Health Education England

EVALUATION OF THE SUPPORTED RETURN TO TRAINING PROGRAMME

Annexes – Year 3 Report

February 2022

RSM

Contents

1. ANNEX 1: Key findings from the Year 1 and Year 2 evaluation reports

Area of consideration	2019 (Year 1) key findings	2020 (Year 2) key findings
Area 1: Assessment of the impact of 2017/18 SIM investments and upskilling	Between December 2017 and March 2018, up to £250,000 was available per local office to commission or upscale trust simulation provision. The total value of the 107 bids received across all offices was £5,070,822, of which £3,076,783 (61%) was approved. Feedback from trainees suggested that they found SIM activities beneficial for updating clinical skills.	Not covered in Year 2 (as SIM funding was only provided in 2017/18 and was covered in the Year 1 report)
Area 2: Impact of the SuppoRTT Interventions	**Trainees who accessed SuppoRTT:** Local offices data returns from the period April to September 2019 indicated that 2,685 trainees had returned to training after time out, and 753 of these had accessed SuppoRTT. Parental leave was the most frequent reason for time out (55%). **Programme costs:** There was significant variation in the cost data submitted by local offices so it was not possible to estimate the approximate costs per returner accurately. **Activities provided by local offices:** There was significant variation in activities provided by local offices (eg mentoring and coaching). Non-clinical courses were the most common activity. **Perceptions of impact amongst beneficiaries:** 232 beneficiaries of SuppoRTT responded to the online survey.	**Trainees who accessed SuppoRTT:** Local office data collation was streamlined during Year 2, then 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. Like Year 1, most beneficiaries had returned from parental leave (60%). **Programme costs:** 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 (due to Covid-19 and online activities). **Activities provided by local offices**: All local offices provided clinical and non-clinical courses, enhanced supervision and Champion activities. 2020 (Year 2) also saw the adoption of more online activities due to Covid-19. **Perceptions of impact amongst beneficiaries:** 163 beneficiaries of

Area of consideration	2019 (Year 1) key findings	2020 (Year 2) key findings
	Respondents indicated that the biggest impacts of SuppoRTT were enhancing their ability to carry out safe and high-quality clinical practice (54% agreeing/strongly agreeing) and making sound clinical decisions (54% agreeing/ strongly agreeing). **Perceptions of impact amongst non-beneficiaries**: 1,483 trainees who had not accessed SuppoRTT responded to the online survey. 70% of non-beneficiaries had considered taking time out, with 69% reporting that they would have concerns about taking time out. The majority (80%) were not aware of the SuppoRTT programme. **Perceptions of impact amongst educators:** The survey for educators received 864 responses; 51% of whom were Educational Supervisors. Over half of respondents (58%) had not taken part in any of the SuppoRTT related activities. Of those who had taken part in activities, 79% agreed/strongly agreed that these were useful for their role. **Perceptions of impact amongst stakeholders (local offices, clinical fellows and national office staff):** findings from telephone interviews with stakeholders suggested that Local Offices felt that SuppoRTT allowed them to tailor activities to meet local trainees' needs.	SuppoRTT responded to the online survey. Beneficiaries reported that SuppoRTT activities were helpful in enhancing their ability to carry out clinical practice (70%), an increase of 16% since 2019 (Year 1). **Perceptions of impact amongst non-beneficiaries**: 22 trainees responded to the online survey (due to a change in dissemination methods). Only 40% of respondents had considered taking time out (a decrease of 30% since Year 1), and 60% said they would have concerns about taking time out. Again, the majority (70%) were not aware of SuppoRTT. **Perceptions of impact amongst educators:** 518 educators and 48 DMEs/Deans responded to the survey. 97% of DMEs/Deans were aware of SuppoRTT and 68% of educators. 33% of respondents had not taken part in any SuppoRTT related activities. **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.

Area of consideration	2019 (Year 1) key findings	2020 (Year 2) key findings
Area 3: Recommendations	The 2019 (Year 1) report made five recommendations: **1. Raise awareness of the SuppoRTT programme and offer:** develop a communications plan and consider allocating resources to provide consistency at a national and local level. 2. **Further improve and standardise data collation process on activities and costs:** eg. a standardised dataset of measures collected from each Local Office on a quarterly basis, a consistent model for evaluating activities and consider allocating resources to data gathering at a national and local level **3. Gather feedback on, and promote participation in, activities which are most effective for trainees and educators:** where activities work well, replicate these in other local areas **4. Consider ways in which the programme's sustainability can be promoted, whilst moving to Business as Usual:** consider developing a network of returners who can act as ambassadors **5. Other** – consider issues specific to International Medical Graduates (IMGs) in accessing SuppoRTT. Link with relevant other organisations such as the GMC and BMA to promote SuppoRTT.	The 2020 (Year 2) report made five recommendations: **1. Develop an updated communications plan:** cognisant of the ongoing impact of Covid-19 so focusing on email/online activities. **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. **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:** There are opportunities to further share what works well across and between areas. **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 IMGs and those from BAME backgrounds.

2. ANNEX 2: BENEFICIARIES SURVEY

HEE SuppoRTT Beneficiary Survey
(for those who have taken time out of training and accessed the SuppoRTT programme)

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to conduct a three year longitudinal evaluation of the Supported Return to Training (SuppoRTT) programme. This is the third and final year of the evaluation

As part of this evaluation, we are keen to gather **the views of trainees who have accessed support when returning to training after time out, using the SuppoRTT programme. Please complete this survey if you have accessed the SuppoRTT programme at any time between March 2020 and the current date (September 2021).**

The survey should take no longer than 15 minutes to complete. In line with GDPR, all responses will be kept anonymous and confidential. No trainee identifiable data will be collected, unless an individual chooses to provide a contact email to take part in an interview discussion. This information will be kept separately from survey responses.

In accordance with new data protection laws and RSM data protection protocols, information obtained will be stored on password protected computers. The data will be kept for a minimum of five years, or at least two years post-publication. It will then be destroyed.

No direct risks are expected to arise from taking part in this study. However, the survey is designed to explore your perceptions and experiences of the SuppoRTT programme, and it is possible that you might recollect a stressful or challenging situation.

If you are distressed or upset by any aspect of this research please see the below links for further information:

https://www.dsn.org.uk/

https://www.bma.org.uk/advice/work-life-support/your-wellbeing/counselling-and-peer-support

If you have any questions about this research, please contact katy.field@rsmuk.com

Thank you for reading this information sheet and participating in this study.

Taking part

By completing this questionnaire, I am consenting to take part in this study. I understand my data will be held securely and I have a right to withdraw from this study at any time. I understand that when this information is no longer required for this purpose, official RSM procedures will be followed to dispose of my data

Please tick to confirm

About you

6

All responses will be kept anonymous and confidential. No trainee identifiable data will be collected, unless an individual chooses to provide a contact email to take part in an interview discussion.

1. What is your reason for taking time out from training? [all respondents to answer this question]

- Out of Programme - Planned career break (OOPC)
- Out of Programme - Clinical experience elsewhere (OOPE)
- Out of Programme - Research (OOPR)
- Out of Programme - Clinical Training which is not part of your speciality training programme (OOPT)
- Out of Programme – Pause (OOPP)
- Shielding
- Illness
- Parental leave
- Suspension
- Prefer not to say
- Other (please specify) FREE TEXT

2. Which speciality are you from? [all respondents to answer this question]

- Academic
- Anaesthesia
- Clinical Oncology
- Clinical Radiology
- Emergency Medicine
- Foundation Programme
- General Practice
- Medicine
- Obstetrics and Gynaecology
- Occupational Health
- Paediatrics
- Pathology
- Psychiatry
- Public Health
- Surgery
- Other (please specify) FREE TEXT
- Prefer not to say

3. What is your gender? [all respondents to answer this question]

- Male
- Female
- Other
- Prefer not to say

4. What is your ethnic group? [all respondents to answer this question]

Please choose one section from A to E and tick one box that best describes your ethnic group or background

A - White
- White: UK (English/Welsh/ Scottish Northern Irish, British)

- White: Irish
- Any other White background: FREE TEXT

B – Mixed/ multiple ethnic groups

- Mixed/multiple ethnic groups: White and Black Caribbean
- Mixed/multiple ethnic groups: White and Black African
- Mixed/multiple ethnic groups: White and Asian
- Any other Mixed/multiple ethnic group background: FREE TEXT

C – Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background: FREE TEXT

D – Black /African /Caribbean/ Black British

- African
- Caribbean
- Another Black/African/Caribbean background: FREE TEXT

E - Other ethnic group

- Arab
- Any other ethnic group: FREE TEXT

F – prefer not to say

5. Which region are you from? [all respondents to answer this question]

- East of England
- East Midlands
- London and Kent, Surrey and Sussex
- North East
- North West
- Peninsula
- Severn
- Thames Valley
- West Midlands
- Wessex
- Yorkshire and the Humber
- Prefer not to say

6. Which stage of training are you at? [all respondents to answer this question]

- FY1
- FY2
- Post Foundation
- ST1/CT1
- ST2/CT2
- ST3/CT3

- ST4
- ST5
- ST6
- ST7
- ST8
- Other FREE TEXT
- Prefer not to say

7. Do you consider yourself to have a disability? [all respondents to answer this question]
- Yes
- No
- Prefer not to say

8. Where did you receive your primary qualification? [all respondents to answer this question]

- UK
- EU
- IMG
- Prefer not to say

Background

9. Are you currently: [all respondents to answer this question]

a) In training, but about to take time out
b) Taking time out of training
c) Recently returned from time out of training

10. If you are about to, are currently, or have taken time out of training – for how long has/will this be? [all respondents to answer this question]

Please select one of the following:
a) 0-3 months
b) 4-6 months
c) 7-12 months
d) Over 12 months

11. Did you or do you have a return date? [question for those who select 'b' or 'c' to Q9]

a) Yes [go to Q12]
b) No [go to Q14]

12. When do you/did you anticipate returning to training? [question for those who select 'a' to Q9]

Please select one of the following:
a) In the next 3 months
b) In 4-6 months
c) In 7-12 months
d) Over 12 months
e) Not sure

13. If you have recently returned from training, how long have you been back in training? [question for those who select 'yes' to Q9c]

Please select one of the following:
- a) 0-3 months
- b) 4-6 months
- c) 7-12 months
- d) Over 12 months

