

# Return to Training in the School of Medicine

## Guidance for trainees in the North West

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## Introduction and aim of return to practice guidance

Doctors may be absent from clinical practice for many reasons. It is recognised by the GMC and other bodies that time away from clinical practice can have an effect on an individual's preparedness for return. Therefore, if the return to work is not appropriately managed, it may impact on workplace performance.

Returning to training after a period of absence can be a daunting and difficult time for trainees. Time out of clinical practice can impact on a clinician's confidence and skills whatever stage of training they may be at.

The Academy of Royal Colleges (AoRMC) guidance on return to practice contains a framework on how to manage a successful return to training.

The approach taken when you return to practice will depend on the following:

- The reasons for and length of your absence from the workplace
- The level of your exposure to clinical work whilst you have been away
- Your individual circumstances.

The aim of the AoMRC guidance is to help you to ensure that your departure and return from/to practice is adequately planned & documented. Managing a successful return to practice is a personalised journey, led by the individual and supported both by the Lead Employer Organisation (LEO), Educational Supervisor (ES), Training Programme Director (TPD) and Head of School for Medicine.

Patient Safety is the key factor and it is the duty of all doctors to ensure they are safe to return to practice.

## Responsibility of trainees

### a) What to do before leaving?

It is important that you discuss your departure with the appropriate people (e.g. Clinical Supervisor, ES and TPD) as soon as possible.

Before starting a period of planned absence of 3 months or more, all trainees should meet with their ES or TPD or nominated deputy (e.g. for CMT the RCP Tutor may be appropriate or some programmes may devolve this to their LTFT lead) and complete a pre-absence form (appendix A). This meeting is to agree and document plans to stay up-to-date while out of training, and identify any anticipated support required when they return.

Trainees should begin planning their time away from training at the earliest opportunity and no later than 3 months before their intended leave date.

For **unplanned absence**, this meeting should take place as soon as possible after the trainee has gone on leave.

The aim of the checklist and action plan is to proactively start the planning process for your return by identifying any issues which may require further training and support prior to your departure.

You should also remember to contact the Programme Support Co-ordinator (PSC) for Return to Training in the School of Medicine ([medicine.nw@hee.nhs.uk](mailto:medicine.nw@hee.nhs.uk)) and notify them about the dates of your absence.

## **b) Reasons for Time Out**

Should you have been continually absent from a training programme for a period of time (usually 3 months or more) you will be expected to undertake a return to practice programme. Time out may be classified as any of the following:

- Ill health
- Maternity Leave
- Paternity Leave
- Out of Programme for Research
- Out of Programme for Experience
- Out of Programme for a Career Break
- To undertake domestic responsibilities
- GMC restrictions/ suspensions
- Exclusion from work by your employer

There may be other reasons not listed.

The School of Medicine recognises that returning trainees are a diverse group and will aim to provide a bespoke, individualised package for each returning trainee rather than a single “one size fits all” approach. This consists of:

- A structured and systematic process for planning absence and return to training, and maintaining contact while on leave
- A menu of options that can be built into an individualised return-to-training package, agreed between a trainee and their ES and/or TPD

## **c) Keeping in Touch**

When you are absent from the training programme for a period of three months or more, you have a professional duty to maintain appropriate and regular contact with your TPD. The aim of this is to ensure a continuity of support is in place for any issues that arise while you are out. Keeping in touch does not necessarily need to happen through meetings. Discussions via phone or email are also acceptable when appropriate.

It is important that communication lines remain open wherever possible when absent. Should there be a situation where you do not feel it is possible to keep in touch with your TPD, you should raise the issue with the Head of School for Medicine, LEO and Programme Support Manager (PSM) for your specialty programme within the School of Medicine.

You should expect to be contacted by your TPD, LEO and PSC/PSM on an intermittent basis in order to ensure that you are kept abreast of any updates or changes and to ensure that you continue to feel part of the team. It also allows us to ensure that your details and status remain current.

#### **d) Revalidation**

Revalidation is the GMC's way of regulating licensed doctors and aims to give extra assurance to patients that their doctors are up-to-date and fit to practice. When you are absent you are still expected to comply with the revalidation requirement from your programme. This means you still need to submit a 'Form R'. Should it be difficult to make your Form R submission whilst absent from work, you will be required to do so as part of the return to practice process.

#### **e) Returning to Clinical Practice**

Deciding on when you will return to work will depend on the circumstances of your time away from the clinical programme. Sometimes it will be straightforward (e.g. on completion of a research project). However, in other situations your return may be less predictable (e.g. time taken to arrange reasonable adjustments and recommendations following Occupational Health referral). In these situations it is essential that all of those with a direct interest in your needs, and in the needs of patients and the broader health service, are involved in these discussions. Clear lines of communication are essential during the return to practice process and there may be several individuals who need to provide input and agree a return date.

