NHS
Health Education England

Supported Return to Training

Developing people
for health and
healthcare

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Content

Introduction from Wendy Reid

"Our doctors in training are integral to the NHS – providing expertise in huge variety of different specialties and disciplines. As a Consultant who has worked as a doctor for over 30 years, I understand the commitment and dedication it takes to complete your training. For many specialties, it can take over 10 years, without a break, to train to consultant level.

Reflecting on my own training, I know that there are a variety of reasons why a doctor might take approved time out of programme. In many cases it will also benefit their learning, for example, should they seek to develop their skills elsewhere. However, we also know that any time out may impact upon their skills, knowledge and confidence, and, naturally, many will require tailored support. This programme of work set out to establish what this need looked like and how we could support it.

During this exercise, we were keen to listen to doctors, including those currently out of training, about their experiences - good and bad. Whilst there clearly are pockets of really excellent work in some specialties and localities, we heard that the current support for trainee returners is inconsistent across England and, in some places, lacking entirely. We were also told that returning to training after time out of practice is a challenging process and that this often erodes trainees' confidence. This was the main concern of trainees and trainers, and a potential impact on patient safety was clearly an overarching priority.

HEE is the body responsible for ensuring that patients are treated by the right people in the right place, and at the right time. It would not be acceptable for us, the wider NHS, our patients, or our doctors to invest time and resources in so many doctors' training without ensuring that, where appropriate, they are able to step back onto their training pathway without unnecessary difficulty. These are highly committed, hard-working and intelligent individuals who want to get back into training, and it's right that we value and support them to restore their skills and confidence.

As an organisation, we are keen to listen to those involved in training and use our influence to improve patient experience through the care we give our healthcare professionals. That is why, through our Enhancing Junior Doctors Working Lives programme, we are committed to develop and pilot improvements to trainees' working environment, and to identify and remove any barriers to these enhancements.

At its core, this piece of work is about bringing about improvements to patient care, by better caring for our doctors. The NHS' lifeblood is its people, and we know if we are to deliver high quality, compassionate care, we must treat our own staff in accordance with these same principles. This report challenges us to bring about some major improvements in the way we approach this, especially at a local level. As always, we do not work in isolation, and system-wide participation will be crucial to the success of our proposals, particularly for embracing a change in culture to support returners. I look forward to working with colleagues internally and externally to take forward our commitments to trainee returners."

Professor Wendy Reid, Health Education England Director of Education and Quality, and Medical Director

Reflections from Dr Peter Hockey

"It has been a real privilege to Chair this exciting piece of work on behalf of HEE, and to work with a wide range of stakeholders who feel very passionately about how we support colleagues back into work after time out of clinical practice.

We have heard heart-breaking stories at times, experiences that could have been so much better with a little planning, and more importantly amazing stories of good practice and innovation. The problems around returning to training have been left unaddressed in some areas and specialties for too long – and I am very optimistic that this innovative funding and the ideas that have come from a wide variety of sources, will result in genuine improvements to the working lives of all our colleagues who take time out of clinical practice for a wide variety of reasons.

This has been a real team effort and I would like to pass on my sincere thanks to all who have participated in the creation of ideas and steering this programme to where it is today. I am optimistic that we will continue to see innovation, dissemination of good practice and a change in the culture which will be noticed by doctors returning to training after time out."

Dr Peter Hockey, Postgraduate Dean, Health Education England working across Wessex and co-chair of the Supported Return to Training Content and Delivery group.

Views from Sheona MacLeod

"In HEE we work to continuously improve the medical education and training we are responsible for.

In the last few years we have focussed both on reviewing education and training, and on the many issues in the NHS which affect the morale and well being, of doctors in training. We aim to reform the approach to training, and the culture in which doctors work and train, through a number of workstreams. This piece of work is a significant step in achieving that reform."

Professor Sheona MacLeod, Deputy Medical Director for Education Reform and Chair of Postgraduate Deans at Health Education England. Chair of COPMED.

Executive summary

Background

There are approximately 50,000 doctors in England who are currently undertaking postgraduate medical training. They are highly skilled professionals, who provide the public with expert clinical care whilst they progress through apprenticeship-style training. It can take up to 15 years from graduation, without pause, for a doctor to complete training and be entered onto the specialist register, and there are many reasons why a doctor may take time out of programme.

During the last five years, at any given time, there were approximately 5,000 – or 10% – of postgraduate doctors taking approved time out of programme.[1] This is a normal and expected part of many doctors' progression through training, and should be recognised as such.

There is robust evidence indicating that time out of practice can impact on a clinician's competence and technical skills, as well as their confidence. Targeted support may be required to help doctors get back "up to speed" when they return to training.

The 2016 Acas junior doctors' contract agreement committed Health Education England (HEE) to develop innovative, evidence-based initiatives to "remove as far as possible the disadvantage of those who take time out due to, for example, caring responsibilities."[2] The Secretary of State for Health reaffirmed this government commitment in his keynote speech to NHS Providers in November 2016.[3] The Department of Health allocated £10 million recurrent annual funding from the 2017/18 financial year to support the delivery of this commitment.

Evidence-gathering and stakeholder engagement

HEE has taken this work forward under the working title Accelerated Return to Training, and sitting within HEE's **Enhancing Junior Doctors' Working Lives** programme. Phase one of the policy project has comprised an extensive evidence-gathering process and widespread consultation with postgraduate medical trainees, individuals and organisations involved in training, employers and other expert stakeholders.

This work has been undertaken with a view that transparency and a robust evidence-base are necessary to ensuring that HEE's Return to Training investment has a meaningful and measurable positive impact, based on the priorities identified by trainees and trainers. This exercise involved an initial literature search, the establishment of a Content and Delivery Group, a scoping exercise of existing accelerated learning activities, a call for ideas, and a co-design event involving trainees, educationalists, and membership organisations.

Through the evidence-gathering exercise, HEE received strong feedback that support for trainee returners is inconsistent across location and specialty and, in some places, lacking entirely. We heard that returning to training after time out of practice is a challenging process and that the associated impact on confidence poses the main concern to trainees and trainers alike.

Respondents also emphasised that "one size does not fit all", and that high-quality support is already being provided to returners in places around the country. In particular, the Academy of Medical Royal College (AoMRC)'s Return to Practice guidance and checklists were signposted as an effective resource for trainees and their educational supervisors. A high proportion of stakeholders highlighted the value of Keeping in Touch (KIT) days, accelerated learning activities, mentorship and networked events, such as "springboard" days.

Stakeholders asserted that, as well as designated resource and structural enhancements, a cultural change is required to improve the return to training

process consistently across the country. Some medical Royal Colleges were reported to have made great progress in encouraging culture change and embedding reliable support for returners within their specialty.

The consensus from stakeholders across the board was that any national Return to Training programme should provide trainees with a bespoke, individualised package of support, and that many of the items of support already exist; however, a defined process and more centralised co-ordination would ensure better equity of access to appropriate resource for all trainee returners.

We also received a strong steer from stakeholders that the term 'accelerated' had some misleading and unhelpful connotations. **Supported Return to Training – or SuppoRTT** – was identified as a preferred programme title.

HEE's response

In response to the evidence we have received, and further feedback and discussion at our co-design event, HEE has made 10 commitments to support postgraduate trainees with their return to training, which are outlined in this report.

We propose making a resource available to all trainees who return to training to access a menu of options – such as refresher courses, coaching and supernumerary training status – to be agreed between a trainee and their educational supervisor as part of the trainee's individualised return to training package.

We will define a process to undertake before and during approved time out of programme, and during and after a trainee's return. HEE's local offices will be resourced to coordinate this process.

Culture remains a barrier to achieving necessary attitudinal changes to support a system-wide return to training process, therefore HEE will invest in the promotion of Return to Training and any necessary upskilling of Directors of Medical Education (DMEs), training programme directors, educational supervisors to ensure a reliable Return to Training process is followed.

Trainees will take a leading role in shaping HEE's Supported Return to Training (**SuppoRTT**) programme, and will be closely involved in its design, including the development of a menu of support available to returners and defining the generic and specialty-specific processes to follow. We will appoint trainee fellows to lead this process.

We will continue to evaluate and adapt HEE's **SuppoRTT** policy and processes as appropriate, to ensure that a high-quality training environment and individualised support are provided to all postgraduate medical trainees, regardless of their personal circumstances.

HEE's SuppoRTT commitments

#	Commitment
1	HEE will capture data on returners to ensure the **SuppoRTT** strategy and investment plan continues to provide individualised support for returning trainees where and when it is required.
2	HEE will ring-fence funding for activities and resources to support returning trainees, to be selected in partnership between Educational Supervisor and trainee, using a defined framework.
3	HEE will coordinate and centralise support for trainee returners to ensure a defined process and framework is followed.
4	HEE will commission training and resources for Educational Supervisors to help them support returners.
5	HEE will fund regions to deliver biannual Keeping in Touch (KIT) conferences for trainees.
6	HEE will develop metrics for monitoring delivery of **SuppoRTT** activities and interventions.
7	The **SuppoRTT** programme will collaborate with projects and programmes within HEE and the wider system, to identify and address interdependencies; raise the profile of returners' voices; and realise shared benefits.
8	HEE will formally evaluate the **SuppoRTT** programme, and implement further recommended changes on the basis of continuing evaluation.
9	Trainees will be involved throughout the design, implementation, monitoring and evaluation, and continuous improvement of the **SuppoRTT** strategy and delivery. HEE will appoint full time equivalent trainee clinical fellow posts, to conduct further investigation to develop a "menu" of bespoke return to training approaches for trainees.
10	HEE will review these commitments annually to ensure the strategy, investment plan and underpinning processes are delivering the best possible support and outcomes for returning trainees.

Background

HEE's work on enhancing junior doctors' working lives

The 2015-16 junior doctors' employment contract negotiations brought the issues and challenges experienced by doctors in training into sharp focus. In December 2015, HEE entered into parallel discussions with the British Medical Association Junior Doctors' Committee (BMA JDC) and NHS Employers to consider issues occurring beyond the scope of the contract.

As the Arm's Length Body with responsibility for education and training, HEE identified a number of important areas for improvement, that could be addressed through cross-system working and commitment to enhance working and training conditions for postgraduate trainees. This led to the establishment of the **Enhancing Junior Doctors' Working Lives** programme.

The programme involves collaboration with trainees, the BMA JDC, NHS Employers, the AoMRC, select medical Royal Colleges, and the General Medical Council (GMC). Together, we have committed to develop and pilot improvements to trainees' recruitment, deployment and working environment, and to identify and remove any barriers to these enhancements.

The first **progress report** on **Enhancing Junior Doctors' Working Lives**[4] was published in March 2017, and we are continuing to work with partners to deliver improvements. As the beneficiaries of any changes that we implement, doctors in training sit at the heart of this improvement programme. We are working with, engaging and actively listening to doctors in training to identify and address issues as they arise.

HEE is now positioning itself within the postgraduate medical education and training system to share best practice and upscale effective solutions that have a meaningful and positive impact on trainees' lives. Furthermore, we have committed to embed improvements through our Quality Strategy and Framework, recognising the experience of doctors in training as a key quality indicator.

Throughout the **Supported Return to Training** policy project, we have consistently applied the principles and approaches underpinning **Enhancing Junior Doctors' Working Lives:** actively listening to trainee voices and responding to their concerns to deliver quality, equity and transparency, and facilitating the necessary culture change for doctors in training to achieve a better work/life balance.

Junior Doctors' Contract Acas Agreement

The 18 May Advisory, Conciliation and Arbitration Service (Acas) agreement for the Junior Doctors Contract committed HEE to lead a process for developing evidence-based, innovative approaches to postgraduate trainees returning to training:

> … to remove as far as possible the disadvantage of those who take time out due to, for example, caring responsibilities. This approach would include targeted accelerated learning with the prime intention to enable the person who has taken time out to catch up. This will include access to mentorship, study leave funding and specially developed training inputs. The Secretary of State has confirmed that this enhancement will be additionally funded from outside the contract pay bill.

Acas Agreement, May 2016[5]

Funding

Since the Acas statement, the Department of Health has committed to recurrent annual funding of £10 million for HEE to deliver this programme of work from April 2017.

Postgraduate Medical Trainees Returning to Training

There are approximately 50,000 doctors in England currently undertaking postgraduate medical training. These are highly skilled professionals, who provide the public with expert clinical care whilst advancing through postgraduate curricula within an apprenticeship-style model of training. It can take over 10 years from graduation, without pause, for a doctor to complete their training and be entered onto the specialist register.

During training, there are numerous reasons why a doctor may take time out of programme. This could be due to personal reasons, such as parental leave, sickness or bereavement; to gain additional experience or training outside of the postgraduate training programme; to conduct academic research; to take a career break; or due to short-term suspension whilst under investigation*. During the last five years, at any given time, there were approximately 5,000 – or 10% – of postgraduate doctors taking approved time out from training.

* The Gold Guide outlines for circumstances by which a trainee can apply for time out of programme (OOP). These are to undertake training that is not part of the specialty programme (OOPT); to gain additional clinical experience (OOPE); to undertake a period of research (OOPR); and to take a planned career break (OOPC) – information accessed on the **COPMED website**.

Prior work and literature

Recognising that trainee returners are a diverse group – in terms of their specialty, point in training, reasons for time out and personal circumstances – and that a broad range of initiatives could be introduced to support their return, phase one of the project has set out to establish an evidence base to inform the Return to Training strategy and investment plan.

The challenges faced by returners have been well-documented by the AoMRC in their 2016 Maternity / Paternity Survey results, which revealed returners' concerns about their clinical competence, current knowledge and about colleague perceptions. Respondents reported a lack of provision of resources to support their return to work[6]. The AoMRC's Return to Practice guidance also highlighted the impact that length of time out has on the extent of a practitioner's skills fade[7]. Similarly, the GMC's skills fade review identified length of time out of training as a valid predictor of level of skills decline[8].

The project team also noted a robust evidence-base supporting the educational value of accelerated learning opportunities, such as simulation and "bootcamps"[9]. Within this context, we employed Blackmore et al.'s definition of "bootcamp" as 'a focused course designed to enhance learning, orientation, and preparation for learners entering a new clinical role. This is achieved through the use of multiple educational methods with a focus on deliberate practice with formative feedback[10].'

To build upon the existing evidence base, a Content and Delivery Group was convened in April 2017, to oversee a bootcamp scoping exercise and a call for ideas; to scrutinise findings; and make subsequent recommendations on the Return to Training strategy to take to the project assurance board.