Awareness of the SuppoRTT programme

14. How did you first hear about the SuppoRTT programme? [all respondents to answer this question]

- Word of mouth
- Deanery website pages
- Pandemic webinars
- Communication from HEE (e.g. email, twitter feed, social media, website)
- SuppoRTT newsletters.
- My employer (Trust or LEO)
- Educational Supervisor/ Training Programme Director
- SuppoRTT Champion
- Junior doctor forum/ training group/ committee (please specify) OPEN TEXT
- Social media (please specify) OPEN TEXT
- Other (please specify) OPEN TEXT

15. How do you currently get information about training matters? [all respondents to answer this question]

- Word of mouth
- Deanery website pages
- Communication from HEE (e.g. email, twitter feed, social media, website)
- My employer (trust or LEO)
- My educational supervisor/ training programme director
- SuppoRTT Champion
- Junior doctor forum/ training group/ committee (please specify)
- Social media (please specify)
- Other (please specify)

16. How would you prefer to hear about resources to support your return to training? [all respondents to answer this question]

Please select your top 3 communication choices:
- Word of mouth
- Deanery website pages
- Communication from HEE (e.g. email, twitter feed, social media, website, newsletters)
- My employer (trust or LEO)
- My educational supervisor/ training programme director
- Junior doctor forum/ training group/ committee (please specify)
- Social media (please specify)
- Other (please specify)

17. To what extent do you agree/disagree with the following statements, on a scale from 'strongly disagree' to 'strongly agree': [all respondents to answer this question]

- there was sufficient information about the SuppoRTT programme
- information on the SuppoRTT programme was easily accessible
- the break from training process is clearly defined
- the break from training process is well-managed
- the break from training process is well-communicated
- the return to training process is clearly defined
- the return to training process is well-managed
- the return to training process is well-communicated

SuppoRTT Champion

18. Are you aware / have you heard of your Local SuppoRTT Champion (this is someone within your Trust/ School who can provide information and advice on the Supported Return to Training programme)?

- Yes   [go to Q19]
- No [go to Q21]
- Not sure go to Q21]

19. Please could you comment on the usefulness of any information, advice, activities or wider support which you have received from your local SuppoRTT champion: **[open response]**

20. Is there anything else that the SuppoRTT Champion could do to support trainees in their break and return to training? **[open response]**

21. Which of the following SuppoRTT activities, if any, are you aware of? Please tick as many as relevant. [all respondents to answer this question]

- Pre-absence meeting with supervisor
- Keeping In Touch (KIT) days
- SuppoRTT webinars
- SuppoRTT podcasts
- Access to online support materials (e.g. wellbeing apps)
- SIM training
- Other clinical skills training
- Non-clinical skills training (e.g.mindfulness, resilience training)
- Conferences/roadshows
- Coaching/ Mentoring
- Supernumerary time
- Enhanced supervision
- Networking events
- Advice, information or support from SuppoRTT Champions
- Immersive technology resources
- Other (please specify)

22. Which of the following activities, if any, have you undertaken or plan to take part in? Please tick as many as relevant. [all respondents to answer this question]

- Pre-absence meeting with supervisor
- Keeping In Touch (KIT) days
- SuppoRTT webinars

11

- SuppoRTT podcasts
- Access to online support materials (e.g. wellbeing apps)
- SIM training
- Other clinical skills training
- Non-clinical skills training (e.g.mindfulness, resilience training)
- Conferences/roadshows
- Coaching/ Mentoring
- Supernumerary time
- Enhanced supervision
- Networking events
- Advice, information or support from SuppoRTT Champions
- Immersive technology resource
- I have not taken part in any SuppoRTT activities
- Other (please specify) FREE TEXT

Supernumerary

23. Please indicate the amount of time which you spent as a supernumerary team member? [question for those who select 'Supernumerary time' in Q22]

- 1-2 days
- 3-5 days
- 6-7 days
- 8-10 days
- 11-14 days
- More than 14 days
- Other (please specify) FREE TEXT

24. What were the main benefits of this supernumerary time? [question for those who select 'Supernumerary time' in Q22] **[open response]**

25. What do you think is the optimum length of time which trainees should spend as a supernumerary team member on their return? [question for those who select 'Supernumerary time' in Q22]

- 1-2 days
- 3-5 days
- 6-7 days
- 8-10 days
- 11-14 days
- More than 14 days
- Other (please specify) FREE TEXT

26. If you have not taken part in any SuppoRTT activities, why is this? [question for those who select 'I have not taken part in any SuppoRTT activities' in Q22]

- I don't feel these activities are relevant to me
- I have been unable to attend due to other commitments (e.g. caring commitments, illness)
- I was not aware these activities were available
- I have been unable to attend due to clinical commitments
- I'm concerned about the perceptions of others
- I have been unable to attend due to cost

- The activities are not in a convenient location
- Other (please specify)

27. Which of these activities have you found most beneficial? Please rank these activities in order of personal benefits: [for all respondents except those who select 'I have not taken part in any SuppoRTT activities' in Q22]

  - List of activities based on selection above

28. To what extent would you agree or disagree that the SuppoRTT activities which you attended were tailored to your needs? On a scale from 'Strongly agree' to 'Strongly disagree': [for all respondents except those who select 'I have not taken part in any SuppoRTT activities' in Q22]

29. What is the single most important improvement required to support trainees returning post COVID-19? **[open response]**

30. Are there any other activities you would like the SuppoRTT programme to provide, which are not currently available? [all respondents to answer this question] **[open response]**

31. We are interested in your perceptions of SuppoRTT's impact upon your knowledge, competence and confidence. To what extent would you agree or disagree with the following statements, on a scale from 'Strongly agree' to 'Strongly disagree' [all respondents to answer this question]

  - SuppoRTT has updated/ enhanced the clinical knowledge I require to carry out clinical tasks
  - SuppoRTT has updated/ enhanced my ability to carry out safe and high-quality clinical practice
  - SuppoRTT has updated/ enhanced my confidence in my ability to make sound clinical decisions
  - SuppoRTT has updated/ enhanced my knowledge of the processes for non-clinical and administrative tasks
  - SuppoRTT has updated/ enhanced my ability to complete necessary administrative tasks
  - SuppoRTT has updated/ enhanced my confidence in how to get administrative jobs done
  - SuppoRTT has updated/ enhanced my ability to undertake leadership / managerial roles or tasks
  - SuppoRTT has updated/ enhanced my confidence in my ability to influence within my organisation

32. If SuppoRTT had not been available to you, in what ways do you feel that your knowledge, competence and confidence would have been different? Please provide examples of what you think below: [all respondents to answer this question] **[open response]**

33. To what extent would you agree or disagree that SuppoRTT programme helps to change perceptions associated with taking time out of training? On a scale from 'Strongly agree' to 'Strongly disagree': [all respondents to answer this question]

If you answered **agree/strongly agree**, please can you provide examples of what you mean below: **[open response]**

If you answered **disagree/strongly disagree**, please can you provide examples of what you mean below: **[open response]**

34. Since the Covid-19 pandemic, to what extent do you think that perceptions associated with taking time out of training have changed (if at all)? **[open response]**

35. Overall, based on your own experiences, what has worked well <u>for trainees</u> with the SuppoRTT programme? [all respondents to answer this question] **[open response]**

36. Overall, based on your own experiences, what has worked well <u>for educational supervisors</u> with the SuppoRTT programme? [all respondents to answer this question] **[open response]**

37. Overall, based on your own experiences, what has worked well <u>for Trusts/employers</u> with the SuppoRTT programme? [all respondents to answer this question] **[open response]**

38. Overall, based on your own experiences, what hasn't worked well <u>for trainees</u> with the SuppoRTT programme? [all respondents to answer this question] **[open response]**

39. Overall, based on your own experiences, what hasn't worked well <u>for educational supervisors</u> with the SuppoRTT programme? [all respondents to answer this question] **[open response]**

40. Overall, based on your own experiences, what hasn't worked well <u>for Trusts/ employers</u> with the SuppoRTT programme? [all respondents to answer this question] **[open response]**

Any other comments

41. Do you have any other comments/thoughts you would like to share? [all respondents to answer this question] **[open response]**

Focus group/interviews

42. As part of the wider evaluation, we are planning to follow up this survey with either a telephone interview or focus group. If you are would be willing to take part in either of these activities, please leave your email address below (this will be held separately from your responses and will not be linked or reported in any way to HEE): [all respondents to answer this question]

- Name / email / telephone number
- I do not wish to take part

Thank you for completing the survey

3. ANNEX 3: NON-BENEFICIARIES SURVEY

HEE SuppoRTT Non- Beneficiary Survey

(for those who have not taken time out of training, and have not accessed the SuppoRTT programme)

About this study

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to conduct a three-year longitudinal evaluation of the Supported Return to Training (SuppoRTT) programme. This is the third year of the evaluation.

This programme is the result of the 2016 Acas junior doctors' contract agreement, which committed HEE to providing support to those taking time out of training (further background information may be found here). This evaluation seeks to assess perceptions and impacts of the SuppoRTT programme, both on those trainees who access SuppoRTT and those who have not accessed SuppoRTT.

As part of this evaluation, we are keen to gather the views of **trainees who have <u>not</u> taken time out of training, and/or those who have taken time out but have not accessed SuppoRTT.**

The survey should take no longer than 15 minutes to complete. In line with GDPR, all responses will be kept anonymous and confidential. No trainee identifiable data will be collected.

In accordance with new data protection laws and RSM data protection protocols, information obtained will be stored on password protected computers. The data will be kept for a maximum of six years, before being destroyed.

No direct risks are expected to arise from taking part in this study. However, the survey is designed to explore your perceptions and experiences of the SuppoRTT programme, and it is possible that you might recollect a stressful or challenging situation.

If you are distressed or upset by any aspect of this research, please contact the below links for further information:

https://www.dsn.org.uk/

https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-for-doctors-and-medical-students

If you have any questions about this research, please contact katy.field@rsmuk.com

Thank you for reading this information sheet and participating in this study.

Taking part

By completing this questionnaire, I am consenting to take part in this study. I understand my data will be held securely and I have a right to withdraw from this study at any time. I understand that when this information is no longer required for this purpose, official RSM procedures will be followed to dispose of my data.

Please tick to confirm

About you

All responses will be kept anonymous and confidential. No trainee identifiable data will be collected as part of this survey.

