

Supporting returning to work after a long career break in the East of England 2019-2020

This document sets out the strategy for doctors returning to work after a long career break within Health Education England, east of England local office.

1.0 Introduction

- 1.1 Within the east of England Region, we would like to work closely with Health Education England (HEE) and the General Medical Council (GMC) to support returning to work for doctors who have been out of clinical practice for a long period of time. We know across the country that there are tens of thousands of doctors that have been out of clinical practice for over 3 years, and that there is difficulty for them returning to the system.
- 1.2 From our own data looking at the 2015 F2 leavers, 13% did not continue in clinical medicine.
- 1.3 In light of the above, we are looking to pilot a return to practice programme within the east of England which is safe, secure and successful for would be returners, trusts and patients.
- 1.4 We hope to recruit in Autumn 2019 and will offer clinical observership, followed by enhanced shadowing and then a clinical placement from April 2020.

2.0 Post Specification

- 2.1 The posts suitable for this strategy would include orphan posts. These are posts that occur where out of sync trainees complete their training, leaving a gap in the April to August rotation.
- 2.2 These posts will be predominantly within surgery or medicine. Please be aware that community and psychiatry posts are currently excluded from the pilot. Specialty posts will be specifically scrutinized for suitability before use. A vacant core or GP slot may be considered with approval from the local trust and DME of suitability.
- 2.3 We will identify appropriate gaps via our usual recruitment processes.
- 2.4 We anticipate identifying five to ten posts across the east of England.

3.0 Trainee Specification

- 3.1 We are aiming initially to support between five and ten medical graduates who have previously had a full license to practice with no history of GMC conditions and are either currently registered, or who can demonstrate that will be able to renew their registration within the application period.
- 3.2 They must have completed F2 or equivalent training.
- 3.3 Those that have not completed F2 should apply through national process for a standalone 12-month LAT post and on receiving notice of a post in the east of England, arrange with us, Health Education England, east of England to receive the pre-return Supported Return to Training (SuppoRTT) package.
- 3.4 They should have been out training or paid clinical practice for between three to five years.
- 3.5 The UK should be their country of residence, with a right to work.
- 3.6 Initially this is open only to applicants planning to work full time for the four-month placement due to the requirement of competency sign off. After the initial pilot, we may consider extending this to LTFT training, and for longer out of training on an individual case basis.
- 3.7 The needs of any doctors requiring reasonable adjustments in the workplace will be carefully considered and whether the available placements can meet those requirements. Where required, support may be arranged via the Professional Support and Wellbeing (PSW) services.

- 3.8 Trainees requiring a more tailored approach may need to delay their return to work whilst we resource an appropriate environment.

4.0 Recruitment

- 4.1 HEE will determine a recruitment strategy that links returners to work who can live or commute into the East of England with this strategy of recruitment. Any travel or accommodation costs will be the responsibility of the returning doctors.
- 4.2 We will contact the GMC and British Medical Association (BMA) with information on our new approach in order to obtain support and seek review of the strategy.
- 4.3 We will advertise the available posts on our recruitment, foundation, trainee wellbeing and SuppoRTT pages.
- 4.4 We will use our local office TIS data to identify foundation doctors that have been out of placements for over 3 years and send a carefully worded single email to notify them of this new service.
- 4.5 Recruitment will take place in 2019, with online application, longlisting and interview.
- 4.6 A detailed application template will be designed by HEE and circulated along with the job advert.
- 4.7 The interview panel will consist of interviewers from the Foundation School, SuppoRTT staff and the Foundation Training Programme Director or a nominated deputy.

