

Returning to Clinical Practice After A Planned Absence from Training

Guidance for Doctors in Training, Clinical and Educational Supervisors, Foundation Programme Directors, Training Programme Directors, and Directors of Medical Education

Introduction

Taking time out of clinical training is recognised as a normal and expected part of doctors' careers. Planned absences from training can be for a variety of reasons such as:

- Maternity/Paternity Leave
- Adoption Leave
- Out of Programme (OOP) for Research e.g. pursuing a PhD
- Out of Programme Experience e.g. Scottish Clinical Leadership Fellowship
- Out of Programme for a Career Break e.g. to pursue elite sport

Returning to clinical training after a period away can be a challenging time for both learners and educators. Trainees can feel rusty and have reduced confidence that their knowledge and skills are at the level they were prior to the absence, and trainers may not be used to supervising a trainee with these support requirements.

Good communication between employer and training team is crucial to ease the trainee back into the workplace and training and ensure clinical training is not adversely impacted. This guidance does not supersede the employer's responsibility of managing the return to work but is to ensure that the trainee's educational needs and curriculum requirements are being met.

A supported return to clinical practice needs to ensure patient safety is protected and that trainees retain the appropriate clinical competency to be responsible for care of patients appropriate to their role. It is also vital that other needs of trainees are addressed to support them in what can be an especially stressful time.

Many factors, including the length and nature of the absence, specialty, stage of training, and individual circumstances, will all influence how safely and confidently trainees can return to clinical training. This framework of a supported return to training is therefore flexible enough to take account of the needs of individual trainees on a case-by-case basis.

Absences of less than three months are unlikely to cause significant issues with returning to clinical practice but may still affect confidence and skills levels. Most doctors in these cases should be able to return to work safely and successfully, although they may occasionally require support. This guidance therefore focusses on absences of three months or more.

Overview of Process

This process should be followed for all trainees leaving clinical training for a period of more than 3 months and is optional for those returning after a shorter period away. Training Programme Directors (TPD)/ Foundation Programme Directors (FPD) have the responsibility to ensure this process is followed. However, for core & specialty trainees the process steps may be delegated to an appropriate depute e.g. an Educational Supervisor (ES). For

Foundation trainees this will not be appropriate. A Flowchart of the process can be found at the end of this document.

Pre-Absence Meeting

The trainee and their TPD/ FPD should meet before the planned absence from training. This meeting should cover:

- Estimated date of Return
- If known, placement site on return to training
- Keeping up to date during absence and whether this is possible
- Use of Keeping in Touch Days
- Trainee concerns about returning to work
- Point of contact for return – this could be the TPD/ FPD

Following this discussion, the TPD/ FPD should fill in the *Pre-Absence Form* and share this with the trainee. The form should be uploaded to the trainee's e-portfolio and sent to their training programme administrator to keep on the trainee's file.

This information will be reviewed near the time of the trainee's return to clinical practice and put in a *Transfer of Information Form*¹ to be sent to the Director of Medical Education (DME) of the trainee's returning placement Health Board.

Keeping in Touch (KIT) Days During Maternity/Adoption Leave

Trainees are entitled to 10 KIT days while on maternity leave without it affecting maternity payments. If more than 10 days are worked then it is classed as returning to work and maternity payments end. KIT days must be taken during maternity leave and not annual leave.

Days should be agreed with the Clinical Lead/Practice Manager in advance and could be for clinical experience or for attendance at an appropriate course.

Payment for KIT days depends on whether the trainee is in the paid or unpaid portion of their maternity leave. For KIT days worked whilst on paid maternity leave, trainees will either be paid for their KIT day or that week's maternity pay, whichever is the higher. KIT days in the no-pay maternity leave period are paid. To process the payment, confirmation of the KIT days worked should be sent to your employing Health Board to arrange payment. It is the responsibility of the employing Health Board to provide instructions on how to do this.

