

Return to training – summary of current situation

In the past few weeks it has been announced that Health Education England is taking forward a wide range of initiatives to tackle the non-contractual concerns that have been highlighted by junior doctors, one of these areas is return to training (RTT). HEE have responded to this by agreeing to work with the Academy of Royal Medical Colleges (AoMRC) to prepare doctors who have taken time out of programme on their return to training using mentoring, simulation training and 'boot camp'. Since the AoMRC published their Return to practice guidance in 2012 a number of guidance documents and forms have been made available by different colleges and HEE local offices. The guidance and forms all follow the main principles but are often very prescriptive to a particular specialty which could leave some specialties with a very robust process and others with much weaker RTT support for trainees. At the request of English Deans and the LTFT training forum a compare and contrast has been performed against a number of published documents to give an overview of what material is currently available.

A key to implementation of a robust process is to ensure that a robust but operationally effective process is rolled out nationally to the major stakeholders. Training programme directors, clinical and educational supervisors as well as trainees need to support and agree to the process for it to work.

If we are to meet the requirements of improving RTT for our junior doctors to ensure enhanced patient safety consideration could be given to agreeing one HEE approach.

Return to Training Documentation – Compare and Contrast

Guidance Document	Guidance Content					Form Content		
	Meeting with educational supervisor before TOOT for planned absence	Meeting with trainee 6-8 weeks before return to training	Timescales for action	Enhanced supervision on return to training	Other comments	Pre absence form	Return to training form	General Comments
AOMRC Return to Practice Guidance April 2012			<ul style="list-style-type: none"> Shorter absences: An absence of less than three months, in the view of the Return to Practice working group, appears less likely to cause significant problems, but may still affect confidence and skills levels. The majority of doctors in these cases should be able to return to work safely and successfully, they may sometimes require support. Should further research evidence on length of absence emerge at a later date, this 'cut off' of three months may need to be reviewed. Longer absences: An absence of three months or more appears more likely to significantly affect skills and knowledge. Therefore 				Uses a checklist of questions and actions to help identify issues and facilitate training	Clear guidance and good use of checklists that are simple to use and are not too prescriptive but may lack some of the detail that has been provided in college forms (hence so many other forms being created). Onus on this being the responsibility of the trainee and the employer.

			an assessment is recommended and the approach should be commensurately robust the longer the period of absence to ensure patient safety.					
JRCPTB Guidance Feb 2015	✓	✓	<p>No action is required for absences of less than 2 weeks.</p> <ul style="list-style-type: none"> Absences of 2 weeks to 3 months do not require any formal action or specific documentation but should be mentioned in the ES report. Absences from 3 to 6 months should be documented using the above forms but no specific RTP is required. Absences from 6 months to 2 years would normally require a period of enhanced supervision RTP lasting from 2-4 weeks. Absences from 2-4 years would normally attract a 4-8 week period of enhanced supervision. Longer periods of absence would require discussion between ES, TPD and the LETB/Deanery about how appropriate it is to RTP. 	✓		<p>Main fields</p> <ul style="list-style-type: none"> Trainee details Reason for absence Summary of discussion with ES How to contact whilst OOT 	<p>Main fields:</p> <ul style="list-style-type: none"> Compulsory pre return to work review details (6-8 weeks prior to return). Plan of supervised return to work period including number of assessments Evidence of how clinical practice has been maintained whilst OOT. Return review with ES including summary of discussion and additional learning needs identified Sign off for return to training by trainee and ES 	<p>Very comprehensive forms however they will take time to complete and need to be revisited 2 or 3 times. Unsure whether this process would be completed fully as so long winded. May be difficult to get supervisor buy in. Where are the forms stored when they have been completed?</p>
West Midlands Anaesthetics Return to Training Document April 2013	✓	✓	<p>Based on AoMRC guidance as absence of 3 months or more.</p> <p>Notes that A recent survey of anaesthetic trainees in the West Midlands Deanery indicated a period of absence from clinical practice of between 7 and 13 months the majority for maternity leave.</p>			<p>Pre- Absence Period (planned and unplanned) – form to be completed</p>	<p>Preparation for Return form to be completed</p> <p>Record of Re-Introduction form to be completed</p>	<p>Based on Wessex documentation</p> <p>Includes a return to training flow chart for the process based on absence planning, preparation for return and re-introduction to training</p> <p>Includes general guidance, guidance for ES and CS and guidance for trainees.</p> <p>3 forms seems a lot, duplicate some information and previous forms may get lost but they do cover the main points that need to be discussed such as any</p>