1. Which speciality are you from? [all respondents to answer this question]

- Academic
- Anaesthesia
- Clinical Oncology
- Clinical Radiology
- Emergency Medicine
- Foundation Programme
- General Practice
- Medicine
- Obstetrics and Gynaecology
- Occupational Health
- Paediatrics
- Pathology
- Psychiatry
- Public Health
- Surgery
- Other (please specify) FREE TEXT
- Prefer not to say

2. Which stage of training are you at? [all respondents to answer this question]

- FY1
- FY2
- Post Foundation
- ST1/CT1
- ST2/CT2
- ST3/CT3
- ST4
- ST5
- ST6
- ST7
- ST8
- Other FREE TEXT
- Prefer not to say

3. What is your gender? [all respondents to answer this question]

- Male
- Female
- I prefer to identify in another way
- Prefer not to say

4. What is your ethnicity? [all respondents to answer this question]

Please choose one section from A to E and tick one box that best describes your ethnic group or background

A - White

- White: UK (English/Welsh/ Scottish Northern Irish, British)
- White: Irish
- Any other White background: FREE TEXT

B – Mixed/ multiple ethnic groups

- Mixed/multiple ethnic groups: White and Black Caribbean
- Mixed/multiple ethnic groups: White and Black African
- Mixed/multiple ethnic groups: White and Asian
- Any other Mixed/multiple ethnic group background: FREE TEXT

C – Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background: FREE TEXT

D – Black /African /Caribbean/ Black British

- African
- Caribbean
- Another Black/African/Caribbean background: FREE TEXT

E - Other ethnic group

- Arab
- Any other ethnic group: FREE TEXT

F – prefer not to say

5. Which region are you from? [all respondents to answer this question]

- East of England
- East Midlands
- London and Kent, Surrey and Sussex
- North East
- North West
- Peninsula
- Severn
- Thames Valley
- West Midlands
- Wessex
- Yorkshire and the Humber
- Prefer not to say

6. Do you consider yourself to have a disability? [all respondents to answer this question]

- Yes
- No
- Prefer not to say

7. Where did you receive your primary qualification? [all respondents to answer this question]

- UK
- EU
- IMG
- Prefer not to say

Background

8. Have you ever taken time out of training? Reasons for time out of training could include: OOPC, OOPE, OOPR, OOPT, OOPP, illness, shielding, suspension or parental leave[all respondents to answer this question]

- Yes [go to Q9]
- No [go to Q11]

9. [If yes to Q6] Did you access the SuppoRTT programme as part of your break or return to training? (e.g. attend any SIM courses, SuppoRTT webinars/podcasts, Keeping in Touch days, supernumerary time, pre-absence meetings with supervisors etc)?

- Yes [go to survey closure page, which links to the beneficiary survey]
- No [go to q10]

10. [if no to Q8] Are there any factors which influenced your decision not to access the SuppoRTT programme?

- I wasn't aware of the programme
- I took time out of training before the programme was available (pre-2018)
- I didn't think that the activities were relevant to me
- I had concerns about accessing the programme
- I was out of training for a short period
- I didn't have time due to general clinical pressures
- I didn't have time due to Covid-19 related clinical pressures
- I was concerned about the perceptions others may have of me accessing these resources
- Other FREE TEXT

11. Have you ever considered taking time out of training? [if answer no to Q8]

- Yes [go to Q12]
- No [go to Q14]

12. [If yes to Q11] How long would you consider taking time out of training for?

- Up to 3 months
- More than 3 months but less than 6 months
- More than 6 months but less than one year
- More than one year
- Don't know/ not sure

18

13. [If yes to Q11] Which of the following factors would make you consider taking time out of training? Please tick all that apply

- Desire to take a career break
- Pressures of Covid-19 on the health system
- Work/life balance
- To pursue clinical research
- To work/volunteer abroad
- For parental leave
- For caring commitments
- For financial reasons
- For health reasons
- Other (please specify) FREE TEXT

14. [If yes to Q11] Do you have any concerns about taking time out of training?

- Yes [go to q15]
- No [go to q16]

15. [If yes to Q14] If so, what would your concerns about taking time out of training be?

[open response]

16. [If yes to Q14] Which of the following factors would dissuade you from taking time out of training? (tick as many as applicable)

- Perceptions of others in my workplace (e.g. peers, colleagues and supervisors) around taking time out
- Perceptions of others outside my workplace (e.g. friends and family) around taking time out
- Concerns that a break may impact upon my career progression
- Concerns that a break may impact upon my visa arrangements
- Concerns about how to get back into training
- Financial concerns about taking a break from training
- Concerns that a break from training may impact upon my clinical competency
- Concerns that a break from training may impact upon my knowledge (administration, clinical practice, management)
- Concerns that a break from training may impact upon my confidence
- I'm not sure what support is available to support me back into training
- I'm not sure how to access support
- I don't want to take a break from training/I wish to continue with my training
- It's not something I have previously considered
- Other (please specify)

17. Are you aware of the SuppoRTT programme? [all respondents to answer this question]

- Yes [go to q18]
- No [go to q19]

18. [If yes to Q17] Where did you hear about the programme?
- Word of mouth
- Deanery website pages
- Communication from HEE (e.g. email, twitter feed, social media, website, newsletters)

- My employer (trust or LEO)
- My educational supervisor/ training programme director
- SuppoRTT Champion
- Junior doctor forum/ training group/ committee (please specify)
- Social media (please specify)
- Other (please specify)

19. What would be the best ways of raising awareness of the SuppoRTT programme to you and other doctors in training? Tick all that apply [all respondents to answer this question]

- Email from Deanery
- Talks from SuppoRTT programme staff / peers who have accessed the programme during inductions
- Contact from my local SuppoRTT Champion
- Leaflets
- Posters
- Websites
- WhatsApp groups
- Social media (e.g. Twitter, Facebook)

20. Are you aware / have you heard of your Local SuppoRTT Champion? (this is someone within your Trust/ School who can provide information and advice on the Supported Return to training programme) [all respondents to answer this question]

- Yes [go to Q21]
- No [go to Q23]
- Not sure [go to Q23]

21. [if yes to Q20] Please could you comment on the usefulness of any information, advice, activities or wider support which you have received from your local SuppoRTT champion.

   [open response]

22. [if yes to Q20] Is there anything else that the SuppoRTT Champion could do to increase awareness of SuppoRTT and/or support returning trainees?

   [open response]

23. Have any of your peers taken time out of training? [all respondents to answer this question]

- Yes [go to Q24]
- No [go to Q26]

24. [If yes to Q22] Did they take part in the SuppoRTT programme?

- Yes [go to Q25]
- No [go to Q28]
- Don't know [go to Q28]

25. [If yes to Q24] To what extent (if at all) has the support provided to your returning peers through the SuppoRTT programme benefitted your own training? (for instance, returning peers are confident in slotting back into their pre-time out roles and tasks) On a scale from 'Strongly agree' to 'Strongly disagree':

26. [If strongly agree/ agree to Q25] Can you share any examples of where your own training has benefitted from returning peers accessing the SuppoRTT programme?

   [open response]

27. [If yes to Q25] Can you share any examples of when your training has been impacted (either positively or otherwise) from returning peers accessing the SuppoRTT programme?

   [open response]

28. [All respondents to answer this question] What is the single most important improvement required to support trainees returning during COVID-19, or beyond?

   [open response]

29. [All respondents to answer this question] Do you have any other comments/thoughts you would like to share?

   [open response]

Thank you for completing the survey

4. ANNEX 4: SUPPORT CHAMPION SURVEY

HEE SuppoRTT Champion Survey

About this study

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to conduct a three year longitudinal evaluation of the Supported Return to Training (SuppoRTT) programme. This is the third year of the evaluation, and we are exploring the impacts of the SuppoRTT Champions.

As part of this evaluation, we are keen to gather **the views of SuppoRTT Champions.**

The survey should take no longer than 15 minutes to complete. In line with GDPR, all responses will be kept anonymous and confidential. In accordance with new data protection laws and RSM data protection protocols, information obtained will be stored on password protected computers. The data will be kept for a maximum of six years. It will then be destroyed.

No direct risks are expected to arise from taking part in this study. However, the survey is designed to explore your experiences of the SuppoRTT programme and the Champion role, and it is possible that you might recollect a stressful or challenging situation.

If you are distressed or upset by any aspect of this research please see the below links for further information:

https://www.dsn.org.uk/

https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-for-doctors-and-medical-students

If you have any questions about this research, please contact katy.field@rsmuk.com

Thank you for reading this information sheet and participating in this study.

Taking part

By completing this questionnaire, I am consenting to take part in this study. I understand my data will be held securely and I have a right to withdraw from this study at any time. I understand that when this information is no longer required for this purpose, official RSM procedures will be followed to dispose of my data

Please tick to confirm

1. Which speciality are you from? [all respondents to answer this question]

- Academic
- Anaesthesia
- Clinical Oncology
- Clinical Radiology
- Emergency Medicine
- Foundation Programme
- General Practice
- Medicine
- Obstetrics and Gynaecology
- Occupational Health
- Paediatrics
- Pathology
- Psychiatry
- Public Health
- Surgery
- Other (please specify) FREE TEXT
- Prefer not to say

2. What is your gender? [all respondents to answer this question]

- Male
- Female
- I prefer to identify in another way
- Prefer not to say

3. What is your ethnic group? [all respondents to answer this question] Please choose one section from A to E and tick one box that best describes your ethnic group or background

A - White

- White: UK (English/Welsh/ Scottish Northern Irish, British)
- White: Irish
- Any other White background: FREE TEXT

B – Mixed/ multiple ethnic groups

- Mixed/multiple ethnic groups: White and Black Caribbean
- Mixed/multiple ethnic groups: White and Black African
- Mixed/multiple ethnic groups: White and Asian
- Any other Mixed/multiple ethnic group background: FREE TEXT

C – Asian/Asian British

- Indian
- Pakistani

- Bangladeshi
- Chinese
- Any other Asian background: FREE TEXT

D – Black /African /Caribbean/ Black British

- African
- Caribbean
- Another Black/African/Caribbean background: FREE TEXT

E - Other ethnic group

   Arab
- Any other ethnic group: FREE TEXT

F – prefer not to say

4. Which region are you from? [all respondents to answer this question]

- East of England
- East Midlands
- London and Kent, Surrey and Sussex
- North East
- North West
- Peninsula
- Severn
- Thames Valley
- West Midlands
- Wessex
- Yorkshire and the Humber
- Prefer not to say

5. Do you consider yourself to have a disability? [all respondents to answer this question]

- Yes
- No
- Prefer not to say

6. Where did you receive your primary qualification? [all respondents to answer this question]

- UK
- EU
- IMG
- Prefer not to say

7. What is your role? [all respondents to answer this question]

- School champion
- Trust champion
- Other (please state)

8. How many hours a week are you contracted to undertake this role? FREETEXT

24

9. How many hours a week (on average) do you spend performing your Champion role? FREETEXT

10. How long have you been a SuppoRTT Champion? [all respondents to answer this question]

- 0-6 months
- 7-12 months
- Over one year
- Over two years

11. How did you first find out about the SuppoRTT Champion role? [all respondents to answer this question]

- Educational supervisor / Deanery
- Someone in the organisation where I am working, e.g. peer, colleague
- Trust HR
- Job advert (within the Trust, School or another source)
- From a fellow SuppoRTT Champion
- HEE Local Office / SuppoRTT Clinical Fellow
- My own research
- Social media
- Other (please specify) FREE TEXT

12. Have you personally ever taken time out of training? [all respondents to answer this question]

- Yes [go to q13]
- No [go to q15]
- Prefer not to say [go to q15]

13. [if yes to q12] What was your reason for taking time out from training?

