

Preparation for Returning to Safe Clinical Practice

Guidance for Educators and Trainees in HEETV Programmes

Miss Jane Siddall, Associate Dean Educator Development

Prof Margot Gosney, Deputy Dean

January 2016



Developing people
for health and
healthcare

www.hee.nhs.uk Draft, Jan 2016

Introduction

Doctors may be absent from clinical training for a number of reasons. These include

- Capability issues
- Conduct issues
- Ill-health
- Maternity leave
- Out of Programme
 - Research
 - Training elsewhere
 - Career break
- Volunteer or charitable work overseas not recognized for training

This document describes best practice for Educators and Trainees to plan and support a safe return to the workplace for training. It does not cover the statutory employment processes around capability assessments (NCAS, GMC and remediation) or conduct (HR department of the employer).

This document does describe the process of securing Occupational Health assessments for doctors in HEETV postgraduate training programmes.

This document also includes checklists for Educators and Trainees to facilitate a safe and supported return to work.

Planning the Return to Clinical Work

Competency

Everyone has a reduction in their competence when they have been away from work, even for a short time. Accepting this is key to increasing competence and preventing it eroding confidence. Anecdotal evidence suggests that three months is the time it takes to regain a level of surgical competency after a prolonged break from clinical work. This is, of course, very individual and competency is regained in increments depending on previous experience, personal circumstance and confidence levels. (AoMRC)

It is possible to mitigate this by planning for a successful return to work

All Trainees should act on the following:

- Plan ahead to increase competence and confidence. Examples include
 - Consider attending the regional training days in your specialty, even if just for half a day. There is no requirement for trainees to do so

but as the return to work comes closer it will help to familiarise oneself with new colleagues and current clinical issues.

- Surgical trainees may want to brush up on laparoscopic skills; contact the local simulation laboratory at the John Radcliffe Hospital.

-
- The AoMRC checklist (see appendix) 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.
 - This assessment is essential to ensure that appropriate support and supervision is in place,
 - Ideally this should be done a month before the Trainee plans to return to work. The trainee should retain a copy in their portfolio, and a copy should be sent to the relevant Specialty School Manager at HEETV
 - It is advised that the Trainee discusses his/her return to the nights/ weekend rota: a first week of supervised and supported daytime shifts can be invaluable.
 - If the Trainee is returning to work in an unfamiliar department, a visit to the hospital or clinic beforehand is sensible, so that on the first day parking etc is not a worry.

Trainees who have been on sick leave must follow their employing Trust's 'return to work' assessment confirming that they are fit to return to work. Trainees who have been off sick with a condition which is , or is likely to be, chronic, or recurring, should be referred by their TPD or Head of School to Occupational Health at the OUH to provide continuous Occupational Health input during the trainee's time in a HEE TV training programme. The TPD or Head of School should contact Occupational Health and fill in the referral form sent to them.

Those who have been on maternity leave:

- Organise high quality childcare well in advance of returning to work, and book a few trial days whilst you are still on maternity leave, e.g. childcare for a few hours to attend a training day, KiT day or your 'Planning for Return' meeting with your Educational Supervisor. (See below in this section).
- Contact your employer a couple of months before you return and request childcare vouchers, which give a pre-tax saving for childcare.

Those who have been Out of Programme (OOPR, OOPT, OOPE or OOPC)

- Trainees who have been working overseas (such as with VSO International or Medecins sans Frontieres) can find it harder than

anticipated to adjust to UK practice on their return. Some may find it helpful to be referred to the HEETV Professional Support Unit for additional assistance. The BMA has a useful Q&A section on working overseas <http://www.bma.org.uk/developing-your-career/career-progression/working-abroad/returning-to-the-nhs> and the VSO has a peer group for returners to share experiences of returning to the UK.

- If you have been undertaking a research project in the UK it is quite probable that you have been working some locum shifts, and are confident that your clinical skills have not declined. However, you may be returning to an unfamiliar Trust, your Statutory and Mandatory training requirements may need refreshing, and you may be working with new systems for requesting investigations/ leave/electronic records. You are strongly advised to complete the 'return to work checklist' with your Educational Supervisor before resuming full time clinical training.

Revalidation

Doctors are required to revalidate every five years. The Responsible Officer for medical trainees is the Postgraduate Dean. The Dean has the option of making one of three recommendations about any trainee, positive, deferral or notification of non-engagement. Any of these recommendations might apply to a trainee who has had, or is on, leave, in the year they are due to revalidate. The 'test' is whether the trainee has met the requirements for revalidation, not how long they have been on leave for. Trainees and Educational Supervisors may wish to read the GMC's 2012 Revalidation Recommendation Statements paper, or visit the GMC website section on revalidation to look at case scenarios. If they require more specific information then they should contact the Revalidation team at HEETV at HETVRevalidation@thamesvalley.hee.nhs.uk

It is not only good practice, but is essential that trainees keep accurate records of their absence / leave dates etc as it is the trainees' responsibility to provide this information for revalidation, and it will also be needed for their ARCPs - especially to clarify the CCT date.