5.0 Phase 1: December to March 2019/2020 – Observation and Supervision period

5.1 Local Trust responsibility

- 5.1.1 The returning doctor will receive an honorary observer contract at the trust where they will be placed from April. This contract will include a named Trust Consultant who will act as the Educational Supervisor (ES) during the six-month period (observership, enhanced shadowing and clinical placement). The ES will act as a guide during their return to the workplace. The observership should be in the same team as the clinical placement.
- 5.1.2 The Trust will be responsible for conducting Human Resources (HR) checks.
- 5.1.3 The Trust will put in place the Observation period and Enhanced Shadowing.
- 5.1.4 The Trust will be responsible for Occupational Health referrals if required.

5.2 Professional Support and Wellbeing (PSW)

- 5.2.1 If required, successful applicants may access the services provided by the PSW.
- 5.2.2 The PSW will provide careers advice and psychological support to doctors where necessary using the already established infrastructure available.
- 5.2.3 When we have had experience with returners to practice, the PSW will link with a mentor from previous years for peer to peer support.

5.3 Work Experience

- 5.3.1 HEE would expect the returning doctor to complete a minimum of six weeks as an observer in the relevant Trust, unpaid. It is anticipated that this period will begin January 2020.

- 5.3.2 After the six-week observership, HEE will request a completed evaluation report from the ES to determine whether this period has been successful, and a recommendation made for the returning doctor to continue in the programme and be employed as a junior doctor at the Trust.
- 5.3.3 HEE offers to fund 100% of basic salary to support a two-week enhanced shadowing period in the post they will join in April. This will take place in the month preceding their post start date.
- 5.3.4 During this time the returning doctor is expected to assess their learning needs and address both knowledge and skill gaps so that their working placement is successful.
- 5.3.5 They will have the opportunity to understand Supervised Learning Experience (SLE), and practice these with team members.
- 5.3.6 The ES will discuss with the returning doctor during the observing period if there are concerns around practice, and whether the doctor can make a successful return at this time.
- 5.3.7 The returning doctor can access the national ePortfolio for Foundation doctors, HORUS.

5.4 Education

- 5.4.1 During the observation period and enhanced shadowing, doctors will be expected to undertake a series of training opportunities funded by HEE via the SuppoRTT innovation funding. Opportunities available may include:
- Advanced Life Support (approx. £400)
 - The returning doctor will have access to the script prescribing modules, e-learning for health and potentially sit the PSA
 - eLearning for Health modules (Free)
 - Hi-Fidelity simulation days X2 (£150 per day)
 - The returning doctor will have 2 half days in the clinical skills lab at their planned hospital in the observership/shadowing period to reach competency in core procedures, and those required in outcomes for graduates [£150]
 - The returning doctor will have a Virtual Reality (VR) license and access to the VR equipment (£100)
 - Attendance at a foundation careers/hub event aligned with their preferred post return specialty. (£50 total)
 - Attendance at a non-clinical foundation hub event allied to Professionalism or Quality Improvement in the NHS (Free).
 - During the programme, returning doctors will have access to all teaching/learning opportunities appropriate for a FY2 level.

5.5 Honorary Observer Contract

- 5.5.1 Medical staffing in the relevant trust will set the honorary observer agreement prior to the arrival of the return to work doctor.

6.0 Phase 2: April to August 2020 - Clinical Placement

- 6.1 The returning doctor will enter the workforce for a four-month rotation April-August in a FY2 post. During this time:
- The post and placement will be funded by the usual arrangement for that position.
 - They will continue to have the same educational and clinical supervisor.

- They will be provided with a near peer 'buddy' mentor.
- They will have access to PSW services if required.

6.2 Mentorship and Support

6.2.1 They will be provided with a near peer 'buddy' mentor from the trainees within the team.

6.3 Education

6.3.1 The returning doctor will have the same study leave and educational rights as the foundation year 2 doctors pro rata for the 4 months.

6.3.2 They may apply for a taster week in an alternative speciality, subject to rota constraints.

6.4 Training

6.4.1 At the final review, the supervisor will review competencies and if appropriate, will sign the certificate foundation competence.