When you are ready to return to clinical practice your first point of contact will be your LEO and TPD. Ensure that the PSC is also aware of your date of return. Your TPD and ES will support you in planning a smooth return to programme training.

To comply with the Gold Guide and Return to Practice guidance, all doctors who take time out of the training programme must follow a return to practice training plan in order to ensure a thorough assessment of competence at the point of return. This in turn ensures that re-entry into the training programme occurs at the appropriate level. Depending on the grade of doctor and circumstances surrounding the period of time out of training, any immediate, short and medium term training requirements and supportive measures to be put in place should be agreed by measuring current performance and experience against the expected level for that training year. This will need to be agreed on a case-by-case basis and should be clearly referenced and documented.

NB: While the return to work process does not form part of the ARCP, any plans created would form an important part of evidence and subsequent discussion at the subsequent ARCP. Should additional training time be required, the decision would take place at the ARCP and would be in line with ARCP policy.

**f) Who is involved in the Return to Practice?**

Depending on the reasons for the time out, any of the following people may be involved in the return to practice process:

<u>Education &amp; Training</u>	<u>Lead Employer</u>	<u>Additional Support</u>
Head of School	HR	Trust Director Medical Education
TPD	Occupational Health	
Educational Supervisor		
Clinical Supervisor		
PSC/PSM – School of Medicine		

**g) Returning to Practice – Assessment**

In the School of Medicine the designated individual responsible for supporting your return to practice will be your TPD. This individual will work with you and your ES in assessing and evaluating your competence at the point of return.

It is advisable to provide evidence of any continuing professional development (CPD) that has been undertaken during time out of programme. If applicable, you should upload this to your e-portfolio. This evidence can then be taken into account when designing a return to work programme.

Self-assessment is an important part of returning to practice as it helps to ensure that the programme is specialised and specific to your own needs. When reviewing the assessment, where a need for additional training and/or supervision is identified, a SMART training plan covering these areas must be devised. The training plan should include:

- 1) The targeted areas for attention
- 2) The supervision required – both direct and indirect
  - How progress will be measured through the use of formative and summative assessments
  - A requirement for appropriate reflection
  - The date for expected completion of each SMART objective
  - An estimation of the date when a return to standard practice (for level of training) would be expected.

## **h) Returning to Practice – at level of training expected**

The next step is to work with your trainers and others to ensure that you complete the requirements set out in the plan. Once you have done so you will be signed off as able to resume standard practice for your level of training.

In identifying your learning needs and requirements in this way, we are able to ensure that you are demonstrably compliant with the return to practice requirements outlined in the GMC Good Medical Practice Standards.

All trainees should meet with their TPD and/or ES approximately 8 weeks before their anticipated return date and complete a return-to-training form (appendix B).

Trainees should meet with their ES and TPD immediately upon return and at appropriate intervals during the return period, until both trainee, ES and TPD are satisfied that the returning episode can be closed. The trainee's progress should be reviewed after a reasonably short period of time to ensure there are no causes for concern and level of competence assessed so the 'training clock' may recommence. The School of Medicine (medicine.nw@hee.nhs.uk) need to be notified of the date your training clock restarts.

The return-to-training plan should consider the following:

- Enhanced supervision or supernumerary arrangements for a period of time if needed
- Phased return to work and flexible working arrangements where appropriate
- Coaching and mentoring, refresher courses and other learning activities to refresh skills and build confidence
- Preparing for Annual Review of Competency Progression (ARCP)

## **i) Record of Completion**

On completion of your Return to Practice, all checklists and achieved SMART learning plans must be uploaded to your e-portfolio.

## **Summary**

When planning or taking prolonged leave from the training programme, inform your ES and TPD as soon as possible and complete the pre-absence form (appendix A) together. Whilst absent keep up to date with CPD, portfolio, Form R and liaise as required with LEO, TPD, PSC and PSM.

Prior to returning to the training programme meet with your ES and/or TPD and plan what is needed to enable you to safely recommence the training programme with completion of a return to training form (appendix B).

Following satisfactory completion of the agreed plan, meet with your ES or TPD so that the returning phase can be closed. Notify the School of Medicine of the date your training clock restarts.

**Useful links**

**Academy of Royal Colleges Return to Practice Guidance -**

<http://www.aomrc.org.uk/reports-guidance/revalidation-reports-and-guidance/return-practice-guidance/>

**GMC Good Medical Practice –** <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

**GMC Revalidation -** <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>

**Gold Guide 7<sup>th</sup> Edition -** <https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition>

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