

# Supported Return to Training (SuppoRTT)

## LKSS SRTT Guidance



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## Section 1: Introduction

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Many trainees take a period of absence from training for a number of reasons which can often vary in duration. This can include; Maternity leave, Shared Parental leave, Carers leave and Sickness. It may also include a formal Out of Programme period including; Experience, Research, Training and Career Break.

In some cases, trainees who have had a prolonged period of absence have been expected to immediately return to full duties, including on-calls without a re-introduction period, which potentially has negative implications for the trainee and patient safety.

**The purpose of the Supported Return to Training Guidance (SuppoRTT) is to enhance the experience of doctors returning to clinical practice, enabling them to regain their confidence and previously required skills quickly and safely, significantly benefiting patient safety and quality of care.**

The SuppoRTT Guidance has been designed to be flexible, taking into account the differing nature and length of absence, as well as the speciality and experience of the trainee, to ensure that the individual can safely and confidently return and practice within their training programme.

## Section 2: Overview of the guidance

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The Academy of Medical Royal Colleges (AoMRC) suggests that a period of absence of 3 months or more is likely to have a significant impact on a doctor's clinical skills and knowledge. Therefore, Health Education England (HEE) **strongly advises** that trainees (Foundation to Higher Speciality) that have a period of absence of 3 months or more should adhere to the principles outlined within this guidance document and complete all attached forms.

If a trainee is absent for a period of less than 3 months it is possible that they may not trigger the return to training process. However, the trainee may still follow the processes outlined within this guidance document. It is advised that the trainee will need to discuss their needs with their appropriate Educator/Supervisor\* to determine what support they will need during their period of re-introduction.

Regardless of the reason or duration of absence, if Occupational Health involvement is required, they may stipulate that the trainee requires a phased return which could include amendments to their working pattern. Therefore, any phased return / training plans devised by Occupational Health or HR should take precedence. However, this guidance document can still be used in parallel with the trainee's phased return plan to help outline the trainee's educational needs during their return period.

The location/post in which the trainee will return to will be determined by the established process in their HEE Local Office. The placement of the trainee will be dependent on their stage of programme and the availability of posts.

If a trainee has been out of training for a period of absence of 3 months or more, they may still wish to access SuppoRTT and can do so through the same process.

It is the responsibility of **ALL** Trainees and appropriate Educators/Supervisors\* to ensure that they understand and follow the Return to Training process and documentation as outlined within this guidance document.

Additional support can be accessed via the SuppoRTT Champions in both trusts and schools, and the SuppoRTT Local Office team.

\*Appropriate Educators/Supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME) and in some circumstances a Clinical Supervisor (e.g. for GP trainees).

## Section 3: Pre-Absence Meeting

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### Planned absence

Where possible the trainee should meet their appropriate Educator/Supervisor\* at a Pre-Absence meeting before their period of absence commences to discuss how the trainee may wish to keep up to date (if appropriate for their circumstances) and any particular concerns they may have about returning.

Educators/Supervisors\* are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'planning absence' questions and actions (Appendix A) to help facilitate the discussion.

It is recommended that this meeting should take place three months prior to the start of the trainee's period of planned absence.

The trainee and appropriate Educator/Supervisor\* will complete the **Pre-Absence Form** (<https://healtheducationyh.onlinesurveys.ac.uk/supportt-preabsence-form>) detailing the discussion. A copy of this will be sent by the SuppoRTT team to the FPD or TPD\* and the medical education team at the relevant trust (with the trainees permission). The trainee is advised to upload a copy in their e-portfolio.

The appropriate Educator/Supervisor\* may also provide the trainee with a copy of their Individualised Action Planner (IAP) (Appendix C) to enable the trainee to start to identify what support they may require prior to their return.

### Unplanned absence

If the absence is unplanned (e.g. sickness, bereavement, carers leave), then this meeting can be held at a later date and does not need to be face-to-face (dependent on the trainee's circumstances).

For details on arranging Out of Programme, Less Than Full Time Training and Parental Leave remember to look at the PGMDE Support Portal and your employing organisation policies.

