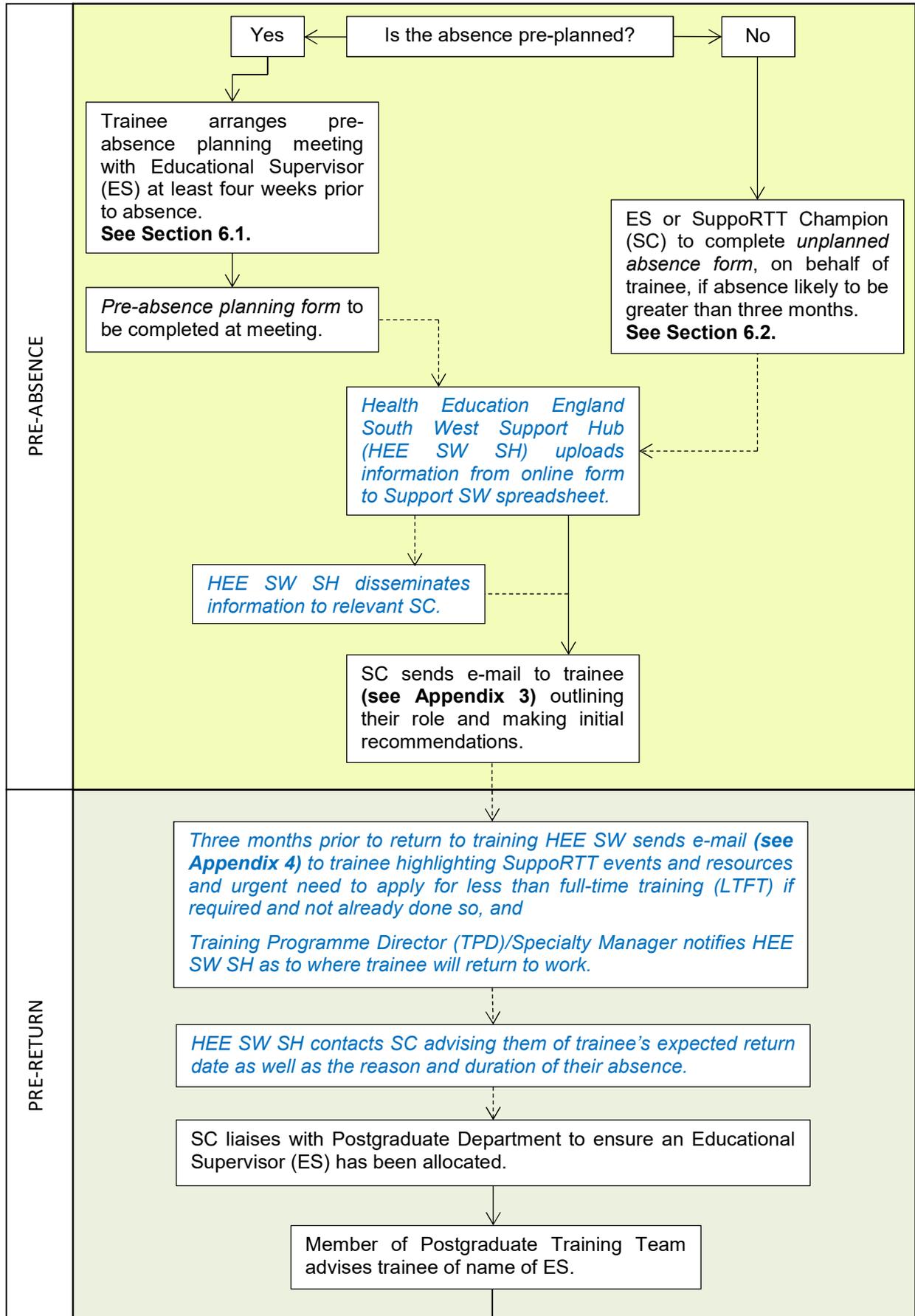


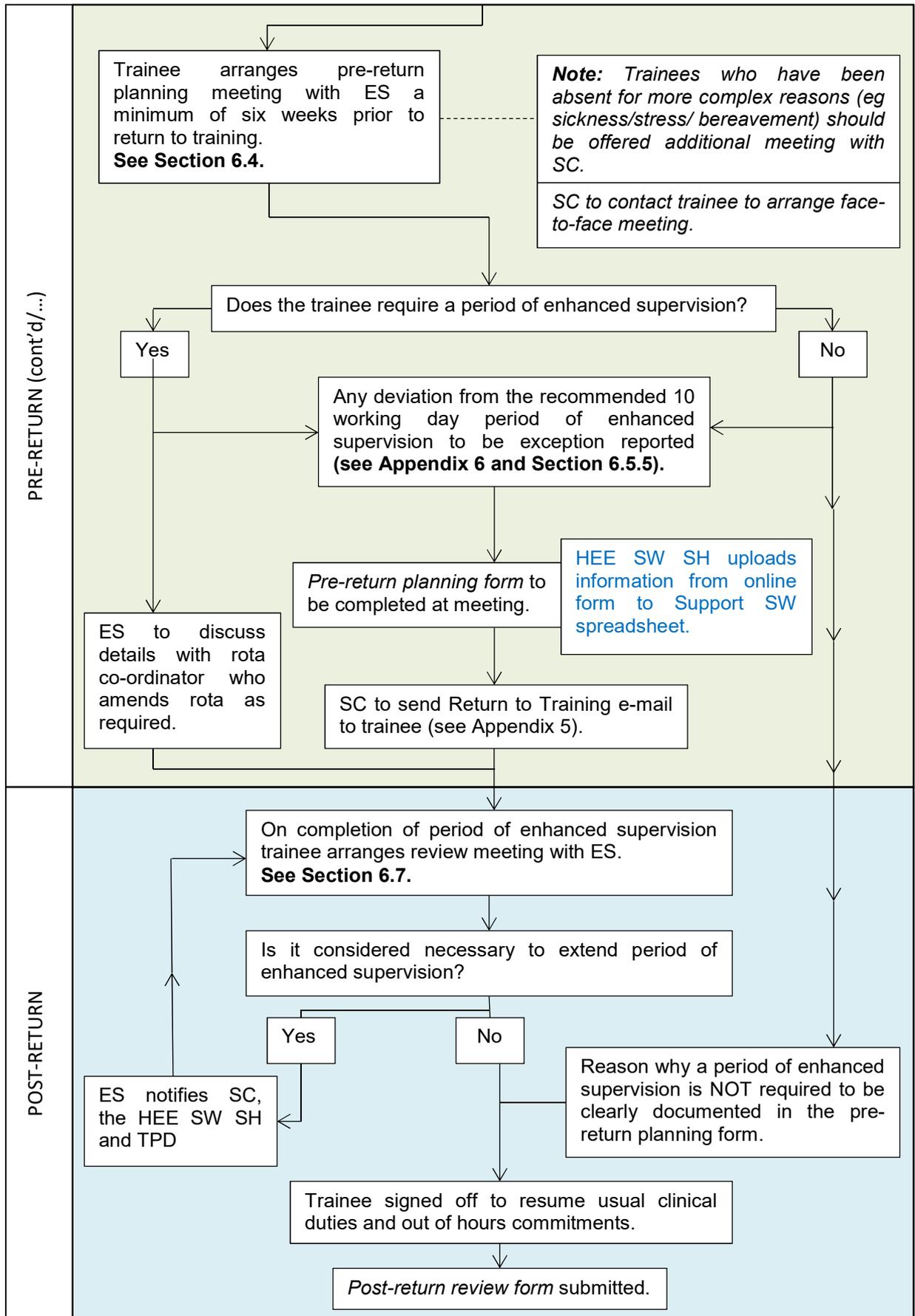
# **Supported Return to Training Guidance**

**V1.0**

**September 2020**

# Summary





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## **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team  
[rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Introduction

1.1. Trainees take time out of clinical practice for a number of reasons and at varying stages of their clinical training. Reasons include maternity/shared parental leave, research, career breaks, ill health and suspension.

1.2. The Academy of Medical Royal Colleges (AoMRC) suggests that a period of absence of three months or more is likely to have a significant impact on a doctor's clinical skills and knowledge while an absence of two years or more is likely to require some formal retraining upon re-entry.

1.3. In the past, junior doctors have been expected to return from prolonged periods of absence and resume clinical and out of ours duties immediately without any additional support or supervision.

## 2. Purpose of this Guidance

2.1. The purpose of HEE's Supported Return to Training (SuppoRTT) within the South West, and nationally, is to enhance the experience of doctors returning to clinical practice, enabling them to regain their confidence and clinical skills more quickly and safely. It is hoped that this will improve the experience of returning trainees but also have significant benefits to the safety of patients.