<https://www.oriel.nhs.uk/Web/ResourceBank/Edit/MTA3NA%3D%3D>

6.4.2 Note that there will not be an ARCP or ARCP outcome, and this is a fixed term placement.

6.5 Management of ill health or performance

6.5.1 It is anticipated that most doctors will complete the return package.

6.5.2 Significant illness may preclude this post being able to be counted for ORIEL requirements for specialty training.

6.5.3 Doctors identified as not being clinically ready for the training attachment will have the opportunity to discuss this with their supervisor. It is anticipated that through the first four months, opportunity for remediation should be offered where suitable.

6.5.4 If it is determined that there are concerns that patient safety would be compromised, or they currently have a significant skill shortfall compared with peers, they will not proceed to the training placement.

6.5.5 There is a right to appeal this decision, and this will be brought to the Foundation School Director. However, an alternative placement in a successful appeal may not always be available.

6.6 Appeals against Educational Supervisor review outcome decision

6.6.1 If a returning doctor has reason to believe that their Educational Supervisor review outcome was reached unfairly or incorrectly, they are able to request a review of the process by which their review outcome was considered by making a written submission to Health Education England (HEE), east of England (EoE). This should include the reason(s) for his or her complaint and any evidence to support their appeal. All written submissions must be sent via email or as an attachment. This should be emailed to SuppoRTT.eoe@hee.nhs.uk and must be made within 10 working days of being notified of their outcome. Two members of the Senior Leadership Team at HEE, EoE will review the decision made, taking into account the evidence submitted and HEE EoE's Guidance for the 'Supporting returning to work after a long career break programme'. The decision following appeals is final; there is no further right of appeal.

6.7 Post placement

- 6.7.1 It is anticipated that the returning doctor will be ready for a trust grade appointment, and the careers lead at the Trust should help with the application.
- 6.7.2 They will then be in a position to apply for national recruitment, which occurs predominantly the Autumn following the successful placement, and the trust careers lead will provide assistance with this.

7.0 Timeline review

August-December	January-March	April-July
Recruitment Interview Agreement to placement	Intensive education/course support 6 weeks clinical attachment ideally during which SIM and ALS occur followed by 2 weeks enhanced shadowing prior to commencement	Four-month rotation at full time in a foundation F2 post.

8.0 Remuneration for Mentors

- 8.1 Health Education England is committed to supporting these doctors. The role of ES, which will usually be the Foundation Training Director for the Trust, will be allocated 0.25 PA for a six-month period to support the returning doctor in their Trust and act as a signpost for various supportive mechanisms available.

9.0 Funding arrangements

- 9.1 The following aspects of the programme have financial implications attached:

Item	Approx. cost per doctor
Enhanced Shadowing	£1,200
Advanced Life Support	£400
Hi-Fidelity simulation days including core procedures X2	£300
Half day clinical skills lab X2	£150
VR License	£100
Foundation Careers/hub events	£50
PSW support	Up to £1,000
Mentor PA remuneration (0.25PA for 8 months)	£1,700
Total	£4,900

- 9.2 HEE has submitted an innovation bid to the National SupportTT team in order to support this project. The total value of the bid is £50,000 to cover all financial costs.
- 9.3 The cost of this project will be linked to the SupportTT budget 2019/2020.

Document Collaboration:

- Dr Helen Johnson Foundation School Director, Health Education England, east of England
- Dr Francesca Crawley SuppoRTT lead, Health Education England, east of England
- Dr Rachel Rummery Health Education England Supported Return to Training National Fellow,
- Mrs Susan Knight, Acting Senior Business Manager, Health Education England, east of England.
- Miss Chloe Nicholson, SuppoRTT Project Officer, Health Education England, east of England.

Document History

Version	Date	Remarks
1.0	14.06.2019	First draft HJ
1.1	15.07.2019	Revision and edit CN post meeting
1.2	24/07/2019	Revision post meeting – 23/07/2019 SK, FC and CN.
1.3	24/10/2019	Amendments made

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