## Section 4: During Absence

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### During the period of absence

**ALL** (Foundation to Higher Speciality) trainees are strongly encouraged to enter the SuppoRTT programme. This incorporates having access to; clinical and non-clinical Return to Training Activities (RTT-A) and Mentorship / Coaching.

This programme has been developed to prepare, support and provide trainees with the necessary guidance prior to their return and to further support their re-introduction period, improving patient safety and quality of care.

Trainees must also expect to be contacted by their local SuppoRTT team and/or their relevant Educator/Supervisor\* during their absence to notify them of any relevant RTT-A and the need to meet to begin planning their individual return to training.

If the employer and trainee agree, then the trainee can use their Keeping in Touch (KIT) and Shared Parental Leave in Touch (SPLIT) days to attend study days, courses or team meetings. Salaries for these days will need to be discussed with the trainee's employer.

HEE recognises that trainees may also wish to attend speciality specific courses / events / meetings outside of their regional SuppoRTT programme that will aid in their return to training. There are 3 options for this:

- Access to SuppoRTT courses funded by the local office and free for trainees to attend (including the annual SuppoRTT conference).
- Funding to attend courses relevant to the return to training which are not covered by study leave (as agreed with Educators/Supervisors\*).
- Funding to attend courses relevant to the return to training which are covered by study leave, providing the trainee does not have access to a study budget during their period of absence (as agreed with Educators/Supervisors\*).

Any of these may be generic or specialty specific and clinical or non-clinical.

## Section 5: Prior to Return

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Once a timeframe for return is known then the trainee will be required to attend an **Initial Return Meeting** (<https://healtheducationyh.onlinesurveys.ac.uk/supportt-rtw-form>) with the appropriate Educator/Supervisor\*

The aim of the Initial Return Meeting is to create an individualised plan of return which will consist of identifying and discussing;

- Specific concerns
- Learning and training needs (including possible assessments or courses that the trainee should attend)
- The need for supervised clinical sessions (previously supernumerary period/ enhanced shadowing) (see section 6)

Appropriate Educators/Supervisors\* are encouraged to use the Academy of Medical Royal Collages (AoMRC) 'return to practice' questions and actions (Appendix B) to help facilitate the discussion.

The details of the meeting (educational needs, concerns, required adjustments to the trainee's working pattern) **must be noted in detail** on the Initial Return Meeting Form. The appropriate Educator/Supervisor\* should also signpost the trainee as to where they can access additional support and arrange an informal 'catch up meeting' within the first week of the trainee's return.

The trainee and Educator/Supervisor\* may also wish to make plan of action using the Individualised Action Planner (using Appendix C) and upload this to their portfolio.

The SuppoRTT team will email the appropriate TPD/ES and Medical Education department (with the trainee's permission) to inform them of the completed form. Planning any supervised clinical sessions will be done within local trusts.

It is advised that meeting this takes place **8-12 weeks** prior to the estimated date of return, allowing enough time for the return to training to be organised e.g. rota coordination.

Under exceptional circumstances it may not be possible for a trainee to adhere to the 8-12 week timeframe. It is essential that any plans for a trainee to return over a shorter period are communicated immediately to the SuppoRTT team and the trust Medical Education department, where they will endeavour to make the necessary arrangements within a suitable timeframe.



## Section 6: Supervised Clinical Sessions

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Trainees may access Supervised Clinical Sessions on their return to training. These can be used to provide the trainee with a short period on their return with adjusted duties to help them return to normal duties safely and confidently. This may be as an additional member of staff (supernumerary), with enhanced supervised practice, focused learning activities or direct observation of clinical activities. It is expected that during this time the trainee will not be required to undertake any out of hours arrangements if adequate supervision isn't available. The length of this period and activities within it will be bespoke to the trainee dependent on their needs.

**This period may not count towards training time if longer than two weeks. This should be discussed with the Training Programme Director and Programme Management Team.**

- For a period of absence that is 6 months or over, it is recommended that upon their return to training, a trainee **SHOULD** undertake supervised clinical sessions, bespoke to the needs of the trainee.

During this time work-based assessment may be performed to support the trainee's return to a normal working pattern.

Please note that actual salaries will be paid by the employing Trust. The Trust will be reimbursed by HEE in the following LDA payment, providing a valid claim form is received by the SRTT Team.

The need for a supernumerary period and length should be discussed at the **Initial Return Meeting** (<https://healtheducationyh.onlinesurveys.ac.uk/supportt-rtw-form>) approximately 8-12 weeks prior to their return. The trainee and appropriate Educator/Supervisor\* should discuss the number of supervised clinical sessions required, recommended training needs and their expected roles and responsibilities during this time. All decisions **must be detailed** within the **Initial Return Meeting** form and then communicated directly to the trust to inform rota coordination.

Near to the end of the trainee's supernumerary period the trainee and appropriate Educator/Supervisor\* will meet at a **Return Review Meeting** (<https://healtheducationyh.onlinesurveys.ac.uk/supportt-rtw-form>) to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period ([See Section 7](#)).

Once the trainee and appropriate Educator/Supervisor\* are **both** satisfied with the trainee's progress then the trainee can be signed off to return to normal duties.

**Under exceptional circumstances a period of enhanced supervision may not be necessary. Clear evidence of this must be documented on the Initial Meeting form and agreed with the FPD or TPD\*.**



## Section 7: Return Review

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Towards the end of the supervised period the trainee and appropriate Educator/Supervisor\* will meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training. If the trainee and appropriate Educator/Supervisor\* are satisfied with the trainee's progress, then the trainee can be signed off and return to normal duties.

If the trainee requires an extended return to training period, the trainee and appropriate Educator/Supervisor\* will need to arrange further **Return Review Meetings** until the trainee and the appropriate Educator/Supervisor\* agree that the trainee is ready to be signed off and can return to their normal duties.

Once the trainee has been approved to return to normal duties, they must still be encouraged to contact their appropriate Educator/Supervisor\* if they have any further concerns or would like to discuss their ongoing progress post their return.

## Section 8: The Annual Review of Competence Progression (ARCP)

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The Annual Review of Competence Progression (ARCP) will take place every year for every trainee, however, there are occasions where trainees may have more than one ARCP if they take a period of absence from their training programme.

## Section 9: Overview of SuppoRTT Process

### Prior to Absence

- It is recommended that this should take place three months prior to the start of the trainee's period of planned absence.
- If the absence is unplanned, this meeting can take place later.



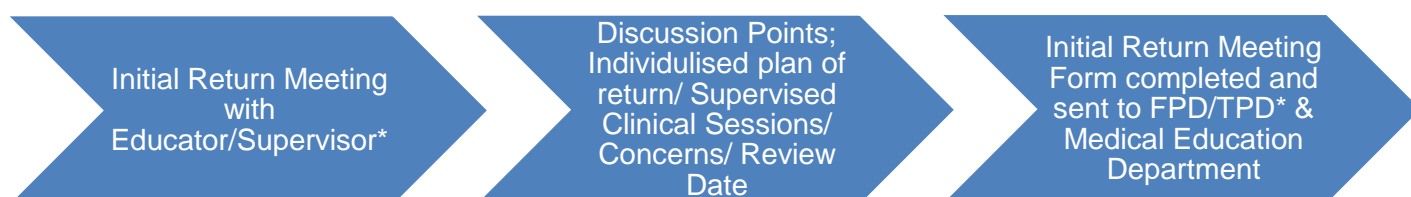
### During Absence

It is encouraged that all trainees have access to a menu of Return to Training Activities (RTT-A) either internally or externally including access to a mentor and/or a coach. Funding to attend such activities should be made available via the SuppoRTT budget.



