

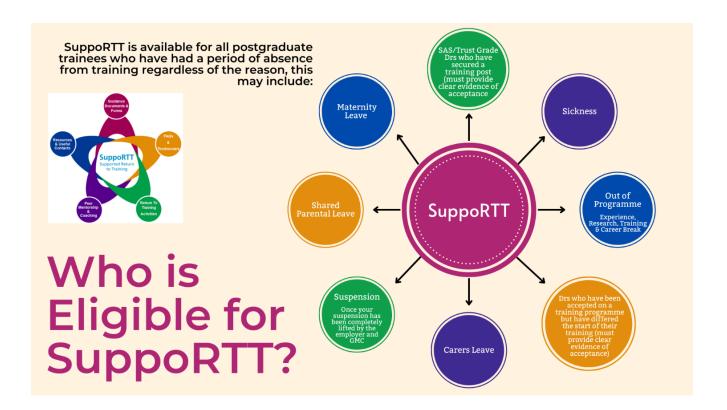


Kent Surrey and Sussex Deanery

# A Reference Guide for Medical Trainees, Educational Supervisors and TPDs in the Medical Specialties, KSS.

Version 1 August 2023 (Review August 2024) Author: Dr Viral Patel, KSS School Lead for SRTT in the Medical Specialities Many trainees take a period of sustained absence from training for a number of reasons, and of varying durations, such as for parental leave, carer's leave and sickness or a formal 'out of programme' period.

The KSS Supported Return to Training (SuppoRTT or SRTT) programme aims to enhance the experience of doctors returning to clinical practice, enabling them to regain their confidence and previously required skills, quickly and safely, significantly benefiting patient safety and quality of care. The programme applies to all trainees absent for three months or more, regardless of the reason. Those absent for a shorter period may also opt in.



The SRTT programme aims to provide a bespoke, flexible and individualised package for each returning trainee using the following principles;

- A structured process for planning absence and return to training, whilst maintaining contact during the period of leave.
- An individualised return-to-training package, agreed between a trainee and their educational supervisor. A successful return is dependent on good engagement and planning between trainee and supervisor, in advance of each stage.
- Training plans devised by Occupational Health or HR should take precedence, but SRTT can run in parallel as additional support.
- 3 key phases apply to the SRTT:
- 1) Pre-absence planning
- 2) Intra-absence contact and
- 3) Pre-return planning.

## **STEP BY STEP GUIDE TO LEAVING AND RETURNING TO TRAINING**

## **1. BEFORE YOU LEAVE CHECKLIST**

Arrange a SuppoRTT meeting with your TPD/College Tutor to discuss:	$\bigcirc$
<ul> <li>Motivations and aims for leave or intention to train LTFT if applicable</li> </ul>	Ŭ
<ul> <li>Intended return date, what factors may influence this and ways to keep in touch</li> </ul>	
<ul> <li>Impact on subsequent rotations/placements</li> </ul>	
<ul> <li>Confirm the arrangements for your next ARCP</li> </ul>	
Complete the Pre-absence SuppoRTT plan form	$\bigcirc$
<ul> <li>Fill in a pre-absence SuppoRTT form after your discussion with the TPD and Educational</li> </ul>	$\smile$
Supervisor and upload it to your e-portfolio.	
Pre-absence Form	
Update your e-Portfolio & prepare for your next ARCP	$\cap$
• Complete an MSF/360° and an end of post educational/clinical supervisor report before you	$\cup$
leave if it will be required at your next ARCP	
• Consider arranging an ad hoc ARCP before you leave, especially if you think you have enough	
evidence to complete your current training level	
• If you are going on maternity leave your ARCP will be done 'in absentia' but you can attend if you	
feel this will be beneficial	
<ul> <li>If you are going out of programme, then you will still have to complete and submit ARCP</li> </ul>	
paperwork at the usual time	
<ul> <li>Decide if you want to be able to access your e-portfolio while on leave as your college may offer</li> </ul>	
a discount on fees, subject to whether you still require e-portfolio access. Think about how you	
can electronically log learning events so you can easily transfer them after your return.	
• Complete, defer or handover any outstanding projects at work	
Inform relevant people of your intention to take leave. You will need to inform the following	$\bigcirc$
people, in writing, of your leave date, the circumstances of your leave (if appropriate) & your	$\smile$
provisional return date:	
<ul> <li>The Programme Management team at HEE (email: srtt.lase@hee.nhs.uk), the Trust you are</li> </ul>	
currently working at, your Specialty School TPD or Head of School & Educational Supervisor	
• If you are taking parental leave, there may also be specific deadlines for informing your Trust	
relating to eligibility for related parental pay	
Review any courses that may need renewal before your return	$\bigcirc$
• Can you renew before your leave, or could you complete just before you are due to return?	$\smile$
Consider what funding you will have available at these times to help you decide. See also 'funding	
guidance' Section 5 for further information.	
Consider your finances	$\bigcirc$
<ul> <li>Consider the impact of leave on your pension and national insurance contributions</li> </ul>	$\smile$
<ul> <li>If you are on maternity leave, your yearly pay increment should be honoured</li> </ul>	
<ul> <li>Some organisations may offer a reduction or pause in fees for those on leave e.g., MPS/MDU,</li> </ul>	
GMC, Royal Colleges	
<ul> <li>You may be entitled to financial support from the government depending on your personal</li> </ul>	
circumstances, check at <u>www.gov.uk</u> .	
<ul> <li>Obtain copies of relevant policies related to parental leave/pay and sick leave/pay, and agree</li> </ul>	4
details of leave/pay, in writing, for future reference	
details of leave/pay, in writing, for future reference Access additional support, if needed	$\bigcirc$
	0

## 2. DURING YOUR LEAVE AND STAYING IN CONTACT

### A. Keeping up to date

The following are just a few thoughts to consider:

• Understand the purpose of your leave and what you hope to gain from your time away. It is perfectly acceptable to detach completely from your clinical training if this is the right thing for you.

• Accept that you will lose some clinical skills but have faith that you will regain these when the time comes, especially if you engage with the return-to-work resources available to you.

• Don't feel guilty about taking time out, instead embrace your time out and appreciate the transferable skills you are undoubtedly acquiring. Your time is precious, so any learning you do, should be meaningful and intentional and bring you closer to achieving your unique goals.

• Only take on projects that really spark your interests, this intrinsic motivation will help you get the project finished. You can say 'No' without saying 'No' and people will appreciate your honesty ('Thank you for thinking of me but I can't commit to this at the moment').

• If you do want to devote some time to your professional development, it may be more favourable to develop your non-clinical skills such as leadership, management, teaching, or mentoring, which may have been difficult to fit in when you had clinical commitments.

• Clinical skills and knowledge are easy to forget when you are not applying them in practice, so think about the right time to undertake these activities (nearer your return is ideal) and/or choose activities that promote deep learning rather than superficial learning, so they are more likely to stick.

• Be realistic about the time you have available and don't take too much on; it's often better to concentrate on one thing at a time.

• Time out can be a time for significant growth, particularly if the circumstances which led to your leave were difficult; reflect on this and don't be afraid to share what you have learnt with others when you return.

### **B. Keeping in contact**

• How much you keep in contact with work while you are away is up to you and may change with time. For some, receiving emails from work can cause unnecessary stress but for others it can make them feel in the loop and part of the team.

• Take some time to think about what type of information you want or need to receive and subscribe or unsubscribe from emails lists and/or social media groups accordingly.

• The table below will help you identify the right person/team to contact and which websites to visit to find the right information/documents you might need.

Organisation	Key People	Responsibilities
Heath Education England (click	UKPFO deals with foundation	Inter-deanery transfers
here)	programmes	Specialty recruitment (via Oriel)
		Gold Guide (Guidance on
		processes for training
		programmes)
Regional HEE/Deanery	Postgraduate Dean & Associate	LTFT approval
	Deans, Support teams e.g., LTFT,	Training programme
	revalidation etc.	management
		Revalidation/ARCP co-ordination
		Professional Support & Wellbeing
		SuppoRTT OOP
		approval/management
		Centralised budget for study
		leave
Specialty School for the region	Head of School, Training	Regional training days Allocation
	Programme Directors (TPD),	of training posts
	Regional Advisors, Educational	Conduct
	Supervisors, Trainee Committee	ARCP
	Specialty SuppoRTT champions	LTFT approval
		OOP approval
		Study leave approval
		Educational supervision &
		pastoral support
Specialty Royal Colleges	College President, College Tutor	College fees & E-portfolio
	(trust based), College Training	Professional exams
	Reps (regional).	Educational conferences &
		courses
Lie en ital Tarrat	Madical Directory Callers Tytom	Sub-speciality recruitment
Hospital Trust	Medical Directors, College Tutors,	Study Leave requests
	Clinical Leads, Clinical	Induction & mandatory training
	Supervisors, Educational	Rota management
	Supervisors, Trust Reps,	Clinical supervision
	HR/Medical Staffing, PGME	Contracts & pay (including sick
	Teams, Trust SuppoRTT	pay)
	Champions	Parental leave & pay
		Occupational Health Security/parking CRB checks
		Security/parking CKB checks

## **3. PLANNING YOUR RETURN**

Arrange a 'Planning Meeting' with your TPD/College Tutor and Educational Supervisor to	$\bigcirc$
discuss:	$\bigcirc$
<ul> <li>Your experiences of time out including the positives, negatives &amp; any transferable skills</li> </ul>	
Your concerns about returning to clinical practice - clinical and personal	
Confirm details of your next placement	
Intention to train LTFT, if applicable	
Enhanced supervision options	
RTT courses & activities	
<ul> <li>Additional support – psychological, professional development, mentoring, occupational health,</li> </ul>	
GP	
See also 'planning exercise' Section 9.	
Complete the Pre-Return SuppoRTT Plan	$\bigcirc$
<ul> <li>Complete it at the end of your meeting as a summary of your discussion</li> </ul>	$\smile$
• If you are opting out of enhanced supervision this should be indicated on the form, including the	
reasons for this.	
• Include all the courses you hope to do as this will be reviewed if you request reimbursement of	
fees & expenses from SuppoRTT.	
• After the meeting submit the form to SuppoRTT & upload it to your e-portfolio. This enables	
SuppoRTT to release any funding and keep you informed of relevant SuppoRTT related courses.	
Pre-return Form	
Refresh your clinical skills & knowledge	$\bigcirc$
• Review the areas you need to refresh – Use the 'Planning Exercise' if you need some help	$\bigcirc$
• Review the RTT activities list for ideas on useful activities	
• Review 'Funding Guidance' to see what financial help you can receive towards these activities.	
Access additional support, if needed	$\bigcirc$
• If you feel there are areas you need to address before returning to work, take some time to find	$\bigcirc$
the right support for your needs	
• See the 'Accessing additional support' document	
Plan your workplace return/enhanced supervision period	$\bigcirc$
	$\bigcirc$
• Enhanced supervision are days for you to familiarise yourself with your workplace and refresh	
your clinical skills.	
• Up to 10 days are available & are paid at your basic daily rate	
• These should be taken prior to your return date to allow you to be additional to the rota but can	
be taken in a flexible way.	
It's useful to read 'The trainee guide to enhanced supervision' before your meeting to	
understand how this period can work for you and your individual circumstances.	
• If you decide to do an enhanced supervision period, the other documents in the 'Planning your	
enhanced supervision' section will guide you through the process.	
• If you decide to opt out of enhanced supervision, you will still find useful information to help you	
optimise your return to work, in the 'Enhanced supervision' section of this guide.	
Consider your personal circumstances/ongoing commitments	$\bigcirc$
<ul> <li>If you have young children, this may include: - Childcare arrangements, plans for unexpected</li> </ul>	$\bigcirc$
family emergencies, logistical planning for everyday routines	
<ul> <li>Managing ongoing commitments e.g. research, project work, caring responsibilities,</li> </ul>	
appointments	
<ul> <li>Strategies to protect your health &amp; wellbeing</li> </ul>	

Confirm rota arrangements	$\bigcirc$
• Contact your rota co-ordinator very early to let them know you are returning after a break,	$\cup$
inform them of any special circumstances and periods of enhanced supervision, so they have time	
to make adjustments to the rota.	
• All trainees returning after a break should ideally not be rostered to work weekends or night	
shifts in the first two weeks back (longer if LTFT), even after any enhanced supervision period.	
• Evening shifts should have adequate peer or consultant supervision, as you feel is needed	
• If you have any difficulties, please discuss this with your TPD/College Tutor/Trust SuppoRTT	
Champion.	
Complete new starter paperwork	$\bigcirc$
<ul> <li>Contact HR if you have not received your new starter paperwork including:</li> </ul>	
<ul> <li>Details of pay &amp; tax forms</li> </ul>	
• OH forms	
Parking, if applicable	
<ul> <li>Security &amp; ID badge forms</li> </ul>	
• IT forms	
• DBS disclosure forms Inform HR of your intention to have an enhanced supervision period,	
ideally 3 months before your intended start date	
All trainees should meet with their Educational Supervisor before starting in their new post to	$\bigcirc$
discuss the above	

## 4. TYPES OF SUPPORT AVAILABLE

### A. Return To Training Activities (RTT-A's)

#### What are RTT-A's?

They are activities that trainees can engage in to refresh their clinical knowledge and skills and prepare them for the emotional and psychological aspects of returning to training.

#### Which RTT-A's should I do?

You won't have time to do everything so pick the activities that will address your biggest concerns. You can use the 'planning exercise' in Section 9 if you need help identifying the key areas to focus on.

#### Is funding available for RTT-A's?

Courses will usually be funded through KIT/SPLIT/SRTT days or study leave (see 'Funding Guidance' below) and expenses, including childcare can be claimed from SuppoRTT.

With the expansion of e-resources, especially video content, it is worth asking your Trust if they will allocate 1-2 days to your self- directed learning. It is not realistic to expect you to provide certificates for completion of all self-directed learning but you should at least document them on your e-portfolio once you regain access. The list below includes different types of courses as well as self-directed activities, divided by where you might find them.

Deanery Website:	Department:
<ul> <li>Regional training days</li> </ul>	<ul> <li>Departmental teaching</li> </ul>
<ul> <li>OOPE and LTFT training information</li> </ul>	<ul> <li>1:1 skills refresher/emergency scenarios</li> </ul>
<ul> <li>Non-clinical workshops e.g. assertiveness</li> </ul>	<ul> <li>Access clinical guidelines</li> </ul>
	<ul> <li>Equipment training videos or guides</li> </ul>
Specialty school:	New Trust:
<ul> <li>Specialty specific RTT course</li> </ul>	<ul> <li>Life support courses/refreshers</li> </ul>
<ul> <li>Simulation/VR courses</li> </ul>	Clinical skills lab
<ul> <li>Regional training sessions</li> </ul>	<ul> <li>Mandatory training modules</li> </ul>
<ul> <li>Transition or leadership courses</li> </ul>	
Royal College:	Virtual:
<ul> <li>E-learning e.g. prescribing (SCRIPT)</li> </ul>	Podcasts
RCP Player	<ul> <li>Mobile apps eg Induction, BNF</li> </ul>
<ul> <li>Specialty skill courses</li> </ul>	<ul> <li>Educational blogs</li> </ul>
<ul> <li>Clinical management courses</li> </ul>	Podcasts
<ul> <li>Question banks/past papers</li> </ul>	<ul> <li>Video content e.g recorded lectures,</li> </ul>
	procedure videos, educational videos

### B. Return to Work Activities (RTW-A's)

#### What are RTW-A's?

These are activities that trainees can engage in to refresh their clinical knowledge and skills and will usually be done in the person's workplace.

#### Which RTWA's should I do?

Pick the activities that will address your biggest concerns. You can use the 'planning exercise' if you need help identifying the key areas to focus on.

#### Is funding available for RTW-A's?

RTW-A's will usually take place during a trainee's enhanced supervision period, which has separate funding from SuppoRTT for eligible trainees. Funding may also come through KIT/SPLIT/SRTT days (see 'Funding Guidance').