2.2. Although mindful that the needs of returning trainees can vary greatly, it is hoped that this SuppoRTT guidance provides a framework around which a more bespoke and tailor-made plan can be developed for individual trainees.

## 3. Scope

This guidance should be followed in respect of any medical trainee who has a break from clinical practice of three months or longer.

## 4. Definitions / Glossary

- **Director of Medical Education (DME)** - is a member of the consultant medical staff who leads on the delivery of postgraduate medical and dental education in the local education provider (LEP).
- **Educational Supervisor (ES)** - a named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time.
- **SuppoRTT Champion (SC)** - is a member of the consultant staff whose role is to oversee the return to clinical practice process after a period of absence.

## 5. Ownership and Responsibilities

Although the responsibility for engaging with the SuppoRTT programme lies with the trainee, it is also the responsibility of the Educational Supervisor (ES), Training Programme Director (TPD) and SuppoRTT Champion (SC) to facilitate a bespoke return to training package. A thorough understanding of the guidance, process and available resources is essential.

## **5.1. Role of the Medical Director**

5.1.1. The Medical Director is responsible for overall supervision of all medical staff employed by the Royal Cornwall Hospitals Trust.

5.1.2. For doctors in training this responsibility is delegated to the Director of Medical Education, educational and clinical supervisors as appropriate.

## **5.2. Role of the Director of Medical Education**

5.2.1. The Director of Medical Education is responsible for the overall educational supervision of trainees, for support of educational supervisors and to ensure delivery of teaching and training.

5.2.2. The Director of Medical Education is supported by the postgraduate education team that includes tutors for foundation, core and specialty training.

## **5.3. Role of the SuppoRTT Champion**

5.3.1. Every SuppoRTT Champion (SC) should oversee a programme to educate and up-skill all Educational Supervisors within their Trust/GP school on the SuppoRTT programme. It should focus on the reason supported return to training is required, the aims and objectives of the programme and what specialised support and resources are available for returning trainees.

5.3.2. HEE SW has developed a slide pack for SuppoRTT Champions which can be used as a resource to assist with this training. This is available through the SuppoRTT SW Sharepoint site to which all SuppoRTT Champions will have access.

5.3.3. SuppoRTT Champions/administrators should collate the feedback received from returning trainees who complete the online evaluation questionnaire. This should be used to create an annual report for SuppoRTT within each Trust/GP school which can then be presented at the annual HEE SW SuppoRTT Champion Network event.

5.3.4. SuppoRTT Champions are asked to facilitate with the SuppoRTT Mentoring Scheme. They will co-ordinate local mentoring within their organisation by matching local SuppoRTT peer mentors with prospective mentees. However the training and network supervision will be provided for those trainees volunteering as mentors by the SuppoRTT hub at HEE.

## **5.4. Role of the Educational Supervisor**

5.4.1. Whilst the role of the SuppoRTT Champion is largely focused on leadership and training, it is essential that all Educational Supervisors (ES) are aware of the SuppoRTT programme, its aims and how it should be delivered.

5.4.2. It is the ES who will be the initial point of contact for returning trainees and only a minority of trainees with complex requirements or particular difficulties will be referred onto the SuppoRTT Champion for a more individualised package of support.

5.4.3. Educational Supervisors should have a clear understanding of their role and when to refer trainees to the SuppoRTT Champion for further assistance.

### **5.5. Role of the SuppoRTT Mentor**

5.5.1. Certification will be available for SuppoRTT mentors from HEE.

5.5.2. SuppoRTT mentors will be expected to have at least two mentees and meet on two occasions (a minimum of four hours' contact time).

5.5.3. Mentors will record their reflections of mentoring and receive an evaluation from their mentee for each contact.

5.5.4. They will then be asked to write a short reflective piece about their experience before receiving their certification.

### **5.6. Role of Trainee**

Trainees are responsible for engaging with the activities outlined in this guidance.

## **6. Standards and Practice**

### **6.1. Pre-absence planning**

6.1.1. Planning for a trainee's return to clinical practice should begin even before the absence. Where possible, ie planned absences, the trainee should arrange a meeting with their current Educational Supervisor to conduct a pre-absence planning meeting at least four weeks prior to the period of absence.

6.1.2. At the time of this meeting, a *Pre-Absence Planning* form should be completed through the Online Surveys link provided below.