- Out of Programme - Planned career break (OOPC)
- Out of Programme - Clinical experience elsewhere (OOPE)
- Out of Programme - Research (OOPR)
- Out of Programme - Clinical Training which is not part of your speciality training programme (OOPT)
- Out of Programme – Pause (OOPP)
- Shielding
- Sickness
- Parental leave
- Suspension
- Prefer not to say
- Other (please specify) FREE TEXT

14. [if yes to q12] Did you access the SuppoRTT programme when you returned to training?

- Yes
- No
- Not sure

15. Are you combining the SuppoRTT Champion role with any other role, eg Champion of Flexible Training? [all respondents to answer this question]

- Yes (please specify): FREE TEXT [go to q16]
- No [go to q18]
- Prefer not to say go to q18]

16. [if yes in q15] How much time are you funded to undertake this additional role? FREE TEXT

17. [if yes in q15] What do you regard as the advantages of combining the SuppoRTT Champion role with additional roles? FREE TEXT

18. To what extent do you agree or disagree that your SuppoRTT Champion role is clearly defined? [all respondents to answer this question]

19. [if answer 7 months or above in q10] To what extent do you agree or disagree that there is now greater clarity around the role than when you first took on the SuppoRTT Champion role?

20. Why do you say that? [all respondents to answer this question]

21. If your region has both Trust and School Champions in place, to what extent do you agree or disagree that there is a clear distinction between the roles of both types of Champion?

22. Why do you say that? [all respondents to answer this question]

23. Which of the following activities have you been undertaking as part of your Champion role so far?

Please select all that apply [all respondents to answer this question]

- Induction events with trainees
- National Champion network meetings
- Local Champion network meetings
- Meetings (online/face-to-face) with trainees
- Email, social media or telephone communication/interactions with trainees
- Creating resources for trainees and educators
- Meetings with educators (online or face-to-face)
- Meetings with Trust HR (online or face-to-face)
- Meetings with Schools/ Colleges/ Deaneries (online or face-to-face)
- Meetings with the HEE local office (online or face-to-face)
- Raising awareness of SuppoRTT online or via social media

- Identifying trainees who are returning to training
- Other (please specify)

24. Which three of the following activities do you consider as having the greatest impact on trainees? [all respondents to answer this question]

- Induction events with trainees
- National Champion network meetings
- Local Champion network meetings
- Meetings (online/face-to-face) with trainees
- Email, social media or telephone communication/interactions with trainees
- Creating resources for trainees and educators
- Meetings with educators (online or face-to-face)
- Meetings with Trust HR (online or face-to-face)
- Meetings with Schools/ Colleges/ Deaneries (online or face-to-face)
- Meetings with the HEE local office (online or face-to-face)
- Raising awareness of SuppoRTT online or via social media
- Identifying trainees who are returning to training
- Other (please specify)

25. Over the last six months, approximately how many trainees have you engaged with/signposted to SuppoRTT? This could include both formal and informal engagement with trainees This could include both formal and informal engagement with trainees,but excluding webinars to reduce the possibility of data skew. [all respondents to answer this question]

- 0-10 trainees
- 11-20 trainees
- 21-30 trainees
- 31-40 trainees
- 41-50 trainees
- 51-60 trainees
- 61-70 trainees
- Above 70 trainees
- Other (please specify)

26. To what extent would you agree or disagree that the SuppoRTT Champion role has been successful so far in: [all respondents to answer this question]

- Raising awareness of SuppoRTT?
- Signposting trainees to resources?
- Identifying trainees taking a break from/returning to training?
- Updating/enhancing the clinical knowledge of trainees?
- Enhancing trainees' confidence?
- Updating/ enhancing trainees' ability to carry out safe and high-quality clinical practice?
- Challenging perceptions of taking time out of training?

27. Please provide one anonymised example of how your role has had an impact on a trainee so far. [all respondents to answer this question]

28. To what extent do you agree or disagree that the SuppoRTT Champion role played a key role in supporting trainees returning during the Covid-19 pandemic? [all respondents to answer this question]

29. Why do you say that? [all respondents to answer this question]

30. Have you experienced any other challenges in undertaking your Champion role? If so, please comment, including your thoughts on how these challenges might be overcome.[all respondents to answer this question]

31. Are you aware of any similar programmes (either in England or further afield) designed to support trainees or medics in their return to training? [all respondents to answer this question]

32. Do you have any recommendations for the ongoing development/ future of the SuppoRTT Champion role? [all respondents to answer this question]

33. We are planning a series of interviews with SuppoRTT Champions to explore your experiences in greater detail. If you are interested in taking part in an interview, please leave your name, email address and telephone number below. Please note that this information will be held separately from your survey response.

5. ANNEX 5: DIRECTOR OF MEDICAL EDUCATION AND POSTGRADUATE MEDICAL DEAN SURVEY

HEE Flexibility Initiatives: LTFT Category 3 and SuppoRTT Survey

(for Directors of Medical Education and Postgraduate Deans)

About this study

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to conduct longitudinal evaluations of two of its current flexibility initiatives:

1. **The Supported Return to Training (SuppoRTT) programme**
This programme is the result of the 2016 Acas junior doctors' contract agreement, which committed HEE to providing support to those taking time out of training

2. **The Less Than Full Time (LTFT) Category 3 initiative**
This initiative was introduced in response to trainees' feedback around greater flexibility in training, and is available to trainees who would like to train LTFT to meet their individual professional and/or lifestyle needs. It is currently only available to trainees in the Emergency Medicine, Paediatrics and Obstetrics and Gynaecology specialties, but will be rolled out to other specialities during 2021/22.

As part of this evaluation, we are keen to gather **the perceptions of Directors of Medical Education and Postgraduate Deans about the SuppoRTT programme and the LTFT Category 3 initiative. This is the second and third years of these evaluations, and we want to explore any changes in perceptions over time.**

The survey should take no longer than 15 minutes to complete. In line with GDPR, all responses will be kept anonymous and confidential. No identifiable data will be collected.

In accordance with new data protection laws and RSM data protection protocols, information obtained from this survey will be stored on password protected computers. The data will be kept typically for a minimum of six years, subject always to applicable law. It will then be destroyed.

If you have any questions about this research, please contact katy.field@rsmuk.com

Thank you for reading this information sheet and participating in this study.

Taking part

By completing this questionnaire, I am consenting to take part in this study. I understand my data will be held securely and I have a right to withdraw from this study at any time. I understand that when this information is no longer required for this purpose, official RSM procedures will be followed to dispose of my data.

Please tick to confirm

About you

1. What is your primary role? If you have more than one role, please select the option which occupies most of your time. [all respondents to answer this question]

- Director of Medical Education
- Postgraduate Medical Dean
- Other (please specify) FREE TEXT
- Prefer not to say

2. Which speciality are you from? [all respondents to answer this question]

- Academic
- Anaesthesia
- Clinical Oncology
- Clinical Radiology
- Emergency Medicine
- Foundation Programme
- General Practice
- Medicine
- Obstetrics and Gynaecology
- Occupational Health
- Paediatrics
- Pathology
- Psychiatry
- Public Health
- Surgery
- Other (please specify) FREE TEXT
- Prefer not to say

3. Which region are you from? Please note that responses to this question will be reported in aggregate form, and that any regions with less than 5 responses will be redacted. [all respondents to answer this question]

- East of England
- East Midlands
- London and Kent, Surrey and Sussex
- North East
- North West
- Peninsula
- Severn
- Thames Valley
- West Midlands
- Wessex
- Yorkshire and the Humber
- Prefer not to say

4. How long have you been in your current role? [all respondents to answer this question]

- 0-1 years
- 2-4 years
- 5-10 years
- 10 years or more
- Prefer not to say

Awareness of LTFT

5. Prior to this survey, have you heard of LTFT Category 3? *This initiative was introduced in response to trainees' feedback around greater flexibility in training, and is available to trainees who would like to train LTFT to meet their individual professional and/or lifestyle needs. It is currently only available to trainees in the Emergency Medicine, Paediatrics and Obstetrics and Gynaecology specialties.*

- Yes
- No
- Not sure

6. Have you heard of the Champion of flexible training?

- Yes
- No
- Not sure

Impacts of LTFT Category 3 on trainees and the wider service

7. Are you aware of any trainees taking part in the LTFT Category 3 initiative?

- Yes [go to Q9]
- No [go to Q14]
- Not sure [go to Q14]
- I don't undertake this role

8. [if yes to Q8] To what extent do you consider that the LTFT Category 3 initiative has had an impact on the following domains for LTFT Category 3 trainees?

- Training and education *(On a scale from strongly positive impact to strongly negative impact, including neither/ positive or negative and unknown impact)*
- Trainee morale *(scale as above)*
- Trainee wellbeing *(scale as above)*
- Service provision, e.g. shifts *(scale as above)*
- Service quality *(scale as above)*
- Clinical practice *(scale as above)*
- Assessment performance *(scale as above)*

9. To what extent do you consider that the LTFT Category 3 initiative has had an impact on the following domains for wider trainees (i.e. all other trainees who are not LTFT Category 3)?

- Training and education *(On a scale from strongly positive impact to strongly negative impact, including neither/ positive or negative and unknown impact)*
- Trainee morale *(scale as above)*
- Trainee wellbeing *(scale as above)*
- Service provision, e.g. shifts *(scale as above)*
- Service quality *(scale as above)*
- Clinical practice *(scale as above)*
- Assessment performance *(scale as above)*

10. To what extent do you consider that the LTFT Category 3 initiative has had an impact on the following domains for <u>educators</u>?