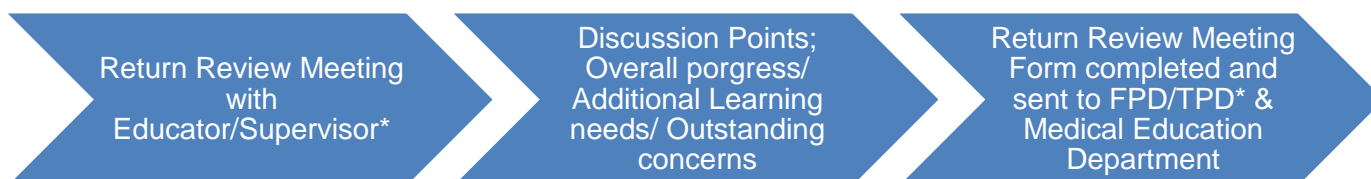
### Prior to Return

Once a timeframe for return is known then the trainee will be required to attend an **Initial Return Meeting**. It is advised that this takes place 8-12 weeks prior to the estimated date of return, allowing enough time for the return to training to be organised e.g. rota coordination.



### Return Review

Towards the end of the supervised period the trainee and ES (or relevant supervisor) will meet and discuss the trainee's progress, review assessments, address any concerns and arrange any further targeted training.



\*Appropriate educators/supervisors can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME).

## Appendix A: AoMRC Planning an Absence from Practice – Recommended Questions and Actions

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

## Appendix B: AoMRC Planning a Return from Practice – Recommended Questions and Actions

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1. Was a planning an absence checklist completed? (If so, this should be reviewed.)
2. How long has the doctor been away?
3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important)
4. How long had the doctor been practising in the role they are returning to prior to their absence?
5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?
6. How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
7. What is the doctor's full scope of practice to be (on their return)?
8. If the doctor is returning to practice but in a new role, what induction support will they require and will they require any specific support due to the fact that they have been out of practice? What can the doctor do to prepare themselves?
9. What support would the doctor find most useful in returning to practice?
10. Has the doctor had relevant contact with work and/or practice during absence e.g. 'Keep In Touch' days?
11. Have there been any changes since the doctor was last in post? For example:
  - Changes to common conditions or current patient population information
  - Significant developments or new practices within their specialty
  - The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or any mandatory training missed etc.
  - Service reconfiguration
  - Changes to procedures as a result of learning from significant events
  - Changes in management or role expectations. What time will the doctor have for patient care? Are there any teaching, research, management or leadership roles required?

## Appendix B: AoMRC Planning a Return from Practice – Recommended Questions and Actions

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12. Has the absence had any impact on the doctor's licence to practise and revalidation?  
What help might they need to fulfil the requirements for revalidation?
13. Have any new issues (negative or positive) arisen for the doctor since the doctor was last in practice which may affect the doctor's confidence or abilities?
14. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
15. If the doctor is a trainee, what are the plans for a return to learning?
16. Is the doctor having a staged return to work on the advice of Occupational Health?
17. Are there any issues regarding the doctor's next appraisal which need to be considered?  
Is the revalidation date affected? (If either applies, the Responsible Officer/ appraiser should be informed)
18. Are there other factors affecting the return to practice or does the doctor have issues to raise?
19. Is a period of observation of other doctors' practice is required and/or does the doctor need to be observed before beginning to practise independently again?
20. Is a period of observation of other doctors' practice is required and/or does the doctor need to be observed before beginning to practise independently again?

## Appendix C: Individualised Action Planner

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Trainee		Returning location		Returning department	
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Clinical	
Desired outcome	
Action	
Outcome	
Trainee comments	
Supervisor comments	

Personal & Professional Wellbeing (Resilience)	
Desired outcome	
Action	
Outcome	
Trainee comments	
Supervisor comments	

## Appendix C: Individualised Action Planner

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<b>Mentorship &amp; Coaching</b>	
<b>Desired outcome</b>	
<b>Action</b>	
<b>Outcome</b>	
<b>Trainee comments</b>	
<b>Supervisor comments</b>	



## Supported Return to Training (SuppoRTT)

National Guidance  
Adapted for LKSS

### Find out more

<https://www.lpmde.ac.uk/professional-development/inductreturnretain/rtp>