

## North West School of Psychiatry: Return to Training Guidance

### Introduction

The North West School of Psychiatry is committed to supporting a high quality learning environment for all psychiatry doctors in training, regardless of their personal circumstances. This return to training guidance outlines how we will deliver support to trainees who return to training after approved time out. This incorporates their return to learning, as well as their return to clinical practice. This guidance applies to all psychiatry trainees who are out of practice for 3 months or more.

This policy is based on the Academy of Medical Royal Colleges' *Return to Practice Guidance (2017 revision)*.

### Background

#### **Common reasons why doctors may choose to take a break from training:**

- Career break
- To develop their skills elsewhere
- Maternity/paternity leave
- Sick leave
- Stress/burnout
- Volunteering
- Research

#### **Main challenges for doctors returning to training:**

- Absence can have a negative impact on skills and knowledge
- Reduced confidence in professional ability
- Both of the above can have an impact on patient safety

#### **This *Return to Training Guidance* aims to provide:**

- Consistency in relevant processes across the region
- Individualised support to meet the needs of each trainee
- Assurance of patient safety by ensuring that our trainee doctors are best equipped to return to practice
- The support of skills and confidence in our psychiatry doctors in training

### Who is this guidance for?

- All **psychiatry trainee doctors** returning to work in the North West Health Education footprint who:
  - a) have been absent for three months or longer. (This includes all cases where the licence to practise has been surrendered and then restored by the GMC.)
  - b) are returning to the same clinical area as previously practiced, following an absence for any reason (including those returning to their usual practice after working in a different area of clinical practice).

It is the professional duty of the doctor to ensure that they are up-to-date, competent and safe to return to practice. Doctors must seek to identify and address issues arising from absence and help to set in place the necessary processes to support them in updating their skills and knowledge.

- **Clinical and Educational Supervisors**

Clinical and Educational Supervisors should work together to identify issues affecting their returning trainee doctor and ensure that the correct processes are being followed. Review meetings with the trainee should be led by the trainee's Clinical Supervisor, as their line manager, but details of the meeting should be shared with the Educational Supervisor in order that they can support the trainee's educational needs. In some cases, it may be more appropriate for the Educational Supervisor to lead these review meetings instead of the Clinical Supervisor.

- **Training Programme Directors**

TPDs need to be made aware of any doctors on their training programme who are out of training for a period of 3 months or more. They are also responsible for meeting with and supporting the trainee where appropriate.

## Planning a Return to Work

For guidance on reporting and/or managing a trainee's absence, please refer to the Lead Employer's *Attendance Management Policy and Procedure*:

<https://sharedservices.sthk.nhs.uk/lead-employer/policies-and-forms/>

The following steps must be conducted in line with the Lead Employer's HR procedures.

The following steps also need documenting on the trainee's portfolio.

- 1) **Prior to long-term absence:** A meeting between the trainee and their supervisor to discuss the planned absence, where possible. (Please see appendix 1, 'Planning an absence checklist')
- 2) **During absence:** Keeping In Touch (KIT) days and study days. Depending on the nature of the absence, the trainee may wish to attend study days and courses where possible/appropriate. The trainee should contact the relevant parties to ensure that they are kept on the circulation list(s) to be notified of relevant dates.
- 3) **Planning a return to work** meeting and action plan between the trainee and their supervisor. (Please see appendix 2, 'Planning a return to work checklist' and appendix 3, 'Developing a return to work action plan')
- 4) **Post-absence review** and completion of readiness to return form (please see appendix 4, 'Confirmation of readiness to return to work after period of absence form')

The following appendices are designed to help make review meetings between the trainee and their trainer as constructive as possible.\* Please be aware that these forms should **not** be used to document any confidential medical or other sensitive information relating to the trainee's period of absence. These forms must be uploaded to the trainee's portfolio online and a copy should also be sent to the relevant TPD, as well as to [psychiatry.nw@hee.nhs.uk](mailto:psychiatry.nw@hee.nhs.uk) to be added to the trainee's file (for ARCP purposes).