- Workload *(On a scale from strongly positive impact to strongly negative impact, including neither/ positive or negative and unknown impact)*
- Meetings with LTFT Category 3 trainees (e.g. on ARCP outcomes) *(scale as above)*
- Re-adjustments to assessment programmes *(scale as above)*
- Creation/ amendment of rotas *(scale as above)*
- Access to teaching, training and assessment (for your role as an educator) *(scale as above)*

11. Did the LTFT Category 3 initiative have any particular impacts on trainees or service provision during the Covid-19 pandemic? FREE TEXT

12. Is there anything you would suggest that could be changed to improve the LTFT Category 3 initiative? FREE TEXT

Your awareness of SuppoRTT

13. Prior to this survey, had you heard of the Supported Return to Training (SuppoRTT) programme? *SuppoRTT was developed by HEE to provide targeted assistance to help doctors get back "up to speed" when they return to training.[*all respondents to answer this question]

- Yes [go to q15]
- No [go to q22]
- Not sure [go to q22]

14. How did you first become aware of the SuppoRTT programme?

- Email from deanery
- Internal School meetings
- Awareness documents
- Information from HEE national office
- Information from HEE local office
- Information from SuppoRTT Champions
- Word of mouth - from trainees
- Word of mouth – from colleagues
- Other (please specify)

15. To what extent do you agree or disagree that there has been effective communication to employers about SuppoRTT on a scale from 'strongly agree' to 'strongly disagree'? [all respondents to answer this question]

16. Why do you say that? [all respondents to answer this question] FREE TEXT

Impact of SuppoRTT on Directors of Medical Education/Postgraduate Medical Deans

17. To what extent do you agree or disagree with the following statements on a scale of 'strongly agree' to 'strongly disagree':

   a. Employers understand the expectations around the exit and re-entry process
   b. Trainees are better prepared to return to training programmes as a result of SuppoRTT and the associated reforms
   c. Trainees are better prepared to return to clinical responsibilities as a result of SuppoRTT and the associated reforms
   d. SuppoRTT was particularly beneficial for trainees returning during the Covid-19 pandemic (e.g. for trainees returning from shielding or those working in different specialities)

Learning so far and thinking ahead

18. On a scale from 'strongly agree' to 'strongly disagree', to what extent do you agree or disagree that the SuppoRTT programme has improved the process of:

   a) preparing a trainee for taking time out of training

   b) preparing a trainee for returning to training

19. Is there anything that the SuppoRTT programme can do to support these processes for trainees in the future? FREE TEXT

20. Can you share any experiences where SuppoRTT has worked well for:

   a) you? FREE TEXT
   b) your trainees? FREE TEXT
   c) Trusts/organisations/medical schools? FREE TEXT

21. Are there any changes or suggestions which you would like to propose for the SuppoRTT programme as it transitions to business as usual?

22. Are you aware of any similar programmes (either in England or further afield) designed to support trainees or medics in their return to training? [all respondents to answer this question]

Final question

23. Do you have any other comments you would like to add in relation to the HEE Flexibility initiatives, including LTFT Category 3, SuppoRTT or beyond? [all respondents to answer this question] FREE TEXT

6. ANNEX 6: EDUCATOR SURVEY

HEE Flexibility Initiatives: LTFT Category 3 and SuppoRTT Survey

(for Educators)

About this study

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to conduct longitudinal evaluations of two of its current flexibility initiatives:

a. The Supported Return to Training (SuppoRTT) programme

This programme is the result of the 2016 Acas junior doctors' contract agreement, which committed HEE to providing support to those taking time out of training

b. The Less Than Full Time (LTFT) Category 3 initiative

This initiative was introduced in response to trainees' feedback around greater flexibility in training, and is available to trainees who would like to train LTFT to meet their individual professional and/or lifestyle needs. It is currently only available to trainees in the Emergency Medicine, Paediatrics and Obstetrics and Gynaecology specialties, but will be rolled out to other specialities during 2021/22.

As part of this evaluation, we are keen to gather **the perceptions of educators about the SuppoRTT programme and the LTFT Category 3 initiative. As this is the second and third year of the respective evaluations, we are interested in how perceptions have changed over time.**

The survey should take no longer than 15 minutes to complete. In line with GDPR, all responses will be kept anonymous and confidential. No identifiable data will be collected. In accordance with new data protection laws and RSM data protection protocols, information obtained from this survey will be stored on password protected computers. The data will be kept typically for a minimum of six years, subject always to applicable law. It will then be destroyed.

If you have any questions about this research, please contact katy.field@rsmuk.com

**Thank you for reading this information sheet and participating in this study.
Taking part**

1. **By completing this questionnaire, I am consenting to take part in this study. I understand my data will be held securely and I have a right to withdraw from this study at any time. I understand that when this information is no longer required for this purpose, official RSM procedures will be followed to dispose of my data.**

Please tick to confirm

About you

2. What is your primary role? If you have more than one role, please select the option which occupies most of your time. [all respondents to answer this question]

- Head of School
- Training Programme Director
- Educational Supervisor
- Named Clinical Supervisor
- College Tutor
- Other (please specify) FREE TEXT
- Prefer not to say

3. Which speciality are you from? [all respondents to answer this question]

- Academic
- Anaesthesia
- Clinical Oncology
- Clinical Radiology
- Emergency Medicine
- Foundation Programme
- General Practice
- Medicine
- Obstetrics and Gynaecology
- Occupational Health
- Paediatrics
- Pathology
- Psychiatry
- Public Health
- Surgery
- Other (please specify) FREE TEXT
- Prefer not to say

4. Which region are you from? Please note that responses to this question will be reported in aggregate form, and that any regions with less than 5 responses will be redacted. [all respondents to answer this question]

- East of England
- East Midlands
- London and Kent, Surrey and Sussex
- North East
- North West
- Peninsula
- Severn
- Thames Valley

- West Midlands
- Wessex
- Yorkshire and the Humber
- Prefer not to say

5. How long have you been in your current role? [all respondents to answer this question]

- 0-1 years
- 2-4 years
- 5-10 years
- 10 years or more
- Prefer not to say

Please note: the following LTFT Category 3 sections are only displayed to educators who select Emergency Medicine, Obstetrics & Gynaecology or Paediatrics as specialities in q3. We have placed this section above the SuppoRTT questions to ensure as rich a response as possible from these 3 specialities.

Awareness of LTFT

6. [If select Emergency Medicine, Obstetrics & Gynaecology or Paediatrics] Prior to this survey, have you heard of LTFT Category 3?

- Yes
- No
- Not sure

7. [If select Emergency Medicine, Obstetrics & Gynaecology or Paediatrics] Have you heard of the Champion of flexible training?

- Yes
- No
- Not sure

Impacts of LTFT Category 3 on trainees and the wider service

[If select Emergency Medicine, Obstetrics & Gynaecology or Paediatrics in q3]

8. [if yes to q6] Are any of the trainees that you are responsible for (as an educational supervisor) taking part in the LTFT Category 3 initiative?

- Yes [go to Q9]
- No [go to Q21]
- Not sure [go to Q21]

9. [if yes to Q8] To what extent do you consider that the LTFT Category 3 initiative has had an impact on the following domains for <u>LTFT Category 3 trainees that you are responsible for</u> (as an educational supervisor)?

- Training and education *(On a scale from strongly positive impact to strongly negative impact, including neither/ positive or negative and unknown impact)*
- Trainee morale *(scale as above)*
- Trainee wellbeing *(scale as above)*
- Service provision, e.g. shifts *(scale as above)*
- Service quality *(scale as above)*
- Clinical practice *(scale as above)*
- Assessment performance *(scale as above)*

10. [if yes to Q8] Please provide any examples of impacts across these domains for <u>LTFT Category 3 trainees that you are responsible for</u> (as an educational supervisor)? FREE TEXT

11. [if yes to Q8] To what extent do you consider that the LTFT Category 3 initiative has had an impact on the following domains for <u>wider trainees</u> (i.e. all other trainees who are not LTFT Category 3)?

- Training and education *(On a scale from strongly positive impact to strongly negative impact, including neither/ positive or negative and unknown impact)*
- Trainee morale *(scale as above)*
- Trainee wellbeing *(scale as above)*
- Service provision, e.g. shifts *(scale as above)*
- Service quality *(scale as above)*
- Clinical practice *(scale as above)*
- Assessment performance *(scale as above)*

12. [if yes to Q8] Please provide any examples of impacts across these domains for <u>wider trainees</u> (i.e. all other trainees who are not LTFT Category 3)? FREE TEXT

13. [if yes to Q8] To what extent do you consider that the LTFT Category 3 initiative has had an impact on the following domains for <u>educators</u>?

- Workload *(On a scale from strongly positive impact to strongly negative impact, including neither/ positive or negative and unknown impact)*
- Meetings regarding LTFT Category 3 trainees (e.g. on ARCP outcomes) *(scale as above)*
- Re-adjustments to assessment programmes *(scale as above)*
- Creation/ amendment of rotas *(scale as above)*
- Access to teaching, training and assessment (for your role as an educator) *(scale as above)*

14. [if yes to Q8] Please provide any examples of impacts across these domains for educators?

15. [if yes to Q8] Compared to other (non LTFT Category 3) trainees that you supervise, to what extent do you feel that you have been able to maintain a positive relationship with the trainees you are supervising who are working LTFT Category 3?

- To a very great extent
- To a great extent
- To a moderate extent
- To some extent
- To a small extent
- Not at all

16. [if yes to Q8] To what extent would you agree or disagree that it has been possible to arrange mutually convenient times for educational supervision / one-to-one meetings with trainees you are supervising who work LTFT Category 3?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

17. [if yes to Q8] Please describe any facilitators which you have encountered to supervising trainees who are undertaking LTFT Category 3 training? FREE TEXT

18. [if yes to Q8] Please describe any barriers or challenges you have encountered in supervising trainees who are undertaking LTFT Category 3 training? FREE TEXT

19. [if yes to Q8] Did the LTFT Cat 3 initiative have any particular impacts during the Covid-19 pandemic? This could be for LTFT Cat 3 trainees, service provision, educators or for non-LTFT trainees. FREE TEXT

20. [if answer q6] Is there anything you would suggest that could be changed to improve the LTFT Category 3 initiative? FREE TEXT

Your awareness of SuppoRTT

21. Prior to this survey, have you heard of the Supported Return to Training (SuppoRTT) programme? [all respondents to answer this question]

- Yes [go to q22]
- No [go to q23]
- Not sure [go to q23]

22. [If yes to q21] How did you first become aware of the SuppoRTT programme?