[Online Surveys: Pre-Absence Planning Form](#)

6.1.3. The purpose of this meeting is to consider areas that might be challenging for the trainee when they return. It should cover the reason for absence and the expected duration. The trainee and Educational Supervisor should consider how the trainee may stay up to date with clinical developments and what (if any) work related activities may take place during their absence. It may also be an appropriate time to consider if a trainee wants to return to Less Than Fulltime Training (LTFT) as an application must be submitted well in advance.

6.1.4. Once the form is submitted, a PDF version can be generated by clicking 'My Responses'. This PDF should be downloaded and saved to the trainee's e-portfolio.

6.1.5. The information captured from this online form will then be uploaded to the SuppoRTT SW spreadsheet by the HEE SW SuppoRTT hub. All new data will be stored centrally for subsequent database manipulation and reporting. The HEE SW hub will then disseminate filtered information via a separate reporting tool to each SuppoRTT Champion/administrator. This will

only include the information relevant to the trainees within their Trust or GP School.

6.1.6. Trainees must give their permission (in accordance with GDPR regulations), by selecting the appropriate box within the form, for Health Education England (HEE) and other administrative teams within their Trust/General Practice (Local Education Providers or LEPs) to have access to the information provided within the online forms. Trainees should be aware that some personal and confidential information may be included. For example, trainees requiring counselling from the Professional Support Unit (PSU) as part of their supported return to training package. This sensitive personal information will be stored on a password protected database. It will only be accessible to those individuals directly linked with SuppoRTT and limited to the following:

- Associate Deans for Professional Support Units in Severn and Peninsula
- Key named administrators within HEE and employing Trusts/GP schools
- SuppoRTT Champions related to their absence and return.

6.1.7. Any data provided by a trainee will not be visible to other trainees, consultants or employees within HEE unless the trainee gives permission for the data to be shared with named individuals.

6.1.8. Once the trainee has submitted the online pre-absence planning form, they will receive an e-mail from their SuppoRTT Champion (Appendix 3). This e-mail will outline the role of the SuppoRTT Champion and make some initial recommendations, which a trainee should be aware of when planning their return, including the application process for Less Than Fulltime Training (LTFT).

## **6.2. *Unplanned absences***

6.2.1. In cases of unplanned absences (eg sickness or bereavement) the Educational Supervisor or SuppoRTT Champion should complete an unplanned absence form via Online Surveys, on behalf of the trainee, if the period of absence is anticipated to extend beyond three months.

[Online Surveys: Unplanned Absence Form](#)

6.2.2. The purpose of this is to allow the absence to be logged contemporaneously within the SuppoRTT hub and to ensure that the trainee is offered the appropriate support upon their return.

## **6.3. *During the period of absence***

6.3.1. Three months prior to the expected return to training date:

6.3.1.1. an e-mail from HEE SW should be sent to the trainee (Appendix 4). The e-mail should draw the trainee's attention to the regional SuppoRTT webpages where information is available about upcoming return to training events/ conferences/ study days as well as Keeping in Touch (KIT) and Shared Parental Leave in Touch (SPLIT) days, mentorship and application for LTFT

6.3.1.2. the Training Programme Director/Specialty Manager needs to notify HEE SuppoRTT hub to which Trust/general practice (or LEP) the trainee will return. Where possible, it is strongly recommended that trainees return to the Trust/general practice from which they left, taking into consideration a trainee's personal preference, as it can support a smoother transition back to clinical work.

6.3.2. The SuppoRTT hub at HEE will contact the SuppoRTT Champion/administrator at the returning LEP notifying them of the trainee's expected return to work date along with the reason for and duration of absence. Those trainees who have required a period of absence due to more complex reasons, eg sickness or bereavement, will be highlighted. The SuppoRTT Champion should notify the Post Graduate Centre who will allocate an appropriate Educational Supervisor.

## **6.4. Pre-return planning**

6.4.1. The trainee will have been notified of the name of their Educational Supervisor at the returning Trust/general practice two to three months before their return to work. It is the responsibility of the trainee to arrange a pre-return planning meeting with their Educational Supervisor a minimum of six weeks before their return. A minority of trainees who have had periods of absence for more complex reasons (eg sickness/stress, bereavement, other personal reasons) should also be offered an additional meeting with the SuppoRTT Champion. The SuppoRTT Champion/administrator will make e-mail and or telephone contact with those individuals to arrange a face-to-face meeting to discuss the trainee's plans for returning to work.