\*Please feel free to use other similar templates (e.g. from your trust) if more appropriate.

**APPENDIX 1: Planning an absence checklist**

For planned leave, the trainee should arrange to meet with their supervisor to discuss and complete the following form, prior to their period of absence. This checklist aims to help with the identification of issues and facilitate support planning. The completed form should be uploaded to the trainee's portfolio, sent to the relevant Training Programme Director (TPD) and sent to [psychiatry.nw@hee.nhs.uk](mailto:psychiatry.nw@hee.nhs.uk) for ARCP purposes.

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**Name of trainee:**.....

**Date of meeting:**.....

1. How long is the trainee expected to be absent? (Is there any likelihood of an extension to this?)
  
2. Which stage of training are they at currently?
  
3. Has the trainee notified the relevant parties of their planned absence?
  
4. Has the Lead Employer's *Attendance Management Policy and Procedure* been followed?
  
5. Please detail any **academic** training that the individual will miss during their absence:

How will the individual catch up on this learning?

6. Will the trainee be able to participate in any other CPD or e-learning (if appropriate) to keep up-to-date during their absence?
  
  
  
  
  
  
  
  
  
  
7. Will the trainee be able to participate in any keep in touch (KIT) days or other means of keeping in touch with the workplace? If so, how will this be organised? (This should also address how KIT days will be organised if the returner is returning to a different Trust.)
  
  
  
  
  
  
  
  
  
  
8. Does the trainee have any additional educational goals, during their absence?
  
  
  
  
  
  
  
  
  
  
9. Will the trainee retain their licence to practise during their absence?  
(Please see here for guidance: <https://www.bma.org.uk/advice/career/going-abroad/volunteering-abroad/gmc-guidance>)
  
  
  
  
  
  
  
  
  
  
10. Is there any other support that will be needed on the trainee's return to practice that should be considered at this stage?

**Signatures**

Trainee Doctor ..... Date .....

Trainer ..... Date .....

**APPENDIX 2: Planning a return to work checklist**

This is an initial evaluation of the individual doctor’s needs which should be conducted shortly before their return to work, using the checklist below.

There should be timelines agreed for the completion of any support or training and the evaluations that are necessary.

A copy of the completed form should be uploaded to the trainee’s portfolio, sent to the relevant Training Programme Director (TPD) and sent to [psychiatry.nw@hee.nhs.uk](mailto:psychiatry.nw@hee.nhs.uk) for ARCP purposes.

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**Name of trainee:**.....

**Date of meeting:**.....

1. Was a ‘planning an absence checklist’ completed? (If so, this should be reviewed.)
  
2. How long has the doctor been absent?
  
3. What level of training is the doctor returning to and how long had they been practising in that role prior to absence?
  
4. What responsibilities does the doctor have in the post to which they are returning? In particular, are there any new responsibilities?
  
5. How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
  
6. If the doctor is returning to practice in a **new role**, what induction support will they require and will they require any specific support due to the fact that they have been out of practice? What can the doctor do to prepare themselves?

7. Has the doctor had any relevant contact with work and/or practice during their absence (e.g. KIT days)?

8. Have there been any changes since the doctor was last in post?

For example:

- New equipment, medication, health and safety, quality assurance, other new procedures, NICE guidance etc.
- Changes to common conditions or current patient population information
- Significant developments or new practices within their specialty
- Service reconfiguration
- Changes to procedures as a result of learning from significant events
- Changes in management or role expectations.

9. Has the absence had any impact on the doctor's license to practise?

10. Any **new** issues (negative or positive) to take into account which may affect how the trainee is going to return to practice? (e.g. childcare, LTFT, research, caring for a family member)

11. Has the trainee kept up with any CPD activity while they have been away?

12. What are the plans for the trainee to return to their training? (Will they be returning to work only, or to work and training?)