- Email from Deanery
- Internal School meetings
- Awareness documents
- Information from HEE national office
- Information from HEE local office
- Information from SuppoRTT Champions
- Word of mouth - from trainees
- Word of mouth – from colleagues
- Other (please specify)

23. To what extent do you agree or disagree that there was effective communication to **you as an Educational Supervisor / Head of School / Training Programme Director** from HEE about the SuppoRTT programme, on a scale from 'strongly agree' to 'strongly disagree'? [all respondents to answer this question]

24. Why do you say that? [all respondents to answer this question] FREE TEXT

If No or not sure to q21, finish survey here

Impact of SuppoRTT on Educational Supervisors / Heads of School / Training Programme Directors

This section relates to the impacts of SuppoRTT on **you** in your role as an educator, and your perceptions of the SuppoRTT programme.

25. As part of the SuppoRTT programme, HEE have organised a range of awareness-raising activities for **educators**. Have **you** taken part in any of the following SuppoRTT activities? [multiple responses permitted]

- Pre-absence meetings (that you have held with trainees)
- Online educator conferences
- Champion activities within the Trust
- Speciality training sessions for educators
- Online workshops for educators
- Up-skilling events for educators
- E-learning or online materials for educators
- Coaching and mentoring for educators
- Meetings with SuppoRTT champions
- Other (please specify)

- I have not taken part in any SuppoRTT related activities [move to question 26]

26. If **you** haven't taken part in any educator SuppoRTT activities, why is this? [for those who answer "I have not taken part in any SuppoRTT related activities" in question 25]

- I don't feel these activities are relevant to me
- I have been unable to attend due to other commitments (work – e.g. practice and/or teaching commitments or Covid-19 related pressures or non-work related – e.g. caring commitments)
- I was not aware these activities were available
- I have been unable to attend due to cost
- The activities are not in a convenient location
- I was unaware of how to access these activities
- Other (please specify)

27. Would you be interested in taking part in any SuppoRTT activities in the future? [for those who answer "I have not taken part in any SuppoRTT related activities" in question 25]

- Yes
- No
- Not sure

28. What did you hope to gain from attending this/these educator activities? [if tick any activities listed in question 25] FREE TEXT

29. To what extent do you agree/disagree that these activities were **useful for your role as an educator**, on a scale from 'strongly agree' to 'strongly disagree'? [if tick any activities listed in question 25]

30. Why do you say that? [if tick any activities listed in question 25] FREE TEXT

31. Where there any activities that were particularly useful for educators during the Covid-19 pandemic in 2021? [if tick any activities listed in question 25] FREE TEXT

32. Are there any other activities that you would like to see provided for educators as part of SuppoRTT which are not currently provided? FREE TEXT

Impacts of the SuppoRTT programme on your trainees

This section relates to the impacts of SuppoRTT on **your trainees**, and your perceptions of the impacts of the SuppoRTT programme on them.

33. In your educator role, do you currently oversee and / or have contact with trainees?

- Yes [go to question 35]

- No [go to question 43]
- Don't know [go to question 43]

34. To the best of your knowledge, have any of **your** **trainees** who you have oversight of taken part in any SuppoRTT activities themselves?

- Yes
- No [go to question 40]
- I don't know [go to question 40]

35. If so, which of these activities have **your trainees** taken part in? [if answer yes to question 34 / multiple responses permitted]

- Pre-absence meeting with supervisor
- Pre-return meeting with supervisor
- Post-return/ follow-up meeting with supervisors
- Keeping In Touch (KIT) days
- SIM training
- Other clinical skills training (online or face-to-face)
- Non-clinical skills training (e.g. resilience) (online or face-to-face)
- Conferences/roadshows (online or face-to-face)
- Mentoring
- Supernumerary time
- Enhanced supervision
- Coaching (online or face-to-face)
- Virtual activities (e.g. webinars or podcasts)
- Engagement with SuppoRTT champions
- SuppoRTT Immersive Tech modules *These are three online modules on the topics of teamworking, escalating concerns & speaking up and support for returning shielding trainees*
- Other (please specify)

36. Are there any activities that have proven more popular with **your trainees** that others? Please tick the three most popular activities. [if answer yes to question 35]

- Pre-absence meeting with supervisor
- Pre-return meeting with supervisor
- Post-return/ follow-up meeting with supervisors
- Keeping In Touch (KIT) days
- SIM training
- Other clinical skills training (online or face-to-face)
- Non-clinical skills training (e.g. resilience) (online or face-to-face)
- Conferences/roadshows (online or face-to-face)
- Mentoring
- Supernumerary time
- Enhanced supervision
- Coaching (online or face-to-face)
- Virtual activities (e.g. webinars or podcasts)

- Engagement with SuppoRTT champions
- SuppoRTT Immersive Tech modules *These are three online modules on the topics of teamworking, escalating concerns & speaking up and support for returning shielding trainees*
- Other (please specify)

37. Have your trainees provided any feedback on these activities? [if yes to question 35]

- Yes
- No

38. If so, please describe this feedback here [if yes to question 35] FREE TEXT

39. Where there any activities that were particularly useful for trainees during the Covid-19 pandemic in 2021? [if tick any activities listed in question 35] FREE TEXT

40. To what extent do you agree or disagree that the SuppoRTT programme meets the needs of **your trainees** on a scale from 'strongly agree' to 'strongly disagree'? [if answer yes to question 33]

41. Thinking about **your trainees**, on a scale from 'strongly agree' to 'strongly disagree', to what extent do you agree or disagree that the SuppoRTT programme: [if yes to question 33]

   a. has enhanced/updated their knowledge? *(of clinical tasks, admin tasks and a knowledge of the organisational structure of the employer)*

   b. has enhanced/updated their competence? *(carry out clinical tasks safely & to a high standard, undertake admin tasks and take on leadership roles)*

   c. has enhanced their confidence? *(to make sound clinical decisions, to do admin tasks and influence the organisation)*

42. Are there any activities in particular which have enhanced/updated **your trainees'** confidence, knowledge and/or competence? [if yes to question 33]

43. Have any of your trainees been out of training due to shielding?

- Yes [go to q44]
- No [go to q45]

44. [if yes to question 42] To what extent do you agree or disagree that you were able to support you trainees' professional development whilst they were shielding?

45. To what extent do you agree or disagree with the following statements on a scale of 'strongly agree' to 'strongly disagree': [all respondents to answer this question]

   a. As an educational supervisor, I know how to access training and resources for supporting learners

b. As an educational supervisor I am cognisant of returner's learning and support needs

c. Trainees are better prepared to return to training programmes as a result of SuppoRTT and the associated reforms

d. Trainees are better prepared to return to clinical responsibilities as a result of SuppoRTT and the associated reforms

46. Are there any other activities which you would like to see provided for **your trainees** as part of SuppoRTT, which aren't currently provided? [if yes to question 33]

Learning so far and thinking ahead

47. On a scale from 'strongly agree' to 'strongly disagree', to what extent do you agree or disagree that the SuppoRTT programme has improved the process of: [if yes to q21]

a. preparing a trainee for taking time out of training

b. preparing a trainee for returning to training

48. Is there anything that the SuppoRTT programme can do to support these processes for trainees in the future? [if yes to q21] FREE TEXT

49. Can you share any experiences where SuppoRTT has worked well for: [if yes to q21]

a. you? FREE TEXT
b. your trainees? FREE TEXT
c. Trusts/organisations/medical schools? FREE TEXT

50. Are there any changes or suggestions which you would like to propose for the SuppoRTT programme as it transitions to Business as Usual? [if yes to q21] FREE TEXT

Final question

51. Do you have any other comments you would like to add in relation to the HEE Flexibility initiatives, including LTFT Category 3, SuppoRTT or beyond? [all respondents to answer this question] FREE TEXT

7. ANNEX 7: TOPIC GUIDES FOR DISCUSSION WITH BENEFICIARIES

Evaluation of the Supported Return to Training Programme (SuppoRTT)

Focus group/ interviews with Trainees who have accessed SuppoRTT

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to undertake a three year longitudinal evaluation of the Supported Return to Training Programme. This is the third year of the evaluation.

The aim of this focus group is to explore your views on taking time out/returning to training, and the role of the SuppoRTT programme in this transition.

For those of you who took part in the focus group last year, we are interested in any longer term impacts of SuppoRTT on you, your knowledge, confidence and competence.

The questions explore in further depth some of the findings from our recent surveys of trainees who have accessed the SuppoRTT programme, along with a wider survey of trainees.

My name is Katy Field / Abby Reid, and I am an evaluator from the RSM team. Thank you for agreeing to participate in this interview / focus group. Is now still a good time to complete the interview? *[Proceed if yes]*

It should take around 45 minutes for our discussion.
We would like to audio record our discussion. Audio recordings will then be transcribed and anonymised. Analysed data will be used for a report and published. Comments will not be attributed to you in our final report, and your name (and other personal identifiable information) will not be published in any way in association with the report. You are free to withdraw your data up to the point of anonymization.

Your comments will be completely anonymous and confidential, will be stored on password protected computers. The data will be kept for a minimum of six years. It will then be destroyed.

Your participation is voluntary and you are free to withdraw at any time and without any disadvantage.

Would you be comfortable for me to record our discussion, so that notes can be transcribed?

- *[If yes]* Thank you – I am turning on the audio recorder now.

- *[If no]* Thank you – I will take brief notes as a record of the key points from our discussion.

Introduction

1. To start, please could you tell us:
   - Your name
   - Your specialty and training grade
   - Whether you are currently out of training, or returning from a break from training *(if returned, how long have you been back in training)*

Communication of SuppoRTT

2. *[new cohort of trainees]* How did you first hear about the SuppoRTT programme? Was this before you went out of training, during your time off or when you returned to practice?

3. *[new cohort of trainees]* At the time, to what extent did you feel that this information about taking time out was easily accessible? Was there a sufficient amount of information available about SuppoRTT?

4. *[Year 2 cohort]* One of the key recommendations from the Year 2 report was the need for an increased awareness of SuppoRTT amongst trainees. Compared to when you took time out of training, do you feel that the amount of information and awareness about SuppoRTT has increased? Why do you think this is *[prompt Covid-19, perceptions of taking time out]*? Please provide an example of what you mean?