This list serves mainly as a trigger for your own ideas

Clinical procedures & skills • Observe/direct supervision • Trust 'Clinical Skills' courses • Areas with higher turnover of procedure/skill – e.g., phlebotomy clinic for venepuncture • Clinical skills lab/ training equipment – for task practice	Equipment training/updates • Utilize nursing educators • E-Learning/training videos • Refreshers with colleagues
Emergency management • 1:1 session with senior colleagues – emergency scenarios • Simulation/VR including low fidelity simulation	Clinics <ul> <li>Reduced lists</li> <li>Shadowing Consultant</li> <li>Dedicated time for case review before or after clinic</li> </ul>
<ul> <li>Specialist skills</li> <li>Shadowing appropriate person who undertakes a specific skill</li> </ul>	<ul> <li>Daily routines</li> <li>Shadow ward rounds, handovers, reviews and/or MDT</li> <li>Out of Hours</li> <li>Shadow bleep holder/supervised take</li> </ul>

## 5. RESOURCES AND FUNDING EXPLAINED

### Returning from parental Leave (see your Trust's guidance for up-to-date information)

#### Keeping in Touch (KiT) Days

- Up to 10 days allowed, without bringing your maternity/adoption leave to an end
- Do not need to be used consecutively
- KIT days do not extend your maternity/adoption leave
- Can be used during paid and unpaid leave, except the first two weeks of compulsory maternity leave.
- Cannot be taken during accrued annual leave
- Working part of a day uses up 1 KiT day

• Days can be used for supervised clinical work and shadowing, as well as courses, teaching, meetings, and induction activities.

• Applicable to those eligible for parental leave, regardless of whether they are in an EOE training programme/post.

#### Shared Parental Leave in Touch (SPLiT) Days

- You must be eligible for shared parental leave to apply (which differs from shared parental pay).
- 20 days can be taken by each eligible parent
- This is in addition to the 10 KIT days allowed and they do not have to be taken consecutively
- SPLIT days do not extend your parental leave
- Cannot be taken during accrued annual leave
- Working part of a day uses up 1 SPLiT day
- Like KIT days their use & details of payment must be agreed by your employer.

• Applicable to those eligible for parental leave, regardless of whether they are in an EOE training programme/post

• For more information visit: <u>www.gov.uk</u>

#### Payment of KiT/SPLiT Days

• Payment of KIT/SPLIT days is the responsibility of the Trust who is paying your maternity/adoption/shared parental leave, regardless of if your KIT/SPLIT days take place in a different trust.

• KIT/SPLIT days cannot be insisted on and must be agreed by your employer.

• Usually hours worked are paid at basic daily rate less any occupational and statutory maternity, adoption or shared parental pay.

• If KIT/SPLIT days are taken during the full pay period, the employer should ensure that the employee receives a day of paid leave in lieu once they have returned to work, as per the junior doctors' contract.

• If KIT/SPLIT days are taken during the half pay period, then half a day of paid leave in lieu can be taken once they return to work.

• If KIT/SPLIT days are taken during unpaid leave, they can be paid at the basic daily rate OR you may be able take it as paid time off in lieu instead, with the agreement of your employer.

• A full day's pay for less than half a day's work is at the discretion of the employee.

• Pay for KIT/SPLIT days for LTFT trainees should be the same as a full-time trainee

• Employers are now encouraged to consider reimbursement of reasonable childcare costs as part of KIT/SPLIT days, so discuss this with your employing trust. If they do not agree, you can apply to SuppoRTT for childcare costs using the RTT-A form, if eligible.

#### Study Leave (parental leave)

• Those on parental leave are still eligible for study leave whilst away, which may be taken as KIT/SPLIT days or accrued to be taken at a later date after returning to work.

- Unused study leave cannot be carried forward over to the next leave year.
- Doctors should have access to the study leave budget and must apply prospectively as normal

• Study leave will be subject to the normal processes of approval with regards to meeting curriculum requirements etc. or local trust policies & prospective approval.

• Study leave is useful for courses that may not be deemed eligible for KIT/SPLIT days or SRTT days (i.e., non RTT-As), but that you feel will help you support your specialty learning goals.

#### Parental leave & Childcare information sources

For information on maternity/paternity/shared parental leave, child benefit, tax credits, 30 free hours, tax free childcare, financial help for disabled children & more:

- Gov.uk website on Childcare & Parenting https://www.gov.uk/browse/childcare-parenting
- Trust Parental leave policy
- Parental leave NHS Terms & conditions <u>https://www.nhsemployers.org/publications/tchandbook</u>
- BMA Working Parents <u>https://www.bma.org.uk/advice/work-life-support/working-parents</u>
- Finding childcare <u>https://www.childcare.co.uk</u>

### **Returning from OOP or sick leave**

#### Study Leave (OOP or sick leave)

- Those on OOPE/OOPR/OOPC are not eligible for study leave via HEE
- Those on OOPT may be eligible for study leave, if filling a training post on a training programme. Applications are normally submitted to the associated deanery.

• If on OOPE/OOPR/OOPT consult your employing trust and your contract, as there may be provision for study leave & expenses, although these will usually be for activities related to your specific job.

• If entitled to study leave, you may take this as time in lieu, if it is taken in the same leave year and claim for associated expenses.

- Study leave must be applied prospectively as per trust & HEE guidance.
- There may be restrictions on what courses etc are eligible for study leave.
- Study leave policies may differ for public health, GP & military trainees

### **RTT-A Expenses**

• Available for those deemed eligible for SuppoRTT funding.

• Those not eligible for SuppoRTT funding may be able to claim expenses from their study budget, or childcare costs as per guidance re KIT/SPLIT days

• Can be used in addition to KIT/SPLIT/SRTT days.

• Funding is available for reimbursement of expenses such as course fees and travel expenses, if they are not eligible to be claimed via study leave budget and are felt to be RTT-As.

• Please do not submit duplicate claims for expenses, if you have already claimed via study leave expenses. If you are mistakenly paid twice for the same expense, please contact the relevant Trust HR.

• Reasonable childcare costs will only be considered, if the child would otherwise not have been in childcare that day.

• Applications should be made using the RTT-A form & be approved prospectively. This is separate to paperwork submitted to your Trust for approval of study leave or KIT/SPLIT/SRTT days.

• Your TPD, college tutor or educational supervisor should approve your RTT-As that you claim expenses for. Documentation of these RTT-As in your SuppoRTT plan is acceptable proof of approval, otherwise please provide alternative documentation of approval. Reimbursement of SRTT days

• Currently, there is no national guidance on SRTT days, but we hope that in time trusts will adopt this practice and incorporate them into their own 'Return to Work' policies.

• If SRTT days are taken, a paid day or half day in lieu will usually be offered rather than payment at your basic daily rate and there may be restrictions on when they must be taken by and whether you will receive any reimbursement for days not taken.

• We recommend any arrangements for SRTT days are agreed in writing.

## 6. ADDITIONAL SUPPORT TO CONSIDER

Emotional &	When you need help overcoming a personal difficulty/significant life
Psychological	event/bereavement/anxiety/stress/burnout/depression/addiction/eating
support	disorder etc. Remember, asking for help is sign of strength not weakness:
	• GP
	Occupational health
	<ul> <li>Professional Support &amp; Wellbeing Unit (PSU) – psychological support, self-</li> </ul>
	referral
	<ul> <li>Health practitioner programme – a free service for all doctors, self-referral</li> </ul>
	External support services
	Family & friends
Personal &	Our personal and professional lives impact on each other so it's often helpful to
Professional	think about both these areas when making plans for the future or thinking about
development	how to overcome our challenges.
	• PSU
	Mentoring
	Educational supervisor
	Self-help material
Career and	For career advice, considering a change in career direction, developing your
Professional	career portfolio, or those who have professional skills to address:
Skills	• PSU – exam support, career coaching
	• Training programme director/college tutor/educational supervisor – discussions
	about career direction/planning
Job planning	For specific help with training related issues
& training	Head of school
related	Training programme director
support	College tutor
	Educational supervisor
	LTFT champion
Return to	<ul> <li>Peer buddy</li> <li>If you need help to plan for your return to work, including overcoming personal</li> </ul>
work	or logistical issues:
planning	TPD/College tutor/Educational supervisor
Planning	KSS SuppoRTT team
	Consultant Trust SuppoRTT Champion
	Peer Specialty Support Champion
	LTFT champion
	Mentor with RTW experience

## 7. SPECIFIC RESOURCES AND COURSES FOR MEDICAL TRAINEES

The following list provides some important links to resources or courses that may be relevant to you during your absence or when planning your return.