13. Is the doctor having a staged return to work, on the advice of Occupational Health?

14. Is a period of observation/shadowing of other doctors' practice required, before the trainee begins to practise independently again?

If yes, are there any assessments required during this period?

15. Does the trainee have any other issues or concerns that they would like to raise?

**Signatures:**

Trainee ..... Date .....

Trainer ..... Date .....



### APPENDIX 3: Development of a return to work action plan

In formulating the action plan, the following should be included for consideration:

- The trainee's learning needs based upon the answers to the 'planning an absence' and the 'planning a return to work' checklists
- How and when it will be assessed whether the learning needs have been met
- Which **new** learning is necessary to help improve patient care
- How this learning will fit in to the doctor's job plan

Possible actions to assist the trainee in safely returning to practice:

- The trainee should list any plans for education on returning to practice or any CPD that can be taken soon after their return.
- Ensure that, where possible, the first patient list(s) is/are straightforward and that additional support is available. The longer the doctor has been absent, the longer this support may be necessary.
- Ensure that enough time is allowed when first returning to work for discussions with colleagues and managers to respond and assist where necessary. It is likely more time will be needed for those doctors who have been absent longer.

Other important methods to consider using:

- Arranging for periods of observation of the doctor
- Professional development (e.g. Essential Knowledge Update, or refresher courses where they exist)
- Setting up formal or informal mentoring arrangements
- A phased or staged return to work
- Flexible hours or other flexible arrangements that may be necessary.

In drawing up this plan, targets should be realistic and dates should be set for its review.

**APPENDIX 4: Confirmation of readiness to return to training**

Once both the trainee and their trainer are satisfied that the trainee is ready to return to their full duties (even if this is on a less-than-full time basis), this confirmation form should be completed. A copy of the completed form should be uploaded to the trainee’s portfolio, sent to the relevant Training Programme Director (TPD) and sent to [psychiatry.nw@hee.nhs.uk](mailto:psychiatry.nw@hee.nhs.uk) for ARCP purposes.

The trainee can check their expected level of competence using the curriculum available on the Royal College of Psychiatrists website:

<https://www.rcpsych.ac.uk/trainingspsychiatry/curriculaandguidance.aspx>

**Confirmation of Readiness to Return to Work after Period of Absence**

Trainee’s Name:		
Position:		GMC No.:
Place of work before absence:		
Date of return:		
Period of Absence:	From:	To:
Reason for Absence:		
Place of work on return:		
Intention to return to training: Full time      LTFT		
Training undertaken during period of leave (e.g. induction, courses, Keeping in touch days etc.)		
End of return to work programme comments (including number of WBA’s completed)		

**Confirmation by returning trainee**

I feel confident in all respects to recommence full duties on: (date)		
Signed:	Printed:	Date:
<b>Confirmation by trainer</b>		
Signed:	Printed:	Date:

### **Further resources**

Health Education England, *Supported Return to Training* report:

<https://www.hee.nhs.uk/sites/default/files/documents/Supported%20Return%20to%20Training.pdf>

Academy of Medical Royal College, *Return to Practice* guidance: [http://aomrc.org.uk/wp-content/uploads/2016/06/Return\\_to\\_practice\\_0412.pdf](http://aomrc.org.uk/wp-content/uploads/2016/06/Return_to_practice_0412.pdf)

Royal College of Psychiatrists, guidance on time out of training:

<https://www.rcpsych.ac.uk/traininpsychiatry/yourtraining/timeoutfromtraining.aspx>

Royal College of Psychiatrists, advice on preparing to return to work after a period of mental ill health:

<https://www.rcpsych.ac.uk/usefulresources/workandmentalhealth/worker/preparingtoreturntowork.aspx>

Royal College of Psychiatrists, preparing for the return of your employee after a period of mental ill health:

<https://www.rcpsych.ac.uk/usefulresources/workandmentalhealth/employer/preparinganemployeeresreturn.aspx> )

GMC, Out of Programme guidance: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme>