

Supported Return to Training (SuppoRTT) Parental Leave Handbook

Return to Training Handbook for Psychiatry resident doctors in the North West.



Page of Contents

<i>Introduction</i>	3
<i>A timeline to plan your time out-of-training</i>	4-6
<i>Applying for Activities and Available activities</i>	6-10
<i>Planning for Your Return Checklist</i>	11
<i>Return Options and Case Studies</i>	12-16
<i>Wellbeing and Mental Health</i>	17
<i>Breastfeeding, Expressing, and Facilities</i>	17
<i>Training Progression and ARCP Considerations</i>	18
<i>FAQ</i>	19
<i>Useful Contacts and Resources</i>	20



Introduction



Welcome! Whether you're preparing to take time out of training or returning after maternity leave, this handbook is here to support you. We understand that these transitions can be difficult—both professionally and personally. This guide is designed to help psychiatry trainees navigate leave and return with clarity and confidence. Whether you're returning full-time or on a Less Than Full-Time (LTFT) basis, your wellbeing, development, and continued training progression remain a priority.

“

"You don't have to see the whole staircase, just take the first step."

— Martin Luther King Jr.

”

A Timeline to Plan Your Time Out of Training

This timeline provides an example of what activities should be completed before and after a period out of training. It is based on the SuppoRTT Timeline document

Planning your time out-of-programme:

(3-6 months before time out of training)

Purpose: This meeting is to ensure early communication about your leave and to plan support whilst you are away.

What to Do:

- Inform Lead Employer of your pregnancy at least 15 weeks before your due date.
- Complete a pregnancy risk assessment with your supervisor. Please click the text [Pregnancy Risk Assessment](#) to access the guideline.
- Meet your Educational Supervisor to discuss reasons for leave, dates, and initial support options.
- In some cases (such as sickness absence) you may not be able to plan an OOP in advance. In such cases, where possible, organise a pre-absence meeting as soon as you are able to once the OOP time begins.

Pre-Absence Meeting (6–8 weeks before your time out of training begins)

Purpose: Complete your pre-absence form and clarify any goals during your time-out-of-training.

Topic to Discuss:

- Planned leave dates, expected duration, and proposed return-to-training (RTT) date.
- How you'll stay in touch during your time out (e.g. KIT/SPLIT days, email updates).
- Initial ideas for Return to Training Activities (RTT-A) you may want to use before returning (e.g. webinars, simulation, coaching).

To Be Completed:

- SuppoRTT Pre-Absence Form
 - This form captures your agreed absence plan, how you'll stay connected, and potential support on return.
 - Please click the text [SuppoRTT Pre-Absence Form](#) to access the form. This form can also be found on the SuppoRTT website.



A Timeline to Plan Your Time Out of Training

LTFT application (4-6 months before your return)

If you are planning to return to training Less Than Full Time (LTFT) you will need to apply for this in advance.

To Be Completed:

- LTFT application form which can be found online.
 - Join the LTFT WhatsApp group in the NW psychiatry Whatsapp community where you can ask any questions about working LTFT and gain peer support.
 - You can also discuss any concerns with your CS.
-

Pre-Return Meeting (8- 12 Weeks Before Return)

Purpose: Plan a tailored and supported return to training.

Topic to Discuss:

- Supernumerary period (up to 10 days).
- Phased return schedule if returning from sickness leave.
- Any concerns or adjustments needed for health, skills, or personal reasons.
- Learning needs and goals upon return.

To Be Completed:

- SuppoRTT Pre-Return Form
 - This form covers return date, phased return needs, enhanced supervision and workload modifications.
 - Please click the text [SuppoRTT Pre-Return Form](#) to access the form. This form can also be found on the SuppoRTT website.
-

A Timeline to Plan Your Time Out of Training

Enhanced Supervision Period (first 2-4 weeks on return)

Purpose: 2-4 weeks of close supervision to help you safely and confidently return to clinical practice after a prolonged break.

Key Points:

- Includes supervised practice, learning activities, and observation of clinical work.
- Resident doctors can choose not to work out-of-hours during this period, if this would support them settling back into work.
- The aim to support you in regaining confidence and reaching the expected level for re-entry.
- You'll be paid at your normal rate during this period.
- It may or may not count towards training time—discuss with your CS who will document in the pre-return form.

Post-Return Review Meeting (2-4 Weeks After Return)

Purpose: To check on your wellbeing, progress, and training goals. If needed, support can be adjusted.