6.4.2. The aim of the pre-return meeting is to identify any areas of concern which the trainee may have regarding returning to work and to create a bespoke action plan to facilitate the trainee's return to clinical practice. The Educational Supervisor should signpost the trainee to any relevant resources which may be useful, eg the SuppoRTT mentoring scheme, KIT days, etc. If a trainee would like to be assigned a SuppoRTT mentor, an e-mail should be sent to the Trust Support Champion who can look to allocate a mentor from the same Trust. The pre-return planning form should be completed at this time through Online Surveys.

### [Online Surveys: Pre-return Planning Form](#)

6.4.3. Once submitted, it will generate a PDF version which must be saved and uploaded to the trainee's ePortfolio. The PDF will only be available to download for 15 minutes after submission of the form and so it must be downloaded and saved immediately. Please be aware that it is not possible to generate this PDF again at a later date.

6.4.4. The information captured from this form will then be uploaded to the SuppoRTT SW spreadsheet. As with the pre-absence form, this will likewise be generated by the HEE SW hub for inclusion in the SuppoRTT database and reporting to the relevant Trust or GP School.

## **6.5. Enhanced supervision**

6.5.1. It is strongly advised that all returning trainees benefit from a period of enhanced supervision where the period of absence has extended beyond three months. During this time an action plan should be agreed between trainee and Educational Supervisor about what level of supervision is required and an appropriate support package created, reflecting the duration and reason for absence. It may include amendments to the type of clinical activities undertaken. For example, trainees who undertake clinics may require a reduced number of patients with a named consultant available to provide help and advice when needed. Trainees in craft specialties will require directly supervised lists.

6.5.2. It is also expected that during the period of enhanced supervision, trainees do not undertake out of hours (OOH) commitments unless it is in a shadowing capacity.

6.5.3. During the period of enhanced supervision, the default is for trainees to work their normal daytime rostered hours for the week. If they choose to work an evening, night or weekend shift during their period of enhanced supervision, that is their prerogative. However, their hours should not exceed their standard working hours and they should be working in a shadowing capacity only. The details should be discussed and agreed with their Educational Supervisor and rota co-ordinator prior to their return to work.

6.5.4. A duration of enhanced supervision equivalent to a minimum of 10 working days is recommended (this applies irrespective of whether a trainee returns full-time (two weeks) or less than full-time (eg 3 weeks + 1 day for 0.6 LFTF) to ensure access to enhanced supervision is equitable for all returning trainees) but this can be tailored to suit the requirements of individual trainees where necessary. In some cases, for example where trainees have undertaken clinical work during their period of absence (eg Out of Programme Research - OOPR or Out of Programme Experience - OOPE) a period of enhanced supervision may not be required. If both the trainee and Educational Supervisor agree it is not required, this must be documented within the pre-return planning form, with explicated reference as to how the trainee has maintained clinical competence during their period of absence. It is also recognised that for some returning trainees a more prolonged period of enhanced supervision will be required.

6.5.5. In cases where there is any deviation from the recommended 10 working day period of enhanced supervision, this must be exception reported using the attached form (Appendix 6) through the SuppoRTT Champion and the SuppoRTT hub ([SuppoRTT\\_SW@hee.nhs.uk](mailto:SuppoRTT_SW@hee.nhs.uk)) alongside the trainee's Training Programme Director.

6.5.6. Approval must be granted by the SuppoRTT Champion before it can proceed. Once approved, trainees not requiring enhanced supervision can immediately return to all usual clinical duties, including out of hours commitments, upon return.

6.5.7. Once the pre-return form has been submitted, the SuppoRTT Champion/administrator should then send out a “Return to Training” e-mail to the trainee (Appendix 5).

6.5.8. If any specific problems or concerns are identified at this meeting, either by the trainee or Educational Supervisor, the trainee should be discussed with the SuppoRTT Champion with the consideration of a face-to-face meeting between the Champion and trainee. The Educational Supervisor should contact the SuppoRTT Champion via e-mail and the SuppoRTT Champion then make arrangements to meet the trainee to discuss concerns in further detail, if required.

