

RETURN TO CLINICAL PRACTICE

Guidance for Programme Directors, Educational Supervisors and Trainees

2017

RETURN TO CLINICAL PRACTICE - Guidance for Trainers and Trainees

Introduction:

Returning to work after a period of absence can be a challenging time for both learners and educators. Trainees can feel “rusty” and have reduced confidence that their knowledge and skills are at the level they were prior to absence. When returning from a period of ill health, trainees may also have specific needs which require adjustments to clinical work and training activity. Good communication between employer and training team is crucial to ensure training not adversely impacted and to ease the trainee back into the workplace and training.

This guidance does not supersede the employer’s responsibility of managing the return to work but is to ensure that educational needs and curriculum requirements are being met.

Trainees may be absent from work for a number of reasons and periods of absence may vary in duration from a few days to several years.

Shorter absences of less than three months appear less likely to cause significant problems but may still affect confidence and skills levels. Most doctors in these cases should be able to return to work safely and successfully although they may occasionally require support.

This guidance therefore focusses on longer absences of three months or more. These are more likely to significantly affect skills and knowledge. Return to practice needs to ensure patient safety is protected and that the trainee retains the appropriate clinical competency to be responsible for care of patients appropriate to their role. It is also vital that the needs of the trainees are addressed to support them in what can be an especially stressful time. This guidance should therefore be followed for all trainees who have been absent for a period of three months.

Returning to work after a period of prolonged absence can present a number of challenges. Good planning of return which considers reasons for absence, amount of time away from training and whether it was planned or unplanned is vital to ensure a safe and smooth return to practice.

Both the length and nature of the absence along with the stage of training of the doctor and their individual needs will all influence how safely and confidently they can return to training. This framework must therefore be flexible enough to take into account the needs of individual trainees on a case-by-case basis.

Overview of guidance

This guidance should be followed for any trainee who have been absent for three months or more for whatever reason.

1. Pre-absence meeting

Where possible the trainee should meet with their Educational Supervisor before their period of absence. This will not be possible if the absence is unplanned through illness etc but all should have a meeting prior to return to work.

Areas for discussion should include:

- Reason for absence

- Anticipated date of absence and estimated date of return
- If known, place of return to training
- Discussion including keeping up-to-date during absence, use of keeping in touch days, and any trainee concerns about returning to work.

The discussions should be detailed by the Educational Supervisor and a copy sent to the Programme Director who may share it with service and the Deanery. The trainee should upload a copy to their ePortfolio.

On occasion absence can be unplanned. In this situation, the meeting could be held at an appropriate time or not at all depending on the circumstances.

2. Prior to return

All trainees who have been absent for a period of 3 months or more should have a meeting with the Educational Supervisor normally 6-10 weeks before the estimated date of return to allow enough time for the trainee to be incorporated into the rota. The aim of this meeting is to agree an individualised plan for enabling the trainee to return to work taking into account any concerns, learning needs or required assessments.

Areas to be covered at the return to training interview would be:

- Reason for absence
- Duration of absence
- Place of training return
- Intention to return full-time or LTFT
- Review of keeping up-to-date, work done during absence, any concerns over returning
- Agreed plan for level of supervision

An overview of the plan for return to work should be agreed between the trainee and the Educational Supervisor and any assessments required during this period. A provisional date for final review should be agreed. The Educational Supervisor should document the meeting and share this with the Programme Director and relevant service representatives. The trainee should upload this to their ePortfolio. The agreed plan will be dependent on the length of trainee absence and whether they have maintained any clinical practice during that time. Trainees may need a period of direct supervision or targeted training. The Educational Supervisor will review progress during this time and when both trainee and Educational Supervisor are satisfied with the trainees' progress and confidence then the trainee can be signed off to return to normal duties.

ANNEXE 1 Suggested questions for Meetings

Pre-absence meeting

Suggested questions:

1. Expected duration of absence
2. Length of time doctor has been in their current role
3. Will the doctor be able to participate in keeping in touch days?
4. Discuss what training or support may be needed on doctors return to practice
5. Are there any issues regarding fulfilling the requirements for revalidation?
6. Is the service likely to undergo any significant changes during the period of absence?

Pre-return meeting

Suggested questions:

1. Confirm the duration of absence
2. Doctors training level before absence
3. What responsibilities will the doctor have in the post they are returning to?
4. Consider new responsibilities
5. Assess the doctor's feelings about their confidence and skills level
6. What support would the doctor find most useful in returning to practice?
7. What contact has the doctor had with workplace during their absence?
8. Has the doctor been able to keep up-to-date during their absence?
9. Have there been any significant service changes during the absence?
10. What are the trainees plans for a return to learning?
11. Does the doctor require a staged return to work or any other adjustments?
12. Is the doctor returning full-time or LTFT?
13. Does the doctor need training, special support, mentoring or a period of observation before returning to practice?

Return to Clinical Practice