Topic to Discuss:

- Confidence in clinical duties.
- Any concerns or challenges faced.
- Follow-up plan or referrals (e.g., to occupational health, coaching, SuppoRTT events).
- Your enhanced supervision period and whether it needs to be extended or if you are ready to resume your training.
- If the enhanced supervision period is to be extended, the duration will be agreed as well as any activities to be undertaken during this time with a plan to complete a further post return form at the end of that time.

To Be Completed:

- SuppoRTT Post-Return Form
 - This form documents how the return is progressing, what support was effective, and any ongoing needs.
 - Please click the text [SuppoRTT Post-Return Form](#) to access the form. This form can also be found on the SuppoRTT website.

Applying for Activities

Applying for Activities

To support your return to training, a variety of funded activities and resources are available. Depending on where you are in your leave period you will be entitled to KIT (Keeping in Touch), SPLIT (Shared Parental Leave in Touch) or SRTT (Supported Return to Training Days). SPLIT and KIT days are paid, and SRTT days add on an extra day to your accrued annual leave in lieu. Resident doctors are encouraged to visit the SuppoRTT website for full details on how to access these opportunities.

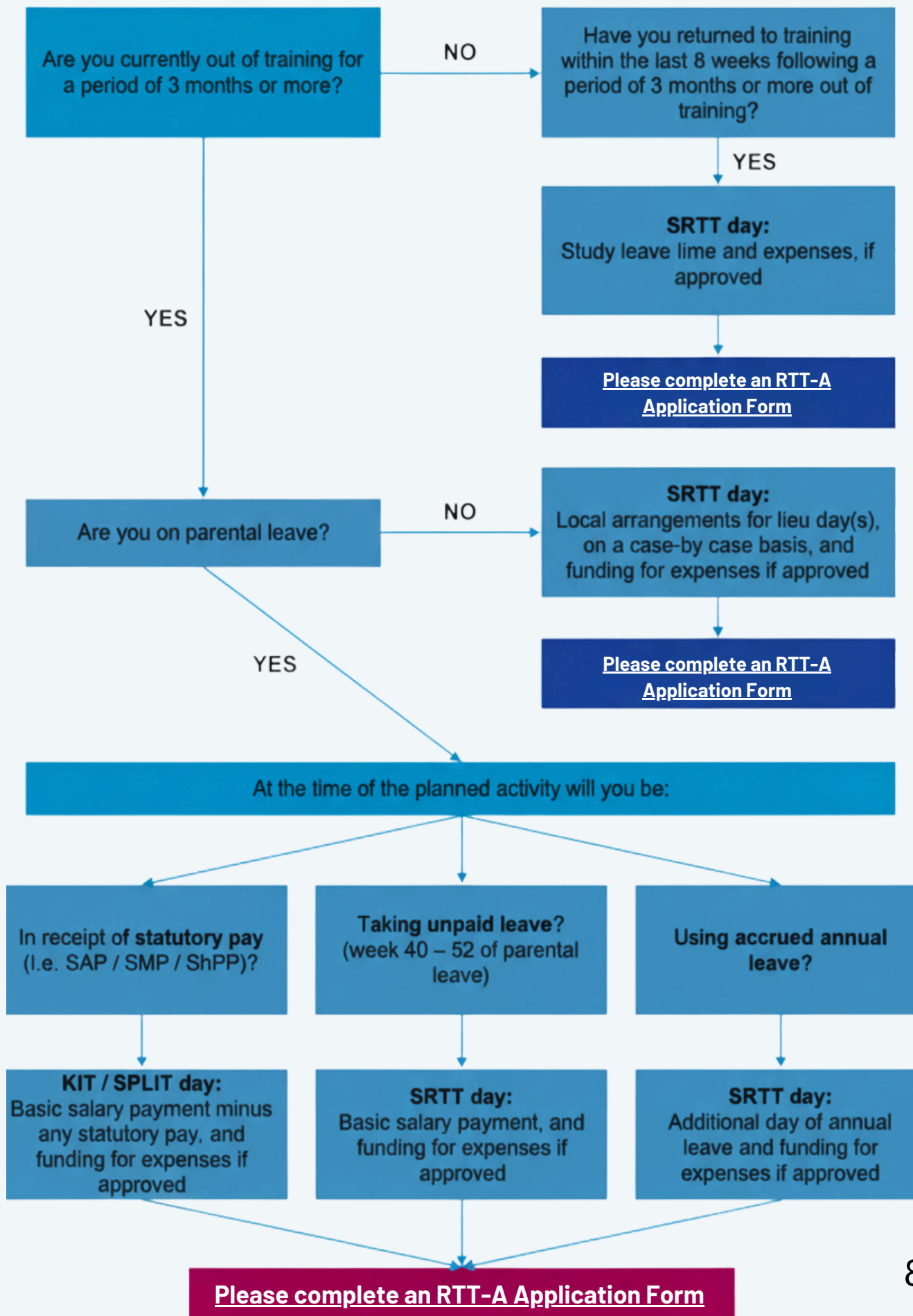
RTT-A Funding

Financial support is available for activities that help you prepare for or transition back into training. This may include courses, conferences, online exam resources, or other educational events related to your specialty or return plan.



Great! I'll check the SuppoRTT website to see what activities and resources are available to help with my return to training.

KIT/SPLIT and SRTT days



Available Activities

1. NW SuppoRTT Course

This is a structured course designed specifically for doctors returning to training:

- Day 1: An online induction
 - It focuses on general issues faced by returners such as communication skills and decision making skills.
 - This day is open to all specialties.
- Day 2:
 - This is a simulation-based training covering out-of-hours scenarios that are specific to the psychiatry setting. These are ward based and may be most relevant to resident doctors in core training.
- Day 3:
 - A psychiatry-specific day held by the North West SuppoRTT Champion. It is highly recommended for psychiatry returners and includes return to work processes specific to psychiatry as well as tailored scenarios and discussions.

2. Overcoming Imposter Feelings

- A supportive, interactive webinar focused on building confidence and managing self-doubt.

3. Coaching

- 1:1 tailored coaching sessions to support your personal and professional development on return. Referrals can be made by your Educational Supervisor (ES) or LTFT Champion.

Available Activities

4. Other pre-approved activities

- College conferences
