

Supported Return to Training (SuppoRTT)

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Background

- Approximately 50,000 doctors in PG medical training in England
- Highly skilled professionals who provide clinical care whilst progressing through training
- At any given time approx. 5,000 (10%) are taking approved time out of their training programme:

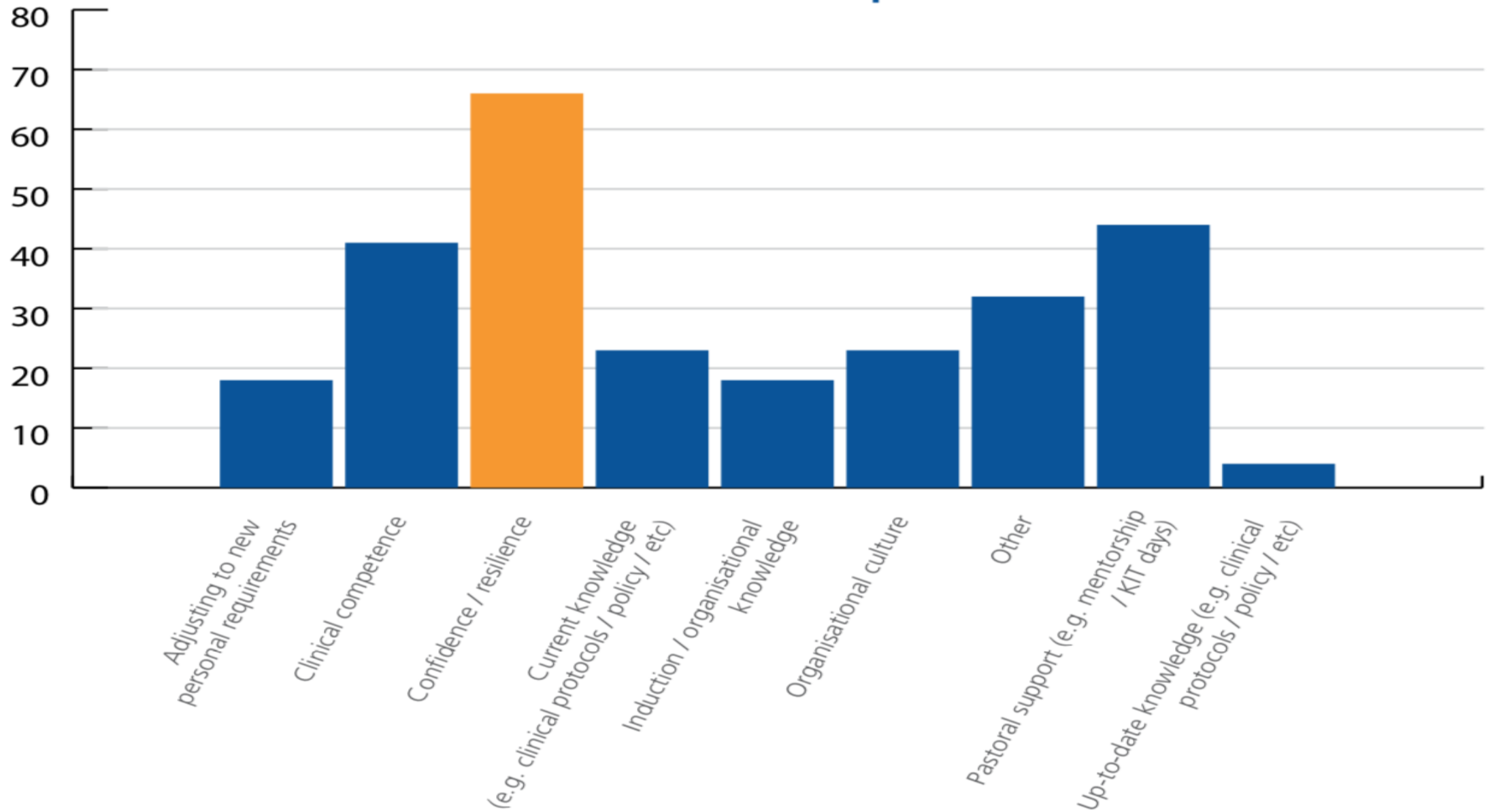
OOPR	OOPT	OOPE	OOPC	Total OOP*	Maternity Leave	Long-term sick	Suspended	Other	Total
1452	358	511	313	2634	2044	188	8	22	4896

Table 1 - April 2017 HEE Out-of-Programme stocktake data

2016 Junior Doctor contract agreement

“In order to mitigate against any disadvantage that could be suffered by any doctor who takes time out of training due to illness, caring responsibilities or any other legitimate reason, employers must facilitate as necessary the provisions that will be made by HEE for **accelerated learning with the prime intention to enable the person who has taken time out to catch up.** This will include access to mentorship, study leave funding and specially developed training to be in place by August 2017.”