								outstanding training that needs to be picked up, KIT days, any updates that may be required, departmental induction, list of supervised sessions.
Guidance on the management of return to clinical training after extended leave SAC in Trauma and Orthopaedics August 2014	✓ It is recommended that before the initial meeting the trainee completes a self-assessment of their progress towards the certification guidelines	✓	Extended leave is defined as greater than 3 months.			Checklist for an initial meeting mirrors that of AoMRC and guidance suggests that there should also be interim meetings. Also includes a summary of certification guidelines detailing operative experience etc.	Checklist for an initial meeting mirrors that of AoMRC and guidance also suggests a progress meeting	Guidance mainly mirrors AoMRC guidance, it is understandable and would be relatively easy to implement.
North West Return to Training Guidance for O&G Trainees	✓	✓	3-6 months rapid return to practice 6-12 months will require some support >1 year will require a structured return >3 years will require significant period of supervision and assessment of progress		3 stages to the process:- <ul style="list-style-type: none"> • Planning an absence from training • During absence from training • Returning to training following a period of absence 	Basic form based on AoMRC checklist	Basic Post absence planning form based on AoMRC checklist and Confirmation of readiness to return to training after a period of absence form	Specific to O&G. Forms could be improved but provide the basic s required.
Wessex return to training policy and associated documents July 2012	✓	✓	Participation in the scheme is compulsory for absences of 3 months or more for whatever reason	✓	5 stages to the process: <ul style="list-style-type: none"> • Pre- Absence • During Absence • Prior to Return • Supervised Return Period • Review of Return Period 	Pre-absence form details personal details, dates planned for absence, reason for absence and summary of discussion with ES	Return to training form duplicates pre absence form but also adds in overview of plan to return, assessments that need to be completed and evidence of maintaining clinical practice whilst absent. Part 2 is completed after a supervised return to work and details what further learning is required and if an extension to supervised return is needed.	Clear and extensive guidance including a useful flow chart detailing the whole process. Can be used for multiple specialties but 5 separate forms to complete may be too many to be manageable.

							Part 3 is signed by trainee and ES Part 4 is a plan for extended supervised return (if required) Part 5 is the review of extended supervised return.	
HEE Return to Practice Guide for trainees in Medical Specialties	As JRCPTB	As JRCPTB	As for JRCPTB guidance		Includes guidance for trainees on <ul style="list-style-type: none"> • Revalidation and appeals • Careers • PSU • Leadership and Management • Coaching • Returning after parental leave • LTFT training Has a number of case studies	As JRCPTB	As JRCPTB	Excellent guidance aimed at trainees but could be used by ES and CS for information. Use of a flow chart gives clear guidance on when RTT process should be used. Refers to JRCPTB guidance and forms but the main guidance could be adapted for all specialties
Preparation for Returning to Safe Clinical Practice Guidance for Educators and Trainees in HEETV Programmes	✓	Not specified	The AoMRC checklist should be completed by the Trainee and their Educational Supervisor before they return to work if leave has been longer than three months in total.		Details which Trust policies must be adhered to on return to work	Uses an adapted form from AoMRC which is completed with the Educational Supervisor and asks to be returned to HEE to keep on file	Uses an adapted form from AoMRC which is completed with the Educational Supervisor and asks to be returned to HEE to keep on file	Practical guidance for ES and trainees which covers different types of long term absence and revalidation. Layout of forms could be improved.
NIMDTA Guidance for Trainees on Returning to Hospital Specialty Training after a period of absence	✓	✓	The return to training process is compulsory for absences of 3 months or more for whatever reason. There may be instances when the process may be appropriate for absences of less than three months. This	✓		Pre-absence and preparation for return checklists which are easy to complete	A return to work form which includes an initial review, return review, return to training sign off and review of extended supervised period. A flow chart is available for all stages of the process	A very comprehensive document aimed at trainees and educational supervisors. Checklists for pre-absence are simple and easy to complete, the return to work form is cumbersome (5 pages long) and may get lost in the lengthy process. Flow charts are excellent and make it very clear what needs to be done next.