HEALTH EDUCATION ENGLAND

Evaluation of the Supported Return to Training Programme – Year 2 Report

December 2020

In conjunction with Dr Katie Webb (Cardiff University School of Medicine)

RSM

EXECUTIVE SUMMARY

In response to concerns raised in the 2016 Junior Doctors Contract, Health Education England (HEE) established the Supported Return to Training (SuppoRTT) programme in 2018, designed to provide additional support to trainee doctors wishing to take time out of training. The SuppoRTT strategy proposed to build upon existing local resources and good practice, whilst ensuring that provision is consistent nationally. To ensure that activities meet the needs of trainees and their local networks, SuppoRTT is delivered by ten local offices across England. Local offices are supported by a wider Coordination network, which comprises of local office SuppoRTT administrative staff representatives, Associate Deans, five National Fellows (reduced from ten in 2019/20), SuppoRTT Champions (these roles were introduced across the network in 2020) and the National Team.

RSM UK Consulting LLP (RSM) was commissioned by HEE in 2019 to conduct a three-year longitudinal evaluation of the Supported Return to Training (SuppoRTT) reforms. This Year 2 Report builds on the findings of the Year 1 Report[1], and includes an updated summary of new activities and programme developments undertaken in Year 2, tracks changes in the perceptions of impact from trainees who have accessed SuppoRTT (beneficiaries), wider trainees (non-beneficiaries), SuppoRTT Champions and educators, and provides a series of further recommendations to enhance the ongoing development of the programme in Year 3 and beyond. This report also explores the impacts of Covid-19 on the programme, including impacts on programme delivery and activities.

Our approach

The methodology for this Year 2 report involved the following stages:

- Desk review of HEE programme data and literature, supplemented with other relevant documentation;
- Telephone interviews with local offices (ten), clinical fellows (five) and Assurance Board members (six);
- Online surveys with programme beneficiaries (163 responses received), non-beneficiaries (22 responses received); SuppoRTT Champions (78 responses received) and educators (518 educational supervisors, Training Programme Directors and Heads of School responses received; and 48 Directors of Medical Education and Postgraduate Deans responses received);
- Online focus groups/ interviews with 14 beneficiaries and six SuppoRTT Champions

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[1] HEE Evaluation of the Supported Return to Training Programme – Year 1 Report https://www.hee.nhs.uk/sites/default/files/documents/HEE%20SUPPORTED%20RETURN%20TO%20TRAINING%20%20-%20Year%201%20Evaluation%20Report%20%28Final%2018.02.20%29.pdf

Report key findings

- **Data collation from local offices** was streamlined during Year 2, then further minimised during the Covid-19 pandemic. Data gathered showed a lower percentage of trainees accessing SuppoRTT between April and September 2020 than was the case between October 2019 and March 2020. Accessors of SuppoRTT came from similar specialties as in Year 1, with most returning from parental leave, in ST4-8 and most had taken either less than one year (46%) or between one and two years (also 46%) away from training. 81% of SuppoRTT accessors were female and 57% were White British.

- **All local offices provided clinical and non-clinical courses, enhanced supervision and Champion activities** and conferences (provided by nine local offices). The spend per accessor of SuppoRTT decreased from £2,380 in Quarter 1 of 2020/21 to £1,300 in Quarter 2 of this financial year.

- **Trainees who have accessed SuppoRTT:** Parental leave was the most frequent reason for time out (60%). The majority of returners come from General Practice and Medicine, with smaller numbers present in the other specialties (e.g. Anaesthetics, Paediatrics and Psychiatry).

- **Data:** Data collected by local offices has improved in Year 2, but there is still a great deal of variation in collection between offices.

- **Awareness of SuppoRTT has increased since Year 1**: The surveys indicate that awareness of the SuppoRTT programme has increased amongst all stakeholders since last year, however it will be an ongoing task to continue to communicate and promote the programme to all audiences. 70% of non-beneficiaries were not aware of the SuppoRTT programme, compared to 80% last year. The increased use of social media during Covid-19 played a key role in improving awareness amongst beneficiaries and non-beneficiaries since last year.

- **SuppoRTT Champions:** Champions are playing a key role in the delivery of SuppoRTT. Beneficiaries of the programme found Champions useful as a supportive point of contact throughout their return to training. However, greater clarity is still needed on the Champion role and associated responsibilities (including the distinction between School and Trust Champions and their role in creating resources) to provide maximum benefit.

- **Supernumerary period:** more than half (56%) of SuppoRTT beneficiaries reported accessing a supernumerary period upon their return. Supernumerary time was appreciated by those who accessed it and a number of benefits were identified. Focus groups with beneficiaries determined that the optimum length of supernumerary time is dependent on circumstances including training grade and whether trainees has any opportunities to undertake clinical practice during their time out of training.

- **Covid-19 response:** Both nationally and at a local office level, SuppoRTT activities were designed and delivered flexibly in response to Covid-19. This included support for shielding trainees, online delivery of courses and wellbeing resources. Implementing online courses allowed local offices to reach more trainees and share resources

between regions (also achieved via monthly network sessions which facilitated sharing of resources and ideas).

- **Confidence, competence and knowledge has increased since year 1:** Both educators and beneficiaries considered SuppoRTT to have increased trainees' confidence, competence and clinical knowledge. Some beneficiaries indicated they would have been too overwhelmed to return to training without the programme.

Areas for further consideration

The Year 2 report sets out five areas for consideration, based on the feedback provided within surveys of trainees (beneficiaries and non-beneficiaries of the SuppoRTT programme), SuppoRTT Champions, DME's & Deans and other educators (namely Heads of Schools, Educational Supervisors and TPDs); as well as interview discussions with other strategic stakeholders. These areas for consideration can be summarised as follows:

1. **Development of an updated communications plan:** this should cover the next 12 months, and be cognisant of the ongoing impact of Covid-19 thus focusing on email/ online activities. Educators and other key Trust staff should be a key area of focus. SuppoRTT Champions should develop a communications plan, with a focus on consistency of messaging, and Clinical Fellows should remain visible across all local offices.

2. **Identification of eligible trainees should take place early, so that optimised support can be provided:** systems and processes for identifying these trainees and notifying relevant key individuals of their return should be put in place, with information sharing made possible across organisations to support clear returner pathways.

3. **Ongoing work to support high quality programme data:** data gathering should be rationalised and systematised as far as possible given the impact of Covid-19. Categories of activity and spend may need to be realigned, and activities provided should be evaluated consistently.

4. **Promote shared participation in activities which are most effective:** guidance should be developed to clarify duration and processes relating to supernumerary time. There are opportunities to further share what works well across and between areas where activities are now being provided online, including activities being progressed by SuppoRTT Champions.

5. **Other considerations:** there may be merit in devising a programme of support for trainees returning during Covid-19. Consideration should be given to diversity in the uptake of the SuppoRTT programme, including International Medical Graduates and those from BAME backgrounds.

CONTENTS

1. Introduction and Overview

1.1 Introduction

RSM UK Consulting LLP (RSM) was commissioned by Health Education England (HEE) in 2019 to conduct a three-year longitudinal evaluation of the Supported Return to Training (SuppoRTT) reforms. The purpose of this evaluation is to explore:

- impacts of the SuppoRTT strategy in Year 2;
- potential improvements to both the design and delivery of the SuppoRTT strategy; and
- evidence to inform a business case to support future investment.

1.2 Background to the SuppoRTT programme

Out of the 50,000 doctors in England currently in postgraduate medical training, roughly 10% are taking time out of training at any one time. Some of the many reasons for trainee doctors taking time out of training include:

- parental leave;
- academic research;
- health-related absence;
- gaining clinical experience abroad;
- career break; and
- shielding (during the Covid-19 pandemic).

In addition, in order to support those returning to the health system as part of the Covid-19 response, eligibility for the SuppoRTT offering was widened during 2020 to include additional groups, such as Military and Public Health trainees.

Correspondingly, those taking time out and returning to training are a diverse group, coming from different specialities and at different points of training, with distinct reasons for taking time out and personal circumstances. This group can also face negative cultural perceptions around taking time out of training. Therefore, they may require additional support in their transition out and back into training. This need for additional support was noted in the 2016 Junior Doctors Contract, which committed HEE to: *"… remove as far as possible the disadvantage of those who take time out due to, for example, caring responsibilities. This approach would include targeted accelerated learning with the prime intention to enable the person who has taken time out to catch up."*

In November 2017, HEE published its Supported Return to Training (or SuppoRTT) strategy and investment plan.[2] This set out HEE's ten commitments and the investment plan for this funding for financial years 2017/18 and from 2018/19 onwards.

1.2.1 Outline of the SuppoRTT approach and activities

The SuppoRTT strategy proposes to build upon existing local resources and good practice to provide trainees with a bespoke, individualised package of support, whilst ensuring that provision is consistent nationally. To ensure that the activities meet the needs of trainees and their local networks, SuppoRTT is delivered by ten local offices across England, supported by a Coordination network comprising of local office SuppoRTT administrative staff representatives, Associate Deans, SuppoRTT Champions, National Fellows and the National Team.

Year 2 has had a move to business as usual, so the national team have been focusing on supporting this transition, with local offices taking on more responsibilities for delivery.

Types of SuppoRTT activities available include:

Figure 1.1: SuppoRTT activities available
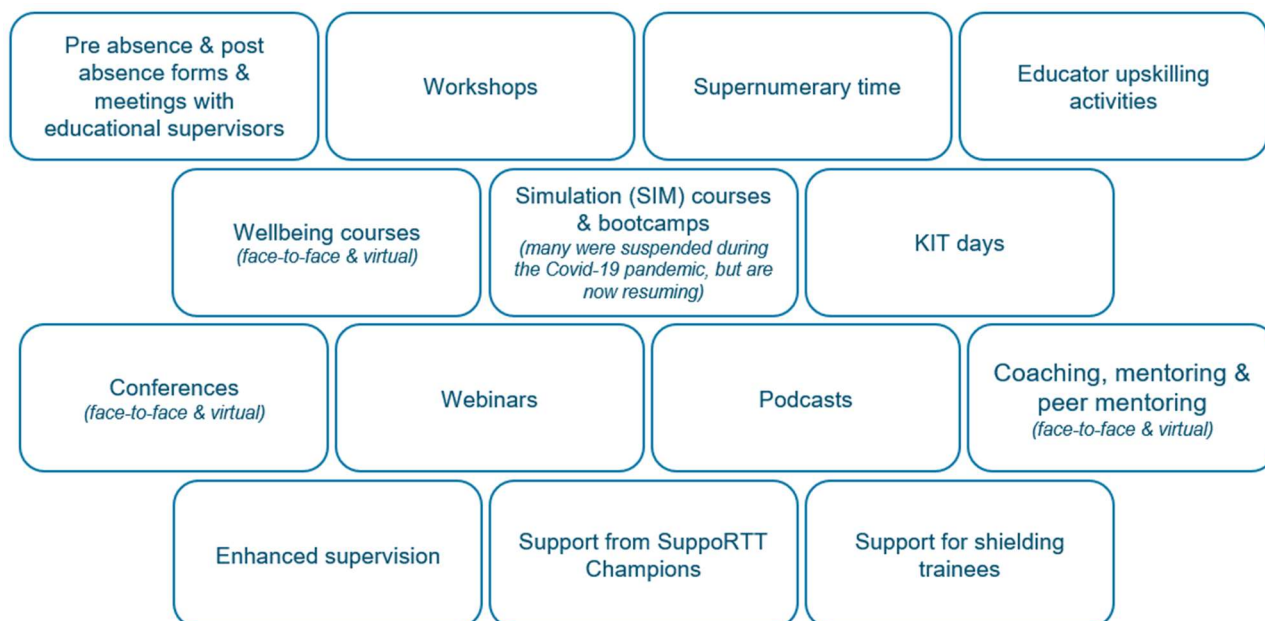
All those trainees taking more than three months out of programme are eligible for the SuppoRTT programme. During the Covid-19 pandemic, this was expanded to shielding trainees, as well as trainees redeployed to a different speciality.

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[2] SuppoRTT Strategy & Investment Plan
https://www.hee.nhs.uk/sites/default/files/documents/Supported%20Return%20to%20Training.pdf

1.3 Key findings from the Year 1 Evaluation Report

The Year 1 evaluation focused on three key areas:

- the assessment of the impact of the 2017/18 simulation (SIM) investment (Area 1);
- the evaluation of the impact of the SuppoRTT interventions between April 2018 and August 2019 (Area 2); and
- the formulation of early recommendations (Area 3).

Key findings from Year 1 report include:

Area 1: Impact of SIM investment

- Trainees found the SIM activities beneficial for updating their clinical skills, and for networking and meeting other trainees in a similar position.

Area 2: Impact of SuppoRTT interventions

- Out of 2,685 trainees who had returned to training between April and September 2019, 753 accessed SuppoRTT, with parental leave being the most frequent reason for time out (55%).
- There was variation between local offices in what cost data is collected, what activities were provided by local offices, their budget allocations and even interpretations of what a trainee accessing SuppoRTT constitutes. Consequently, these variations made it difficult to compare programme costs as part of the Year 1 evaluation.
- Some activities offered as part of SuppoRTT were common to all offices (e.g. pre-absence meetings), but others differed across offices (e.g. Yorkshire offered an out of programme study group).
- Survey findings:
  - 232 beneficiaries responded to the survey. SuppoRTT beneficiaries reported that the biggest impact of the programme was enhancing their ability to carry out safe and high-quality clinical practice (54% agreed or strongly agreed) and making sound clinical decisions (54% agreed or strongly agreed).
  - 1,483 non-beneficiaries responded to the survey. 70% of these had considered taking time out, but 69% had concerns about it. 80% of respondents were not aware of the SuppoRTT programme.
  - 864 educators responded to the survey. 58% of these had not taken part in any of the SuppoRTT related activities. Of those who had taken part, 79% reported these activities being useful for their role.
- Feedback from local offices suggested that, Thanks to SuppoRTT, local offices felt that they could tailor activities to meet local trainees' needs.

Area 3: Early recommendations

The Year 1 report set out five areas for consideration, which were to:

1. raise awareness of the SuppoRTT programme and offer;

2. further improve and standardise data collation processes on activities and costs;

3. gather feedback on, and promote participation in, activities which are most effective for trainees and educators;

4. consider ways in which the programme's sustainability can be promoted, whilst moving to Business-As-Usual; and

5. Other considerations – including considering the needs of International Medical Graduates and linking with other programmes and relevant work with the GMC, BMA and others.

These recommendations were taken forward by the National Team and built into the KPIs.

1.4   Developments since Year 1

As SuppoRTT has entered its second year, a number of developments have taken place.

These include:

- A core data set and a clear definition of what constitutes accessing SuppoRTT.
- A National Tableau report providing the national team and regional offices with consistent reporting on trainee eligibility.
- A standardised highlight report template which local offices record both eligibility for SuppoRTT and those who have accessed SuppoRTT (including demographic information).
- Reduction in the number of National Fellows from ten to five.
- Introduction of SuppoRTT Trust and School Champions (a Champion is based in a Trust or School their role is to provide guidance and support to trainees and supervisors on the return to training process).
- The introduction of new Covid-19 activities, such as webinars and online resources
- Greater reach of SuppoRTT to include groups impacted by Covid-19 (i.e. shielding trainees and redeployed doctors).

1.5   Review of comparator national and international return to training programmes

In response to Covid-19, a significant number of Royal Colleges and Trusts have designed resources for those who had given up their GMC registration or licence to practice and wished to return to practice. These resources have included:

- webinars (both clinical and non-clinical skills);
- peer-to-peer support sessions;
- conversion of guides and paper materials into online versions;
- coaching and mentoring;
- e-learning;
- online forums; and

- updated guidance documents.

This year, HEE has been working with the GMC, BMA and NHS Employers to introduce a robust return to practice scheme for doctors and those new to the NHS, called Career Refresh for Medicine (CaRe4Me).The programme is being piloted in Autumn 2020 for 100 returners, with the view to expanding the programme in 2021 to 500 doctors.