Returner Issues Reported



Concerns raised

- **By returners:**

- Uncertainty re decision making
 - Effect on delivery of safe and effective care
- That other trainees will feel they are not 'pulling their weight'
- Lack of support
- Fatigue/lack of sleep
- Lack of supervision
- Skill attrition
- Lost touch, not up to date

- **By trainees in post:**

- May have had rota gap during absence
- Cover for phased return
- Feel that returners 'get away' with arriving late/leaving early
- LTFT may produce gaps in clinical cover
- May feel have less access to training

Problems encountered

• **Prior to returning to training**

- Not knowing which hospital/specialty returning to.
- Unable to access rota
- Late notice of days at work for LTFT trainees/childcare arrangements
- Lack of clarity regarding KIT days
- Concerns re pay/HR processes
- Whether guidelines/systems have changed

• **Following return to training**

- Lack of clinical supervision
- Solo theatre lists/clinics
- On nights first week
- Unable to cope with workload as decision making 'slow and deliberate'
- Unsure of decisions made
- Pressure of having to leave on time

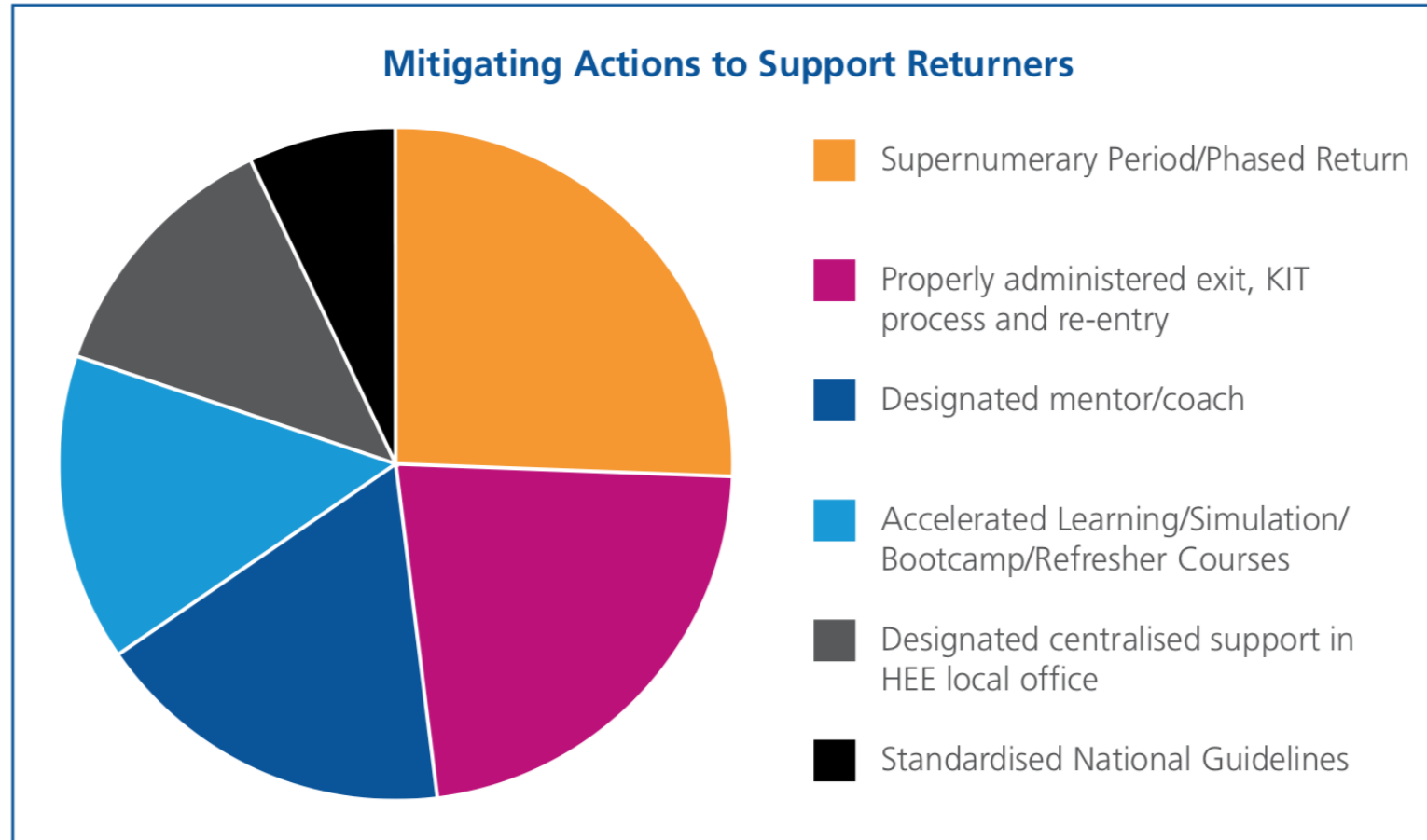
Small group work

- Group 1
 - What could be put in place prior to planned absence?
- Group 2
 - What could be accessible during planned absence?
- Group 3
 - How could the situation be improved when back at work?