- Section 12 courses
- Local and Regional teaching days
- Psych-mentor
- SPMM
- You can apply for anything you would usually apply for using the study budget

Top Tips

- Apply early: Submit Return to Training Activity applications 8–12 weeks in advance to avoid delays. If you are out of the 8-12 week window you can still apply.
- Explore more: Visit the SuppoRTT website for up-to-date info on events, peer support, and additional resources.

“Attending the SuppoRTT course really helped to build my confidence with returning to training. I was dreading returning to work but those days definitely eased my worries. Returning to training definitely was much better than I thought and I really enjoyed being a doctor again.”

Planning Your Return



Preparation Checklist

- | | | | |
|--------------------------|--|--------------------------|---|
| ☐ | Complete Pre-Absence Meeting 6-8 weeks before leave begins. | ☐ | Inform your rota coordinator of your working days and non-working days. |
| ☐ | Share personal email address with the suppoRTT team | ☐ | Identify any training or competency gaps to address on return. |
| ☐ | Join the SuppoRTT Whatsapp group for psychiatry trainees | ☐ | Reactivate or request hospital access card |
| ☐ | Stay engaged with events listed on the SuppoRTT site. | ☐ | Restore or reset IT logins, email, clinical systems. |
| ☐ | Apply for relevant RTT-A funding and courses (SuppoRTT, coaching, webinars). | ☐ | Discuss phased return or enhanced supervision options with CS and agree on a plan. |
| ☐ | Schedule a pre-return-to-Work Meeting with your ES | ☐ | Book/resume mandatory training (ALS, MVA, safeguarding, etc.) |
| ☐ | Complete and upload Pre-Return Form with your ES | ☐ | Request parking permit |
| ☐ | Confirm your official return date. | ☐ | Complete breastfeeding risk assessment and discuss any rota adjustments needed to support your breastfeeding journey. |
| ☐ | Decide your working pattern and make a LTFT application if relevant | ☐ | Hold Post-Return Review Meeting and Complete and upload Post-Return Form. |
| ☐ | Review your placement suitability (clinical intensity, location, hours). | | |

Return Options

Arranging gradual return to work-related activities can ease the transition back into work.

Possible arrangements include:

- Enhanced supervision for the first 2-4 weeks, available for all resident doctors who have had 3 months out of training.
- Delayed reintroduction to on-call duties during enhanced supervision.
- If you have been sick during your maternity or shared parental leave, you may benefit from a phased return. Please ask your ES to refer you for a HWWB (occupational health) assessment
- You may have adjustments made to your rota or work schedule if you are breastfeeding, please refer to the relevant section on page 17.
- Discuss this with your CS and Rota co-ordinator 8-12 weeks before returning to work. If this is not possible, amendments should still be made.

