

HEE North West School of Pathology Return to Training Guidance for Trainees and Trainers

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 trainee to ensure that they are safe to practice at all times.

The length of absence may influence the speed of return to practice. 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 Pathology 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 North West. 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:

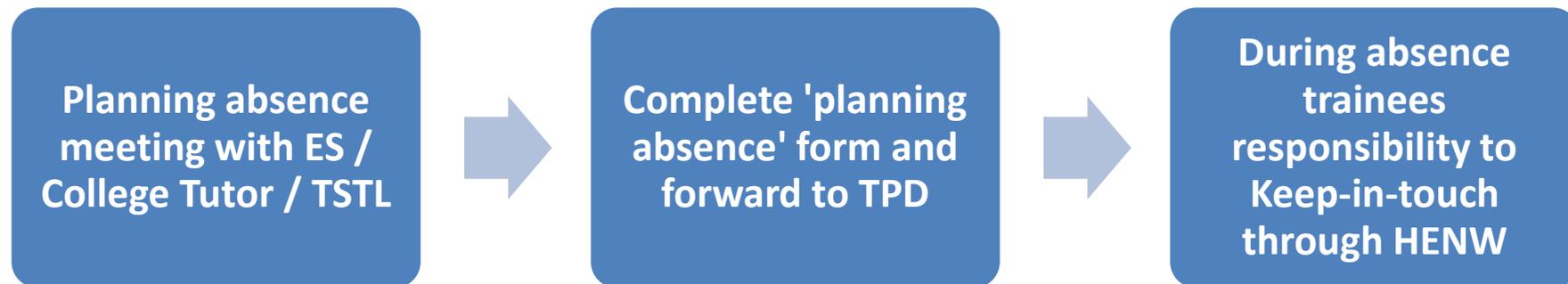
- Laboratory diagnosis/Human factors
- New hospital policies
- New clinical treatments that might impact laboratory tests
- Individual skills
- Communication skills

Update days should be arranged through the HEE North West 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.

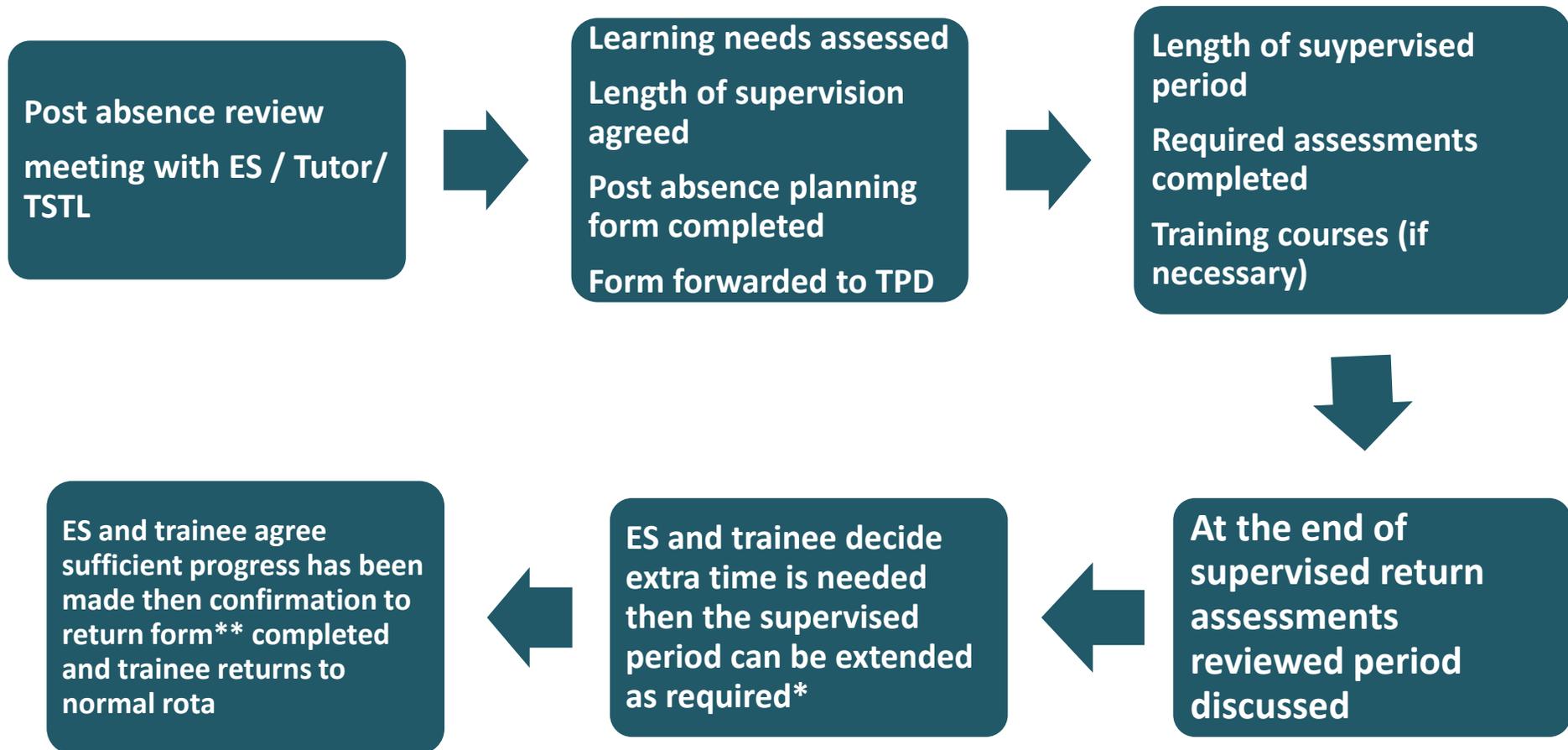
Upon returning to work, there should be an initial period of supervised clinical practice and any on call commitment (if applicable) should be with the support of a resident consultant which in some Trusts may mean it is limited to day time on call duty for a period of time. The length of time should 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 WPBA tools such as DOPs / CbDs / ECEs 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 areas of difficulty 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 (LEPT).