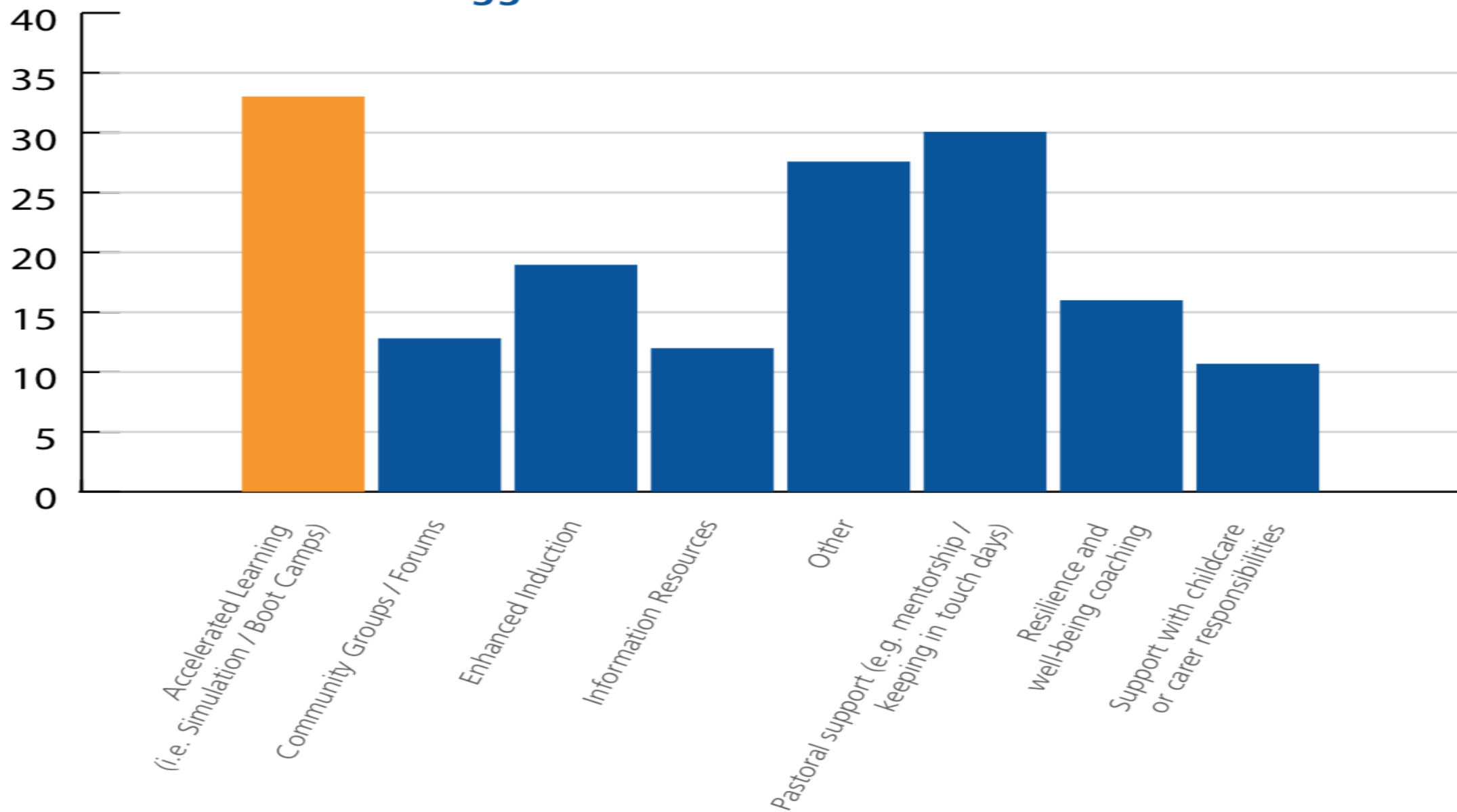
Feedback

- Group 1
 - Group 2
 - Group 3
-
- Any other innovative solutions?

Possible actions to support return - HEE



Suggested innovative solutions



Our Experience

- 2018 HENW funding bid successful
- Designed an educational programme to facilitate accelerated learning for returners:
 - Curriculum mapped – GMP competences
 - Technical and non-technical skills
 - Human Factor Simulation
- Advertised by HENW via HoS and School Managers
- First course May 2018

Our Experience

- Issues/hurdles:
 - Lack of communication/dissemination of course
 - Apparent lack of knowledge re 'returners' centrally
 - Not possible to identify who would benefit from the course to target advertising
 - Different needs of trainees dependent on reason for absence
 - Delivering specific needs difficult with limited time

Potential Solutions to issues

- Advertise via Mumsnet and other social media
- Dedicated admin support
- Consider other ways of identifying those on a training break
- Identify those who would benefit from 'boot camp' and those who have longer term sickness who require more support and phased return.
- Make simulation days specialty specific

Questions/Discussion