Suggested activities to undertake during enhanced supervision:

- Time spent with physical health or clozapine teams refreshing practical skills such as blood taking
- Time spent observing clinics and assessments in the team
- Time spent shadowing the on call to build up confidence again



On-Calls and Workload

You are not obligated to resume on-call duties immediately upon return during your enhanced supervision.

 **Top Tip:** Ensure your rota reflects any agreed adjustment and you have liaised with medical workforce, copying in the supervisor who completed your pre return form

Case Study: Returning to training as LTFT ST4 80% Trainee after maternity leave.



After 11 months of maternity leave, I was not very excited to return to work. I was upset about leaving my daughter in nursery and was worried about continuing breastfeeding. I was unsure of how to balance my home and work responsibilities whilst having very little sleep! I returned to 80% LTFT - working 4 days a week - and my husband (a resident doctor) did the same.

My clinical supervisor was supportive and we met prior to my start date to discuss on-call adjustments to support breastfeeding, identifying a private room to express milk and objectives for my period of enhanced supervision. My TPD had ensured I went back to the placement I left from, which avoided having to learn a new computer system, names and how things worked - this took off a amount of mental load.

I took part in a number of supported return to training activities which helped ease the transition, including the SRTT days and all elements of induction. After this, I had more confidence in my clinical skills. I even completed the SHAPES toolkit training in the 6-weeks after my return date. Overall, it was a difficult transition, but knowing I had the right support and a community around me made it so much more manageable. The flexibility and planning allowed me to be a doctor and a mum - and do both well!

Case Study: Returning to training as a 60% LTFT Core Trainee following two sets of maternity and sickness leave.



After two sets of maternity and sickness leave I was very anxious about working. I used accrued annual leave towards my phased return to work. Week 1 & 2 were non-clinical—I joined meetings, spoke to actual adult people (not a baby or toddler!) and caught up on induction. Weeks 3-5, I shadowed the on-call and went to clozapine clinic to take bloods. By week 6, I was doing 3-days a week and was seeing patients. I re-joined the on-call rota with Occupational Health adjustments .

I received a lot of support in and out of work. I had a supportive partner and an understanding clinical supervisor. I was also allocated a wellbeing practitioner from Lead Employer who facilitated my return to work. As I was breastfeeding, I requested my placement closer to home. That made it easier to feed before and after work. I didn't need breaks during my 9-5 shifts, but when I had on-call duties, I requested a breast-feeding risk assessment to have a space for expressing milk to be arranged.

Before returning, I attended SuppoRTT Day 3 which did give me clarity and reassurance that I was not the only one experiencing anxiety about returning to work. My phased return wasn't just about hours—it was about gradually rebuilding clinical exposure and emotional readiness.

This return wasn't just about 'resuming training'—it was about regaining my confidence as a clinician and feeling human again. Thoughtful planning from myself and supervisors made all the difference, but I did need to be pro-active about it all!

Case Study: Returning Back to Full-Time After Maternity Leave



After six months of maternity leave and some annual leave, I came back to training full-time—100% working hours, including on-calls. I received two weeks of enhanced supervision.

The first two weeks, I was on-site five days a week with enhanced clinical supervision. That helped me regain confidence before fully stepping back into my role. By week 3, I was doing my regular 4-day clinical pattern. On-calls started in week 5, which gave me just enough time to settle in again.

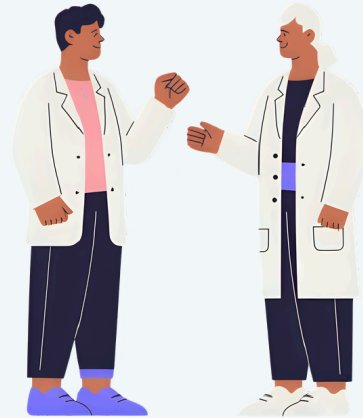
I didn't attend SuppoRTT Days, but I kept my knowledge fresh by doing mandatory training from home and reading for the Paper B exam. I also joined a peer WhatsApp group for returners and breast feeding mothers—that community helped me feel less isolated and reassured me that I wasn't alone.

Returning full-time while breastfeeding wasn't easy, but it was possible thanks to the understanding team. I used a room in the office to express during longer shifts and nights. I stored milk in a labelled staff fridge. Everyone—supervisors and colleagues—were incredibly supportive and respectful of the space I needed.