The trainee can check their expected level of competence using the training matrix under individual curricula available on the RCPATH website (<https://www.rcpath.org/trainees/training/training-by-specialty.html>).

PRE-ABSENCE PLANNING



POST-ABSENCE REVIEW (no less than 8 weeks prior to return)



Trainee to upload forms to the LEPT. ES – Educational Supervisor; TSTL – Trust Specialty Training Lead

* Liaise with TPD on an individual basis

** Forms to be forwarded to TPD

Appendix 1
Planning an absence from practice form

1. How long is the trainee expected to be absent? (Is there any likelihood of an extension to this?)
2. Are there any training programmes (including mandatory training) or installation of new equipment due to take place in the trainee's workplace in the period of absence? If so, how should the trainee become familiar with this on return?
3. How long has the trainee been in their current role? Is this relevant in determining their needs?
4. Will the trainee be able to participate in CPD or e-learning to keep up to date?
5. Will the trainee be able to participate in any keep in touch days or other means of keeping in touch with the workplace? If so, how will this be organised? This should also address how KIT days will be organised if the returner is returning to a different Trust.
6. Does the trainee have any additional educational goals, during their absence?
7. What sort of CPD, training or support will be needed on the trainee's return to practice?
8. Are there any funding issues related to question 6 which need to be considered?
9. Will the trainee be able to retain their licence to practise and to fulfil the requirements for revalidation?

10. Are there any issues relating to the trainee's next appraisal which need to be considered? If so, the Responsible Officer/representative may need to be informed.

11. If the trainee is a trainee, how do they plan to return to learning?

12. What will be the trainee's full scope of practice on their return?

13. If the trainee will be returning to a new role, what support relating to this will be needed, and how can the trainee prepare?

Signatures

Trainee Date

ES/CS Date

Appendix 2
Post-absence planning Form

1. Was a planning an absence checklist completed? (If so, this should be reviewed.)
2. How long has the trainee been away?
3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important)
4. How long had the trainee been practising in the role they are returning to prior to their absence?
5. What responsibilities does the trainee have in the post to which they are returning? In particular are there any new responsibilities?
6. How does the trainee feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
7. What is the trainee's full scope of practice to be (on their return)?
8. If the trainee is returning to practice but in a new role, what induction support will they require and will they require any specific support due to the fact that they have been out of practice? What can the trainee do to prepare themselves?
9. What support would the trainee find most useful in returning to practice?
10. Has the trainee had relevant contact with work and/or practice during absence e.g. Keep In Touch' days?
11. Have there been any changes since the trainee was last in post? For example: <ul style="list-style-type: none"> — The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or any mandatory training missed etc. — Changes to common conditions or current patient population information — Significant developments or new practices within their specialty

— Service reconfiguration
— Changes to procedures as a result of learning from significant events
— Changes in management or role expectations. What time will the trainee have for patient care?
Are there any teaching, research, management or leadership roles required?

12. Has the absence had any impact on the trainee's licence to practise and revalidation? What help might they need to fulfil the requirements for revalidation?

13. Have any new issues (negative or positive) arisen for the trainee since the trainee was last in practice which may affect the trainee's confidence or abilities?

14. Has the trainee been able to keep up to date with their CPD whilst they were away from practice?

15. If the trainee is a trainee, what are the plans for a return to learning?

16. Is the trainee having a staged return to work on the advice of Occupational Health?

17. Are there any issues regarding the trainee's next appraisal which need to be considered? Is the revalidation date affected? (If either applies, the Responsible Officer/ appraiser should be informed)

18. Are there other factors affecting the return to practice or does the trainee have issues to raise?

19. Is a period of observation of another trainees' practice is required and/or does the trainee need to be observed before beginning to practise independently again?

20. Will the trainee need training, special support or mentoring on return to practice? If so, are there any funding issues related to this which need to be considered?

Signatures

Trainee Date

ES/CS Date

**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:

Author

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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, June 2017.

[https://www.aomrc.org.uk/wp-](https://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revision_0617-2.pdf)

[content/uploads/2017/06/Return to Practice guidance 2017 Revision 0617-2.pdf](https://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revision_0617-2.pdf)

Royal College of Pathologists

<https://www.rcpath.org/trainees/training/training-by-specialty.html>