### **Professional Support Unit (PSU)**

Free, confidential and impartial advice for NHS post-graduate trainees, including coaching and careers advice. https://london.hee.nhs.uk/professional-development

### **Annual Courses for Medical Trainees**

### The RCP, 'Call the medical registrar 2023'

Free to RCP members, Online course Approx Date: July https://rcpconferences.co.uk/RCP-call-the-medical-registrar

### KSS SRTT: 'How to be the Medical Registrar....Again'.

Simulation and Leadership based in-person course focusing on the managing the Medical Take, Guildford Hospital Approx Date: August- September

### London SRTT: 'Springboard Conference'

London based in-person course focusing on refreshing medical knowledge Approx Date: July

Annual SRTT Conference Online Approx Date: February

### Women returners

A website specifically for professional women returning to work after an absence. <u>https://womenreturners.com/returners/returner-opportunities-programmes/</u>

### **Online learning resources for Medical Trainees**

E learning for health: <u>https://www.e-lfh.org.uk/</u> RCP Online Ed: <u>https://www.rcplondon.ac.uk/education-practice/rcp-onlineed</u> RCP Player: <u>https://player.rcp.ac.uk/</u> BMJ Learning: <u>https://new-learning.bmj.com/</u>

### **SRTT online resources**

https://london.hee.nhs.uk/professional-development/supportt-supported-returntraining/resources-trainees

### **V-Space**

A site offering supportive, confidential and structured peer support sessions. <u>https://london.hee.nhs.uk/professional-development/supportt-supported-return-training/v-space</u>

### How to Apply for SRTT Funding

https://london.hee.nhs.uk/professional-development/supported-return-training/applysupportt

## 8. KEY CONTACTS

More information can be found on the SuppoRTT page of the Health Education England, KSS website below. If you would like to get in touch, please contact the SuppoRTT Team using the email address below.

### Here are some key contacts for you:

### Contact the KSS SuppoRTT team

SuppoRTT Team Email:srtt.lase@hee.nhs.ukKSS SuppoRTT Website:https://kss.hee.nhs.uk/resources-information/supporrt/

### Wellbeing

NHS England KSS wellbeing page: <u>https://kss.hee.nhs.uk/resources-information/wellbeing/</u>

### **National Resources**

SuppoRTT | Health Education England (hee.nhs.uk)

## 9. PLANNING EXERCISE

This can be used by anyone planning a return to work and particularly for trainees planning a period of enhanced supervision, to structure your thoughts. It is best to complete this once you have gathered some details about your new job but well in advance of returning if possible. Answer the series of questions below to help you understand your needs.

### **Enhanced Supervision**

How many days back in the clinical environment do you envisage it will take before you feel happy to resume normal clinical duties and out of hours shifts?

**Do you need more than 10 days? If so, could you use your remaining KIT/SPLIT/SRTT days to take additional days?** (See 'Funding guidance' to check eligibility). If you think you'll need longer or you're unsure, talk to your TPD and/or SuppoRTT team early to find the best option for you.

Would you prefer to take your enhanced supervision in the weeks leading up to your intended start date or would you prefer an interval to consolidate and rest before your rotation begins?

Would it be beneficial to do a few days of shadowing earlier on, followed by a more involved period nearer to your start date? This can be especially helpful if you have been away for a prolonged time and you're unsure whether you will need a longer transition phase or as a way of understanding the areas you need to focus on when preparing your return. (You could use KIT/SPLIT/SRTT days for these also)

Are there any factors limiting when you can take your enhanced supervision days? *e.g childcare, holidays, appointments or other previous commitments etc.* List the dates below and/or the dates you are available. Remember you do not have to take your days consecutively or on fixed days in the week during your enhanced supervision period.

### **Trust Induction and Mandatory Training**

Is there likely to be a trust induction when you start, or do you need to ask HR/medical staffing to arrange this for you?

