

Return to Training Guidance for trainees

Introduction

Trainees may take time out of training for a number of reasons and for variable lengths of time. Traditionally, their return to training was supervised locally and any needs addressed once identified. There are a number of reasons for career breaks including maternity leave, period of full time research, carers leave and sickness absence. It is increasingly being recognised that a more structured approach to return to training is beneficial both to the trainee and the hospital they are working in but ultimately promotes patient safety. It is the duty of every doctor to ensure that they are safe to practice at all times.

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. In Obstetrics & Gynaecology this can be further tailored keeping in mind specific skills which are required for safe hospital 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 College tutor 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.

During absence from training

Depending on the nature of the time out of work, it may be possible for the trainee to attend study days or courses arranged within the HEE northwest. Therefore, it is important for the trainee to keep in touch with the HEE north west in order for information regarding training days to be available to them.

Returning to training following a period of absence

Trainees are not required to attend their annual review of competence progression (ARCP) during their absence. Therefore, they should meet with

the Educational Supervisor or College tutor prior to their return to work for a **Post Absence Review**. This meeting is to agree a personalised plan of return to aid identification of issues and facilitate support planning. The checklist in Appendix 2 should be used to tailor this to each individual trainee. It is recommended that this meeting takes place at least 8 weeks prior to return to allow enough time to plan. Specific needs can be addressed by a return to work (RTW) programme which will specifically address the following:

- CTG training
- Obstetric drills
- Clinical management/Human factors
- Familiarisation with standard equipment

Update days should be arranged through the HEE northwest with an aim of allowing the trainee to regain their confidence in a non stressful environment and also demonstrate their safety to practice before undertaking any on call commitment.

Regular simulation training days are held in the Northwest which the trainee should attend alongside access to an approved CTG training package such as K2.

Upon returning to work, there should be an initial period of supervised clinical practice and any on call commitment should be with the support of a resident consultant which in some Trusts may mean it is limited to day time on call duty for a period of time. The length of time should be individualised and regularly reviewed with the trainee's educational supervisor. It is anticipated that in most cases, this is unlikely to exceed 2-4 weeks. This is the same for less than full time trainees. During this period of time, the trainee must take the opportunity to use tools such as OSAT/CBD/MiniCEX as evidence of competence to return to normal duties. Once this period of time is complete, the trainee should meet with their educational supervisor or college tutor to discuss and feedback on their experience and at this point an assessment is made as to whether the trainee is ready to return to normal duties. It is also an opportunity to identify any particular problem areas and organise more targeted training. Once the trainee and educational supervisor/college tutor are satisfied that the return to training programme is complete, a confirmation form (Appendix 3) can be completed which is to be forwarded to the appropriate TPD and uploaded onto the trainee's e-portfolio.

The trainee can check their expected level of competence using the training matrix available on the RCOG website (www.rcog.org.uk)

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 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 (e.g. CTG training, obstetric drill simulation etc)
6.	Issues relating next ARCP to be considered Any anticipated difficulties with return to learning
Signatures	
Trainee Date	
ES/College tutor Date	

Appendix 2
Post-absence planning Form

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 ST2 to ST3):
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)
9.	Any changes since the trainee was last in post: e.g.: <ul style="list-style-type: none">• new equipment, new RCOG & NICE guidance, CTG interpretation• Changes to RCOG curriculum• Significant developments or new practices
10.	Issues relating to the trainee's next appraisal and preparation for this

11.	Any other factors affecting the return to practice
12.	Overview of plan for supervised return to work programme
13.	Evidence of active clinical practice during absence (only if supervised return to training deemed unnecessary)
14.	Required assessments in this period (including OSAT, CBD, MiniCEX)
15.	Provisional date for confirmation of readiness meeting
<p>Signatures:</p> <p>Trainee Date</p> <p>ES/College tutor Date</p>	

Appendix 3

Confirmation of Readiness to Return to Training after Period of Absence

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 etc.)		
End of return to work programme comments (including number of OSATs completed)		

Confirmation by returning trainee

I feel confident in all respects to recommence full duties on: (date)

Signed:

Printed:

Date:

Confirmation by educational supervisor/college tutor

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