5. *[both cohorts]* How might SuppoRTT be marketed to people who maybe haven't heard about it? Thinking about fellow trainees, educators and Trusts/employers.

Case studies *[both cohorts]*

Decisions around taking time out of training are complex.

We would like to read a couple of example case studies and hear your advice and opinions as to what these characters could/should do or be considering:

6. Vicky has been off on parental leave for nine months after the birth of her first child, and her partner has taken 3 months off. Prior to this, she was an ST4 in respiratory medicine. She is looking forward to returning to work but is becoming a little anxious about her return, particularly due to concerns about a new wave of Covid-19 and changes to working practices.

   - What are the main issues and fears that you think she might have?
   - Who would you advise Vicky to speak to?
   - What resources could Vicky avail of / what would you direct her towards?
   - How could the SuppoRTT programme (and activities) potentially help Vicky?
   - Based on your own experience or that of friends / colleagues that you know or work with, what would you advise Vicky to do / not to do?

7. Mo is an ST3 in Surgery, but has gone out of programme for research. Mo has concerns that his clinical competence has decreased during this break from Surgery, and is concerned about pressures on the health service post-Covid-19, including backlog of patients.

   - What are the main issues and fears that you think he might have?
   - Who would you advise Mo to speak to?
   - What resources could Mo avail of / what would you direct her towards?
   - How could the SuppoRTT programme (and activities) potentially help Mo?
   - Based on your own experience or that of friends / colleagues that you know or work with, what would you advise Mo to do / not to do?

8. Joe is a GP in training, who has had a number of short periods of sick leave recently. He has been feeling under pressure at work (due to short staffing levels and remote consultations), with his studies and travelling to visit his mother who is terminally ill. He has spoken to a colleague at the practice about taking

time out and mentioned that he'd like to travel. His educational supervisor asked him recently about how he is managing his work/ life balance, and they had a short discussion around managing stress and anxiety.

- What are the main issues and fears that you think Joe might have?
- Who would you advise Joe to speak to?
- What resources could Joe avail of / what would you direct Joe towards?
- How could the SuppoRTT programme (and activities) potentially help Joe?
- Based on your own experience or that of friends / colleagues that you know or work with, what would you advise Joe to do / not to do?

9. Omar completed his training abroad, and is about to join the NHS. He has expressed concerns around understanding the NHS structures in his local region, managing new IT systems, interacting with patients and colleagues, and his relationship with his educational supervisor. He is also concerned about his clinical competency as he has been out of training for four months whilst in the process of moving to England.

- What are the main issues and fears that you think Omar might have?
- Who would you advise Omar to speak to?
- What resources could Omar avail of / what would you direct Omar towards?
- How could the SuppoRTT programme (and activities) potentially help Omar?
- Based on your own experience or that of friends / colleagues that you know or work with, what would you advise Omar to do / not to do?

Taking time out

[Lead in] Early findings of trainees who had accessed the SuppoRTT programme indicated that 59% of trainees are taking time out for parental leave, 21% for Out of Programme Experience or Research, 8% for sickness, 5% for career break and 7% for other reasons.

10. *[new cohort of trainees]* In your opinion, do you feel this reflects you and your peers' reasons for time out of training? Why do you say that?

11. *[Year 2 cohort]* Have you seen any changes in the reasons for trainees taking time out of training since last year, or have the reasons remained relatively constant? *Prompt: any changes due to Covid, or do you think there will be changes post-pandemic?*

12. *[both cohorts]* In your opinion, what would you say influences trainees' decisions on whether to take time out (or not)?

[Lead in] Our early findings suggest that many trainees (71% of respondents) had concerns about taking time out of training.

13. *[new cohort of trainees]* To what extent does the current SuppoRTT programme help to change perceptions of trainees, educators and NHS colleagues towards taking time out of training?

14. *[Year 2 cohort]* To what extent do you consider there to have been a change in perceptions around taking time out of training compared to your experience last year? Why might this be/not be? Has SuppoRTT played a role in this?

15. *[both cohorts]* Is there anything else that could be done to help change people's perceptions? *[prompt: other trainees who haven't taken time out, more senior clinicians, educators]*

Process of taking time out

16. *[new cohort of trainees]* Thinking about your (and others) experience, how might the process for taking time out be improved? *Prompt: need for a tailored plan*

17. *[new cohort of trainees]* What advice would you offer to other trainees considering taking time out of training in order to make the process as straightforward and successful as possible?

18. *[new cohort of trainees]* What impact (if any) has Covid-19 had on the process of taking time out?

Process of returning to training

19. *[new cohort of trainees]* Based on your (and others) experience, how might the process for returning from training be improved?

20. *[new cohort of trainees]* What advice would you offer to other trainees and the NHS/ education system to make the process of returning to training as straightforward and successful as possible?

21. *[new cohort of trainees]* What impact (if any) has Covid-19 had on the process of returning to training?

22. *[Year 2 cohort]* Now that you have been back in training for some time, what would you describe as the main impacts of the SuppoRTT programme? Have these impacts changed over time (ie was it more relevant to your immediate return, but less relevant six months later?)

Activities

23. *[new cohort of trainees]* Based on your experience, what activities within the SuppoRTT programme offering are most beneficial, and why?

[Prompt] activities provided during the Covid-19 pandemic, pre-absence meeting, KIT days, enhanced supervision, virtual sessions such as non-skills training

     a.   Which activities do you think should be offered to a greater extent, and why?
     b.   Which activities do you think should not be offered as much/ at all, and why?

24. Have you had any experience of supernumerary time? What are your thoughts on the ideal duration of the supernumerary period? *[if experienced]* was this the right amount of time, or should it be increased/decreased? Why do you say that? Was it easy to arrange?

25. *[Year 2 cohort]* based on your experience, which SuppoRTT activity has had the greatest long-term positive impact?

26. *[both cohorts]* Have you had any interaction with the SuppoRTT Champions? These are peers/colleagues from Trusts and Schools who can signpost trainees to practical advice about taking time out and returning. If so, what were the benefits of this? If not, would this have been helpful for you? Have you any suggestions for the SuppoRTT Champion role going forward?

27. *[new cohort of trainees]* This year, the SuppoRTT clinical fellows have developed a number of immersive tech resources, designed to support trainees with their remote consultation and teamworking skills. Have you heard of the imm tech resources, and have you accessed them? Would this be something that you would find helpful in your return?

28. *[both cohorts]* If SuppoRTT had not been available to you, in what ways, if any, do you feel that your knowledge, competence and confidence would have been different?

29. *[both cohorts]* Are there any other activities that you would like to see offered by the SuppoRTT programme? Why do you say that? What impact would these activities be likely to have on trainees? *Prompt: in-person vs virtual activities*

Other comments

30. *[both cohorts]* Do you have any other comments/ thoughts you'd like to share on the future of the SuppoRTT programme?

8. ANNEX 8: TOPIC GUIDES FOR DISCUSSION WITH SUPPORT CHAMPIONS

Evaluation of the Supported Return to Training Programme (SuppoRTT)
Interviews with SuppoRTT Champions

Health Education England (HEE) has appointed RSM UK Consulting LLP (RSM) to undertake a three year longitudinal evaluation of the Supported Return to Training Programme. This is the third and final year of the evaluation.

The aim of this interview is to explore your views on the processes of taking time out/returning to training, and the role of the SuppoRTT Champions in supporting trainees with this transition.

The questions explore in further depth some of the findings from our recent surveys of SuppoRTT Champions, along with surveys with trainees and educators.

My name is Katy Field / Laura Brownlee, and I am an evaluator from the RSM team. Thank you for agreeing to participate in this interview. Is now still a good time to complete the interview? *[Proceed if yes]*

It should take around 45 minutes for our discussion.

We would like to audio record our discussion. Audio recordings will then be transcribed and anonymised. Analysed data will be used for a report and published. Comments will not be attributed to you in our final report, and your name (and other personal identifiable information) will not be published in any way in association with the report. You are free to withdraw your data up to the point of anonymization.

Your comments will be completely anonymous and confidential, will be stored on password protected computers. The data will be kept for a minimum of six years. It will then be destroyed.

Your participation is voluntary and you are free to withdraw at any time and without any disadvantage.

Would you be comfortable for me to record our discussion, so that notes can be transcribed?
- *[If yes]* Thank you – I am turning on the audio recorder now.
- *[If no]* Thank you – I will take brief notes as a record of the key points from our discussion.

Introduction

30. To start, please could you tell us:

- Your name
- Your specialty
- Whether you are a Trust Champion or a School Champion
- How long you have been a Champion

31. What is your understanding of the Champion role, and what does this role involve?

32. On an average week, how much time do you spend on your Champion role? *Prompts: How does this compare to the amount of time that you are funded for the Champion role? What kind of queries fo you receive from trainees? What type of activities take up the majority of your time?*

33. *[If in post more than 6 months]* Has your Champion role expanded or developed over time? Explain how this has been the case.

34. What activities have you been involved with as part of your Champion role this year? Which of these activities has been most beneficial to you, trainees and educational supervisors? Were these pre-existing activities or did you create these activities yourself?

35. Have you been involved in enabling/ supporting trainees to arrange supernumery time? Were there any challenges and what solutions did you find?

Case Studies

Decisions around taking time out of training are complex.
We would like to read a couple of example case studies and hear your advice and opinions as to what these characters could/should do be considering:

36. Sarah has been off on parental leave for seven months after the birth of her first child. Prior to this, she was an ST4 in Paediatrics. She is looking forward to returning to work but is becoming a little anxious about her return, particularly around on call duties and her rota.

- What are the main issues and fears that you think she might have?
- Who would you advise Sarah to speak to?
- What resources could Sarah avail of / what would you direct her towards?
- How could the SuppoRTT programme (and activities) potentially help Sarah?

37. Ben has been an educational supervisor for 10 years, and has limited awareness of the SuppoRTT programme. Ben never took time out of training himself, and struggles to understand some of the concerns the trainees he is responsible for have around the return process.

- What could be done to upskill educational supervisors about the SuppoRTT programme?
- What resources could Ben avail of / what would you direct him towards?

38. Aaron was a ST7 in surgery but has been out of programme for the last 6 months due to an extended period of illness. He is concerned about the perceptions of his colleagues when he returns, and is unsure about how to request a period of supernumerary time. He is keen not to put further pressure on his team, and he is wary of adding further pressure to others who have been dealing with the Covid response, including periods of short staffing.