6.5.9. SuppoRTT Champions should have a detailed knowledge of the local and regional resources available for return to training; eg the SuppoRTT mentoring scheme and return to training events such as one-day conferences and study days. They should also be able to refer directly to their Trust Occupational Health department and to the Professional Support Units at HEE SW. For trainees who require a phased return to work, the SuppoRTT Champion should liaise with the Trust Occupational Health department to facilitate this. If it is felt a trainee requires longer term supernumerary status upon their return, the SuppoRTT Champion should liaise with the Training Programme Director/Head of School to arrange this and signpost to the Professional Support Unit if necessary.

6.5.10. The SuppoRTT Champion/administrator is responsible for liaising with the unit/department, particularly the Clinical Lead, College or Specialty Tutor and the Educational Supervisor prior to the return date to highlight that the trainee is returning from a period of absence and additional support and enhanced supervision of the trainee is required during the return period.

## **6.6. Rota planning**

6.6.1. It is the responsibility of the Educational Supervisor to communicate with the rota co-ordinator about a returner’s period of enhanced supervision so the necessary rota amendments can be made before the trainee returns to work. It must not be the responsibility of the returning trainee to swap out of any on-call commitments during their period of enhanced supervision.

6.6.2. Any trainee who encounters difficulties surrounding their rota/clinical commitments during their period of enhanced supervision should contact their SuppoRTT Champion who has the authority to enforce these recommendations.

## **6.7. Post-return review**

6.7.1. Once the period of enhanced supervision is complete, the trainee should arrange a review meeting with their Educational Supervisor. The aim of this meeting is to review the trainee’s progress since returning (including completion of any work-based assessments agreed at the pre-return planning meeting) and to address any concerns or difficulties the trainee may be experiencing. If necessary, the period of enhanced supervision can be extended. If this is required, the SuppoRTT Champion, the HEE SW SuppoRTT hub ([SuppoRTT\\_SW@hee.hs.uk](mailto:SuppoRTT_SW@hee.hs.uk)) and Training Programme Director (TPD)/Head of School should be notified.

6.7.2. Once the trainee and Educational Supervisor are satisfied with progress, the trainee can be signed off to resume usual clinical duties and out of hours commitments. A post-return review form should be submitted.

[Online Surveys: Post-return Review Form](#)

6.7.3. Once submitted, it will generate a PDF version which can be uploaded to the trainee’s ePortfolio. The information captured from this form will be uploaded to the SuppoRTT SW spreadsheet. As with the pre-absence and pre-return forms, this will be generated by the HEE SW hub for inclusion in the SuppoRTT database and reporting to the relevant Trust or GP school.

6.7.4. The SuppoRTT Champion/administrator should then send the trainee a link to the online SuppoRTT evaluation form for completion.

6.7.5. In situations where an extended period of enhanced supervision is required, it is the responsibility of the ARCP panel/TPD/Head of School to determine if this time can count toward CCT.

## 7. Dissemination and Implementation

7.1. This document will be distributed to all educational and clinical supervisors and doctors in training by e-mail.

7.2. A copy of the guidance will be forwarded to the Post Graduate Centre senior management Team to ensure awareness of its provisions.

7.3. It will be published in the Medical Staffing section of the HR folder of the Trust’s document library and a link to the guidance will be made available on the Postgraduate Education website.

7.4. Annual update sessions organised by the Post Graduate Centre are provided to Educational Supervisors and the SuppoRTT update can form part of these sessions as appropriate.

7.5. The SuppoRTT Champion will form part of the senior education group within the Post Graduate Centre and provide updates on progress at monthly meetings with this regard.

## 8. Monitoring compliance and effectiveness

Element to be monitored	Feedback from returning trainees.
Lead	Support Champion
Tool	On-line evaluation questionnaire
Frequency	Annually
Reporting arrangements	HEE SW SuppoRTT Champion Network event.  The SupoRTT Champion will report to the monthly meeting of the senior educational team at the Post Graduate Centre (PGC).

	The Director of Medical Education will provide a report for inclusion in the Annual Report.
Acting on recommendations and Lead(s)	The Post Graduate Centre (PGC) will complete any required actions within the recommended time-frame.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the required timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons learnt will be shared with all relevant stakeholders.

## 9. Updating and Review

9.1. The guidance will be reviewed every three years or earlier in view of any developments which may include legislative changes, national policy instruction (NHS or Department of Health), Trust Board decision or request by either management or Staff-Side.

9.2. Where early revisions are significant and the overall guidance is changed, the revised guidance will be taken through the standard consultation, approval and dissemination processes.