What are the key parts of trust induction that you are required to attend virtually or face to face and cannot be satisfied with an e-learning module? *It's useful to compile a list so you can check these off.* 

Are there any elements that you need to complete before starting your enhanced supervision period or can you do trust induction at the start or shortly after your original rotation start date? Is there a trust induction taking place in the months preceding your enhanced supervision dates that you could attend instead?

Is there any virtual mandatory training that you have to or would be clinically useful to complete prior to or during your enhanced supervision? *e.g.* IT training. Ask HR to set up access earlier for you either way, and see how you can reclaim this time in lieu after you start.

### **Clinical induction**

Will there be a departmental/clinical induction scheduled for the beginning of your rotation?

Do you know what is usually timetabled for your departmental induction? Which elements would be useful for you to do at the start of your enhanced supervision period? *Incorporate these into your enhanced supervision timetable.*  Alternatively, is there a departmental induction taking place in the months preceding your enhanced supervision dates that you could attend instead? If so, consider using your KIT/SPLIT/SRTT days (if eligible) towards this rather than using up your enhanced supervision days.

### Role and responsibilities of your new post

What different areas will you cover in your new role? *e.g medical wards, outpatient clinics, intensive care, Acute Medical Unit etc* 

**What different responsibilities will you have in your new post?** *e.g handovers, ward cover, leading ward round, ward round notes, night reviews, emergency admissions, acute reviews on the ward, cardiac arrest team, MDT meetings, solo or supervised clinics, educator, supervisor etc* 

#### What clinical skills will you need for your work?

- **Clinical management** (emergency management of common or life-threatening scenarios, speciality specific areas)
- **Clinical procedures** (cannulation, phlebotomy, lumbar puncture, chest drains etc)
- Interpretation skills (Examination/ECG/radiographic images/EEG/ECHO etc.)
- **Prescribing** (electronic/outpatient/controlled drugs/TPN/antibiotic stewardship etc.)
- **Resuscitation** (airway skills, defibrillation, compressions)
- **Specialised skills** (*echo, bronchoscopy, endoscopy*)
- **Operating medical equipment** (ventilators, pumps, defibrillator, pacing etc.)
- **Communication** (*history taking, handover, telephone referral, breaking bad news etc.*)
- Leadership (leading ward round, co-ordinating care, supervising junior team, MDT liaison etc.)
- Out-of-hours / On-call work

### Identify areas of concern

**Consider which aspects of your new job are causing you most concern?** *After considering the above questions list the areas you need to work on, dividing them into essential and desired.* 

### **Supervision**

Review the list you made above and identify any areas/skills where you may require supervision, using the categories below.

- **Direct supervision** need direct supervision/observation to give advice if needed and ability to take over if required
- Local supervision able to perform independently and/or with minimal peer support but supervisor accessible to attend/support if required
- **Remote supervision** supervisor can be outside the hospital/distinctly different location but able to provide phone support and lower threshold to attend if support required.

Lastly, for the areas requiring supervision, consider who might be the best person to provide this support:

- Peer working in similar role/clinical area
- Senior nursing team/nurse specialists/ANP
- Senior colleagues
- Consultant on-call
- Colleague from affiliated speciality with required skills

### Return to training / workplace activities

Now you have a better idea of the areas you need to focus on, think about which activities will help meet your challenges / get you up to date. Consider the following and review your plan with your supervisor:

- Return to training activities (RTT)
- Return to workplace activities (RTW)
- Clinical knowledge updates / clinical courses / coaching
- Shadowing
- Can you experience the 'on-call/emergency cover' role during working hours when there is more support available?
- Is it more useful to work a full shift or would a partial shift be sufficient?
- Will you be adequately supervised during out of hour shifts? We recommend shadowing a peer or working under direct/local supervision of a senior/consultant. Details of supervision should be included in your schedule when agreeing OOH shifts.

### **Summary and discussion**

By now, you may feel as though you have generated more questions than answers, so think about who is best placed to answer those questions and pop them into an email or even better arrange a virtual call or meet up. Consider the following contacts;

- HR/Medical staffing
- Clinical/Educational Supervisor
- A previous Consultant Supervisor
- Peer buddy
- SuppoRTT team
- Your partner/family/friends
- Childcare provider