The Year 1 report identifies a series of international comparator programmes – none of which have experienced any significant changes or developments over the last year, including:

- Scotland GP Returner Programme
- GP Induction and Refresher Scheme
- Giving anaesthesia safely again (GAS again)
- Centre for Pharmacy postgraduate education return to practice (due to Covid-19, they are looking to move the courses online).
- Return to nursing practice programme
- Australia: Critical care, resuscitation and airway skills in high fidelity simulation (CRASH) course (due to Covid-19, courses are being temporarily offered through a virtual online platform).
- US: Physician retraining and re-entry programme (PRR)

2. Our Approach

2.1 Introduction to the evaluation

The diagram below illustrates our approach to this three-year longitudinal evaluation:

Figure 2.1: Evaluation approach

Project initiation	Annual evaluation fieldwork (Years 1, 2 & 3)	Reporting (Years 1, 2 & 3)
• Stakeholder mapping • Communications & engagement plan • Evaluation specification & protocol • High level logic model • Risk mitigation matrix	**Stage 1** • Development of logic model **Stage 2: Quantitative research** • 2a: Desk review of programme data • 2b: Desk review of secondary data (pre-programme) • 2c: Collation of supplementary data **Stage 3: Qualitative research** • 3a: Desk review of programme literature • 3b: Desk review of other programmes (national and international) • 3c: Survey of programme beneficiaries (trainees who take time out) • 3d: Survey of non beneficiaries (other trainees who do not avail of time out) • 3e: Two surveys of educators (DMEs & Deans, and Educational Supervisors, TPDs and Heads of School) • 3f. Survey of SuppoRTT Champions • 3g: Telephone interviews with programme team (Local offices, Clinical Fellows and Assurance Board members) • 3h: Focus groups with beneficiaries • 3i: Focus groups with SuppoRTT Champions	**Year 1** • Year 1 report (November) • Presentation of findings **Year 2** • Year 2 report (November) • Presentation of findings **Year 3** • Year 3 report (November) • Presentation of findings • Publication of peer reviewed journal articles

2.2 Evaluation methodology

The methodology for this Year 2 report involved the following stages:

- **Desk review of HEE programme data and literature** supplemented with other relevant documentation.

- **Telephone interviews** with local offices (ten), clinical fellows (five) and Assurance Board members (six).

- Online surveys with programme beneficiaries (163 responses received), non-beneficiaries (22 responses received); SuppoRTT Champions (78 responses received) and educators (518 educational supervisors, Training Programme Directors and Heads of School responses received; and 48 Directors of Medical Education and Postgraduate Deans responses received). Beneficiary and Champion surveys were issued via direct mail-outs from HEE local offices, non-beneficiary surveys via HEE social media channels, DME and Deans surveys via HEE Business Managers and educators via local offices.

- **Online focus groups/ interviews with beneficiaries (14) and SuppoRTT Champions (7).** Beneficiaries were recruited via responses to the survey in 2020 (with three who participated in focus groups in 2019 followed up in 2020) and were sampled by local office area and ranged in terms of training stage, reason for time out and specialty. Champions were also recruited via responses to the survey in 2020 and were sampled by local office area, Trust/School role and speciality.

The methodology for Year 2 of the evaluation broadly aligns with the methodology used for the Year 1 report, to allow for longitudinal analysis to take place, tracking any changes to the impact on beneficiaries, levels of awareness and programme uptake. The following updates were made to the Year 2 methodology:

1. **Survey dissemination:** due to the Covid-19 pandemic and increased workloads for trainees and educators, it was decided that the survey dissemination methods would be updated, so the wider beneficiary survey was shared via social media rather than direct mail-out.

2. **Beneficiary survey:** this year, the survey was streamlined to acknowledge trainee workloads, with additional focused questions on the SuppoRTT Champions and supernumerary time. In addition, the survey was open to those redeployed due to Covid-19 (however, the response rate from this group was low at 1%).

3. **Educator survey:** in Year 1, one single online survey for all educators was undertaken, but based on local office feedback, this survey was split into two separate surveys in Year 2. One was designed for Educational Supervisors, Training Programme Directors and Heads of School and another for Postgraduate Deans and Directors of Medical Education. After discussion with the MERP team and to reduce the burden on educators overall, these surveys also included questions on anther HEE flexibility initiative, the Less Than Full Time Category 3 intervention, which RSM are currently evaluating separately.

4. **SuppoRTT Champion surveys and focus groups:** In Year 2, SuppoRTT Champions were introduced across all local offices. As a new element of the evaluation, this year's report explores the impact of these new roles, both on trainees and on Champions themselves.

5. **Beneficiary focus groups:** In Year 2, separate online focus groups were held with SuppoRTT beneficiaries who had accessed SuppoRTT in Year One (2019) and Year 2 (2020), to explore the short-term and long-term impacts of the programme.

6. **Greater analysis of trainee demographics following local office data collation standardisation:** the data capture for Year 2 has expanded, to allow for analysis of impact based on categories such as ethnicity and disability (where permitting).

The discussion guides used for all interviews and focus groups, along with the five online surveys used for each group (beneficiaries, non-beneficiaries, Champions, Postgraduate Deans and DMEs and educators) are provided within the annex of this report.

2.3 Evaluation logic model

In order to guide each of the evaluation activities and to ensure that we gathered relevant metrics to assess the effectiveness of the SuppoRTT programme, an evaluation logic model was devised at the outset in 2019. In 2020, this logic model was updated to take into account updates to the data workstream programme, activities and the impacts of Covid-19.

Context: Approx. 50,000 doctors in England in postgraduate medical training, with approx. 10% taking approved time out at any one time. Need for targeted support for these trainees when they return to work. ACAS 2016 Junior Doctors Contract Agreement committed HEE to providing support.

Aims/ objectives: Returning trainees experience no disadvantage to their training, progression or wellbeing, and that they are both competent and confident to provide safe, quality and appropriate care within their scope of practice as a result of SuppoRTT.

Inputs	Activities	Outputs	Outcomes	Impacts
Funding: DHSC (£10 million annual recurrent funding) HEE inputs: • SuppoRTT Assurance Board • HEE Medical Education Reform Programme • Local Offices (local co-ordinators, Associate Deans, administrative team) • Clinical Fellows • SuppoRTT Champions (School & Trust) • PSU/PSWU • PG Deaneries Wider NHS inputs: • Trust staff/ employer time with trainees and champions • Educational Supervisors • External trainers (e.g. wellbeing coaches) • HR staff Estates: simulation lab infrastructure Technology: TIS data capture, virtual learning platforms	Support for Educational Supervisors via: • Upskilling courses • E-Learning Support for Trainees via: • Face to face & virtual resources e.g. conferences, SIM days, KIT days • Podcasts & webinars • Shadowing support/ supernumerary time • Enhanced supervision • Mentoring & coaching • Wellbeing courses • Networking events e.g. "Springboard" days • E-Learning • SuppoRTT Champions • Shielding trainee resources Programme activities: • Communications & marketing activities for SuppoRTT programme (website, videos, social media) • Local surveys and focus groups • National podcasts and webinars	Number of SuppoRTT beneficiaries (going out and returning), analysed by: (1) Mode of support provided (2) Beneficiary characteristics, namely: gender, ethnicity, region, speciality, grade/ stage of training, reason for time out, place of training (3) Spend per beneficiary Number of activities undertaken (during absence and/or on return) e.g.: • Number of returners completing pre-absence meeting with supervisor • Numbers attending virtual/ face-to-face courses, simulation modules and KIT days • Uptake of mentoring & coaching, shadowing/ supernumerary time • Number of attendees at other events • Cost of activities provided • Number of returners accessing online resources (such as webinars)	• Upskilled staff (without differences in attainment) • Raised awareness of SuppoRTT (amongst beneficiaries, non-beneficiaries, educators and NHS organisations) • Reduced numbers of returner drop-outs • Simpler and smoother return to work for beneficiaries • Greater awareness of the complexities and needs of beneficiaries • Better understanding of the profile of beneficiaries and how to capture those taking time out • Positive perception of the SuppoRTT programme • Consistent provision of SuppoRTT across England • Eligible trainees are able to access SuppoRTT	• Improved knowledge, clinical competence, confidence and technical skills amongst returners (pre and post programme introduction comparisons of success measures, e.g. ARCP outcomes) • Cost savings for the NHS, by: (1) Addressing workforce issues and absence levels (2) Providing safer patient care • Reduced stigma around taking time out of training • SuppoRTT is embedded across all HEE offices and becomes part of BAU

3. SuppoRTT: Activities and Reach 2020/21

One of the key recommendations to emerge from the Year 1 Report was the need for greater standardisation of data collation processes across the local offices. Since mid-2019, a data programme has been underway to establish a core data set for all local offices to record the uptake of SuppoRTT and provide a consistent methodology for recording trainee data. Since April 2020, a new national reporting template has been in place, which captures returner information, including the demographic profile of trainees accessing SuppoRTT. During the Covid-19 pandemic, a smaller data set was requested due to increased workload pressures for local offices. This chapter therefore reflects the three separate highlight report templates.

3.1 Overview of trainees who have accessed SuppoRTT

Local offices submitted data returns with information on the number of trainees who had returned to training and accessed SuppoRTT between October 2019 and September 2020. This year, in order to standardise the data collation process and address one of the key recommendations of the Year 1 report, a standardised definition of a SuppoRTT beneficiary was implemented.[3] However, this was impacted by the Covid-19 pandemic, as trainees often went straight back into posts or utilised Trust resources upon their return.

In addition, there have been three iterations of the local office highlight report template since the Year 1 report: the original template, an updated template covering an agreed range of metrics to inform this evaluation, and a shorter version of the original template used during Covid-19. For the Year 2 evaluation report, it was intended that the data collated between April and September 2019 (Year 1) would be compared with that collated in the same period (April to September 2020) in Year 2. However, as the Covid-19 pandemic has had the greatest impact between March and June 2020, this compares data (to the extent that it is available) in three six-month time periods, namely: April to September 2019, October 2019 to March 2020 and from April to September 2020. Please note that some of this information was not routinely recorded during Year 1 (e.g. trainee ethnicity and disability), so direct comparisons are not always possible.

The table below indicates that there was a lower proportion of trainees accessing SuppoRTT between April-September 2020 than October 2019 -March 2020. Between October-2019 to March 2020, 38% of the total returner population accessed SuppoRTT, which decreased to 26% in April-September 2020. This may be because of the higher than average number of returners (particularly amongst those out of training for clinical research) in response to the Covid-19 pandemic, the provision of returner resources from Trusts, and the desire of many trainees to get straight into clinical practice.

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[3] A SuppoRTT beneficiary is defined as a trainee who has had a post-absence return meeting with their educational supervisor.

Table 3.1: Number of returners and number of returners accessing SuppoRTT by local area

Local Office	Total number of trainees[4]	Number of returners April-Sept 2019	Number of returners Oct 2019 - March 2020	Number of returners April-Sept 2020	Number of returners accessing SuppoRTT April-Sept 2019	Number of returners accessing SuppoRTT Oct 2019-March 2020	Number of returners accessing SuppoRTT April-Sept 2020	% of returners accessing SuppoRTT April-Sept 2019	% of returners accessing SuppoRTT Oct 2019 - March 2020	% of returners accessing SuppoRTT April- Sept 2020
East Midlands	4,384	263	84	2,067	64	25	113	24%	30%	5%
East of England	5,815	154	154	157	18	92	84[5]	12%	60%	54%
London & KSS	11,644	858	1167	629[6]	171	173	272	20%	15%	Not available[7]
North East	2,657	149	61	59	0[8]	26	33	Not available	43%	56%
North West	7,949	231	104	195	0	119	77	Not available	114%	39%

[4]Figures based on the latest figures contained in the Q2 local office highlight reports (either September/October 2020). North East did not provide a figure for the total number of trainees, so we have used the figure contained in GMC (2016) *The state of medical education and practice in the UK* [online] https://www.gmc-uk.org/-/media/documents/SOMEP_2016_Full_Report_Lo_Res.pdf_68139324.pdf

[5] This figure includes pre absence meetings held along with returners

[6] This figure is for Q2 only

[7] This is due to the numbers eligible for SuppoRTT were unavailable for Q1

[8] North East and North West local offices did not provide figures for trainees accessing SuppoRTT for 2019/20. The North East office has requested further clarification on a definition.

Local Office	Total number of trainees[4]	Number of returners April-Sept 2019	Number of returners Oct 2019 - March 2020	Number of returners April-Sept 2020	Number of returners accessing SuppoRTT April-Sept 2019	Number of returners accessing SuppoRTT Oct 2019-March 2020	Number of returners accessing SuppoRTT April-Sept 2020	% of returners accessing SuppoRTT April-Sept 2019	% of returners accessing SuppoRTT Oct 2019 - March 2020	% of returners accessing SuppoRTT April- Sept 2020
South West	4,803	**67[9]**	140	271[11]	**78**	97	105	**116%**	Not available[12]	24%[13]
Thames Valley	2,360	**92**	110	106	**38**	44	68	**41%**	40%	64%
West Midlands	5,858	**136**	169	170	**125**	121	78	**92%**	72%%	46%
Wessex	3,103	**223**	89	132	**99**	51	94	**44%**	57%	71%
Yorkshire and the Humber	6237	**271**	222	234	**161**	116	118	**59%**	52%	50%
Total	**54,810**	**2,444**	**2,300[14]**	**4020[15]**	**753**	**864**	**1,042**	**Not available**	**38%**	**26%**

[9] This information was not gathered pre-September 2019

[10] This information does not include data from January-March 2020

[11] This information does not include data from April-June 2020

[12] This is based on the 50% eligibility figures provided by the local office

[13] This figure is for July-September 2020

[14] Some data on the total number of returners was missing for London/KSS, North East, North West, Wessex and West Midlands

[15] Some data on the total number of returners was missing for North East, North West and West Midlands

3.1.1 SuppoRTT beneficiaries by specialty

In line with the findings of the Year 1 report, the following specialities continue to be the specialities with the highest number of trainees accessing SuppoRTT.

- **Medicine** (between 10% and 32% of returners per region; 16%-34% in Y1)
- **General Practice** (between 9% and 42% per region; 13-35% in Y1) and
- **Paediatrics** (between 3% and 28% per region; 5-16% in Y1)

Figure 3.1: SuppoRTT beneficiaries by speciality

Returners by specialty
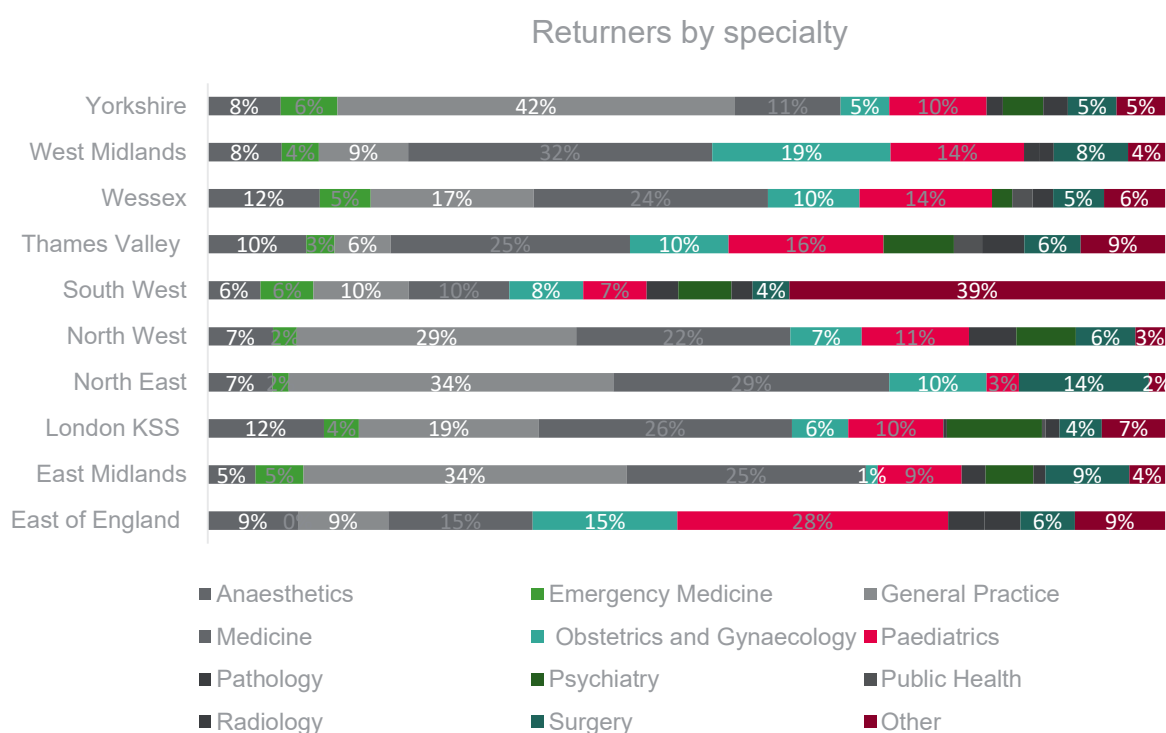
16

Source: local office data returns April-September 2020 N=1212

3.1.2 SuppoRTT beneficiaries by time out of training

Parental leave (n=700) comprised the largest group of trainees out of training across all local office areas, and is line with the findings from Year 1.[17] OOPR (n=123) and OOPC (n=90) were other popular reasons for accessing SuppoRTT after time out of training. No local office reported suspension as a reason for time out.

3.1.3 SuppoRTT beneficiaries by stage of training

ST4-8 trainees are the largest group to access SuppoRTT after taking time out of training (58%), followed by ST3 (19%), ST2 (13%) and ST1 (10%).[18] Those in the Foundation

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[16] London & KSS had a significant number of trainees categorised as 'Other'

[17] Local office data returns April-September 2020 n=1176

[18] local office data returns April-September 2020 n=1214

Programme comprise the smallest group of trainees accessing SuppoRTT (3%). This information was not collected in Year 1.

3.1.4 SuppoRTT beneficiaries by length of absence

The majority of trainees accessed SuppoRTT after a length of absence of either less than year (46%) or between one and two years (46%).[19] Significantly fewer trainees were absent for between two and three years (4%) or more than three years (4%). This information was not collected in Year 1.

3.1.5 SuppoRTT beneficiaries by gender

The majority of SuppoRTT beneficiaries are female (81%).[20] A significant number of beneficiaries in Wessex (61%) chose not to specify their gender. This information was not collected in Year 1.

3.1.6 SuppoRTT beneficiaries by place of primary qualification

The vast majority of SuppoRTT beneficiaries (76%) completed their primary qualification in the UK[21]. Fewer beneficiaries completed their training in the EU (3%) compared with other locations across the world (10%). Data for place of primary qualification was not collected in the East of England or South West regions. This information was not collected in Year 1.

3.1.7 SuppoRTT beneficiaries by ethnicity

The majority (57%) of beneficiaries were of White-British origin[22]. The ethnicity of beneficiaries varied across local offices who collected this data. Data on the ethnicity of trainees accessing SuppoRTT was unavailable in the East of England and South West due to regional differences in data collection. A number of trainees chose not to disclose their ethnic origin. This information was not collected in Year 1.

3.1.8 SuppoRTT beneficiaries by disability

Data on trainees accessing SuppoRTT with disabilities was unavailable in some local offices, due to the regional differences in data collection. For those local offices (seven) collecting disability data, only four areas noted small numbers of disabled trainees accessing SuppoRTT (ranging from 0% in Yorkshire & the Humber to 10% in East Midlands).[23] This information was not collected in Year 1.

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[19] Local office data returns April-September 2020, n=1078
[20] Local office data returns April-September 2020, n= 1089
[21] Local office data returns April-September 2020, n= 869
[22] Local office data returns April-September 2020 n= 650
[23] Local office data returns April-September 2020 n= 863

3.2 Overview of activities provided by each office

In order to meet local needs, local offices organised a range of different activities designed to support trainees taking time out and returning to training. Based on highlight reports, programme material and interviews with local offices, the following case studies were identified:

Case study: South West Support for Shielding Trainees

During the Covid-19 pandemic, the South West local office created the Shielding Trainee Springboard Scholarship Programme, which was designed to ensure that shielding trainees' professional development was not adversely affected by the Covid-19 pandemic. The local office offered shielding trainees the following courses, provided by the University of Exeter and the University of Plymouth:

- Postgraduate Certificate in Clinical Education
- Postgraduate Certificate in Healthcare Leadership & Management
- Postgraduate Certificate in Healthcare Management, Leadership & Innovation
- Postgraduate Certificate in Public Health
- Postgraduate Certificate in Healthcare Improvement and Patient Safety
- Postgraduate Certificate in Global Health

In addition, the office created a local shielding trainees peer mentoring group to reduce feelings of isolation and for information sharing. The local office has also set up coaching support for trainees displaced due to Covid-19.

Case study: Thames Valley & Wessex Cross Specialty Return to Training day

Due to Covid-19, the Thames Valley & Wessex local offices migrated their Cross-Specialty Return to Training Days to a virtual platform, and run this half-day session approximately every two months. Local offices suggested that moving to shorter, half day virtual sessions meant that these events could happen more frequently, and the shorter day meant trainees were able to access these more easily. The event is a good way of sharing information about the return process with trainees, who can dial in remotely (which reduces the need for travel or childcare arrangements). During the afternoon, trainees are directed to pre-recorded specialty specific webinars. Trainees in the South West are also invited to these events.

Case study: North West Mentoring Programme

Three months prior to a trainees' return, the North West local office team email trainees to offer access to their mentoring programme. If trainees are interested in participating, they are provided with a short biography of all potential mentors (both GPs and consultants in the region), and are invited to make their own selection of mentor. The local office suggested that providing trainees with this opportunity meant that the mentorship was more likely to be better fit, as trainees could select their mentor based on speciality, location and/ or experience. The office is currently undertaking an evaluation of the mentoring programme.

Case study: Yorkshire & the Humber SuppoRTT Champions Day

To ensure that SuppoRTT Champions feel supported in their role and are able to share good practice within the Champion network, the Yorkshire & Humber local office organises monthly Champion support meetings via MS Teams. Given that many Champions are relatively new to the role, these calls have been useful in helping Champions to learn more about the SuppoRTT programme and to make connections with others in different specialities and Trusts. The local office reported that engagement with the group has improved significantly during the last four months.

Case study: Wessex/ Thames Valley IMG Foundation Programme Day

This year, the Wessex and Thames Valley local offices jointly organised a Foundation Programme Day, specifically for international trainees. This was introduced this year to supplement the current SuppoRTT programme provision for international trainees, and due to the specific needs for this cohort. The day was open to all new international Foundation Programme trainees, and covered general topics on returning to training (e.g. advice on returning from maternity leave), as well as specific content for international trainees, such as being new to the NHS. The day also included talks from other IMG trainees about their own experiences of returning to training. Feedback received from trainees was very positive.

The table below shows the activities which local offices indicated were being delivered as part of the SuppoRTT programme within their data returns. We have supplemented this with information from presentations at the monthly meetings.

Table 3.2: Local office activities

Office	Conferences	Champion activities	Clinical training	Mentoring	Non-clinical courses	Coaching	Enhanced supervision	Super-numerary	Educator activities	KIT days	Other
East Midlands	✓	✓	✓		✓	✓	✓		✓	✓	• Quarterly newsletters and 'welcome back' emails for trainees • Trainee videos
East of England	✓	✓	✓		✓		✓	✓	✓	✓	• Funding application process to support bespoke training courses • PSI Resilience questionnaires and feedback sessions • East of England specific animation
London, Kent, Surrey & Sussex	✓	✓	✓		✓	✓	✓	✓	✓	✓	• PSU & SuppoRTT Pandemic Podcasts • Online coaching available via the PSU
North East		✓	✓		✓	✓	✓	✓		✓	• **Courses and workshops:** Mindfulness for Doctors, Managing Challenging Situations, Mental Wellbeing & Personal Management, Remaining Effective, Thrive on Change workshop
North West	✓	✓	✓	✓	✓		✓			✓	• NW 2-day SuppoRTT Course • Virtual support groups (VSGs) and a WhatsApp group for shielding trainees, Surgical Skills box library service
South West	✓	✓	✓	✓	✓	✓	✓		✓	✓	• Shielded Trainee scholarship springboard £2,000 per trainee if successful for PG Cert studies • Funding Return to Training Activities for SuppoRTT Trainees who do not have access to a Study Leave budget. • Annual SuppoRTT Champion 'Network' Meeting • Activities for educators, including funded online modules and webinars
Thames Valley	✓	✓	✓	✓	✓	✓	✓	✓			• Cross Specialty Return to Training day • Reorientation days • Virtual 'Roadshows' for ESs
West Midlands	✓	✓	✓	✓	✓		✓	✓	✓		• **Educators:** Upskilling educational supervisors, Cognitive Simulation for Educators, Human Factors for Trainers
Wessex	✓	✓	✓	✓	✓	✓	✓	✓	✓		• Cross-Speciality Return to Training Days with Thames Valley • Reorientation days • Virtual 'Remote Consultation' training workshops for returning and shielding trainees.
Yorkshire and the Humber	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	• OOP study group • Interactive newsletter • Trainee Practical Advice and Signposting sessions (virtual) • Improved Electronic SuppoRTT Forms • Improved Mentoring and Coaching system. • SuppoRTT bids Process (two Rounds completed) • Supernumerary and enhanced supervision. • Additional Wellbeing courses/ Support.
Total	9	10	10	6	10	7	10	7	7	8	

3.3   Amount spent per office

The table below outlines the number of beneficiaries of SuppoRTT in Q1 and Q2 of 2020/21 (i.e. April to September 2020), along with the approximate spend per local office for the same time period. Due to the impact of Covid-19, the number of events and format of activities organised by local offices has changed, with offices sometimes reporting sharing of resources and utilising national resources. Many of the traditional SuppoRTT activities, such as SIM courses and KIT days, were unable to go ahead as planned due to Covid-19, unexpectedly reducing the spend in many local offices. In addition, spend decreased in many local offices as they moved their face-to-face activities online, reducing the costs associated with venue hire, trainers, travel and childcare.

The average spend for trainees accessing SuppoRTT in Q1 was £2,380.62 and £1,300.99 in Q2. Spend per local office ranged from £614 (North West) to £4,684.12 (East of England) in Q1, and £559.14 in Yorkshire & the Humber and £2,666.87 in the South West in Q2.

Table 3.3: Spend per local office

Local Office	Returners accessing SuppoRTT April-June 2020	Returners accessing SuppoRTT July- Sept 2020	Q1 spend [24]	Q2 spend	Approx. spend per accessor of SuppoRTT Q1	Approx. spend per accessor of SuppoRTT Q2
East Midlands	52	61	£63,599	£129,042	£1,223.06	£2,115.44
East of England	34	50	£159,260	£57,235	£4,684.12	£1,114.70
London & KSS	N/A	629	£422,794[25]	£470,739	N/A	£748.39
North East	26	33	£53,451[26]	£38,235	£2,055.81	£1,158.64
North West	76	77	£3,436[27]	£381,182	£614.00	£564.00[28]
South West	38	67	£109,383	£178,680	£2,878.50	£2,666.87
Thames Valley	21	47	£28,568	£40,522	£1,360.38	£862.17
West Midlands	51	27	£7,810	£44,583	£153.14	£1,651.22
Wessex	89	56	£34,534[29]	£83,493	£388.02	£1,490.95
Yorkshire and the Humber	35	83	£121,787	£46,409	£3,479.63	£559.14
Total	**422**	**1130**	**£1,004,622**	**£1,470,120**	**£2,380.62**	**£1,300.99**

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[24] This figure includes the total spend on returners, educational supervisors, KIT events and Covid events

[25] This includes champions, trainee resources and individual returner support

[26] This did not include costs for returner spend

[27] This did not include costs for educational supervisors, KIT events or Covid events, as the annual funding for the Champions was paid in the July LDA

[28] This is based on Local Office figures for the total spend per School rather than total spend, which the Local Office considers better reflective of the approximate spend per trainee.

[29] This did not include costs for educational supervisors

3.4   Overview of activities provided nationally

In response to the Covid-19 pandemic, a range of national activities were devised by the SuppoRTT programme to address some of the universal concerns expressed by returning trainees, doctors returning to practice and those redeployed to Covid-19 related roles. These activities included speciality webinars and podcasts, general wellbeing resources and guidance documents for trainees (including special guidance for shielding trainees).

An analysis was undertaken by one of the Clinical Fellows of the 1,675 GMC registrants who accessed the SuppoRTT webinars in real time during the Covid-19 pandemic. Following live broadcast, these webinars were then uploaded to YouTube, and have had an additional 9,400 views[30].

Of those accessing the webinars in real time, 79% were female and 57% were specialty trainees. Interestingly, 15% of those accessing the webinars were Consultants/GPs and 23% were in non-training roles, indicating that the webinars were accessed by those outside of the 'traditional' scope of SuppoRTT. This has the potential of increasing awareness of SuppoRTT, but also demonstrates leakage of the benefits of the programme to wider groups within resources allocated.

3.5   Local offices' response to Covid-19

Local offices also designed and implemented activities for trainees in response to Covid-19. This has included offering support for shielding trainees (which included informal WhatsApp groups, local guidance and additional training materials), online courses (both new courses and online adaptations of previous face-to-face versions) and wellbeing resources. Local offices described how they could reach a greater number of trainees via online resources, and that they were able to share these resources between regions.

During interviews with local offices, some suggested that as there was a wealth of new wellbeing initiatives introduced by Trusts, Royal Colleges and commercial organisations, they preferred to focus on providing trainees with skills-based resources, such as specialty refresher sessions. Other offices also opted to improve their websites and social media in order to raise awareness of the programme and the activities on offer.

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[30] We are unable to analyse the profile of those watching the webinars on YouTube as a GMC number was not a prerequisite for access

4. Impact of SuppoRTT 2020/21

4.1 Introduction

This chapter outlines the findings of:

- five online surveys with: beneficiaries (i.e. trainees who have accessed SuppoRTT), non-beneficiaries (i.e. wider trainees who have not accessed SuppoRTT), SuppoRTT Champions, DMEs & Deans and other Educators (namely Heads of Schools, Educational Supervisors and TPDs);
- two sets of online focus groups (with beneficiaries and SuppoRTT Champions);
- data from beneficiaries accessing the national webinars; and
- telephone interviews with local offices, clinical fellows and the Assurance Board.

4.2 Perceptions of impact amongst beneficiaries

A survey was conducted with trainees who had accessed SuppoRTT activities in 2020 to gather their perceptions of the programme. This examined: beneficiary background, perceptions and experiences of the SuppoRTT programme, including the activities they had accessed, and the outcomes and impacts experienced from these. These results were followed up with a series of supplementary focus group/ interview discussions in October 2020, with those who had accessed SuppoRTT in 2019 (to explore any long-term impacts) and in 2020 (to explore any changes in access in Year 2). See Annex 2 for the survey questionnaire.

A total of 163 respondents completed the survey, broken down as follows:

- **Gender:** 86% of survey respondents were female;
- **Reason for return**: the majority (87%) had returned to speciality training after being out of programme/ training 60% of these had taken time out of practice for parental leave, 10% for shielding and 9% for illness;
- **Speciality**: larger specialities such as general practice (29%) and medicine (18%) were proportionally represented; with an additional 10% from anaesthesia, 10% from paediatrics and 7% from psychiatry;
- **Place of primary qualification:** 81% had received their primary qualification in the UK and
- **Ethnicity:** 64% of UK origin, 4% of African heritage, 4% of Pakistani heritage and 9% from other white backgrounds.

4.2.1 Awareness of SuppoRTT

As shown in the figure below, more than half of beneficiaries (53%) had heard about SuppoRTT via Communication from HEE and 40% from Supervisors/Training Programme Directors. This corresponds with the findings from Year 1, where a third of beneficiaries (32%) heard about the SuppoRTT programme and the resources available to support their return to training via communication from HEE.
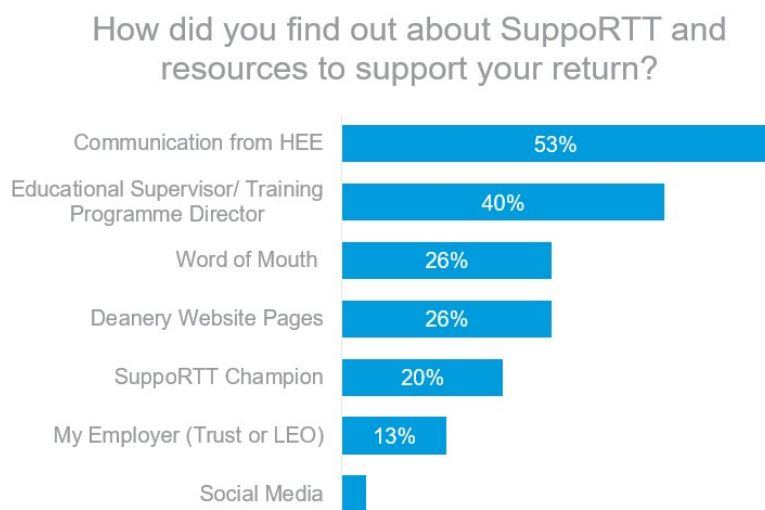
Figure 4.1: Communication about the SuppoRTT Programme

How did you find out about SuppoRTT and resources to support your return?

Communication from HEE	53%
Educational Supervisor/ Training Programme Director	40%
Word of Mouth	26%
Deanery Website Pages	26%
SuppoRTT Champion	20%
My Employer (Trust or LEO)	13%
Social Media	

Figure 4.1, N=163

Beneficiaries were asked to select their top three preferences in terms of how they would like to hear about the resources available to support their return to training. **Communication from HEE** (78%), **Educational Supervisor/Training Programme Director** (69%) and **SuppoRTT Champion** (45%) were identified as preferred methods.

Focus groups with SuppoRTT beneficiaries also indicated that email communication from HEE was their preferred form of communication, *"the emails that HEE send round to everyone are really important because it does reach everyone".* Some suggested that Covid-19 had reduced the viability of word of mouth communication; *"I don't have the same contact with others who are in similar positions".* Going forward, SuppoRTT beneficiaries suggested adopting a mixed communication approach*,* using a combination of social media, educational supervisors and emails.

SuppoRTT beneficiaries were asked about their experiences of the SuppoRTT resources and communications provided by both HEE and their local Trust. As shown in the graph below, the majority of respondents either agreed or strongly agreed with the statements in relation to the resources offered by HEE. Most respondents (71%) though they were appropriate and 74% would recommend that others use the resources provided by HEE. However, fewer respondents agreed or strongly agreed that the resources offered by their trust were appropriate (53%) or that they would recommend others to use the resources provided by the trust (53%). Most respondents agreed or strongly agreed that

communications from HEE were clear and helpful (68%). Less respondents agreed or strongly agreed that communication from their Trust was clear and helpful (47%), however did not state why this was the case.

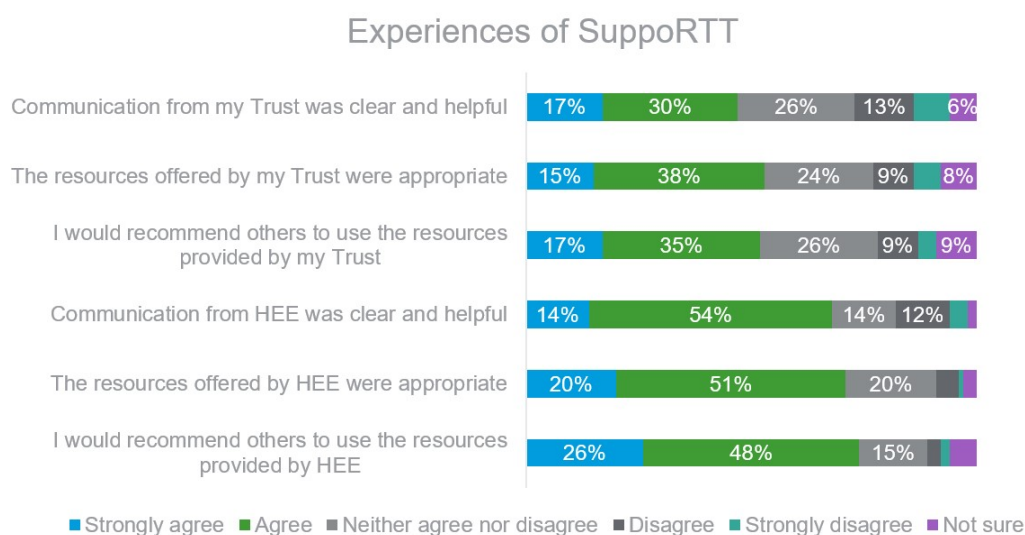**Figure 4.2: Experiences of SuppoRTT resources and communications offered by HEE and local trusts**

Experiences of SuppoRTT

Figure 4.2 N= 163

4.2.2 Participation in SuppoRTT

From this year's survey, increased clinical supervision and support (46%), SuppoRTT refresher webinars (34%) and Trust Formal Induction (29%) were the most highly utilised resources. A shown below, participants also took part in refresher courses and clinical updates, coaching and mentorship and Covid-19 specific training. Last year, Keeping in Touch Days (42%), pre-absence meetings (40%) and supernumerary time (37%) were the most utilised resources.

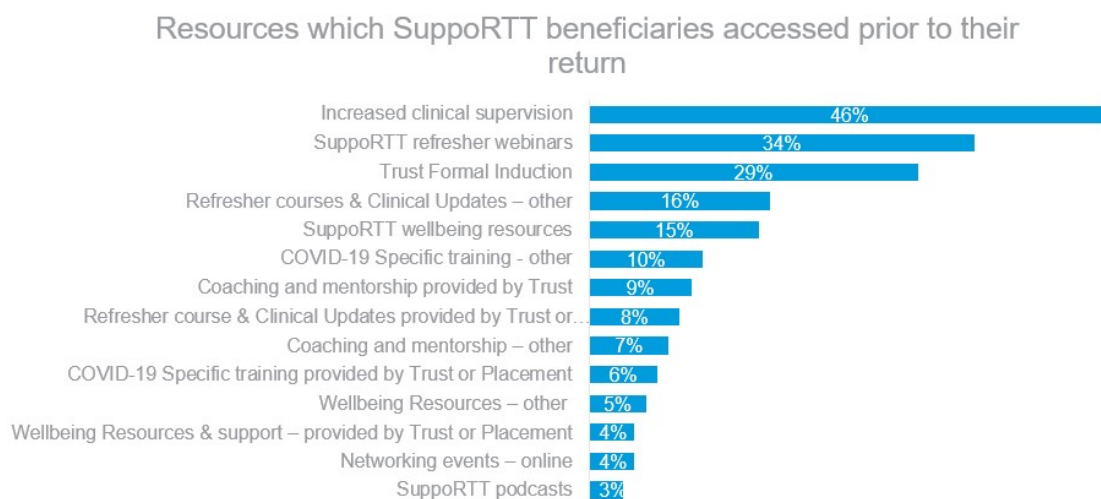**Figure 4.3: Resources which were accessed by SuppoRTT beneficiaries prior to their return to training**

Resources which SuppoRTT beneficiaries accessed prior to their return

Resource	Percentage
Increased clinical supervision	46%
SuppoRTT refresher webinars	34%
Trust Formal Induction	29%
Refresher courses & Clinical Updates – other	16%
SuppoRTT wellbeing resources	15%
COVID-19 Specific training - other	10%
Coaching and mentorship provided by Trust	9%
Refresher course & Clinical Updates provided by Trust or…	8%
Coaching and mentorship – other	7%
COVID-19 Specific training provided by Trust or Placement	6%
Wellbeing Resources – other	5%
Wellbeing Resources & support – provided by Trust or Placement	4%
Networking events – online	4%
SuppoRTT podcasts	3%

Figure 4.3 N= 163

Focus groups with beneficiaries suggested that this change in activities undertaken could be explained by Covid-19 pressures within the NHS, and the underlying perception that during the pandemic trainees just *"had to get on with it"*. Another respondent to the beneficiary survey outlined *"I think my RTT was slightly different as it was accelerated due to Covid… there was also no real time to access any of the activities/wellbeing resources as I was just too busy working"*.

A separate analysis of the 1,675 unique webinar registrants[31] who accessed the SuppoRTT webinars was carried out by one of the HEE Clinical Fellows. With 642 non training-registered 'other grades' and Consultants/GPs attending these webinars, this suggests that the webinars reached a wider audience than the traditional SuppoRTT beneficiaries. Feedback included:

"More like this would be great- as a psychiatry trainee starting in August it would be such a good way to stay up to date with physical health medical practice that we need to know for our ward jobs. And guarantee equitable delivery of the same info regardless of geographic location of training!"

"I was redeployed to a Covid-19 ward after five years away from working with acutely unwell patients. These webinars formed the majority of learning I needed to upskill. They were relevant, well-organised and the webinar format made the learning accessible and equitable. I would definitely attend further training in this format in the future."

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[31] GMC registration was a condition of access for the live webinars, so all were UK doctors.

93% of those who accessed the webinars agreed/strongly agreed that they would recommend the webinars to others. Key benefits of the webinars included:

- easy to access (93%);
- relevant content (81%);
- convenient (75%); and
- no requirement to apply for study leave/ time off (62%).

4.2.3 Supernumerary time

More than half (56%) of beneficiaries accessed a supernumerary period upon their return. These participants (n=89) were asked to identify how long their supernumerary period lasted. The most common length was more than 14 days (21%), followed by 3-5 days (20%) and 11-14 days (19%). Only 5% of respondents reported that their supernumerary period lasted for 16 days or beyond.

32% of beneficiaries suggested that the optimum supernumerary time would be more than 14 days and 30% reporting that 11-14 days would be optimum. Focus groups with beneficiaries suggested that this length of time was dependent on training grade, and whether trainees had had any opportunities to undertake clinical practice during their time out of training. Trainees noted the following as the main benefits of supernumerary:

- **a reduced pressure to perform** – *"[I was able] to take my time with patients and consolidate basic clinical work without the time management time pressures. I could maintain good habits for stress management outside of work within a new schedule, e.g. exercise and weekly shops"*.
- **time to gain confidence** *"It decreased anxiety for returning to work… it allowed me to feel confident before properly starting work again"* and;
- **a chance to refresh skills** *"I could get up to date with Covid practices"*.

Beneficiaries displayed positive perceptions and experiences of SuppoRTT activities. Most beneficiaries agreed or strongly agreed with all statements when asked to rank the helpfulness of activities. A total of 69% of beneficiaries found activities easy to access and 78% found activities useful. Overall, beneficiaries either agreed or strongly agreed that activities were helpful in updating clinical knowledge (63%), improving confidence (73%), enhancing ability to carry out clinical practice (70%), improving wellbeing (68%) and providing practical advice on return to training (67%). This suggests an increase on last year, in which 51% of beneficiaries considered SuppoRTT to have updated their clinical knowledge and 55% to have enhanced their clinical practice.

Figure 4.3: Perceptions of SuppoRTT activities amongst programme beneficiaries

Perceptions and Experiences of SuppoRTT activities

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
Useful	29%	49%	14%			6%
Helpful in improving confidence	31%	42%	13%			8%
Helpful in enhancing ability to carry out clinical practice	21%	49%	18%			7%
Easy to access	18%	51%	14%			6%
Helpful in improving wellbeing	29%	39%	16%			10%
Helpful in providing practical advice on return	26%	41%	18%			9%
Helpful in updating clinical knowledge	22%	41%	17%			11%

■ Strongly Agree   ■ Agree   ■ Neither agree nor disagree   ■ Disagree   ■ Strongly disagree   ■ Not sure

83 beneficiaries responded to the open text question about impacts to knowledge, competence and confidence. Key themes included feeling more in control, less isolated (particularly amongst shielding trainees) and experiencing a smoother back-to-work transition:

"I would have felt quite at sea – returning during Covid so it was confusing to work in such as different way".

"I would have felt more isolated and embarrassed about my situation".

"The contact from SuppoRTT and the knowledge of who my local representatives were was very reassuring, made me feel less fearful and alone when returning to work".

Of the total number of SuppoRTT beneficiaries, 12% reported not taking part in any SuppoRTT activities. The most commonly cited reasons for not taking part in any activity was not being aware that these activities were available (32%) and feelings that activities weren't relevant (32%). Four respondents suggested in open text responses that Covid-19 had impacted on the provision of activities; *"I requested access to the activities listed by was advised that the programme was not running due to Covid".*

Respondents suggested that having webinars, seminars or courses pre-recorded and made available online would have been beneficial and would remove constraints associated with being unable to attend the live versions:

"If a recording of each webinar would be available online that would be helpful".

"I found when I went to watch the webinars a lot of them had become unavailable. Or didn't work from the links in my emails. I was returning from maternity leave so only had the evenings to watch things and couldn't watch them 'live' as they clashed with [the] kids tea and bedtime".

"Online resources should be flexibly available - due to working 13 hour shifts and not being allowed study leave during the pandemic it was very difficult to access even evening seminars during my return to work".

A number of respondents reported that it would have been beneficial if resources were made available which were specific to their specialty; *"online courses should be tailored for different specialties"*. Trainees reported that they would like to have access to online refresher courses for clinical skills. A number of participants cited that they did not have access to a formal Covid-19 induction or course regarding Covid-19 guidelines before returning; the ability to access these courses online and return to them for reassurance would ease the anxiety experienced by some respondents:

"A crash course in Covid. It wasn't available when I returned as it was too early in the pandemic, but now we have more information, and I expect it would be very useful".

"I was not offered any local trust induction relating to Covid. This would have been helpful".

4.2.4 SuppoRTT Champions

Due to the introduction and roll-out of SuppoRTT Champions in Year 2, this year's survey included questions on the impacts of these roles so far. Most beneficiaries (61%) were aware of their SuppoRTT Champion. 78 beneficiaries commented on the usefulness of any information, advice, activities or wider support received via a free comment text box. Overall, respondents indicated that their local SuppoRTT Champion was useful and provided them with a supportive point of contact throughout their return to training:

"My local SuppoRTT champion was really helpful".

"Very supportive and provided access to resources which were useful".

A number of respondents indicated that their SuppoRTT Champion was the best part of their return to training due to the valuable information provided:

"Excellent. Kind and Supportive. The best part of the process".

"This was probably the most useful part of the SuppoRTT programme for me".

The SuppoRTT Champion was able to successfully signpost resources, training and updates in policy and practice which were specific to each trainee. Others stated that they had had little or no contact with their SuppoRTT Champion, and some were unaware who their Champion was. A few felt that the SuppoRTT Champion merely created additional paperwork; *"I felt that the documentation was another exercise to complete. A good idea overall, but in practice, not very useful and adding tasks for everyone."*

4.2.5 Impacts of SuppoRTT

The majority of beneficiaries either agreed or strongly agreed that SuppoRTT activities were easy to access (69%) and useful (78%). As shown below, improving confidence (73%) was the most common impact of SuppoRTT activities; *"had I not known about SuppoRTT I would have felt less confident"*. Beneficiaries also reported that SuppoRTT

activities were helpful in enhancing their ability to carry out clinical practice (70%), which has increased 16% since Year 1. Around 68% of respondents indicated that SuppoRTT activities were helpful in improving their wellbeing by reducing the stress and anxiety associated with returning to training:

"I would have definitely felt more stressed and underprepared without the opportunity to attend the webinars".

"I would have been more anxious if I hadn't been supernumerary with extra supervision initially".

Figure 4.4: Impacts of SuppoRTT activities
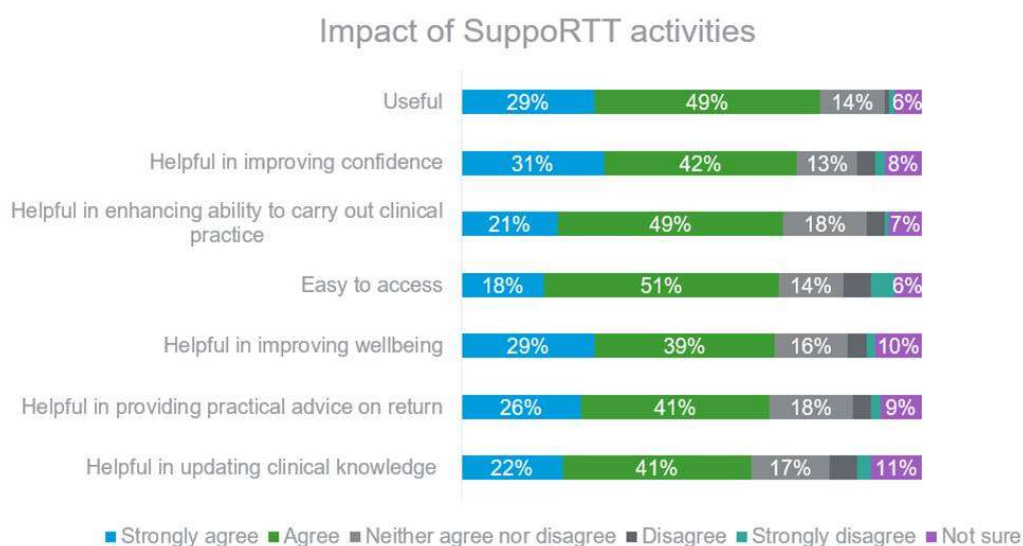
Figure 4.4 N= 163

4.2.6 Enhancement of knowledge, competence and confidence

Beneficiaries were asked to describe via open free-text comment what they felt the difference in their knowledge, competence and confidence would be had they not had access to SuppoRTT. Overall, beneficiaries reported that SuppoRTT provided them with the knowledge (n=7), competence (n=7) and confidence (n=27) to return to work:

"Even if my knowledge would have been the same, my lack of confidence would have made it difficult to apply my competences without the support received".

"Without SuppoRTT it would have taken me more time to increase my knowledge and confidence back to the level it was prior to my time out of programme".

Multiple beneficiaries reported that without the SuppoRTT programme they would have found been overwhelmed (n=7) and may not have been able to return to their training:

"I would have found it too overwhelming to return. The support from HEE helped me to feel like a colleague again and encouraged me to have the confidence to return".

"I feel that after such a long time, I may not have been able to return to work without this support".

Nine beneficiaries suggested that have the SuppoRTT programme in place was reassuring, particularly on the issue of patient safety. A number of beneficiaries indicated that SuppoRTT reduced the anxiety (n=8), stress (n=2) and feelings of isolation (n=2) which they felt upon return, particularly as they returned during a global pandemic:

"I would have been more anxious if I hadn't been supernumerary with extra supervision initially".

"It would have been a time of far more uncertainty and anxiety".

"It would have been a terrible experience especially coming back in the pandemic".

4.2.5. Supporting trainees returning during Covid-19 and beyond

Beneficiaries were asked to identify improvements which could be made to support trainees returning during Covid-19 and beyond. The following recommendations were made;

- access to regular mental health and wellbeing support, specifically for Covid-19;
- clearer communication of Covid-19 processes and PPE guidelines; "Clear updates about how the hospital is running currently, what clothes and PPE to wear and paired up for first on calls";
- seminars and webinars to be recorded and posted online to improve access;
- workplace flexibility/ work from home as required by those who need to shield;
- a formal timetable of support available at a local Trust level upon return; and
- a named colleague or buddy to shadow or discuss queries; "Having a buddy ideally in the same specialty as you who is going through or has been through the same thing".

4.3   Perceptions of impact amongst non-beneficiaries

In total, 22 non-beneficiaries responded to the survey this year (compared to 1,483 trainees last year). This reduction was likely due to a change in dissemination methods (via HEE social media channels this year compared to direct mail-out to trainees last year)[32], the impact of Covid-19 and a high response rate to last year's survey. We have provided a high-level summary of findings from this year's survey below, given the low response rate. Next year, we will focus on wider dissemination and greater survey promotion (if the Covid-19 situation allows), to allow for better comparisons between Year 1 and 3 evaluation results.

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[32] HEE advised that due to the large volume of emails trainees were receiving during the Covid-19 pandemic, non-essential communications with trainees should be kept to a minimum, hence the survey was promoted via social media.

Of the 163 non-beneficiaries who completed the survey this year, responses broken down as follows: **Speciality:** larger specialities such as paediatrics (23%), general practice (14%) and medicine (14%) were proportionally represented;

- **Ethnicity:** 45% White UK backgrounds, 14% African backgrounds and 9% Indian heritage; and
- **Gender:** 68% female

4.3.1 Considerations around taking time out of training

Most (55%) of non-beneficiaries had already taken time out of training. Of those who had not taken time out of training, 60% had never considered it. Participants were asked which factors would make them consider taking time out of training:

- 40% would consider taking time out of training for **parental leave**;
- 20% would consider taking time out of training for a **career break;** and
- 17% for a better work/life balance.

This corresponds to this year's GMC National Training Survey indicated that 13% of trainees either never or seldom had enough leisure time, and 20% felt burnt out due to work.[33]

Interestingly, last year, the three top considerations for taking time out were:

- time out to work/volunteer abroad (52%);
- for parental leave (50%); and
- to pursue clinical research (41%).

It is likely that opportunities for clinical research and working/volunteering abroad have reduced this year due to Covid-19, hence why these are not within this year's top three factors.

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[33] GMC, *National Training Survey 2020: Summary of results* https://www.gmc-uk.org/-/media/documents/nts-results-2020---summary-report_pdf-84390984.pdf

Figure 4.5: Considerations around taking time out

Considerations around taking time out
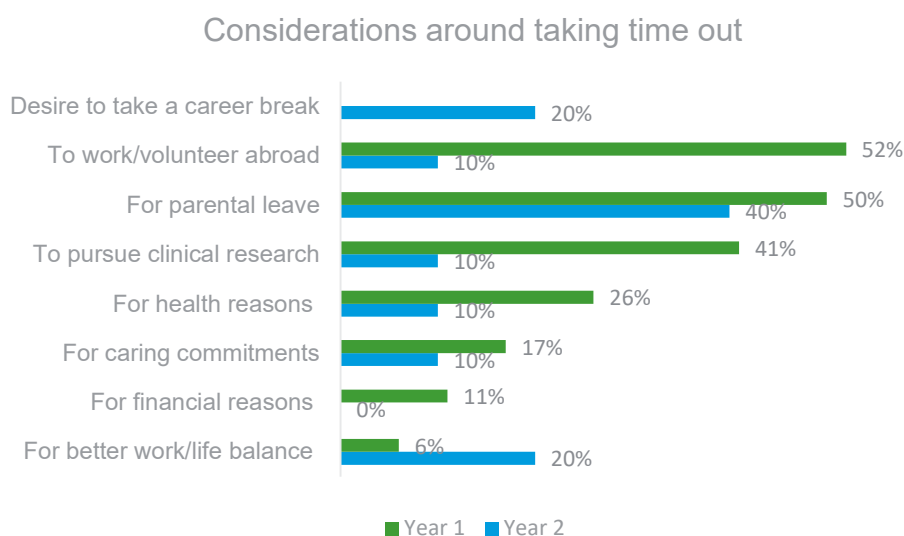
Figure 4.5 N=12

60% of trainees reported they would have concerns regarding taking time out of training, for example; some respondents felt they may have *"difficulty transitioning and re-adjusting to the system"* and concerns around whether they would be able to *"come back to work and pick up after a period".* When asked about which factors would dissuade trainees from taking time out of training, concerns surrounding career progression (13%) and the impact a break would have on knowledge, competence and confidence (17%) were the most frequent concerns.

4.3.2 Awareness of SuppoRTT

70% of non-beneficiaries were not aware of the SuppoRTT programme, compared to 80% last year. Those who were aware of the SuppoRTT programme had heard about it through their Local HEE Office/ SuppoRTT Clinical Fellow (25%), someone in their organisation (15%) or their local SuppoRTT Champion (15%). Respondents indicated that the best way of raising awareness amongst doctors in training would be via email (25%), talks from those involved in SuppoRTT (15%) or contact from the local SuppoRTT Champion (15%). Around 15% of non-beneficiaries were aware of the SuppoRTT Champion role, indicating that those who were aware of the role felt it would be beneficial in raising awareness.

4.3.3 SuppoRTT and impact on peers/you

50% of non-beneficiaries reported that some of their peers has taken time out of training. Only 18% of respondents indicated that these peers had taken part in the SuppoRTT programme; 73% were unsure. Respondents who had taken time out of training and knew of peers who had availed of the SuppoRTT programme indicated that their peers were *"better able to phase their return".*

4.4 Perceptions of impact amongst SuppoRTT Champions

In total, 78 SuppoRTT Champions responded to this survey, which has been introduced in Year 2 of the evaluation as the new role of SuppoRTT Champion has been put in place. The SuppoRTT Champions are either Trust or School based, and their role is to provide leadership within the Trust/School to ensure that SuppoRTT is fully implemented and provide guidance for trainees and supervisors. Of these respondents:

- **Gender:** 79% were female
- **Speciality:** The largest proportion of respondents came from Medicine (19%), Anaesthesia (14%), Psychiatry (14%) and Paediatrics (13%).
- **Ethnicity:** 61% identified as White British, 10% as Indian, 5% White Irish and 5% Pakistani
- **Champion role:** 73% of respondents were Trust Champions and 25% were School Champions
- **Duration of Champion role:** 74% of respondents had been a Champion for over six months at the time of the survey

4.4.1 SuppoRTT Champion role

The number of hours Champions were contracted to undertake their Champion role varied significantly, from zero to seven hours. The vast majority of respondents were contracted for either two (32%) or four hours (35%) per week. 61% of respondents combined the SuppoRTT Champion role with another role (e.g. LTFT Champion). Of this number, 47% were not funded to undertake this additional non-SuppoRTT role. Trust Champions were more likely than School Champions to combine roles; 66% vs 55%. Since many trainees choose to return to LTFT training, Champions considered combining these roles as increasing their ability to reach out to trainees; *"Combining my SuppoRTT role with my other role of LTFT Champion has enabled me to pick up several trainees who needed LTFT post approval and discover that they were returning after a break in training".*

Overall, 34% of Champions first heard of the SuppoRTT Champion role through a job advert, and 19% through word-of-mouth from someone in the same organisation. Other sources of role awareness included awareness from other leadership roles. School Champions were more likely to have heard about the role from their educational supervisor/ Deanery than Trust Champions (45% vs 9%), whereas Trust Champions were more likely to have heard of the role from a job advert than School Champions (38% vs 20%).

80% of respondents agreed/strongly agreed that the SuppoRTT role is clearly defined. This group indicated that the job description, Champion networks, Heads of School and the SuppoRTT website all clearly outlined the role. Those 16% who neither agreed nor disagreed and the 5% that disagreed considered there to be overlap with existing roles, such as educational supervisors, rota coordinators and the School Champions. Some suggested that this lack of clarity may be due to the newness of this role; *"it is really just*

being established at the moment and feels like we are all working towards understanding what's needed from us."

The majority of Champion focus group participants stated that, while they had not received formal training for the role, their knowledge about SuppoRTT came from the SuppoRTT website and other locally produced resources. For some, this was a particularly informative process; *"As an educational, clinical supervisor over many years, I haven't ever pointed anyone to it… I wasn't aware that there was all this stuff available."*

74% of Champions had personal experience of taking time out of training, with over 60% of this group having time out during training to parental leave. Champion focus group participants suggested that while personal experience of taking time out could be helpful, it did not need to be a prerequisite for the role – *"it's like saying that you need your own children to be a paediatrician".*

4.4.2 Activities undertaken by Champions

The three most frequently undertaken activities were:

* email, social media or telephone communication/ interactions with trainees (86%);
* attending Champion network meetings (82%); and
* arranging meetings with trainees (77%).

Figure 4.6: Activities undertaken as part of the Champions role

Activities undertaken as part of the Champion role

Activity	%
Email, social media or telephone…	86%
Champion network meetings	82%
Meetings with trainees	77%
Meetings with educators	69%
Champion network meetings	68%
Meetings with Trust HR	49%
Raising awareness of SuppoRTT online or via…	45%
Meetings with the HEE local office	39%
Induction calls	35%
Meetings with Schools/Colleges, Deaneries	34%

Figure 4.6 N=77

Champions considered the following to be the key aspects of their role:

- **Advocating on behalf of trainees' who had returned**: "It is very important that a trainee has someone who is totally separate to the deanery to talk to and be able to advocate for them if they need it."
- **Addressing perceptions of taking time out:** "I advised a trainee returning from research to access SuppoRTT. They felt they were not eligible as 'SuppoRTT is only for trainees returning from maternity leave'"
- **Identifying eligible trainees and contacting them proactively prior to their return:** "A trainee was coming back from over one year off. She was very nervous about starting back. Due to the induction questionnaire sent out, we were able to identify her early, arrange a local specialty induction, allow her to be supernumerary for a period and link her into local training programmes."
- **Raising awareness amongst educators:** "Consultants in our Trust have really valued the SuppoRTT workshops we have organised."

Findings from the Champion focus groups suggested that Champions were unsure whether their role should include devising new materials for trainees and educators. Some Champions had produced their own guidance documents for trainees and courses for educators (particularly in larger Trusts), as they suggested that *"My organisation is so big, I cannot meet all trainees coming back, I would be overwhelmed".* In contrast, others considered *"the documentation on our local deanery website is pretty good, it doesn't really need to be replicated"* and that they would be better placed supporting individual trainees with queries.

Since starting their role as a SuppoRTT Champion, the majority of Champions had engaged with up to ten trainees (44%) or between 11-20 trainees (26%). Unsurprisingly, the eight Champions who had been in post for over six months were the only group to have engaged with over 50 trainees. There was no significant difference in the numbers of trainees engaged by either the School or Trust champions.

4.4.3 Impact of the Champion role

As shown in the figure below, the majority (99%) of Champions agreed or strongly agreed that the SuppoRTT Champion role has been successful in signposting trainees to resources. The majority (90%) also agreed or strongly agreed that the role has been successful in raising awareness of SuppoRTT (e.g. through hosting events or answering queries), as well as enhancing trainees' confidence (87%).

In contrast, focus groups with SuppoRTT beneficiaries suggested that there was still a limited awareness of the Champions amongst trainees, with the majority unaware of who their Champion was, or what the role entailed.
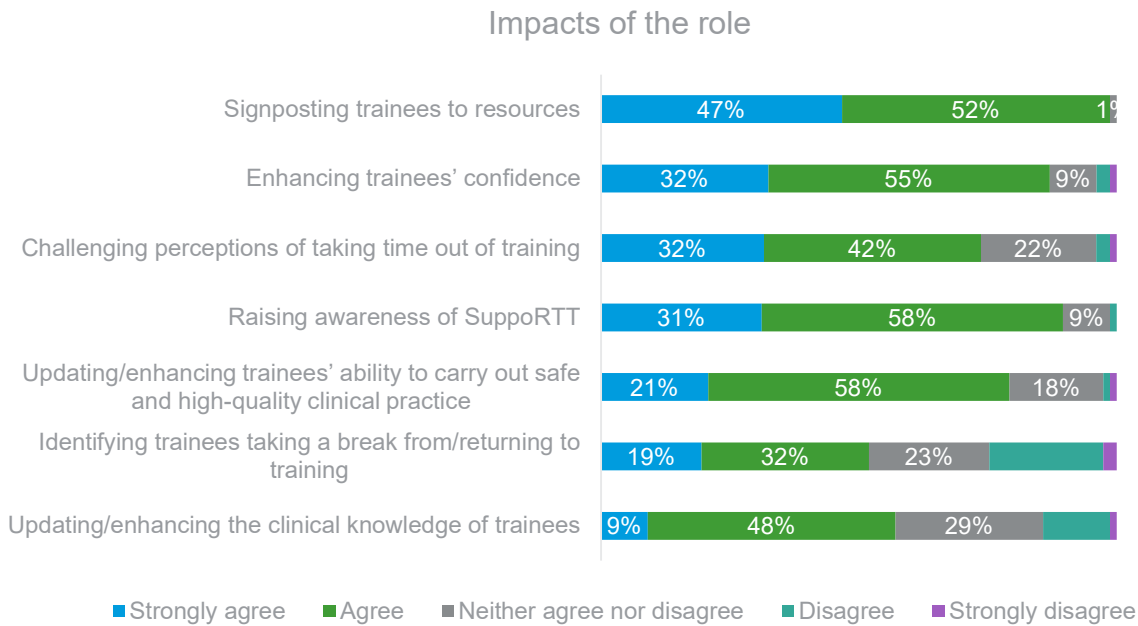
Figure 4.7: Impacts of the Champion role

Impacts of the role

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Signposting trainees to resources	47%	52%	1%		
Enhancing trainees' confidence	32%	55%	9%		
Challenging perceptions of taking time out of training	32%	42%	22%		
Raising awareness of SuppoRTT	31%	58%	9%		
Updating/enhancing trainees' ability to carry out safe and high-quality clinical practice	21%	58%	18%		
Identifying trainees taking a break from/returning to training	19%	32%	23%		
Updating/enhancing the clinical knowledge of trainees	9%	48%	29%		

■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree

Figure 14.7 N=77

Champion focus group participants indicated that other key impacts of the role were raising awareness of SuppoRTT within Trusts and normalising taking time out of training.

The figure below illustrates that 48% of Champions agreed/strongly agreed that they had played a key role during the Covid-19 pandemic. This included organising virtual events (such as changes to clinical practices and policies) and signposting to national resources (such as webinars), as well as facilitating connections between shielding trainees. 39% of Champions neither agreed nor disagreed with this statement. Many Champions highlighted challenges in identifying eligible trainees during the pandemic; "*it has been very hard to get reliable data on which trainees have been away shielding, and which of those are returning to our Trust.*" Others suggested that factors such as shielding trainees continuing to work from home, pressures on service provision and fewer trainees redeployed in some specialties as reasons for having a lower impact during the pandemic.

Figure 4.8: Impacts of the Champion role during the Covid-19 pandemic

To what extent do you agree or disagree that the SuppoRTT Champion role played a key role in supporting trainees during the Covid-19 pandemic?
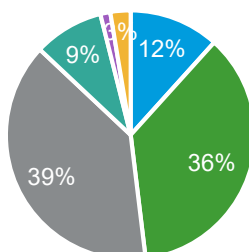
■ Strongly agree ■ Agree ■ Neither agree nor disagree ■ Disagree ■ Strongly disagree ■ Not sure

Figure 4.8 N=77

4.4.4 Existing challenges and future recommendations

The table below illustrates the challenges Champions identified in carrying out their role, and their recommendations:

Table 4.1: Challenges and recommendations identified by Champions

Challenges	Recommendations
The key challenge highlighted was in **identifying eligible trainees;** *"In my experience most specialty trainees return to work in a different Trust to the one they left. The TPDs and schools rarely if ever identify these trainees to the DME and often don't let the local specialty training leads know. This makes it impossible to make contact, ensure SuppoRTT has been in place and check ongoing training needs."*	• Ensure that there is better and more timely identification of trainees (suggestions included greater communication from local offices, TPDs and closer co-ordination with Trust HR and rota co-ordinators) • Continue to raise awareness of SuppoRTT and the role of the Champions (suggestions included an article in the BMJ, attendance at trainee events) • Produce clear guidelines for Champions on how to advise trainees on funding • Provide formal training for the role and an outline of whether the role should include commissioning or devising activities • Create a centralised calendar of training events and a central repository of resources
Raising awareness was also a challenge; *"[it's] difficult to raise awareness amongst trainees and trainers- they are not very interested until it applies to them personally."* Covid-19 had disrupted some awareness raising activities and courses Champions had hoped to put on for trainees and educators.	

Challenges	Recommendations
There could be challenges in ensuring trainees and educators completed paperwork, and some Champions questioned whether it was their role in following this up	• Organise national networking events for Champions to share good practice • Ensure that there is a clear distinction between the roles of the School and Trust Champions, and if areas of overlap exist, consider ways to facilitate connections between the two groups

4.5 Perceptions of impact amongst educators

For Year 2, the educator survey was divided into two separate surveys, for ease of response and to ensure that only the most relevant questions appeared to respondents. Due to increased educator workloads arising from the Covid-19 pandemic, it was decided that the SuppoRTT educator surveys would include LTFT Category 3 evaluation questions[34], and that this would be issued as a joint HEE flexibility initiatives survey.

- 48 responses were received from the **DME and Postgraduate Dean Survey**: (60% of responses from DMEs, 10% from Deans and 30% from Other e.g. deputy Postgraduate Deans)

- 518 responses were received from the **Educator Survey** (46% of responses from Educational Supervisors, 32% from Training Programme Directors, 7% from Heads of School, 7% from College Tutors, 6% from Named Clinical Supervisors and 3% from Other

- **Speciality:** For both surveys, responses were highest from Medicine (**DME& Dean:** 24%, **Educator:** 19%), **Surgery** (15% and 12% respectively), and **Other** (18% and 16% respectively).

- **Duration:** Just over two-fifths of **DMEs and Deans** were relatively new to the role; 41% had been in post for **under a year**. 9% of respondents had been in post ten years or more. **HoS, TPDs and ES** tended to be in post for slightly longer; 39% had been in post between **two and four years** and 22% for over 10 years.

4.5.1 Awareness of SuppoRTT

Levels of awareness of the SuppoRTT programme were extremely high amongst DMEs and Deans: 97% were aware of SuppoRTT. Awareness amongst educators was lower, with 68% aware of SuppoRTT. Of the 26% of educators who were unaware of SuppoRTT, 81% were educational supervisors.[35]

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[34] RSM have also been separately appointed by HEE to conduct an evaluation of another flexibility initiative, the expansion of Less Than Full Time Category 3 in Emergency Medicine, Obstetrics and Gynaecology and Paediatrics
[35] The Year 1 report did not specifically ask educators if they were aware of SuppoRTT, but instead the method by which they had heard of SuppoRTT.

As the figure below illustrates, educators were far more likely to become aware of SuppoRTT via **email** (30%) and **information from the HEE local office** (18%) in comparison to DMEs & Deans (both 3% respectively). DMEs and Deans were most likely to hear of SuppoRTT from their **colleagues** (38%).

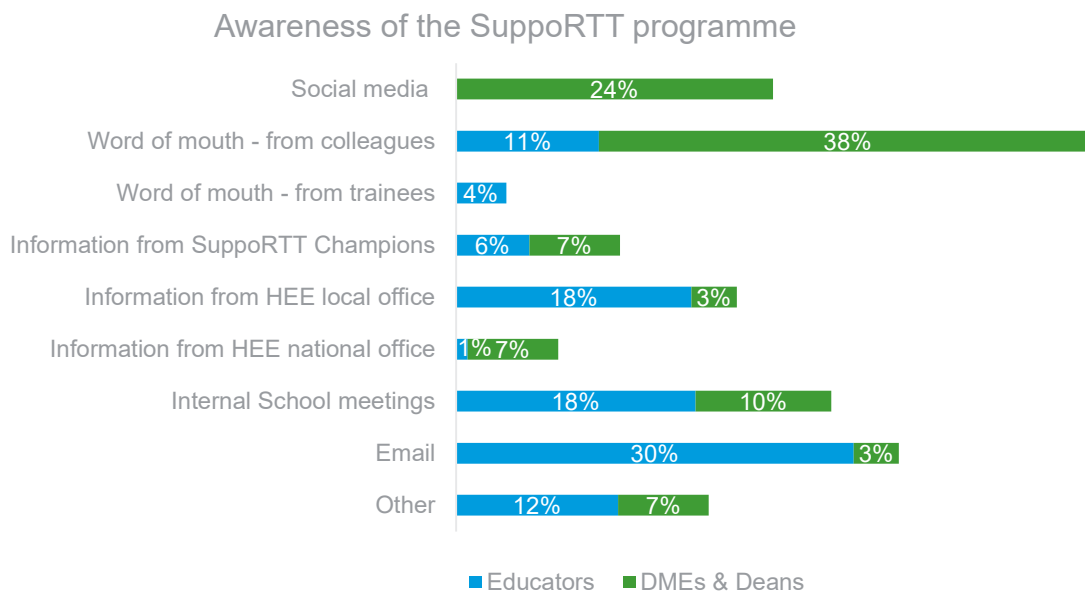### Figure 4.9: Awareness of the SuppoRTT programme

Awareness of the SuppoRTT programme

	Educators	DMEs & Deans
Social media		24%
Word of mouth - from colleagues	11%	38%
Word of mouth - from trainees	4%	
Information from SuppoRTT Champions	6%	7%
Information from HEE local office	18%	3%
Information from HEE national office	1%	7%
Internal School meetings	18%	10%
Email	30%	3%
Other	12%	7%

Figure 4.9 Educators N=340 DMEs& Deans N=29

Educators were asked how effective communication had been: 48% agreed or strongly agreed that it had been effective, while 32% disagreed or strongly disagreed.

Figure 4.10: Effectiveness of the communication about SuppoRTT

Effective communication

- Strongly agree: 20%
- Agree: 28%
- Neither agree nor disagree: 16%
- Disagree: 21%
- 11%
- 3%
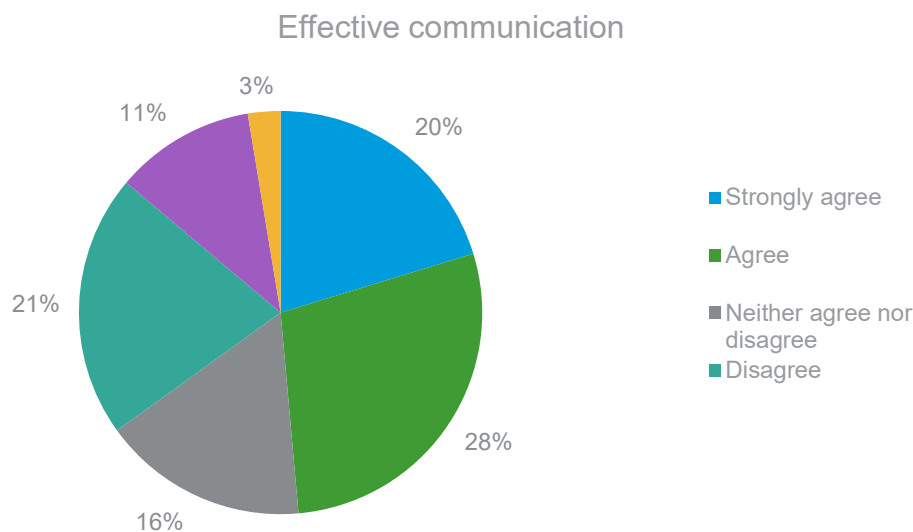
Figure 4.10 Educator survey N=500

Some educators had received information from local offices and Champions, while others noted that SuppoRTT was often on meeting agendas. As one respondent suggested, *"I was sent many emails and had a presentation about the project so felt fully informed."* Those who disagreed either had not received any information on SuppoRTT *("Never heard of this and I do read my emails")* or did not feel that communications provided enough detail; *"I have heard of it, but I am unsure what it is for or why it is necessary".*

DMEs and Deans broadly agreed that employers have been effectively communicated with about SuppoRTT (66% agreed or strongly agreed with this statement). DMEs and Deans suggested that communication with employers had occurred via Champions, the Deaneries and HEE local offices. Those who disagreed stated *"the vast majority of info comes via educational routes not employer/HR routes"* and *"not many Chief execs have a clue what it means".*

4.5.2 Impact of SuppoRTT on educators

The figure below highlights that 14% of educators had themselves taken part in a range of SuppoRTT activities. Those who had taken part in activities reported that they had hoped to gain a better understanding of the SuppoRTT processes, and what was available to offer to trainees.

33% of respondents had not taken part in any SuppoRTT related activities. This marks a reduction from Year 1, in which 58% of educators had not taken part in any activity.

Figure 4.11: Uptake of SuppoRTT activities amongst educators

SuppoRTT activities
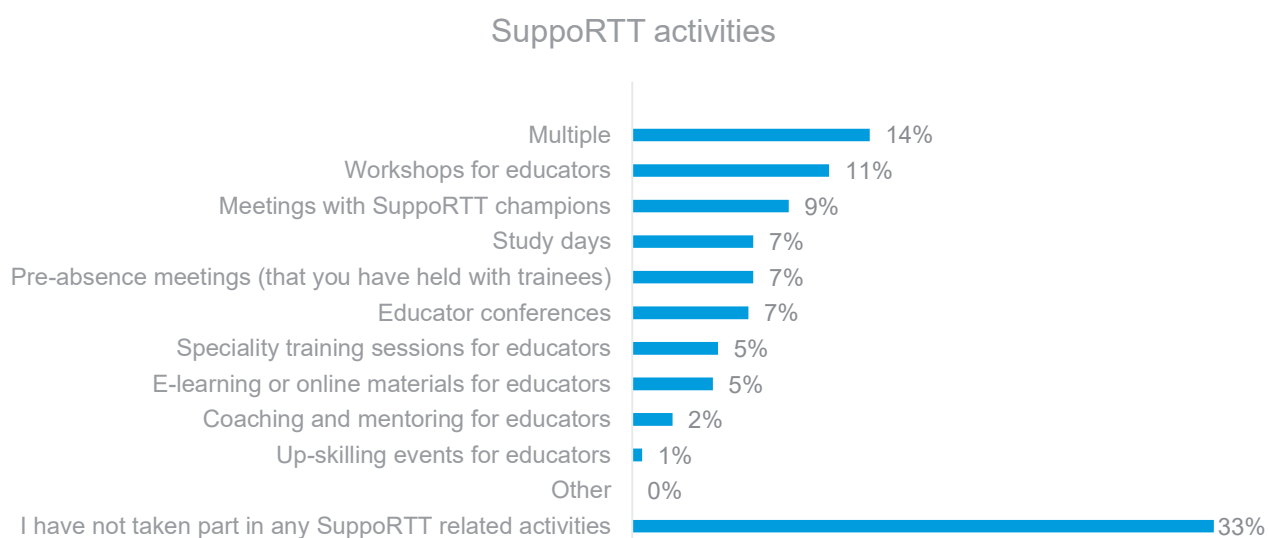
Figure 4.11 Educator survey N=346

Of those 33% who had not taken part in activities, 43% stated that this was due a lack of awareness, and 28% stated this was due to other commitments. Only 7% suggested that this was because SuppoRTT activities were not relevant. When asked if they would be interested in taking part in future activities, 72% suggested that they would be interested.

92% of respondents who had taken part in SuppoRTT activities considered these to be useful. Respondents suggested that activities for educators enabled them to better understand the processes of SuppoRTT, what was available for trainees, as well as a greater awareness of the challenges facing trainees. As one educator responded, *"I feel more confident in arranging support for my trainee."*

As the figure below illustrates, 92% of educational supervisors agreed or strongly agreed that they were cognisant of returners' needs, while 90% reported that they knew how to access support for trainee.

Figure 4.12: Educators' awareness of trainees' needs and the resources available to support trainees

Awareness of trainees' needs and available resources

	Strongly agree	Agree	Neither
As an educational supervisor I am cognisant of returner's learning and support needs	38%	54%	7%
As an educational supervisor, I know how to access training and resources for supporting learners	39%	51%	6%

■Strongly agree ■Agree ■Neither Agree nor disagree ■Disagree ■Strongly Disagree
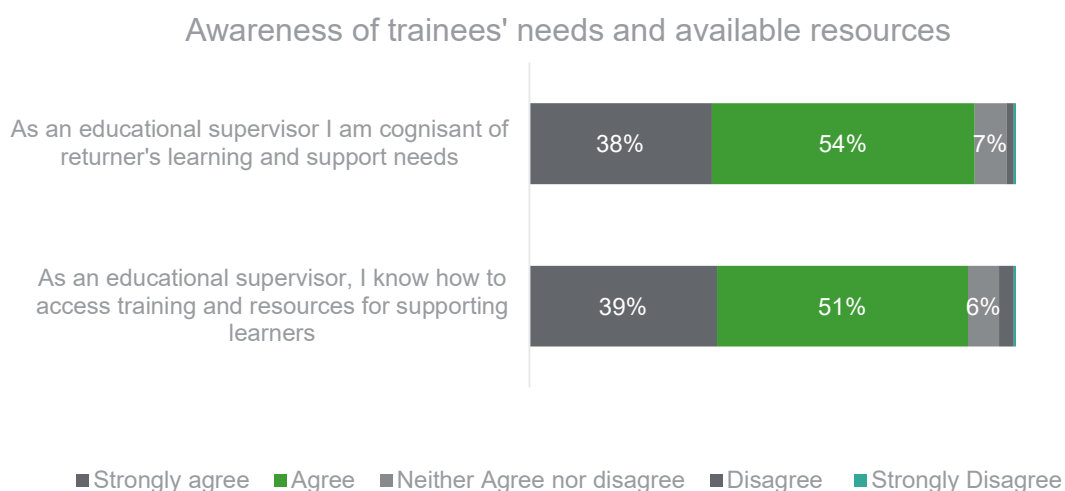
Figure 4.12 Educator survey cognisant of needs N=202 and access to training N=200

4.5.3 Educator views on the impact of the programme on trainees

99% of respondents to the Heads of School, TPD and Educational Supervisor survey currently oversaw or had contact with trainees. 41% were aware that their trainees had taken part in SuppoRTT; and 27% were not aware or did not know.

The figure below illustrates that the activities that educators were most aware of their trainees taking part in were:

- pre-absence meetings (74%);
- KIT days (35%);
- supernumerary time (21%) and;
- enhanced supervision (20%).

When respondents were asked which of the activities their trainees considered to be the most popular, KIT days (28%) and supernumerary time (18%) were reportedly the most popular.

20% stated that their trainees had provided feedback on the activities. Feedback provided to educators about the SuppoRTT activities included:

"They were impressed with the online learning that was provided during the Covid times and were asking us to replicate this platform for regular educational activities."

"Trainees have fed back very positively. KIT days during leave really valuable at helping trainees 'keep their hand in', Supernumerary time greatly appreciated to improve confidence and transition back into workplace. The whole process makes trainees feel valued and supported."

"Trainees who have had a previous absence - prior to the introduction of the SuppoRTT programme - universally say how much better it is now."

Figure 4.13: Educators awareness of the uptake and popularity of activities amongst their trainees

Uptake and popularity of activities provided for trainees
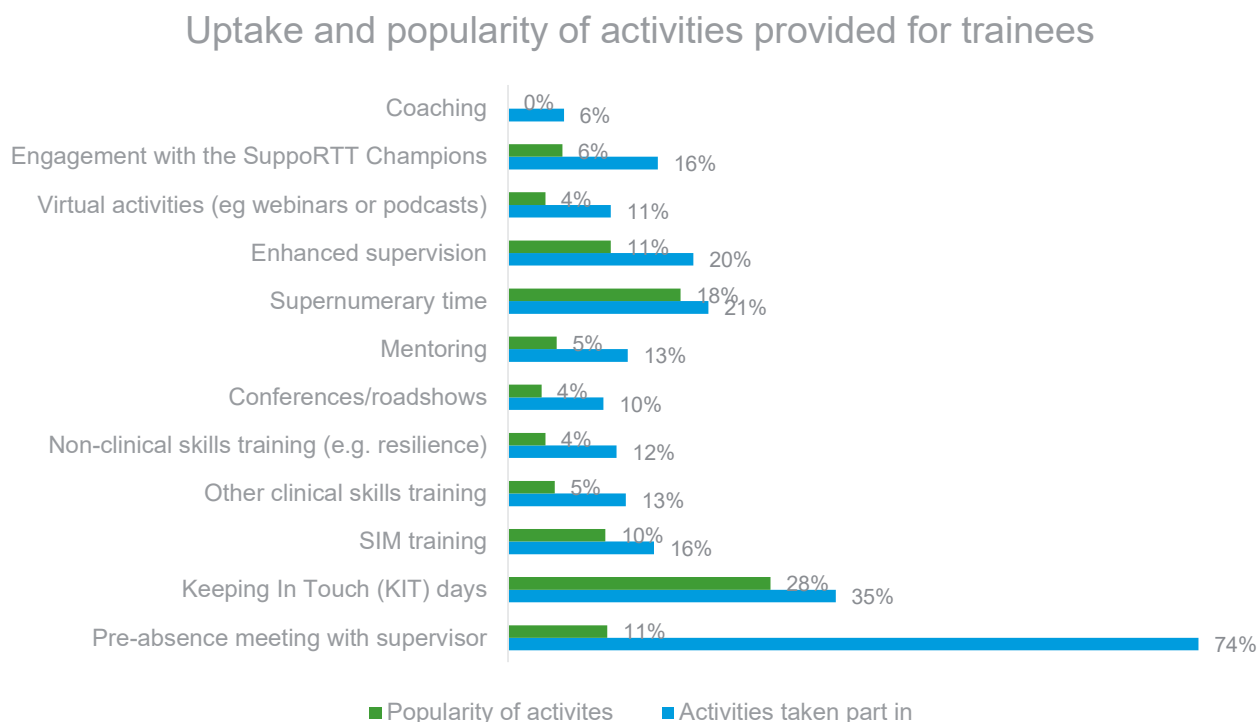
Figure 4.13 Educator survey N=500 NB Coaching was not a response option provided in Year 1

86% agreed or strongly agreed that the SuppoRTT programme met the needs of trainees.

Respondents were asked to indicate the extent to which they felt that SuppoRTT had enhanced the confidence, competence and knowledge of trainees. The figure below highlights that:

- 88% agreed/strongly agreed that SuppoRTT had enhanced their trainees' confidence; (an increase of 13% from Year 1)

- 71% agreed/strongly agreed that SuppoRTT had enhanced their trainees' competence; (an increase of 15% from Year 1) and
- 68% agreed/strongly agreed that SuppoRTT had enhanced their trainees' knowledge (an increase of 16% from Year 1).

In open text responses, supernumerary time, KIT days and SIM training were regarded by educators as having the greatest impact on enhancing trainees' confidence, knowledge and competence. One respondent stated: *"The highest impact area is probably in the conversation itself and the conveyance of the message "we know you've been away and that you won't be quite as good as you were when you left, but that's OK and we'll help you get back to where you were and progress beyond that point".*

Figure 4.14: Educator perceptions on the impacts of SuppoRTT on trainees

Impacts of SuppoRTT on trainees
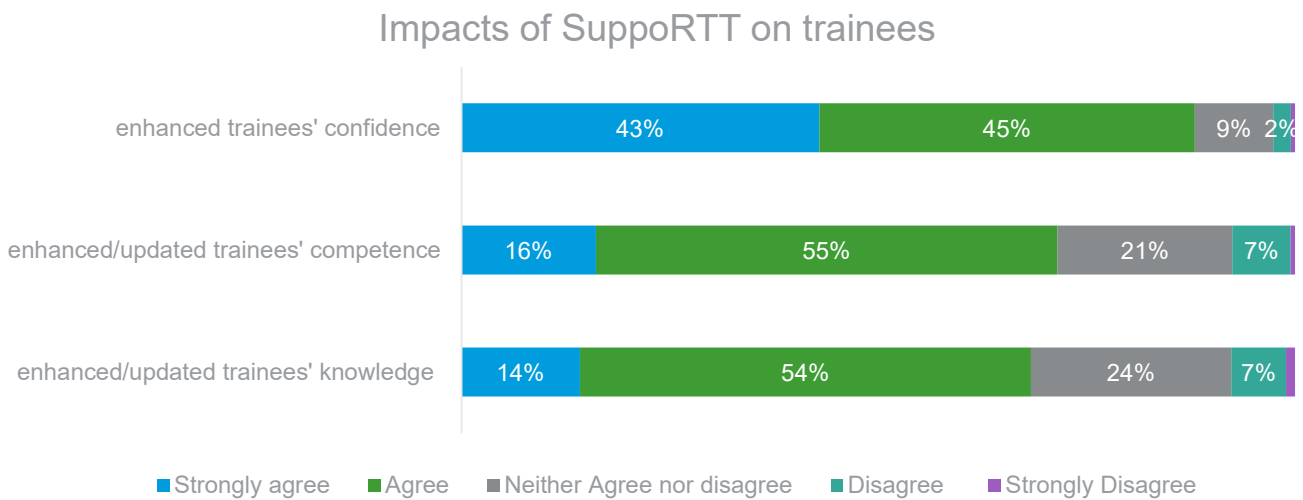
Figure 4.14 Educator survey confidence N=183, competence N=186 and knowledge N=191

4.5.4 Future recommendations

The following recommendations were made by DMEs, Deans and Educators:

- continue to raise awareness of SuppoRTT, and consider targeted awareness raising activities for Trust HR and Executives;
- ensure that eligible trainees are identified at an earlier stage;
- ensure that the target audience is clearly identified when issuing invitations for activities, i.e. are they designed for trainers or trainees; and
- greater clarity on supernumerary provision, e.g. duration available for trainees, when it should be taken, how it can be accommodated by rotas.

4.6　Perceptions of impact amongst stakeholders (local offices, clinical fellows and national office staff)

In July 2020, telephone interviews were conducted with Associate Deans, staff from all local offices and Assurance Board members to understand their perceptions of SuppoRTT and impacts to date. Interviews were offered to local offices either on a group or individual basis, depending on the preferences and availability of interviewees. The interviews covered:

- how SuppoRTT had been delivered over the last nine months;
- impacts of Covid-19; and
- points of learning and future areas of focus.

4.6.1　Areas of innovation and impacts of activities in Year 2

Local offices noted the following impacts as arising from new activities and ways of working during Year 2:

Virtual resources: Were regarded as beneficial for trainees (e.g. these can be undertaken at home, negating the need for travel) and were often more cost-effective for local offices to organise. Given that parental leave continues to be the most cited reason for taking time out of training, many local offices highlighted that virtual activities were particularly useful for those unable to organise childcare or breastfeeding mothers.

Online resources also enabled local offices to reach out to larger numbers of trainees (including those in other regions), as well as non-traditional SuppoRTT beneficiaries (such as redeployed doctors and shielding trainees); *"In the past, where we were drawing a line at 9/10, if there was 600 or 1,000 [signed up for a webinar] it didn't make a difference, so we were opening it up to a higher number of non-trainees".*

Some local offices suggested that the opportunities for networking and hands-on SIM training were missing from online activities, and as a result, they would pursue a blended learning approach going forwards.

SuppoRTT Champions: local offices welcomed the introduction of the SuppoRTT Champions and felt that they were helpful in communicating with trainees. Some suggested that there was some initial uncertainty around the roles of School and Trust Champions, but this had reduced following online network meetings.

Clinical Fellows: Those offices with an affiliated Clinical Fellow were extremely complimentary about the role. Those without a Clinical Fellow suggested that this had reduced their capacity to implement new local initiatives.

Trainees accessing SuppoRTT: local offices did not see any significant changes in the types of specialities or reasons for time out of training between Year 1 and Year 2. Many identified parental leave as the key reason for time out, and medicine, general practice and paediatrics as the largest cohorts of trainees. Due to Covid-19, shielding trainees became

eligible for SuppoRTT, and many local offices organised webinars, online meetings and WhatsApp groups to communicate with shielding trainees.

4.6.2 What has worked well/less well in Year 2?

Local offices identified the following factors as having worked particularly well in Year 2:

Development of a stronger national network

- Stronger links have been forged between offices in Year 2, prompted in part by new national initiatives (e.g. data collation and Covid-19 responses), shared resources (e.g. webinars) and improved communication methods.
- Others had strengthened their links with their local PSU, and were sharing resources this way (e.g. London/KSS SuppoRTT/PSU virtual coaching sessions).

Adopting new/ virtual ways of working

- The regular online network meetings (fortnightly during the Covid-19 pandemic and currently monthly) were welcomed as opportunities to share information and discuss issues in an open forum.
- These online meetings were particularly well-received by local offices outside London, as well as by part-time staff, as it reduced the need for travel (*"You spend more time on the train than in the meeting"*) and rotating dates ensured that the meeting did not consistently fall on non-working days.
- These online meetings have been supplemented by a MS Teams page, which local offices found equally beneficial as a single source of information and for receiving quick responses to queries; *"that's really helped to share ideas quickly".*

Improved communications with trainees and educators

- This year, many local offices have invested time in creating new guidance documents for trainees and enhancing their websites. This they felt had improved awareness amongst both trainees and educators
- This had also been enabled by a smoother sign-off process from the national team; *"there was a lot of kind of red tape being cut…they've been quite agile in their response to things."*

Increased awareness

- many local offices felt that the awareness of SuppoRTT had increased since Year 1, particularly due to the role of SuppoRTT during the Covid-19 pandemic, increased use of social media, the Local Fellow National Communication role and activities targeting educators. As one noted, *"enquiries [from trainees] have doubled on what they were this time last year."*
- Some felt that Covid-19 had halted some of their plans to raise awareness; *"had we not had Covid this year, one of my plans would have been to go out to as many local inductions, specialty inductions, trust inductions and talk about the project* ".

Local offices still experienced challenges in Year 2 with identifying eligible trainees. However, many local offices had put in additional resources to target eligible trainees, such as direct mail-outs, greater liaison with other teams in HEE and SuppoRTT Champions and inclusion of SuppoRTT information in general trainee correspondence.

4.6.3 Main points of learning and future suggestions for the programme

Local offices were asked to identify their main points of learning from this year, as well as any suggestions they may have for the future development of SuppoRTT:

- **Greater collation of feedback on the return to training process and activities from trainees:** A number of local offices would like to improve the capture of feedback from returning trainees: *"We just assume no news is good news but that may be incorrect."* Equally, local offices would also like to roll-out more feedback forms post-activities to assess the impacts on trainees.
- **Menu of activities:** Creating a national menu of shared resources for supervisors and trainees would be beneficial (e.g. a comprehensive list of the webinars and podcasts).
- **Greater engagement with Royal Colleges:** a collaborative national approach to engaging with Royal Colleges would raise awareness of SuppoRTT.

4.7   Perceptions of impact of the Clinical Fellows

As one of the ten SuppoRTT programme commitments, Clinical Fellows were appointed to each region for a year to ensure that SuppoRTT reflects the needs of trainees. Often, these Clinical Fellows have had their own experiences of taking time out of training and could use this insight to develop activities. In addition to supporting local offices in the development of activities, each Clinical Fellow developed a national project in their area of choice, including communications, data capture and developing mentoring toolkits. The findings from these projects were then published in end of year fellowship reports.

As part of this Year Two Evaluation, all five Clinical Fellows were interviewed in August 2020 to understand their perceptions of the SuppoRTT programme.

Overall, Clinical Fellows had positive perceptions of their role. All either agreed or strongly agreed that they felt empowered to develop advice and support for trainees; *"with the conference and various events we've organised locally such as virtual coaching, closed groups or webinars, we've been able to support trainees"*. Clinical Fellows were less positive about the extent to which they felt supported to develop the evidence base for SuppoRTT

This year's clinical fellows considered there to be more clarity around their national roles than the previous cohort, although some suggested that greater guidance at the start of the fellowship would have been welcome, as they became more involved in local projects as a result.

4.7.1 Impact of Covid-19

Covid-19 had an impact on the roles of Clinical Fellows, as many were redeployed to undertake clinical duties, which disrupted their fellowships and paused some of the projects. In addition, some fellows became involved in creating Covid-19 related podcasts and webinars, whilst one fellow became involved in adapting SuppoRTT for shielding trainees.

Clinical Fellows agreed that Covid-19 had a significant impact on the delivery of the SuppoRTT programme. Overall, Clinical Fellows described the national response as *"agile"* due to the speed at which activities were adapted into virtual activities. It was reported that the webinars created helped to raise awareness of the SuppoRTT
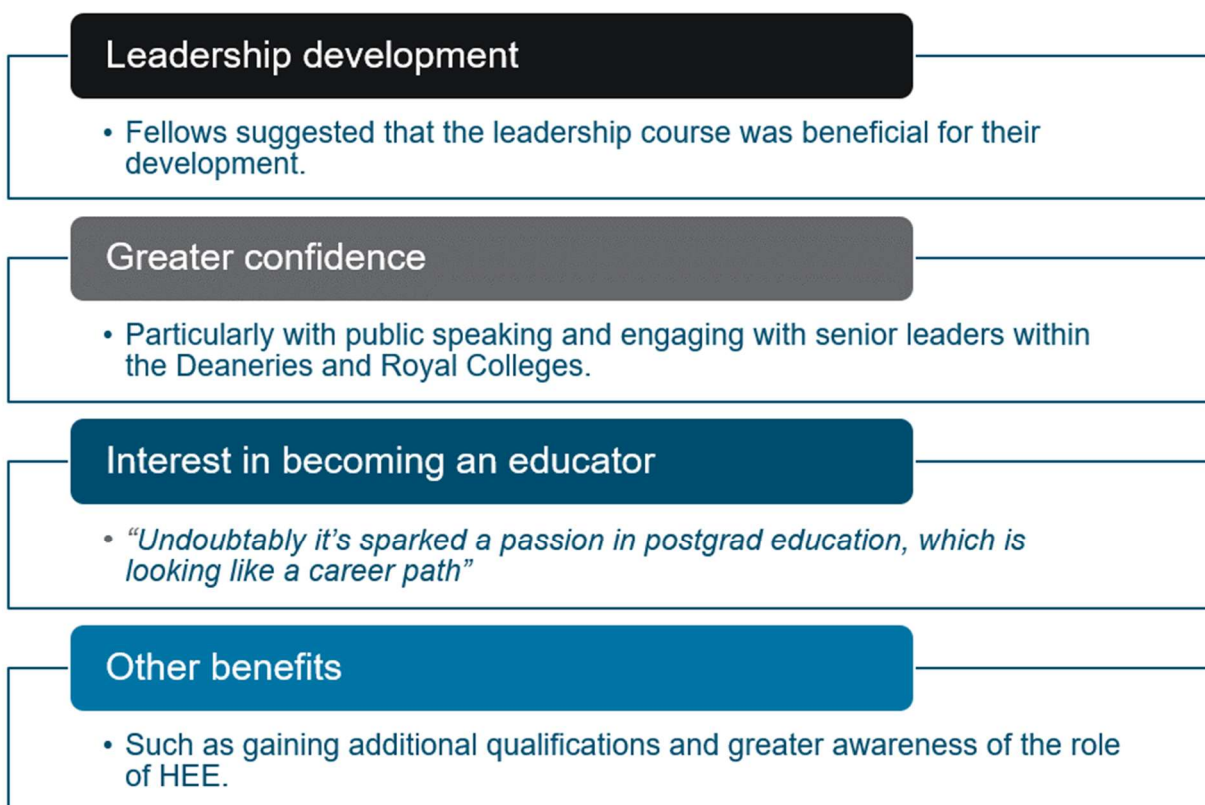
programme amongst trainees who were eligible but had not yet accessed ay activities; *"although they thought raising awareness was on hold it was not – the webinars created as part of the interim Covid strategy actually helped awareness"*. Clinical Fellows felt that this led to the programme continuing to be delivered in *"a positive way"*.

Some Clinical Fellows felt that the delivery of the programme within their area *"seemed to have stopped"* or that focus was taken off the programme: *"They have delivered a couple of KIT days via Teams or Zooms or some online capacity that they had done it, but a lot of other stuff just seemed to have stopped really and that just feels frustrating really"*.

4.7.2 Impact of the role on Clinical Fellows

Clinical Fellows identified the following five key impacts of the role:

Figure 4.15: Impacts on Clinical Fellows

Leadership development
- Fellows suggested that the leadership course was beneficial for their development.

Greater confidence
- Particularly with public speaking and engaging with senior leaders within the Deaneries and Royal Colleges.

Interest in becoming an educator
- *"Undoubtably it's sparked a passion in postgrad education, which is looking like a career path"*

Other benefits
- Such as gaining additional qualifications and greater awareness of the role of HEE.

4.7.3 Recommendations

Clinical fellows were asked to propose recommendations for a) improving the design and delivery of the SuppoRTT programme and b) the future investment strategy for SuppoRTT. The following recommendations were provided:

A. Improving the design and delivery of the SuppoRTT programme	B. The future investment strategy for SuppoRTT
• **The SuppoRTT programme should be tailored to trainees needs and preferences to provide maximum benefit** • **Build a national network of Champions** • **Facilitate better communication between clinical fellows and the national trainee leads**	• Investment should focus on awareness and engagement

4.8 Summary of findings

Overview of trainees who have accessed SuppoRTT

- Each local office submitted data returns for trainees who accessed SuppoRTT between October 2019 and September 2020. The majority of trainees were female, in ST4-8 and had taken time out for parental leave.
- Each local office provided a variety of different activities, including wellbeing courses and speciality specific training, much of which was delivered virtually. SIM courses and KIT days were unable to proceed throughout much of 2020 due to Covid-19.

Perceptions of beneficiaries

- A total of 163 SuppoRTT beneficiaries completed the survey, with the majority (87%) having returned to speciality training after being out of programme/ training.
- The majority of respondents either agreed or strongly agreed that communication from HEE was clear and helpful, and that the resources offered by HEE were appropriate.
- Increased clinical supervision and support (46%), SuppoRTT refresher webinars (34%) and Trust Formal Induction (29%) were the most highly utilised resources.
- More than half (56%) of beneficiaries accessed a supernumerary period upon their return. Focus groups suggested that the optimal length of supernumerary time was dependent on training grade, and whether trainees had opportunities to undertake clinical practice during their time out of training.
- Most beneficiaries (61%) were aware of their SuppoRTT Champion.
- Beneficiaries reported that SuppoRTT activities were helpful in enhancing their ability to carry out clinical practice (70%), which has increased 16% since Year 1.
- Around 68% of respondents indicated that SuppoRTT activities were helpful in improving their wellbeing by reducing the stress and anxiety associated with returning to training: in open text responses, this year's beneficiaries commented more on improved confidence and returning to practice in a Covid-19 scenario, whereas last year's responses commented more on stigma and perceptions of time out.

Perceptions of non-beneficiaries

- A total of 22 trainee doctors responded to the survey (compared to 1,483 trainee doctors last year). This response rate was due to changes in dissemination methods (social media vs direct mail-out) and pressures due to Covid-19.
- Over half (55%) of non-beneficiaries had already taken time out of training. Of those who had not taken time out of training, 60% had never considered it.
- 40% of trainees had considered taking time out of training for parental leave and 20% for a career break, which differed from Year 1 (52% for working/volunteering abroad and 41% for clinical research). This suggests that Covid-19 has impacted upon trainee's rationale for wishing to take time out.
- The majority (70%) of respondents were not aware of the SuppoRTT programme, however, this represents a 10% increase in awareness levels since last year.

Perceptions of SuppoRTT Champions

- A total of 78 SuppoRTT Champions responded to this survey, which was introduced as a new element to the evaluation in Year 2 to reflect this new role of SuppoRTT.
- 61% of respondents combined the SuppoRTT Champion role with another role (e.g. LTFT Champion), which enabled them to better identify returning trainees.
- Communicating with trainees (86%), attending Champion network meetings (82%), and arranging meetings with trainees (77%) were the three most frequently undertaken activities. 99% of Champions agreed that the SuppoRTT Champion role had been successful in signposting trainees to resources.
- Champions considered advocating on behalf of trainees, raising awareness of SuppoRTT (both amongst educators and within Trusts), addressing perceptions of taking time out and identifying trainees as key aspects of the role.

- Findings from focus groups suggested that Champions were unsure whether their role should include devising new materials for trainees and educators, and that greater clarity around the roles of School and Trust Champions would be beneficial.
- The key challenges highlighted by Champions were in identifying eligible trainees, ensuring trainees completed paperwork and effective communication during Covid-19.

Perceptions of educators

- For Year 2, the educator survey was divided into two separate surveys, for ease of response, and due to increased educator workloads arising from the Covid-19 pandemic. The surveys included LTFT Category 3 evaluation questions, and was issued as a joint HEE flexibility initiatives survey.
- 48 responses were received from the DME and Postgraduate Dean Survey and 518 responses were received from the Educator Survey (46% of responses from Educational Supervisors)
- Levels of awareness of the SuppoRTT programme were extremely high (97%) amongst DMEs and Deans. Awareness amongst educators was slightly lower, with 68% aware of SuppoRTT.
- 33% of respondents had not taken part in any SuppoRTT related activities. This marks a reduction from Year 1, in which 58% of educators had not taken part in any activity, suggesting that awareness of and participation in SuppoRTT is increasing amongst educators.
- 92% of educators who had taken part in SuppoRTT activities considered these to be useful.
- 41% of educators were aware that their trainees had taken part in SuppoRTT, with pre-absence meetings the activity most educators were aware of (74%).
- 88% of educators agreed that SuppoRTT had enhanced their trainees' confidence; (an increase of 13% from Year 1); 71% agreed that SuppoRTT had enhanced their trainees' competence; (an increase of 15% from Year 1) and 68% agreed that SuppoRTT had enhanced their trainees' knowledge (an increase of 16% from Year 1).

Perceptions of impact amongst stakeholders (local offices, clinical fellows and national office staff)

- The introduction of virtual resources was regarded as beneficial for trainees in terms of access, and were more cost-effective for local offices to organise. Some activities such as non-clinical skills courses were regarded as adapting better to this virtual platform than others, such as mentoring or coaching.
- Local offices welcomed the introduction of the SuppoRTT Champions and Clinical Fellows and felt that they were helpful in communicating with trainees.
- Local offices did not see any significant changes in the types of specialities or reasons for time out of training between Year 1 and Year 2.
- The development of a stronger national network and adopting new virtual ways of working were both regarded as beneficial developments in Year 2. Local offices still experienced challenges in Year 2 with identifying eligible trainees, however, many had put in additional resources to target eligible trainees.
- Overall, Clinical Fellows had positive perceptions of their role, and all either agreed or strongly agreed that they felt empowered to develop advice and support for trainees.

5. Key Findings

RSM was commissioned by HEE 2019 to conduct a three-year evaluation of the SuppoRTT programme. Based on the findings from our mixed methods research undertaken in Year 2 (and as detailed earlier in this report), we have collated our key findings under the three "areas" HEE requested we explore within the original research specification. These three areas are:

- **Area 1:** Assess the impact of the 2017/18 SuppoRTT investment for local office 'call for bids' to support simulation infrastructure and into Trusts to upskill educational supervisors and Directors of Medical Education *(note that findings from this element of research were reported in Year 1 only);*
- **Area 2:** Evaluate the impact of the SuppoRTT interventions, including through quantitative evaluation (to include success measures, costs/ benefits analysis, returner numbers, reason for absence from training, specialty, absence period, amount spent on returner SuppoRTT package, type of support package provided) and qualitative evaluation (from the perception of trainee returners, trainees working alongside returners, educators, DMEs, local offices and Clinical Fellows). *Note that perspectives of SuppoRTT champions were also explored this year, as these new roles were introduced during 2020 (i.e. Year 2 of this evaluation.*
- **Area 3:** Provide evidence-based advice on any changes required to improve either the design and delivery of the SuppoRTT strategy and/or future investment plan.

We have set out our key findings relating to Area 2 and Area 3 below.

5.1 Area 2: Impact of SuppoRTT and activities which have been identified as particularly beneficial on knowledge, confidence and clinical skills

Based on our research activities during Year 2, the impact of SuppoRTT can be summarised as follows:

- Trainees who have accessed SuppoRTT were more likely to have heard about the programme via **communications** from HEE (53%) versus 32% who had heard of the programme in this way in Year 1. Communications from HEE via email were often preferred by trainees, particularly during Covid-19 (when word of mouth communications have lessened due to reduced peer to peer contact with other trainees), whereas communications from Trusts were less favoured amongst trainees.
- The most **frequently accessed resources** in Year 2 were different to those from Year 1's evaluation. This year, clinical supervision and support (46%), SuppoRTT refresher webinars (34%) and Trust Formal Induction (29%) were the most highly utilised resources. Last year, Keeping in Touch Days (42%), pre-absence meetings (40%) and supernumerary time (37%) were the most utilised resources. Changes appear to be linked to Covid-19 pressures, with a move towards quicker, easily accessible and 'on the job' support preferred this year (including the SuppoRTT webinars which were well taken up, often by a wider audience than the traditional SuppoRTT beneficiaries).

- **Supernumerary time** remained popular amongst trainees, with more than half (56%) accessing this form of support on their return. Many positive comments were received on the benefits of supernumerary time, including reduced pressure to perform, allowing time to gain confidence and a chance to refresh skills. Trainees reported variability in the amount of supernumerary time taken on return, though over 60% suggested that more than 11 days of supernumerary time would be optimum.

- Awareness amongst trainees of the new **SuppoRTT Champions** was relatively high, with 61% of indicated that their local SuppoRTT Champion was useful and provided them with a supportive point of contact throughout their return to training.

- Beneficiaries also reported that SuppoRTT activities were helpful in **enhancing their ability to carry out clinical practice** (70%), which has increased 16% since Year 1. Around 68% of respondents indicated that SuppoRTT activities were helpful in **improving their wellbeing** by reducing the stress and anxiety associated with returning to training.

- Due to the differences in the way in which the **survey of non-beneficiaries** (wider trainees) was undertaken in Year 2, it is more difficult to assess the perceptions of impact amongst this group. Only 22 responses to the survey was received, compared with over 1,000 trainees in Year 1. Further efforts will be made in Year 3 to collate perceptions amongst this group. However it is notable that the factors which would make wider trainees consider taking time out of training have changed (and may be linked due to Covid-19 impacting on opportunities for clinical research and working/ volunteering abroad) – in Year 2, the top reasons considered for taking time out were: for parental leave (40%), for a career break (20%) and for a better work/ life balance (17%) whereas in Year 1, the top reasons were to work/ volunteer abroad (52%), parental leave (50%) or to pursue clinical research (41%). It is also notable that awareness of SuppoRTT amongst this group appears to have increased – in Year 2, 70% of trainees were not aware of the SuppoRTT programme compared to 80% in Year 1.

- There is evidence that the **SuppoRTT Champion roles** have been making an impact on individual trainees at a personal level, based on the case studies which were put forward by this group. Examples included: advocating on behalf of trainees' returning; addressing perceptions around taking time out; identifying eligible trainees and proactively contacting trainees prior to return; and raising awareness of the programme amongst educators. However, there is some uncertainty over the exact nature of the Champion role (particularly amongst trainees), and there has been variation in the nature of activities (and scale) that individual Champions have undertaken.

- Year 2 has shown a **growing awareness of SuppoRTT amongst educators**, with DMEs and Deans having particularly high levels of awareness of the programme, although lower amongst other educators. It appears that more educators have also now taken part in SuppoRTT activities themselves, with only 33% of educators not having taken part in any activities in Year 2 compared to 58% in Year 1. Whilst educators are not consistently receiving feedback from trainees on SuppoRTT activities which they have undertaken, those who have received feedback report largely positive perceptions of the programme and have noted that it has made a positive difference in supporting

trainees to return. Most notably, 86% of educators agreed or strongly agreed that the SuppoRTT programme met the needs of trainees and there were positive increases in the number of educators who felt that SuppoRTT had enhanced the confidence (88% agreement in Year 2, an increase of 13% from Year 1), competence (71% agreement in Year 2, an increase of 15% from Year 1) and knowledge (68% agreement, an increase of 16% from Year 1) of trainees.

5.2   Area 3: Provide evidence-based advice on any changes required to improve the design and delivery of the SuppoRTT strategy and future investment plan.

The figure below sets out five areas for consideration, based on the feedback provided by surveys with trainees (beneficiary and non-beneficiary), SuppoRTT Champions and from educators, as well as interview discussions with other strategic stakeholders.

The wider evidence base around comparable return to practice/ work programmes is still limited at the moment, with more focus having been placed on supporting returners to come back to work quickly and safely in the Covid-19 environment, rather than return to longer term training. Therefore, this leaves a gap in terms of being able to compare outcomes from the SuppoRTT programme with other similar programmes. The SuppoRTT programme can still be seen as a forerunner, or at least relatively unique in its design and delivery, and it has been shown as increasingly effective particularly in supporting a wide range of returners (including those non-traditional returners) during Covid-19.

Figure 5.1: Areas for consideration

1 — Development of an updated communications plan

- Update and further refine the communications plan for the next 12 months, given the ongoing impact of Covid-19. This might include a focus on email or other online activities (e.g. pre-recorded webinars or videos that can be watched at any time).
- There is a need to continue targeting wider trainees and educators, but also key Trust staff such as HR, Executives and medical staffing.
- A communications plan for SuppoRTT Champions would be helpful. This should include attendance at Trust inductions, which has been key to raising awareness of this role and the programme. Where Champions are communicating with trainees, HEE should provide consistent briefings, guidelines or FAQs that Champions can share, so that all messaging is consistent.
- Clinical Fellows will continue to play an important role nationally and they should endeavour to link with their 'own' and neighbouring local offices to ensure consistency of coverage and a network across all areas.

2 — Identify eligible trainees early to provide optimised support

- Systems and processes for identifying returning trainees at an appropriate time, along with notifying those who are best placed to support their return can be inconsistent and result in trainees not receiving optimum levels of support as they return. A standardised process across organisations (Schools and Trusts) should be devised, with key timelines set out and responsibilities defined for key personnel (such as educational and clinical supervisors, HR, medical staffing, SuppoRTT Champions etc).
- Information sharing protocols should be put in place for the benefit of the returning trainee, enabling information to be shared where appropriate, including across organisational boundaries (e.g. if a trainee is returning to a different organisation).

3 — Ongoing work to provide high quality programme data

- Ongoing use of a standardised dataset of measures (linked to outcomes and impacts) should continue to be collated and analysed from each Local Office on a quarterly basis. Data gathering should be rationalised and systematised given the ongoing impact of Covid-19.
- Given that many activities were paused during the initial Covid-19 response, followed by a change in the nature of SuppoRTT activities this year, there is a need to categorise activities and related areas of spend differently for Year 3 to allow cost benefit analysis
- If possible, there should be a consistent model (including questions) for evaluating activities which are funded through the SuppoRTT programme, including webinars.

4 — Promote shared participation in activities which are most effective

- Whilst supernumerary time has clearly brought benefits to returning trainees, there is still variability in how this is operationalised. Guidance should be developed to clarify the duration, when it should be taken and how it should be accommodated within rotas.
- Given the move to providing many activities online, there are opportunities for further sharing of what works well across and between areas. This could include providing virtual forums/ webinars and a centralised calendar of events or repository of information which could be available and accessible by all trainees, regardless of geographic location.
- Likewise, SuppoRTT Champions should share activities, guidance or documents that have worked well across/ between areas.

5 — Other considerations

- There may be merit in additional/ ongoing support for trainees returning during Covid, certainly through the first six months of 2021. This could include: support for mental health and wellbeing; advice/ education on clinical practice and PPE guidelines; relevant recordings; setting out a formal timetable of support on returning to a Trust; and providing a named buddy for the first 2-4 weeks post return.
- Diversity should be considered during Year 3: there were no comments on International Medical Graduates within the Year 2 evaluation fieldwork and it is not clear whether this issue has been resolved. Whilst females are well represented amongst those taking up SuppoRTT, levels of BAME trainees taking up SuppoRTT do not necessarily reflect the wider trainee population.

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