How did we listen? Developing the evidence base

How we captured and analysed our evidence

We engaged with trainees, trainers and other key stakeholders and sought evidence in a number of ways:

- We oversaw a scoping exercise on the current provision of 'boot camps' and relevant simulation facilities in England to identify gaps in specialty training and the efficacy of 'boot camps' as a tool for accelerated learning.
- We conducted a call for ideas to identify issues, signpost existing good practice and generate innovative ideas.
- We hosted a co-design event to showcase good practice and develop the principles and approaches for the **SuppoRTT** programme. Key stakeholders and respondents to the call for ideas were invited to share stories, ideas and experiences of returning to training, to begin to shape the underpinning principles and priorities for **SuppoRTT** and to test our emergent strategy and investment plan.
- We consulted stakeholders on the appropriate terminology for accelerated learning opportunities, including the title of the project.
- We established a Content and Delivery Group to build upon the existing evidence base to oversee the bootcamp scoping exercise and a call for ideas to scrutinise findings, to make subsequent recommendations on the **SuppoRTT** strategy and to take these to the **SuppoRTT** assurance board.

Who we consulted

We sought to engage with trainees, medical Royal Colleges, the BMA JDC, trainers, educators, employers, HEE's local offices, the Leadership Academy, other Arm's Length Bodies, patient representatives and the General Medical Council.

To ensure co-production of the Supported Return to Training strategy and delivery plan across the medical education system, the Content and Delivery Group comprised representatives from HEE's local offices, BMA JDC, Joint Royal Colleges of Physicians Training Board (JRCPTB), Faculty of Medical Leadership and Management and trainees. The Content and Delivery Group benefitted from a breadth of relevant experience, including first-hand experience of returning to training as a doctor; expertise in developing professional support for trainees; implementing induction and refresher processes; improving patient safety through human factors and simulation training; and reducing differential attainment.

Findings from our call for ideas

The call for ideas ran from 26 June to 4 August 2017. The survey was distributed to trainees and employers via the HEE Deans, the BMA JDC and AoMRC. It was also cascaded to the medical Royal Colleges, research bodies, Arm's Length Bodies communications teams, the NHS Improvement and NHS England medical directors, and chief professional officers.

The call for ideas sought to establish trainees and educators' priorities for Supported Return to Training by asking the following questions:

1. a) What are the challenges faced by postgraduate trainees when they return to training?

   b) How might these challenges be mitigated?

2. What existing examples of good practice are there for supporting postgraduate trainees who return to training?

3. What other innovative ideas could you suggest for delivering improvements to the current support system/s for doctors who return to training?

The call for ideas received 116 submissions, including responses from 53 trainees, 17 consultants, 22 trainers / educators, five directors of medical education, and seven other clinical professions. HEE also received 29 organisational responses, including eight medical Royal College / college subcommittee responses.

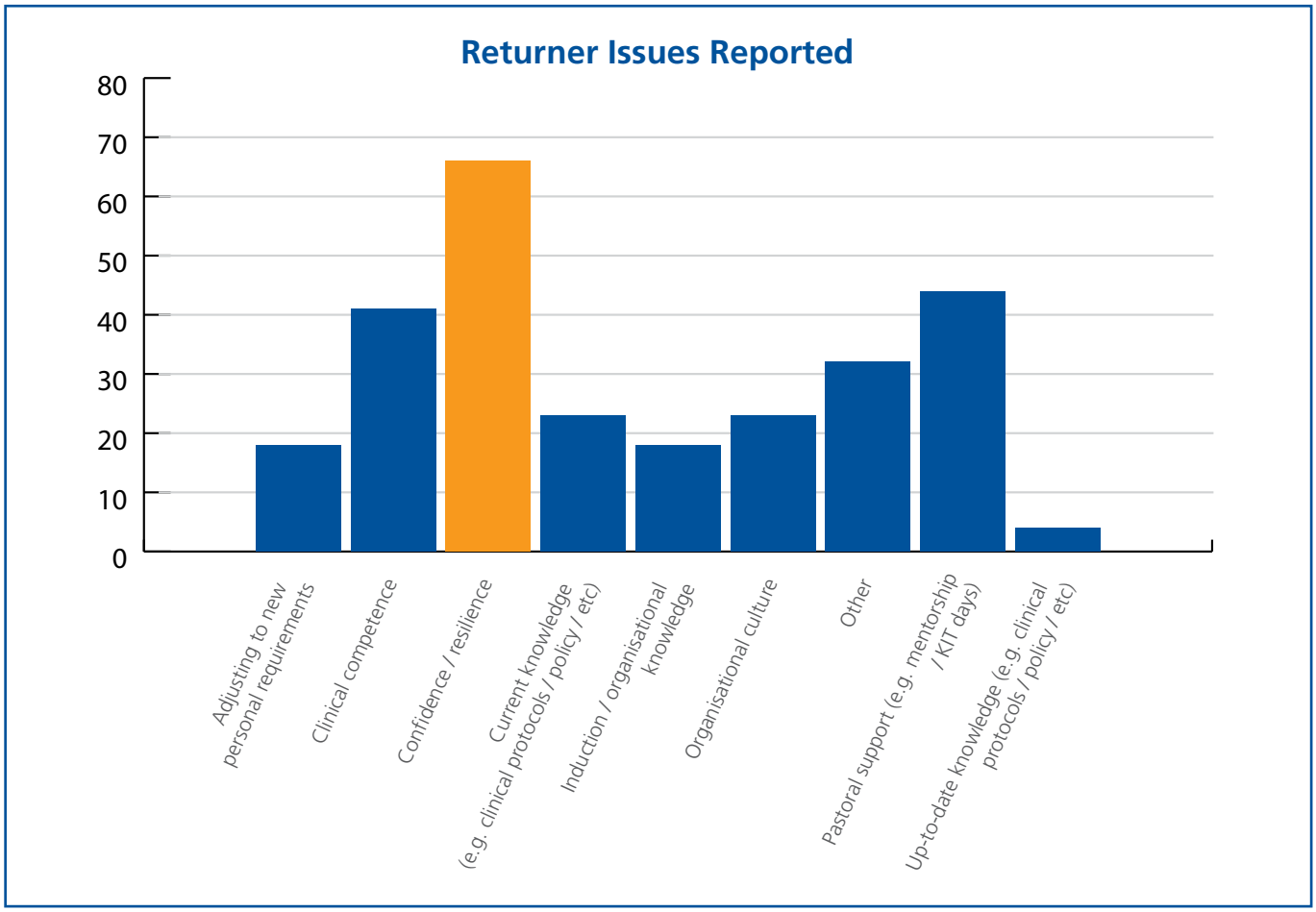
"The NHS is a very challenging environment. A period away from clinical medicine, whether OOPR, OOPC, sick leave or parental leave often results in feeling deskilled and under confident. This can affect an individual's wellbeing and ability to work as constructively as they are able"

Consultant Neurologist and Foundation Training Programme Director

Call for ideas – returner issues reported

Confidence and self-perception of capability was reported as the upmost concern for returners by a considerable margin, followed by provision of pastoral support – such as mentorship and KIT days – and actual skills fade.

Most trainees reported a lack of confidence in their clinical knowledge and technical skills when they returned to training after time out of programme. This was often compounded by a lack of familiarity with the workplace and a level of uncertainty as to what was expected of them when they first returned.



Returners wanted to perform to the best of their abilities to deliver safe and effective care, and to "pull their weight" within their clinical team. However, high-intensity activities and events, such as on-call rotas and emergencies, presented a particular challenge. One trainee described their worry that their uncertainty could impact on patient care.

Furthermore, returning to training under new personal circumstances – following sickness, parental or adoption leave for instance – could also present unexpected challenges.

Overall, we heard that many trainees lacked the confidence to assert their readiness for returning to their previous workload or to ask for help.

"After being OOP for over 3 years my confidence working in a clinical environment has reduced. I am specifically concerned about my how lack of confidence will affect my decision making, and worried that during busy on calls I will be indecisive and struggle to get things done"

Clinical Research Fellow and ST5 in Respiratory and GIM

We heard some excellent examples of tailored and accessible support being provided for returners. More often, however, trainees reported a lack of guidance on the exit and re-entry process and a lack of contact with supervisors whilst out of training. This was attributed, in part, to a decline in pastoral relationships resulting in no clear line of responsibility (who to approach to discuss Less Than Full Time training, for instance). Many reported that they had to be proactive to receive support.

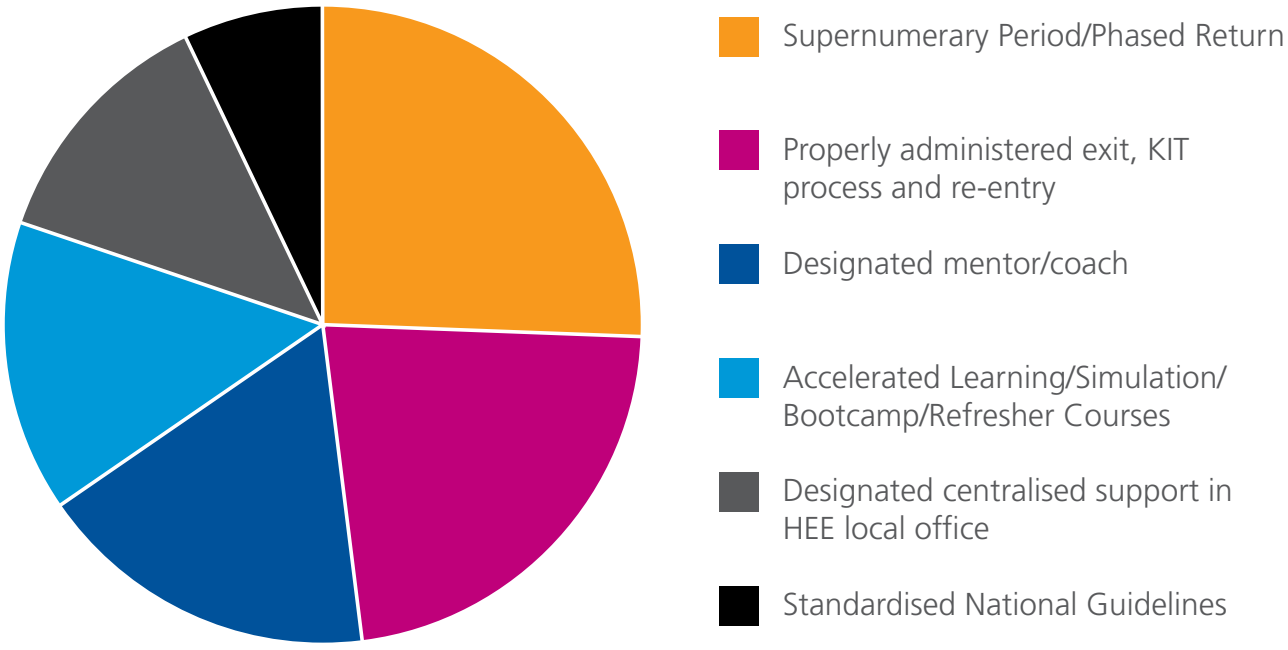
Culture was reported as a major barrier to addressing issues with trainees' return to training, as was the availability and cost of childcare. However, many respondents were keen to emphasise that one size does not fit all.

> "My experience of returning to work in a surgical specialty was that I was expected to get on as if nothing had happened, as if I had never been away for a year. I never received any advice on how to make the best use of KIT days or how to plan for a return to work"
>
> **ST8 ENT Registrar**

Call for ideas – mitigating actions to support returners

In terms of mitigating the reported issues, a supernumerary period / supervised phased return with no on-call commitments; a properly administered and joined-up exit interview, KIT process and re-entry; and access to a designated mentor or coach, were the preferred solutions.

Mitigating Actions to Support Returners



Those respondents who favoured a supernumerary period or phased return, typically described this as a short, intensive period of supervised practice, focused learning activities and direct observation of clinical activities. It was suggested that returners could carry out shared activities alongside a designated consultant. They might also pair up with a trainee of a similar, or slightly more senior grade, particularly for their first on-call rota. It was felt that a meeting with the trainee and educational supervisor would determine whether this level of intensive support was wanted or required.

Many respondents asserted that a defined exit and re-entry process with a named responsible individual was essential to a successful return to training. Typically, this would involve an exit interview, KIT days, re-entry interview and further KIT to track progress. Standardised guidance on what the process should entail, and what should be considered and discussed by the supervisor and trainee was regarded as a key enabler. We read some excellent examples of where this is already being delivered with great success – often with the AoMRC Return to Practice checklists providing a blueprint. Some of these effective solutions are described in detail later in the report.

Crucially, this defined process was described as the means for delivering more individualised, bespoke packages of support for returners. The KIT process was also regarded as an opportunity to highlight developments and changes in protocol, procedures or equipment that had been published during the trainee's absence. Respondents emphasised the need for accessibility, particularly for those with childcare responsibilities.

A number of respondents called for this process to be mandated and organised centrally, calling on HEE to develop a formal oversight function within local offices.

Designated mentorship was suggested as a proven approach for improving culture to accommodate returners. This might be a senior trainee or consultant who had benefitted from mentorship themselves and who could promote the value of these pastoral relationships. Some respondents suggested developing mentorship networks of doctors sharing similar experiences of taking time out of training for a range of reasons. It was felt that both individual and group mentorship were important.

"For some trainees, a phased return to work from maternity or other OOP leave would allow them to regain clinical confidence gradually. Several of the College members reported that a phased return to the normal level of activity over a few weeks was helpful, particularly when taking place with supportive supervisors"

Royal College of Pathologists

"Trainees need to have a structured meeting/ interview pre- and post- "break"; this can address specific domains such as clinical skills, courses, knowledge update required and if uploaded to the portfolio can provide a clear and structured approach to reintegrating into training"

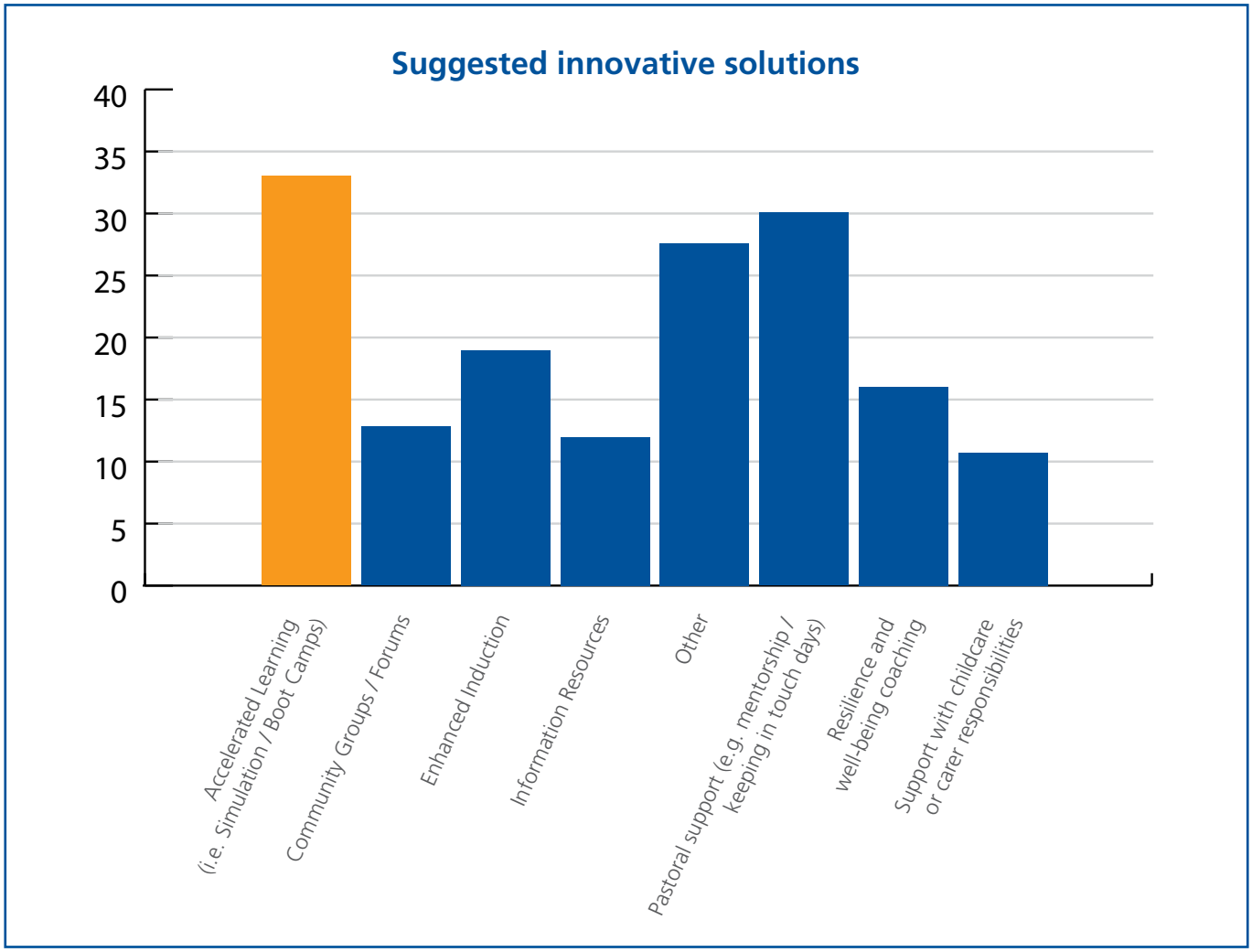
GPST2

"We need to move towards a culture where it is expected that people will have a mentor. Organisations like the Association of Anaesthetists (AAGBI) offer parent and baby rooms at conferences which can allow parents to refresh their knowledge and can be a good use of KIT days. They also offer taster mentoring sessions at conferences so both aspects can be combined"

Locum Consultant Anaesthetist

Call for ideas – innovative solutions

In terms of innovation, respondents emphasised the value of accelerated learning opportunities, such as simulation labs, "bootcamps" and refresher courses – with an emphasis on the role of technology supported solutions, such as e-Learning and podcasts.



"I just need good processes in place to provide me with the knowledge and easier access to the knowledge I need to obtain to do my job and feel confident in my knowledge and skills"

Junior Clinical Fellow in Emergency Medicine

The need for standardised guidelines, that allow for flexibility to accommodate different specialty and individual requirements, but provide a process to be followed; a menu of supported initiatives; and clarification of the responsibilities and expectations of trainee, employer and HEE local offices were also widely suggested.

Finally, KIT days also featured frequently amongst innovative solutions, with conference-style events suggested. These were described as being potential "safe places" to ask questions, discuss concerns and develop strategies alongside trainees in similar circumstances before returning to the clinical environment.

Call for ideas – existing good practice

Throughout the call for ideas, the project team received examples of high quality support for returners.

In particular, we were signposted to comprehensive packages in Anaesthetics across England, in the North-East GP training programme – where all trainees are guaranteed supernumerary status upon return to training – and in the Defence Deanery. Anaesthetic trainee returners across England are provided with a structured exit, KIT days and re-entry process; a period of supervision upon return; and an approved simulation course for Giving Anaesthesia Safely Again. The Royal College of Anaesthetists has taken a leading role in encouraging, enabling and embedding this supportive cultural practice.

"Openness, a positive approach with plenty of encouragement and easy access [ideally making it the norm] to discuss dilemmas and opportunities with trained mentors all make a difference"

Consultant Anaesthetist and elected Council member of the Association of Anaesthetists of Great Britain and Ireland

Simulation and Refresher training – Royal College of Anaesthetists - Giving Anaesthesia Safely Again

The Royal College of Anaesthetists has an established national programme called **Giving Anaesthesia Safely Again ("GasAgain")**[11].

It is an award-winning programme which is structured to provide strategies for managing a return to work. Not only are there simulation scenarios to refresh an anaesthetist's skills, but there is also a series of workshops underpinned by short relevant lectures to update clinicians on the latest in the world of anaesthesia. The course provides essential updates (i.e. resuscitation, patient safety checks) whilst giving returners the opportunity to build their confidence managing common and unusual emergency scenarios again. The course is delivered four times a year across the UK.

Respondents also signposted excellent guidelines and a checklist for informing the exit and re-entry process from the AoMRC (first published in 2012, and recently refreshed in summer 2017). These have been adopted and adapted by a number of HEE offices with considerable success.

"Junior doctors face challenges over their confidence and competence. Many supervisors are either not aware of this or unwilling to look at solutions. I feel strongly that a supportive return to work should be mandatory for all those away for more than 6 months as a patient safety matter"

Anaesthetic Consultant

Best practice examples: guidelines and checklists

Preparation for Returning to Safe Clinical Practice - Guidance for Educators and Trainees in HEE working across Thames Valley Programme[12]

In HEE's Thames Valley office, guidance has been written for both educators and trainees within the region to help them prepare for returning to clinical practice. The guidance recognises that there is anecdotal evidence to suggest that it takes three months for returners to regain a level of surgical competency after a prolonged break from clinical work. The guidance advises that it is possible to mitigate this by planning for a successful return to work and that all trainees should act on the following:

- By planning ahead to increase competence and confidence, for example attending regional specialty training days
- The AoMRC checklist should be completed by the Trainee and their Educational Supervisor before they return to work. Ideally this should be done a month before the trainee plans to return to work.

Logistical requirements should also be discussed, for instance the trainee's return to the nights or weekend rota; or if they are returning to work in an unfamiliar department, a visit the hospital or clinic beforehand is sensible, so that on the simple matters such as first day parking is not a worry.

HEE working across the East Midlands Return to Training Guidance

HEE's East Midlands office has developed guidance that outlines the individual responsibilities of the trainee, HEE, employer, supervisor and Training Programme Director in ensuring a safe return to training process. It provides a helpful explanation of terminology; types of absence requiring a Return to Training process; the key considerations that should be made to facilitate this; and a summary of good 'Return to Training' practice. The Guidance divides this process into four stages:

- pre-absence planning and absence activities;
- pre-return to training planning;
- return to training, enhanced supervision period; and
- return to training sign-off

Crucially, the East Midlands office has developed a series of forms and templates to facilitate this process.

HEE working across the West Midlands Return to Training Guidance[13]

HEE's West Midlands office has also adapted the AoMRC Guidance and checklists to support planned absences and returns to training. They have also designed a Return to Training flowsheet, to ensure that the responsible individuals can plan and prepare for each stage of the process.

Imperial College Healthcare Returning to Work after an Absence

Imperial College Health NHS Trust, in their capacity as Lead Provider, provide guidance for both trainees and consultants to facilitate the return to work process. The guidance is available regionally for all trusts and specialties affiliated with the Lead Provider. The summary guidance has been adapted from the AoMRC guidelines.

The guidance outlines the potential challenges of returning to work, and the importance of addressing these; the roles and responsibilities of the individuals involved in the return to work process; and the types of support available. Again, templates are provided to facilitate the recommended process, and encourage an individually tailored approach.

Similarly, West Midlands School of Medicine has implemented a comprehensive KIT process, and the London School of Medicine's bi-annual Springboard event for returners is hugely popular, with participating trainees reporting a significant improvement in confidence and readiness to return to training.

Enhanced KIT Days – London School of Medicine Springboard course

The London School of Medicine runs a one-day course twice a year to facilitate and support a successful return to clinical practice, named Springboard. The courses aim to help returners with their skills, provide clinical updates, peer support and distribute useful information.

An example of the programme includes:

- Bulletin updates in clinical medicine, for example concise clinical updates across key medical specialities, simulation and workshops for trainees preparing for their Consultant post.
- Interactive expert panel discuss the implications of returning to a specialty medical career after a break in training
- Lunchtime drop-in clinics on which include sessions on Less Than Full Time training; BMA advice; e-portfolios and Professional support units

In terms of mentorship and supportive peer communities, the project team heard that trainees have made great use of online forums, such as the Facebook 'Tea and Empathy' group. The Royal College of Obstetricians & Gynaecologists (RCOG) referred us to their Peer-2-Peer Directory and the North East School of Surgery reported that they have initiated a process of capturing the details of maternity leavers and holding bi-annual social events.

North East School of Surgery: peer to peer mentorship and support

The North East School of Surgery has initiated a social support network for trainees on maternity leave. This is in its early stages; however, the school has collated contact details and established a designated Facebook group for these trainees to keep in touch. The intention is to hold bi-annual informal social evenings for people to meet, discuss experiences and concerns related to their absence and return to work, and share advice.

Co-design event

> "Anecdotally many doctors return to work after a break and are expected to just pick up where they left from. They are not given additional support and may not feel able to ask. It is not always possible to use keeping in touch days as many people do not have childcare when they are off for maternity leave"
>
> **Locum consultant anaesthetist**

The project group presented the summarised findings of the call for ideas with stakeholders at a co-design event on 29 August 2017. The event had 57 attendees, including 13 trainees, 14 educators (including postgraduate deans), representatives from 10 medical Royal Colleges and faculties, three research body representatives, the BMA JDC, NHS Employers, and the Faculty of Medical Leadership & Management.

The co-design event was billed as an opportunity to share stories, ideas and experiences of returning to training; to identify and understand the themes from the call for ideas; to draw out the underpinning principles and priorities for a programme of support; and to begin to shape and test HEE's emergent strategy and delivery plan. Attendees heard presentations from 3 trainees, who shared their experiences of returning to training. In addition, they received information on the Thames Valley process for returners; the London Springboard events; the potential applications of simulation; and HEE's e-Learning for Healthcare resources.

Attendees echoed the views of the Content and Delivery Group and respondents to the call for ideas that, whilst structural changes are required, there are also major cultural barriers that must be addressed if the Return to Training strategy is to be successful. In addition, there was broad consensus that, whilst there are existing resources and interventions available to trainees, a centralised co-ordinating role would better ensure that a process is followed and that returners are aware of the support available.

The widespread consensus was that Accelerated Return to Training – the term employed throughout the evidence-gathering phase – had some misleading connotations. Some participants interpreted this as meaning that returners would have the opportunity to accelerate their progression through training, potentially benefitting from educational interventions denied to those who remained in programme, and potentially feeling pressurised to acquire skills at an accelerated rate. It was felt that **Supported Return to Training** was a more appropriate programme title. The programme title **SuppoRTT** was suggested by a trainee participant.

We also received feedback from trainees that they would benefit from access to their ePortfolio whilst out of training.

Summary of proposals

i. **Programme title**

ii. **Approach**

iii. **Resource for trainees**

iv. **A defined process**

v. **Developing a supportive culture**

vi. **Co-ordination**

vii. **Design, evaluation, monitoring and continuous improvement**

Proposals

i. Programme title

On the basis of feedback through the call for ideas, from the Content and Delivery group and Co-Design event attendees, it is proposed that the project is renamed "Supported" Return to Training, as "Accelerated" has some misleading and unhelpful connotations. The name "**SuppoRTT**" was put forward at the Co-design event. It was also agreed that HEE should start to monitor returners to help inform the development of support.

ii. Approach

The **SuppoRTT** strategy builds upon and blends existing resources and good practice, with a view to maintaining national consistency in a manner that works for the trainee and their local network.

"I'm slightly hesitant at the term of 'accelerated return to work' that is used by HEE throughout this consultation call for ideas document. When I returned to work I was stunned at the effect fatigue had on me. When you've had time off work, particularly for ill health it's amazing how long it takes to get back into the physical and mental mind-set that is required to function competently as is expected for your level of training"

Group of Anaesthetists in Training Committee on behalf of the Association of Anaesthetists of Great Britain and Ireland

Bespoke returner packages – supported return to training for GP Trainees, North East England

Any trainee in General Practice in the North East of England, who has been out of training for more than six months for any reason is offered a returning to training package. This includes:

- A meeting with a Training Programme Director to discuss the trainee's learning needs and whether a period of re-orientation to work is needed before the training clock starts ticking or not
- It is mandatory for the trainee to have a meeting with their Educational Supervisor
- When the return is to a GP practice, a bespoke re-introduction to practice package with:
  - An induction period of at least one week, during which further discussion of learning needs occurs with Clinical Supervisor. That induction period involves observing other GPs consulting with patients, and may or may not involve consulting alone with a debrief of every case
  - Phased return to consulting according to need
- During that period, if either Supervisor or Trainee decides that, on reflection, a more phased return to work is appropriate, the training clock can be stopped for up to a month. In exceptional circumstances the Head of School might agree a longer period of time.
- During that period, more specific plans are developed as the need emerges. This can be anything from an immediate return to a full workload with normal training and support to a more targeted approach to a specific need.

iii. Resource for trainees

- Co-design event attendees were supportive of providing a resource for individual trainees to procure the support they require to return to training.
- There should be a "menu" of options for trainees that can be built into a bespoke package that accommodates the individual trainee, their specialty, their circumstances and their reasons for leaving in the first place.
- A great deal of the potential options have already been developed in specialty and local areas, and local offices and specialty schools should feel confident to 'steal with pride'.
- Timely and clear communication is essential to the success of this process, as is clarity regarding the individuals involved.
- Trainee, educational supervisor, trust DME, HEE local office and specialty champions will all have a part to play in developing the individual's package. Furthermore, these individuals require clarity about their roles and responsibilities; what is expected from them; and what they should expect from others.

"For most trainees, the additional supervision required may not be much but for others the need may be greater and so personalisation is needed"

Royal College of Obstetricians and Gynaecologists National Trainees' Committee

"When I wanted to return to work, there seemed to be no-one who knew how to help. Plenty of people wanted to assist, but there was no framework set up, no-one to direct me to, and no return programme. Everything had to be found out, done, and financed by me"

ST3 in Paediatric and Perinatal Pathology

iv. A defined process

- A defined process should be followed, starting with a pre-leave meeting with the educational supervisor to go through the trainee's checklist of requirements and consider the "menu" of suitable options.
- This should be followed by a KIT process during leave, a pre-return meeting and post-return meetings both immediately upon return and at appropriate intervals during the return period (three months, six months, a year), until the trainee and educational supervisor are satisfied that the returning episode can be closed. This process should include preparation for the returner's next Annual Review of Competency Progression (ARCP).

"By having a well-structured return-to-work programme consisting of teaching, clinical and practical work in a more supported and safe environment with revising, assessing and signing off core competencies, I would be able to monitor my progress and gradually gain confidence"

Doctor returning to practice

Enhanced KIT / Refresher courses – London School of Paediatrics

The London School of Paediatrics runs a highly successful **Return to Acute Clinical Practice course**, which is open to all acute paediatric health care professionals who have taken a break from clinical practice, for any reason.

The day features high fidelity simulation sessions of common clinical scenarios, hot topics in paediatrics, and recent changes to policies and practice. The school also host participant tailored small group sessions on topics such as understanding less-than-full-time training, tips for achieving work-life balance and maintaining research momentum.

The course provides returners a safe and confidential environment to prepare to return to clinical work with advice, tips and support from the organisers and previous candidates.

"If the trainee is returning from a planned period of leave then a meeting with a Training Director, College Tutor or Educational Supervisor before commencing leave allows the trainee to be thinking about the plans for their return. This person becomes the point of contact for the trainee and returning to the same hospital that the trainee left facilitates this further.
The trainee needs to understand that the supervision is there for as long as required and that until ready there is no requirement to undertake on call commitments"

Group of Anaesthetists in Training Committee on behalf of the Association of Anaesthetists of Great Britain and Ireland

v. Developing a supportive culture

- A kind and supportive culture must underpin the return to training strategy if change is to be both effective and sustainable. An attitudinal shift in the profession is required to acknowledge that it is both fine and normal to take time out of training. Equally trainees should feel able to accept that skills-fade and an impact on confidence are to be expected, and know that they can ask for help.
- A supportive and advocative culture is the responsibility of the entire medical profession and employers. An education package for educational supervisors will be essential, as will the leading examples of the medical Royal Colleges. Furthermore, peer-to-peer support can be invaluable to facilitating cultural change. Key individuals could be further upskilled to provide additional leadership that embed and reinforce a set of national principles.

Creating a supportive and inclusive culture – East of England workshops

In the East of England we are developing a day consisting of a number of 40 – 120 minute workshops to develop personal resilience and wellbeing for trainees returning to work from OOPR, parental leave and prolonged sick leave. Workshops will focus on a range of challenges and scenarios, including:

- Loss of confidence
- Adjusting to new personal circumstances (new parent, personal ill health, etc.)
- Writing up a PhD from a clinical job
- Resilience
- LTFT training, slot shares, ARCP
- Childcare
- Combining clinical medicine with ongoing academic commitments
- Mentoring

The emphasis of these sessions is developing the skills to support a positive return to training and to enable trainees to access peer support.

The workshops will encourage diversity, inclusivity and promotion of trainees' rights. For instance, a LTFT workshop will focus on our approach to slot shares and ensuring fair access to training opportunities. The childcare workshop will enable trainees to share tips and provide each other with peer support.

Royal College of Obstetricians and Gynaecologists: peer to peer mentorship and support

The **RCOG Peer2Peer Support**[14] service is an online directory that enables members to connect with each other to aid their professional development.

The service enables members to seek guidance and support from their peers on topics such as people management, leadership, professional development and job planning. This facility is especially useful for individuals at specific career stages, including new consultants and those returning to work after a period of absence.

vi. Coordination

- HEE will take responsibility for overseeing and co-ordinating this process centrally, often through or alongside its Professional Support Units. This function must also ensure that HEE's Return to Training budget is invested effectively and appropriately to deliver meaningful improvements for returners.

> "When I was a foundation trainee, after returning from sick leave I was allocated a coach from the Professional Support Unit of the Thames Valley Deanery which was a great support for me and helped me get through my Foundation Programme. She provided me with practical solutions for any problems and also supported me to get through applications"
>
> **Doctor returning to practice**

vii. Design, evaluation, monitoring and continuous improvement

- Trainees will be involved throughout the design, implementation, monitoring and evaluation, and continuous improvement of the **SuppoRTT** strategy and delivery.
- HEE will appoint to a full time equivalent trainee clinical fellow post to each of HEE's 4 regions, to conduct further investigation and development of successful approaches. The fellow will have particular responsibility for defining the generic and specialty specific requirements that will inform the return to training process; specialty checklists; and menu of options open to trainee returners.
- HEE will commission external evaluation through a formal tendering process.
- Working with Commissioning for Quality colleagues, we will ensure that monitoring is conducted to ensure the **SuppoRTT** funding is appropriately invested and commissioned services are delivered.

> "Time spent "on the job" before return, such as keeping in touch days, can be invaluable. Working in elective theatre lists or as supernumerary doctors can reduce anxiety and provide opportunity for observation and assessment"
>
> **Royal College of Obstetricians and Gynaecologists National Trainees' Committee**

Developing an accepting and supportive culture in Anaesthesia

In addition to local KIT days and supervised in-theatre activity, there are additional resources made available by the Royal College of Anaesthetists for trainees returning to clinical practice:

- Under 'Essential Knowledge Update' the Royal College of Anaesthetists[15] has an active educational programme, including regional Core Topic Days, for all levels of anaesthetist.
- The Association of Anaesthetists of Great Britain and Northern Ireland[16] runs a one-day refresher seminar workshop to cover key topics specifically aimed at anaesthetists who are returning to work, for example providing updates on guideline changes.
- 'Giving Anaesthesia Safely Again' is a one day simulation based return to work course available nationally for trainees returning to practice after any form of career break.
- Signposts to additional resources available for trainees, such as standards that are required to be met as listed in the August 2010 CCT in Anaesthesia 'Professionalism in medical practice'.
- The Wessex School of Anaesthesia has developed and run a return to work programme for those trainee anaesthetists with no on-going health, conduct or capability issues who expect to return to practice in a short period of time.

"I personally believe that support both pastorally and clinically in the time just before going off and for a period after return is best. Contacts that have been through the process and can understand the concerns. However, the only thing that ultimately resolves the problem is time and exposure to situations"

ST5 Anaesthetist

Investment plan

The April 2017 stocktake shows 4896 trainees out of programme nationally at that time (Table 1).

OOPR	OOPT	OOPE	OOPC	Total OOP*	Maternity Leave	Long-term sick	Suspended	Other	Total
1452	358	511	313	2634	2044	188	8	22	4896

Table 1 - April 2017 HEE Out-of-Programme stocktake data

Early analysis of HEE data from the past five years shows that approximately 5,000 doctors in England return to training annually. We are liaising with workforce analysts to capture live returner figures on at least a quarterly basis, and to further differentiate into length of time out of training and type of leave. This detailed information will allow HEE to allocate resources appropriately to meet trainee requirements.

The proposal is to provide a financial resource to each HEE local office to procure bespoke support for returning to training. A national educational support fund to the value of £6,000,000 will be established and allocated to local offices in accordance with each office's total number of trainees (cross-referenced against maternity leave numbers). Trainees will agree required supportive activities with their educational supervisor from a menu of options, and this will be approved by the HEE local office lead to release funding or signpost to other organised local support.

Table 2 sets out the full proposed investment plan for financial year 2017/18. Additional funding is provided in year one to support local investment into Trusts to upskill educational supervisors and DMEs as well as to invest in simulation infrastructure. This is likely to include promotional activities by the local offices.

Evaluation and further development will be essential to the continuous improvement and ongoing success of the SuppoRTT strategy. On this basis, funding has been set aside for formal evaluation, and a partner will be appointed through a tender process. In addition, trainee fellows will be appointed to work with the national team and Local Office leads to help define the generic and specialty specific requirements that will inform the return to training process; specialty checklists; and menu of options open to trainee returners.

Table 3 sets out the proposed investment plan in recurrent years.

Investment Plan – 2017/18

Product	Unit Cost	Unit (s)	Allocated Funds
HEE Central			
Regional baseline data collection	£20,000	4	**£80,000**
Four WTE trainee fellowships (Q4 only)	£60,000	4	**£60,000**
National innovation fund for specialty-specific knowledge-based learning resources	n/a		**£500,000**
HEE Local Office			
Educational Support a) Returner Support Fund – access to supportive activities, agreed with ES (Q4 only) b) Local investment into Trusts to upskill educational supervisors and DMEs (pump-prime in year one). c) Opportunity to run Local Office 'call for bids' to support simulation infrastructure, where it is demonstrated that this will benefit future returners.	 (£10,000) (£250,000)	 (13) (13)	 £1,500,000 £130,000 £3,250,000 **£4,880,000**
SuppoRTT co-ordinating function in each Local Office (Q4 only)	£50,000	13	**£162,500**
Local bi-annual KIT Events (Q4 only)	£4,250	13	**£55,250**
	TOTAL:		**£5,737,750**

Table 2 - Investment Plan for 2017/18

Investment Plan – Recurrent Years

Product	Unit Cost	Unit (s)	Allocated Funds
HEE Central			
Formal evaluation (tender process)	£75,000	1	**£75,000**
Four WTE trainee fellowship	£60,000	4	**£240,000**
Centralised co-ordination of evaluation process, PSU network and national innovation fund	£80,000	1	**£80,000**
HEE Local Office			
Educational Support d) Returner Support Fund – access to supportive activities, agreed with ES e) Local investment into Trusts to upskill educational supervisors and DMEs. Residual funds made available to support Trust revenue costs to invest into simulation, where this has been successful.			 £6,000,000 £1,300,000 **£7,300,000**
SuppoRTT co-ordinating function in each Local Office	£50,000	13	**£650,000**
Local bi-annual KIT Events	£2,115	26	**£55,000**
Innovation Fund			
Procurement of innovative solution	TBC	n/a	**£1,600,000**
TOTAL:			**£10,000,000**

Table 3 - Investment Plan for recurrent years

Next steps

Evaluation and further development will be essential to the continuous improvement and ongoing success of HEE's return to training strategy.

On this basis, funding has been ringfenced to procure external evaluation of HEE's **SuppoRTT** strategy, investment plan and implementation processes. We will also appoint four whole time equivalent clinical fellows, who are postgraduate medical trainees, to conduct further investigation and development of successful approaches for supporting returners. The fellows will generate evidence and policy advice on subjects including defining the generic and specialty specific requirements that will inform the return to training process; specialty checklists; and developing the menu of options open to trainee returners.

Through the evidence-gathering process, we received feedback and ideas concerning processes extending across the postgraduate medical training environment. A number of issues and ideas, such as those concerning the ARCP, the role of the educational supervisor, use of the study budget and liaison with employers regarding the educational environment, are currently being addressed through HEE's wider Medical Education Reform Programme. The Lead Dean for **SuppoRTT** will therefore sit on the programme assurance board to represent the interests of returning trainees, and identify areas of mutual benefit and interdependencies across the reform programme.

The **SuppoRTT** programme will continue to liaise with trainees, membership organisations and other organisations with responsibility for education, training and the regulation of postgraduate medical trainees to identify and resolve issues with the return to training process.

References

1 4,896 at April 2017 stocktake

2 Full Acas agreement available at **http://www.acas.org.uk/media/pdf/l/p/ACAS_FINAL_AGREED_NHS_Emp_BMA_DoH_Package_180516.pdf**

3 Full text can be accessed online at **https://www.gov.uk/government/speeches/nhs-providers-annual-conference-keynote-speech**

4 Full report can be accessed at: **https://www.hee.nhs.uk/sites/default/files/documents/Enhancing%20junior%20doctors%E2%80%99%20working%20lives%20-%20a%20progress%20report_0.pdf**

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15 Royal College of Anaesthetists. Returning to work after a period of absence; accessed on 06/11/17 at **https://www.rcoa.ac.uk/system/files/ReturnToWork2015.pdf**

16 The Association of Anaesthetists of Great Britain and Ireland, Return to Work; accessed on 06/11/17 at **https://www.aagbi.org/professionals/wellbeing/return-work**

Appendix

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British Medical Association
Eudemedics: Well-being for doctors
Faculty of Medical Leadership and Management
Group of Anaesthetists in Training, on behalf of the Association of Anaesthetists of Great Britain and Ireland
Health Education England working across East of England
Health Education England working across London & South East PSU
Health Education England working across the North East
Health Education England working across the South West
Health Education England working across Thames Valley
Health Education England working across the North East School of Surgery
Heart of England Foundation Trust
London School of Medicine
London School of Surgery, Health Education England working across London and South East
Imperial College Lead Provider
InterAct
NHS Leadership Academy
North Tees and Hartlepool NHS Foundation Trust
Royal College of Anaesthetics
Royal College of Emergency Medicine
Royal College of General Practitioners
Royal College of Obstetricians and Gynaecologists
Royal College of Pathologists
Royal College of Physicians and Surgeons of Glasgow
Royal College of Radiologists
St Helens & Knowsley Lead Employer Trust
University Hospital Southampton
Women in Surgery Forum at Royal College of Surgeons of England
Wellcome Trust
Wessex School of Radiology

Organisations in attendance to Co-Design Event:

Academy of Medical Royal Colleges
British Medical Association
British Medical Association Junior Doctors' Committee
Faculty of Dental Surgery
Faculty of Intensive Care Medicine
Faculty of Medical Leadership
Genitourinary Medicine Specialist Advisory Committee Guys & St Thomas Foundation Trust
Health Education England working across North West London
Health Education England working across Yorkshire & Humber
Health Education England working across East Midlands
Health Education England working across Kent, Surrey & Sussex

Health Education England working across Thames Valley
Health Education England working across South West
Health Education England working across Wessex
InterAct Group
Leadership Academy
National Association of Clinical Tutors
National Institute for Health Research
NHS Employers
Royal College of Anaesthetists
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health Royal College of Pathologists
Royal College of Physicians of London
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons / The Joint Committee on Surgical Training
Southampton University Hospitals
University of Leicester
Wellcome

Abbreviations and initialisations

AAGBI	The Association of Anaesthetists of Great Britain & Ireland
Acas	Advisory, Conciliation and Arbitration Service
AoMRC	Academy of Medical Royal Colleges
ARCP	Annual Review of Competency Progression
BMA	British Medical Association
BMA JDC	British Medical Association Junior Doctors' Committee
DME	Director of Medical Education
ES	Educational Supervisor
GMC	General Medical Council
HEE	Health Education England
JRCPTB	Joint Royal Colleges of Physicians Training Board
KIT days	Keeping in touch days
LTFT	Less than full-time training
OOP	Out of Programme
OOPC	Out of programme career break
OOPE	Out of programme for clinical experience
OOPR	Out of programme for research
OOPT	Out of programme for approved clinical training
PSU	Professional Support Unit
RCoA	Royal College of Anaesthetists
RCOG	Royal College of Obstetricians and Gynaecologists
RTT	Return to Training
SuppoRTT	Supported Return to Training
WTE	Whole time equivalent

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