

What is available for trainees who are planning to 'Return to Training' (RTT) and the workplace, after a gap in their training?

Introduction

HEE are keen to improve the experience of trainees returning to work and training after a career break, maternity leave or period out of programme e.g. research. Monies, additional to the normal training agreement, are available for a wide range of possible uses to help support the return of clinical skills and confidence. The list below covers what may be available for trainees to negotiate with their TPD or Educational Supervisors with help from the HEE EM SuppoRTT team. The list has been created from a national call for ideas exercise capturing established best practice for different regions and specialties. Within HEE EM, we have funded some generic activities and given schools and Trust monies to develop these opportunities. In addition, there is some money that can be tailored for individual use. If you are planning some time away e.g. maternity leave/OOP, please meet with your ES, TPD or School RTT lead to discuss how you can plan an enjoyable and effective return. It may be helpful to know that there is money available should you need to fund travel expenses and/or childcare during update or welcome back sessions.

Staying Connected While Away

- > Trust based Keep in Touch (KIT) Days
- School based Keep in Touch Days
- Clinical and non-clinical Training Days (arranged by School)

Regaining Confidence in the Workplace

- Personal Mentoring and Personal Coaching (arranged by PSU)
- ➤ Thinking about Peak Performance (arranged by PSU)
- ➤ Having those challenging discussions (arranged by PSU)

Regaining Skills in the Workplace

- Specialty RTT Days (arranged by Postgraduate School)
- Simulation Days (arranged by Postgraduate School and Trust Director of Medical Education, DME)
- Resuscitation Scenarios (arranged by CS, ES or TPD)
- ➤ On-line Simulation Scenarios e.g. IRIS platform (arranged by School and DME)
- Clinical Skills (procedural) training (arranged by CS, ES or TPD)
- ➤ Clinical Skills (non-procedural) training (arranged by ES or TPD or Service Lead)
- ➤ Trust RTT Days (arranged by HR and DME)



Knowledge Updates

Update Meetings, Training Days and Conferences (arranged by Trainee and TPD)

Adjusting to the Workplace

- Detailed Induction and Mandatory Training
- ➤ Enhanced Supervision (2-6 weeks) with a delay in OOH independent practice
- Phased Return (this may involve an Occupational Health plan)
- Supernumerary days (arranged by SuppoRTT team HR and TPD on request)
- ► LTFT Working (arranged by TPD and APD lead for LTFT working in liaison with Trust)

Peer Support

- Buddy system within schools (arranged by TPD)
- ➤ Trainee Lead for RTT (arranged by SuppoRTT team)
- > RTT Expert/Champion within Schools (arranged by TPD)

Academic Support

- Writing Retreat to support writing up skills (arranged by SuppoRTT team)
- Planning the next steps of an academic career

Neurodiversity Support

- Exams support (arranged by TPD and PSU)
- ➤ Neurodiversity assessments (arranged by TPD and PSU)

Specific needs

- > Independent Expert Advice including Occupational Health
- > On line resources

Find out more or discuss what's available

Contact the HEE EM SuppoRTT Team co-ordinator Lynne Cooke at lynne.cooke@hee.nhs.uk Contact your Trust HR RTT Leads and Director of Medical Education

How to choose

Your school may provide an all in one RTT day. This will usually address a mixture of the clinical and knowledge requirements most trainees will have. This day combined with a comprehensive induction, a period of closer (enhanced) supervision and a short delay in



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returning to independent out of hours (00H) working will be the standard offer to most trainees.

However, some trainees will really benefit from some additional resources as listed above. If, whilst planning your return or at the point of return, it becomes clear you need additional skills training or support please talk to someone sooner rather than later.

In addition, there should be someone based in each Trust HR department who has expertise for employment aspects about the KIT days or returning to work.

The 'extra' RTT funding will probably be available to each trainee for a period up to 6 months after they return.

Terminology

Keep in Touch days

The employer (usually your last hospital Trust) provides generic sessions for staff, planning to return. These work particularly well for maternity leave.

Enhanced Supervision Period

This refers to the period of time from the first day back at work to the time when both the trainee and supervisor are satisfied that the trainee has adjusted back to the workplace and the training requirements. After short absences this may be a few days covering mandatory training etc., for longer absences this may be 2-6 weeks and include assessments and additional levels of supervision for clinical activities. All trainees returning to work should have this additional planning and support. The training 'clock' will normally start on the return to work day. Enhanced supervision provides an opportunity for you to meet regularly with your ES, in some cases your CS, to ensure you are appropriately supported and if necessary adjustments in your clinical training and service commitments can be made.

Phased Return Period

Some trainees will require a phased return to the workplace and training. This may be in a supernumerary status and or at reduced hours, with a plan to increase hours of work over a period of time. Out of hours work is introduced when the trainee and supervisors are satisfied that the trainee is ready to undertake these duties but this does not typically take more than a couple of weeks. The training 'clock' starts when the trainee is ready to undertake the requirements of training.

Shadowing and Supernumerary Days

If adjusting back to a busy or demanding post, or a new Trust, the trainee and service may benefit from SuppoRTT funding a few supernumerary days where the trainee shadows colleagues in the same role. This needs to be pre-arranged by the Trust, TPD and SuppoRTT co-ordinator.