Prior to Return

A meeting between the trainee and their TPD/ FPD should be arranged 8-16 weeks prior to the trainee's return to clinical practice, with the aim of agreeing an individualised plan to enable the trainee to return to work, taking account of any concerns and learning needs. It is essential this meeting happens in good time to allow rota adjustments if required. Arranging this meeting is a shared responsibility between the trainee and TPD/ FPD.

The National Principles for returning to work should be followed, including filling in the *National Transfer of Information Form*² and sending this to the DME and Deanery.

¹ The Transfer of information form is part of the National Return to Work principles. These principles and associated forms will be available in summer 2022.

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After Return

When returning to clinical practice, Trainees may need a period of supernumerary time, direct supervision, or targeted training. The agreed plan for each trainee will be dependent on the length of trainee absence, specialty, and whether they have been able to maintain any clinical practice.

As part of the discussions about returning to work, date of return should be considered. For example, returning on Christmas Eve when staffing can be affected is unlikely to be conducive to a smooth transition back to work.

Any arrangements put in place will be for a maximum for 4 weeks. It is recommended that a further meeting between the trainee and FPD or TPD (or depute for core/ specialty) is arranged prior to any additional arrangements ending to ensure the trainee feels confident and ready to return to normal duties.

Additional Resources

Specialty Specific

There are many specialty specific guidelines and resources to aid the return to clinical practice after an absence e.g. clinical skills courses for craft specialties. An active search for these resources is recommended in advance of returning to training. Some examples are listed below.

- Obstetricians and Gynaecologists : <https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/return-work-toolkit>
- Anaesthetics: <https://www.rcoa.ac.uk/training-careers/training-anaesthesia/flexibility-training>
- Paediatrics: <https://www.oxstar.ox.ac.uk/more/return-to-training/paediatric-skills-simulation-for-returning-trainees>
<https://londonpaediatrics.co.uk/current-trainees/returning-to-clinical-practice>

Deanery Resources

Some trainees may require additional support over and above enhanced supervision. In the first instance, contact the Training Programme Administrator at the Deanery to ensure support that is required is offered. Below are links to the Professional Support, Careers, and LTFT services offered by Scotland Deanery that may be helpful for trainees requiring additional support.

- Professional Support: <https://www.scotlanddeanery.nhs.scot/trainer-information/professional-support-unit>
- Careers: <https://www.scotlanddeanery.nhs.scot/trainee-information/careers>
- Less Than Full Time: <https://www.scotlanddeanery.nhs.scot/trainee-information/less-than-full-time-training-ltft>

Return to Clinical Practice – Process Flowchart

Before Planned Absence from Training

Trainee applies for OOP/informs Deanery and TPD of planned leave starting date

Pre-Absence meeting between TPD and trainee

TPD fills in the *Pre-Absence Form*

Copy sent to Training Programme Administrator

Copy uploaded to Trainee's e-portfolio

Pre-Absence meeting should cover:

- Estimated date of Return
- If known, placement on return to training
- Keeping up to date during absence
- Use of Keeping in Touch Days
- Trainee concerns about returning to work.
- Point of contact for return

8-16 weeks Before Return to Training

Trainee or TPD initiate contact

National Standard Operating Procedure should be followed including completion of the national TOI form

Copy sent to Director of Medical Education at returning Health Board

Copy sent to Training Programme Administrator

Copy sent to Training Programme Administrator

Issues to consider:

- Place of training return
- Intention to return full-time or LTFT and discussion of process to apply
- Work done during absence and KIT days
- Concerns over returning
- Rota considerations, need for supernumerary time, especially on-call
- Review of specialty specific refresher courses/resources available
- Agreed supervision plan for return

After Return to Training (4-week period)

Any additional arrangements should be regularly reviewed by the trainee and TPD (or depute) prior to them ending. The TPD and trainee should meet to ensure the trainee is confident and ready to return to normal duties

If it is felt that additional support is required, please contact the Training Programme Administrator in the first instance.