- What are the main issues and fears that Aaron may have about returning?
- What resources could Aaron avail of / what would you direct him towards?
- How could the SuppoRTT programme (and activities) help to change perceptions?

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39. Omar completed his training abroad, and is about to join the NHS. He has expressed concerns around understanding the NHS structures in his local region, managing new IT systems, interacting with patients and colleagues, and his relationship with his educational supervisor. He is also concerned about his clinical competency as he has been out of training for four months whilst in the process of moving to England.

- What are the main issues and fears that you think Omar might have?
- Who would you advise Omar to speak to?
- What resources could Omar avail of / what would you direct Omar towards?
- How could the SuppoRTT programme (and activities) potentially help Omar?
- Based on your own experience or that of friends / colleagues that you know or work with, what would you advise Omar to do / not to do?

Impacts of the Champion role

31. To what extent do you consider the Champion role to be beneficial for returning trainees? Is there anything that could be done to improve the impact of the role/ maximise these benefits?

32. One of the challenges facing Local Offices has been identifying returning trainees to offer support. To what extent do you consider the Champion role to be helpful in identifying trainee returners?

33. Has your Local Office initiated any Champion network activities (eg. meetings, group chats etc) to facilitate the sharing of best practice/ engagement between Champions? If, so, how useful do you find these? If not, is this something that you would be interested in?

34. From your experience as a Champion, to what extent are trainees, employers and educational supervisors aware of the SuppoRTT programme?

35. Are there any activities that you would like to see offered by the SuppoRTT programme?

36. How has the Covid-19 pandemic impacted on your Champion role? *Prompt: explore the return of shielding trainees*

37. Overall, what is working well/ not so well with the Champion role?

38. Going forward, what do you see as the future of the Champion role, particularly as SuppoRTT moves to business as usual? Is there a need for the Champion role on an ongoing basis? Are there any ways in which the Champion role can facilitate the move to business as usual?

39. Are there any ways in which you would like to see the Champion role develop? What should the focus be on?

40. Do you have any other comments/ thoughts you'd like to share on the SuppoRTT programme and/or the role of Champions?

9. ANNEX 9: TOPIC GUIDES FOR DISCUSSION WITH LOCAL OFFICES

Evaluation of the Supported Return to Training (SuppoRTT) programme

Local office Interviews - July 2021

RSM has been commissioned by Health Education England to conduct an evaluation of the SuppoRTT programme. As part of this, we are undertaking consultations with stakeholders across Local Offices, including Associate Deans, Clinical Fellows and SuppoRTT Co-ordinators to understand how the programme is being implemented in local areas, particularly focusing on the last nine months (October 2020 to June 2021).

My name is *[Laura Brownlee/Abby Reid/ Katy Field]*, and I am an evaluator from the RSM team. Thank you for agreeing to participate in this interview and for completing your consent form *[interviewer to check that they have received signed consent form]*.

The purpose of today's discussion is to understand your views on the following:
- The impact of the SuppoRTT interventions and programme so far, including areas of good practice
- Any changes required to improve either the design and delivery of the SuppoRTT

It should take around 45-60 minutes for our discussion. During our conversation, we would like to make an audio recording to record the key themes emerging, are you happy for us to do so?
- *[If yes]* Thank you – I will begin the recording now.
- *[If no]* Thank you – we will not make any records from our conversation.

We will then transcribe the audio recording, ensuring that your comments will be completely anonymous and confidential, and any personal identifiable data is removed. The audio recording and transcription will be stored securely by RSM and will not be attributed to you in our final report.

Introduction

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1. Tell me about your role in the delivery of the SuppoRTT programme, and how this has evolved over the course of the programme?

Evaluation Area 2: Evaluating the impact of the SuppoRTT interventions and programme so far

2. What **activities have you been undertaking**/ focusing on within your local office between October 2020 and June 2021 (including any activities over the Covid period)?

Show table from Year 2 report outlining key activities, and discuss which activities it has been possible to deliver, which activities have changed since last year, and if these changes have been effective.

3. In your view/experience what activities do you think have **worked well**? Can you give an example and the impact for HEE and the local office ? *Probe to explore added value.*

4. Have there been any particular **challenges** in delivering these activities so far? How have you been able to overcome these challenges/ what could be done to overcome these?

5. To what extent has the running of the SuppoRTT programme transitioned to BAU?

6. Thinking specifically about any **activities that were introduced or updated during the Covid response period**, to what extent have these become incorporated into your local SuppoRTT offer? Have you reverted any activities back to the original pre-Covid versions (eg face-to-face sessions)? If not, do you intend to do so once restrictions end? Why do you say that?

7. Post-Covid 19, have you seen any changes in the types of beneficiaries accessing these activities? (e.g. in terms of specialisms or groups within the population such as those on maternity/ paternity leave ref: childcare provision and international trainees). **Who is eligible vs. who takes part?**

8. The average spend per trainee in your local office area is *(quote table below).* Which of the SuppoRTT activities do you think have offered the greatest value for money / return on investment (and why)? Can you identify any ways in which cost-effectiveness could be improved?

Local Office	Returners accessing SuppoRTT April-June 2020	Returners accessing SuppoRTT July- Sept 2020	Q1 spend [23]	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[24]	£470,739	N/A	£748.39
North East	26	33	£53,451[25]	£38,235	£2,055.81	£1,158.64
North West	76	77	£3,436[26]	£381,182	£614.00	£564.00[27]
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[28]	£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

9. Which of the activities that were funded this year will continue into next year?

- What mechanisms do you have in place to encourage sustainability and innovation of these successful activities?
- Has there been any consideration of broadening the scope of any of these activities to other groups of trainees /areas of practice?
- Have you adopted any activities or ideas from other local offices? How did you find out about these activities?
- Knowing what you know now, what activities would you like to see made available, and for any particular groups?

10. The report from the evaluation of Year 2 of the SuppoRTT programme provided the following five recommendations:

i. Develop an updated communications plan
ii. Identify eligible trainees early to provide optimized support
iii. Ongoing work to provide high quality programme data
iv. Promote shared learning of activities which are most effective
v. Other considerations: needs of international trainees, and those retuning during Covid-19

- Have the resources from the national team been helpful in addressing these recommendations?
- How have you sought to address these recommendations within your local office?
- What actions have been taken under each recommendation?
- Would you say any of these recommendations are fully/ partially/ not implemented at this point in time?
- What needs to happen to ensure that each recommendation is fully implemented?

11. Please can you tell me about any impacts so far from **SuppoRTT champions** who are working in organisations within your area. Probe to explore:

- What activities SuppoRTT champions have been undertaking?
- How School and Trust Champions interface with each other?
- How Champions connect with each other, and share good practice?
- Are Champions engaging with trainees, wider NHS workforce and management?
- Any recommendations for the ongoing development/ future of these roles?

12. In terms of your perceptions of the SuppoRTT programme overall, to what extent would you agree or disagree with the following statements?

[Using a scale of strongly agree, agree, neither/nor, disagree, strongly disagree, don't know]. Probe after each response with "why do you say that?" and explore examples of instances where interviewee strongly agrees/ agrees.

- The reform programme is a sensible approach to addressing the strategic issues as set out in the Junior Doctors Contract and the SuppoRTT strategy and investment plan.
- SuppoRTT is a sensible approach to addressing the workforce issues as set out in the NHS People Plan
- There have been clear and proportionate communications to local offices about the SuppoRTT programme.
- It has been feasible to deliver the SuppoRTT programme in Year 3 (2020/21).
- We feel sufficiently supported in our local office to deliver on the reforms.
- NHS organisations and employers within our local area have responded appropriately to embed changes (and the programme)

For clinical fellows only (offer opportunity to discuss separately/ at end of call if preferred):

13. In terms of your perceptions of the SuppoRTT programme overall, to what extent would you agree or disagree with the following statements and could you provide us with examples?
[using a scale of strongly agree, agree, neither/nor, disagree, strongly disagree, don't know]. Probe after each response with "why do you say that?" and explore examples of instances where interviewee strongly agrees/ agrees.

- I have felt empowered to develop the evidence base for SuppoRTT.
- I have felt empowered to develop (and provide) advice and support for trainees.
- I have been able to support meaningful improvements for returners when returning to practice.
- I believe that I have brought additional value and a unique perspective to the delivery of the SuppoRTT strategy in my role as a clinical fellow.
- I have (or have had) access to appropriate resources, supervision and support to perform my role as a national clinical fellow for the SuppoRTT programme.

14. What will you take away from your year of developing/ delivering the SuppoRTT programme? Have you developed any transferable skills that you hope to take into your day-to-day role? Do you plan to continue in the role/ remain involved in the activities or engagement?

15. How do you think the impact from the clinical fellows role could be sustained going forwards?

Evaluation Area 3 – Evidence-based advice on changes required to the design, delivery or future SuppoRTT investment

16. What have been the main points of learning for you all as representatives of this local office in delivering the SuppoRTT programme so far that you would like to share? Note: probe for case study examples.

17. Thinking about the Key Performance Indicators for SuppoRTT, to what extent have these been achieved, and how could they be further advanced?

— Awareness of SuppoRTT will rise amongst groups within the healthcare system year on year (eg amongst non beneficiaries and educational supervisors, who had the lowest awareness levels in 2020 surveys)
— Perception of SuppoRTT will be positive amongst groups within the healthcare system

- Provision of SuppoRTT activities will be standardised across England and cover all specialities and reasons for absence
- Data collection will show uptake of SuppoRTT activities, allow analysis of trends, regular reports and inform business and financial planning cycles. A process of SuppoRTT co-designed from local offices to ensure one standard national process, which can be flexed according to local need Implementation of SuppoRTT will transition from project led to business as usual.'

- Going forwards are there any other areas of impact that you think are relevant to the programme and should be measured?
- Are there any other areas of impact that you can identify as requiring additional attention?

18. Following the end of the formal involvement from the national team, to what extent do you consider it feasible and likely that Local Offices will sustain the SuppoRTT network? What do you think would be helpful to sustain the network?

- How are you planning to monitor trainees taking time out and returning to training once the formal national reports are no longer a requirement?
- How will you monitor uptake going forward?

19. Have you any other suggestions that you would like to propose for:

    a. Improving the design and/or delivery of SuppoRTT?
    b. The future investment strategy for SuppoRTT (including any risks or benefits)?

Probe to explain/ justify these suggestions.

20. Is there anything else that you would like to mention that we have not covered, or any other ideas or good practice that you would like to share?

Thank you for your contribution to the evaluation today.