OOPR (research): PhD/MD/MSc (may have done clinical work alongside)
- OOPT (training): prospectively recognised training post
- OOPE (clinical experience): e.g. overseas posting with voluntary organisation (not recognised for training)
- OOPP (Pause) - step off the training ladder and undertake work in the NHS or a similar patient-facing role in the UK. Experience and competences gained outside of training may be then considered on the trainee's return to their training programme.
- OOPC (career break): e.g. domestic responsibilities, developing talents in other areas
- Parental Leave (maternity or shared parental)
- Long term sickness



Trainees Returning to Training

- Heterogeneous group
- Different times out of training for different reasons
 - planned/unplanned
 - positive/negative
- Clinical exposure (locums)/ No clinical exposure
- Differing requirements for support
- Previously no structure to return to work excepting after long term sickness



Challenges:

- Out of date
- Lack of confidence
- Decision making
- Poor supervision out of hours
- Feeling should be working at same level left from
- Imposter syndrome



SupportTT Principles



- Supported return
 - Planned exit and re entry process
 - Enhanced supervision period
 - Named responsible individual to oversee
- Paid Keeping in touch (KIT) days/ SPLIT days (Shared Parental Leave In Touch)/ Supported return to training days (after statutory maternity pay ended)/ allowed for other types of leave
- Access to funding for courses
- Mentor/Coach

<https://www.nwpgmd.nhs.uk/supporttt-process>

SuppoRTT Process- KIT/SPLIT/SRTT activities

- <https://nwpemd.nhs.uk/supportt-activities-calendar>
- Deanery run RTT Courses:
 - day 1, 2- covering generic clinical and non clinical skills, day 3- specific specialty skills
- Other courses, meetings, mandatory training, bootcamp
- Attend supervised clinics/ theatres (observe or do)

Free loan of
basic surgical
skills box for
any eligible
trainees



Technology enhanced learning resources



- T&O- VR simulation
- Alder Hey- Hololens facilitated virtual attendance
- Interactive 360 degree- virtual reality (VR) converter headsets available via SuppoRTT
 - Remote consultation resource
 - Teamworking in surgery

<https://learninghub.nhs.uk/catalogue/SuppoRTTimmersiveresources>

Enhanced Supervised Period

- Short intensive period of enhanced supervised practice to enable trainee to return safely and confidently to normal activities.
- Plan this at pre-return meeting
- Should be considered if absence >3 months and should nearly always occur if >6/12 absence
- Bespoke to training needs/length of absence/reason for absence
- Should be no longer than 3/12, and reviewed every 4/52
- Different from a phased return after sickness
- Consider supervision for elective work
- Can negotiate decreased/supernumerary on calls or nights for up to 3/12 for specific reasons and this will be supported by the deanery
- In training, but time doesn't count to CCT, can ask for it to be counted at ARCP

<https://nwpgmd.nhs.uk/supportt-enhanced-supervision>

Mentoring

https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/MACH

- They will put you in touch with a mentor if you wish





LTFT

[Less Than Full Time Training |
Health Education North West
\(nwpgmd.nhs.uk\)](http://www.nwpgmd.nhs.uk)

- Category 1: Those doctors in training with:-
 - A disability or ill health
 - Caring responsibilities for children up to and including the age of 16 (in line with “The Flexible Working (Amendment) Regulations 2009”
 - Caring responsibilities for other dependents (spouse, parents etc.)
- Category 2: Those doctors in training with:-
 - Unique opportunities for personal/professional development not necessarily medically related
- Category 3: Those doctors in training who:-
 - Choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.

LTFT in Surgery- Pros

[Less Than Full Time Training |
Health Education North West
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- Less parental guilt
- Generally happy to be at work as easier to separate home/ work commitments
- Increased productivity at work
- More time for extras projects etc.
- Experience increases with time, not necessarily hours at work
- Maximise timetable for optimal training opportunities
- Free time to work (locums)

LTFT in Surgery- Cons

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Health Education North West
\(nwpgmd.nhs.uk\)](http://www.nwpgmd.nhs.uk)

- Work guilt: You are letting your colleagues down and they might resent you
- Sometimes miss exciting cases
- Possibly end up working more than you are paid for
- Decreased income
- HR/ pay
- Rota gaps- guilt, pressure to do them
- ?Stigma



LTFT

Usually 60-80% of full-time

Discuss with SupportTT/LTFT Lead, Champion, Trust
LTFT Champion, TPD

Complete the eligibility document and sent to the
LTFT team on ltft.nw@hee.nhs.uk

[https://nwpd.nhs.uk/sites/default/files/Eligibility%
20form%202021.docx](https://nwpd.nhs.uk/sites/default/files/Eligibility%20form%202021.docx)

Once eligibility has been confirmed, an application
form will be sent with details on the application
process.

Liaise with your trust as early as possible. This will
maximise the opportunity for preferences to be
accommodated.



LTFT- Top tips

Be organised

Be flexible

Communicate well with your team

Make the most of each day (outsource cleaning!)

Optimise your timetable

Use your 'spare' time to your advantage



Examples



Example

- I've been technically out of training for 6 months in the gap between CT2 and ST3 but I have been working last 2 months or so and as such feel fairly comfortable with returning to practice.
- No health or personal circumstances - just took 3 of the 6 month gap in training to go travelling

Examples

- I have been advised to contact you as on 1st April I will be starting as an ST3 after nearly 8 months off for maternity leave.
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- I am quite anxious about returning to work, especially as I have not worked as an ST3 previously and my last trust did not have an A&E. I am keen to get as much help as possible in the transition!

Thank you