CCT dates

A CCT certificate cannot be awarded until a Trainee has satisfied all the curriculum requirements set out by the relevant Medical Royal College, and has been given an Outcome 6 ARCP form for the final year of training. Every curriculum has an indicative timescale for the typical trainee to achieve specific competencies, allowing for annual and study leave absences. All absences from training, whether sick leave (multiple odd days, weeks or months, and for any type of illness), time out of programme for research, Academic Clinical Lecturer posts or maternity leave can alter the CCT date.

From April 2013, even a single period of maternity leave for just three months will lead to a revision of date. (GMC Position Statement 'Time out of Training', Nov

2012). **Trainees who had maternity leave before this date will not have their CCT date changed retrospectively to account for prior leave.**

Top Tips to survive the first few weeks back in clinical training

- Talk to peers and seniors; let them know you have been away. Don't assume everyone knows you have been absent - with shift work in hospital and different rotations people might assume you have been working elsewhere.
- Present yourself in a positive way - you are delighted to be back (even if you don't feel it all the time) and looking forward to getting up to speed soon with their help.
- Don't be apologetic in asking for help and supervision, people respond well to positive and appropriate requests, and if they don't then seek out those who will. Most people will be flattered that you see them as an expert and therefore someone who can help you.

References

The material contained has been drawn from a variety of sources, which includes

- The AoMRC Return to Practice 2012
- The Gold Guide v 6, 2016
- GMC registration pages at www.GMC-uk.org
- GMC Position Statement, 'Time out of Training', Nov 2012
- Return to Practice Guidance, Academy of Medical Royal Colleges, 2012
- GMC Revalidation Recommendation Statements, GMC 2012
- For a clear explanation of NHS maternity leave policy including KiT days: http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity_Leave_Policy.pdf
- For BMA members, the BMA careers website has elearning modules which may be useful. The module 'How to take a career break and have a successful return to work' by Gael MacLean and Barbara Wallis (both from HETV) has been cited in this document.

Forms to complete before starting any absence of three months or longer and before return to practice.

Appendix A Planning Absence from Practice Checklist Form 1 (adapted from AoMRC form 6)

1	How long is the trainee likely to be absent?
2	Are there expected to be any significant changes to training arrangements during this period? (e.g. curriculum, eportfolio updates, equipment). Will this trainee need updating on return?
3	How long has this trainee been in postgraduate training in this field? Does this have a bearing on their needs upon return? (e.g. moving from core training to higher specialist training, or to a more senior position within the training programme).
4	Could this trainee 'Keep in Touch' through occasional supervised days in the workplace, or by attending relevant educational events? (These are voluntary: no trainee can be made to attend whilst absent. Trainees whose licence has been suspended cannot enter the workplace during their suspension)
5	Does this doctor have any additional educational goals / targets to achieve during their absence? (This may particularly apply to those who have been suspended locally through Conduct or Capability issues)
6	What sort of training support, CPD etc will need to be in place to support the doctor on their return?
7	Are there any cost issues related to the question above? (e.g. locum cover if return is to be phased?)
8	Will the doctor be able to retain their licence to practise during their absence? Will they also be able to fulfill requirements for revalidation?
9	Are there any issues which could relate to the doctor's next annual assessment (ARCP)? If so the Head of School and Postgraduate Dean should be informed by the Education Supervisor or Trainer.
10	How is the trainee going to plan their return to a learning environment whilst away?

Signature trainee

Date

Signature of ES or Trainer

Date

One copy should be retained by the trainee, a second copy should be filed in the Deanery file for the trainee, so should be sent to the relevant Programme Manager.

Appendix B Planning Return to Practice form 2 (adapted from AoMRC form 7)

The trainee should bring their copy of Form 1(above) to the meeting

1	How long has the trainee been absent?
2	Has the absence been longer than had been expected? (This may be especially relevant if the original absence had been unplanned)
3	How long had this trainee been practising before the absence?
4	What responsibilities does the trainee have in the role to which they are returning? Are these different to those before absence? Are any new or more onerous?
5	How does the trainee feel about their confidence? How do they feel about their skill set (not just technical abilities)
6	What support has the trainee identified as likely to be helpful on their return?
7	Has the trainee had any 'Keeping in Touch' (KIT) opportunities during their absence?
8	Have there been any major changes since the trainee to leave of absence? (e.g. New equipment, new responsibilities, new treatments, new clinical guidance/ pathways etc.)
9	Has the absence had an impact on the trainee's ability to gather evidence to support revalidation?
10	Are there any new issues (personal or professional) which have arisen whilst the trainee has been away which may impact (positively or negatively) on confidence or ability?
11	Has the trainee undertaken any relevant learning or development whilst absent (Can apply to any trainee, but particularly those with Conduct or Capability issues contributing to, or causing, absence)
12	Has Occupational Health recommended that this trainee needs a phased return to work? Are there limitations about shift patterns especially nights?
13	Are there any issues which need to be raised with the Head of School or Postgraduate Dean around the trainee's next ARCP?
14	Will this trainee require a period of observation of others' practice before they return to work?
15	Will this trainee require direct supervision / additional support on return. Does this have an additional staffing or cost implication?

Signature trainee

Date

Signature of ES or Trainer

Date

One copy should be retained by the trainee, a second copy should be filed in the Deanery file for the trainee, so should be sent to the relevant Specialty School Manager.