My clinical and educational supervisors were informed and ready to support me during those first two weeks. The enhanced supervision and gradual reintroduction to on-call work helped me ease back in without feeling overwhelmed.

Returning at 100%—on paper—sounded daunting, but in practice, what helped most was flexibility, kindness, and being part of a supportive team. Sometimes it's not the formal structures, but the informal culture that gets you through.

Case Studies: Returning from Shared Parental Leave



After taking 6 months of parental leave, plus some annual leave, I returned to training at 80%—four days a week—with full on-call commitments. The first two weeks of enhanced supervision gave me the grounding I needed. For the first two weeks, I worked four days per week under enhanced supervision and was not on the on-call rota for this period. That gave me the confidence to ask questions, revisit clinical scenarios, and settle into my role again.

Returning after parental leave can feel like you're expected to just pick up where you left off—but training is high-pressure, and even a short time away can knock your confidence. I was referred for coaching by my ES and engaged in 6 sessions with a coach who provided structured support around *managing* a work-life balance. This made my return smoother and helped me rebuild self-belief while balancing new family responsibilities.

Even while on leave, I stayed connected. I attended SupportTT Days 1 and 3, joined a WhatsApp group for returners, and even joined a webinar on overcoming imposter feelings—which really resonated. I also used SRTT and SPLIT days to attend CT-RAP teaching, which helped me stay in touch with the curriculum.

My supervisors were prepared and supportive. They knew I was coming back and built in time for enhanced supervision. Having that space to readjust—without pressure—made a huge difference.

Wellbeing and Mental Health

You are not alone. Many returning resident doctors experience anxiety, fatigue, or overwhelm when returning to work.

Access support via:

- Our local SuppoRTT WhatsApp group which can be found on the Psychiatry NW community.
- Your Local SuppoRTT champion
- Weekly Supervisor check-ins with your CS
- A pre and post-return meeting with your ES
- Your GP

◆ **Tip** ◆: Set realistic expectations. You're adjusting to a dual role—give yourself grace.



Breastfeeding, Expressing, and Facilities

Under UK workplace law, you are entitled to:

- Breaks to express milk
- A private, clean space to express (not a toilet)
- Secure storage for breast milk

✚ **Top Tip:** Complete your breastfeeding risk assessment with your CS prior to returning to work and ensure your rota reflects any agreement. Please click the text [Breastfeed Risk Assessment](#) to access the guide.

Training Progression and ARCP

You will not have an ARCP whilst you are on maternity leave or shared parental leave. There is no requirement to update your portfolio during this time. You may receive a reminder email but the ARCP will postpone the assessment until you return.

Returning resident doctors are not penalised for time taken on parental leave - the time away will just be added on to give you a new date for end of training. This can be checked on your CCT date calculator.

On your return to work:

- Upload any pre-return or post-return form you have completed.
- Discuss any required competencies or assessments due with your Educational Supervisor at your post-return meeting



Frequently asked questions

What is SuppoRTT?

SuppoRTT (Supported Return to Training) is an initiative providing support, resources, and funding for doctors returning to training after time out (e.g. parental leave, health, OOPE/OOPR).

Who is eligible for SuppoRTT?

Any doctor in approved training who has been out of programme or on a break for 3 months or more.

When should I start planning my return?

Ideally, begin planning 8–12 weeks before your expected return by arranging a Pre-Return Meeting and submitting the relevant forms. If you are planning to return LTFT, you will need to complete the LTFT application 4–6 months prior to your return.

What forms do I need to complete?

- *Pre-Absence Form (before going on leave)*
- *Pre-Return Form (before returning to training)*
- *Post-Return Review Form (2–4 weeks after returning)*

What if my return date changes?

Inform your Educational Supervisor (ES), TPD, and Lead Employer HR as early as possible. Update your Pre-Return Form to reflect the new date and ensure appropriate support is in place.



Useful Contacts and Resources

Useful Links

SuppoRTT Guidance Documents and Contact

<https://www.nwpgmd.nhs.uk/supported-return-to-training>

SuppoRTT Contacts:

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

Breastfeeding Risk assessment guide:

<https://www.nwpgmd.nhs.uk/sites/default/files/Pregnancy%20risk%20assessment%20supervision%20guidance%20Jan%202025.pdf>

Breastfeeding Risk Assessment Form:

<https://leademployer.merseywestlancs.nhs.uk/online-forms>

BMA Breastfeeding guidance

[Guidance for doctors who are pregnant or breastfeeding](#)

THE TEAM