9.3. Where early revisions are minor, eg amended job titles or changes in organisational structure, approval will be sought from the Medical Director so that the guidance can be amended and the changes reported without the need for full consultation.

## 10. Equality and Diversity

### 10.1. *General statement*

The Royal Cornwall Hospitals NHS Trust is committed to a policy of equal opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

### 10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Supported Return to Training Guidance V1.0		
<b>This document replaces (exact title of previous version):</b>	New Document		
<b>Date Issued/Approved:</b>	September 2020		
<b>Date Valid From:</b>	September 2020		
<b>Date Valid To:</b>	September 2023		
<b>Directorate / Department responsible (author/owner):</b>	Frances Keane, Consultant/SuppoRTT Champion, RCHT, Department of Postgraduate Education Helen Strickland, HR – Policies and Projects		
<b>Contact details:</b>	01872 253459		
<b>Brief summary of contents</b>	Provides guidance on the procedures to be followed when doctors return to clinical practice, following an extended period of absence (of at least three months), enabling them to regain their confidence and clinical skills more quickly and safely.		
<b>Suggested Keywords:</b>	Support, trainee, return to training		
<b>Target Audience</b>	RCHT	CFT	KCCG
	✓		
<b>Executive Director responsible for Guidance:</b>	Medical Director		
<b>Approval route for consultation and ratification:</b>	<ul style="list-style-type: none"> <li>▪ Joint Local Negotiating Committee (JLNC)</li> <li>▪ Policy Review Group (PRG)</li> </ul>		
<b>General Manager confirming approval processes</b>	Deputy Medical Director		
<b>Name and Post Title of additional signatories</b> Jonathan Lord, Chair of LNC	{Original Copy Signed}		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Links to key external standards</b>	None required		
<b>Related Documents:</b>	<ul style="list-style-type: none"> <li>▪ South West Supported Return to Training (SuppoRTT) Guidance document</li> <li>▪ Full HEE Supported Return to Training guidance document</li> <li>▪ The Academy of Medical Royal Colleges, Return to Practice Guidance 2017</li> </ul>		

<b>Training Need Identified?</b>	No		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub Folder</b>	Human Resources/Medical Staffing		

### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
September 2020	V1.0	Initial version	Frances Keane – Consultant/Support Champion, and  Helen Strickland – HR Policies and Projects

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment

<b>Section 1: Equality Impact Assessment Form</b>						
<b>Name of the strategy / policy /guidance/proposal / service function to be assessed</b> Supported Return to Training Guidance V1.0						
<b>Directorate and service area:</b> Human Resources/Medical Staffing			<b>Is this new or existing Guidance?</b> New			
<b>Name of individual/group completing EIA</b> Helen Strickland			<b>Contact details:</b> 01872 258594			
1. Guidance Aim Who is the strategy / policy / guidance / proposal / service function aimed at?		To enhance the experience of trainee doctors returning to clinical practice after an extended period of absence of three months or more.				
2. Guidance Objectives		To improve the experience of returning trainee doctors and benefit the safety of patients.				
3. Guidance Intended Outcomes		To provide a framework around which a more bespoke and tailor-made plan can be developed for individual trainees.				
4. How will you measure the outcome?		See Section 8 of the guidance.				
5. Who is intended to benefit from the guidance?		Trainee doctors and, consequently, their patients.				
6a). Who did you consult with?		Workforce	Patients	Local groups	External organisations	Other
		✓				
b). Please list any groups who have been consulted about this procedure.		<b>Please record specific names of groups:</b> <ul style="list-style-type: none"> <li>▪ JLNC.</li> </ul>				
c). What was the outcome of the consultation?		No concerns identified.				

<b>7. The Impact</b>				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the guidance <b>could</b> have a positive/negative impact on:				
Protected Characteristic	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		✓		The guidance will have no differential impact.
<b>Sex</b> (male, female non-binary, asexual etc.)		✓		The guidance will potentially have a positive impact on female members of staff who are statistically more likely to have caring responsibilities and makes provision for LTFT working. It does not, however, discriminate against male members of staff or individuals who do not have caring responsibilities.
<b>Gender reassignment</b>		✓		The guidance will have no differential impact.
<b>Race/ethnic communities /groups</b>		✓		The guidance will have no differential impact.
<b>Disability</b> (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)		✓		The guidance makes provision for doctors who are returning to practice after a period of ill health and encompasses the Trust's duty to consider making reasonable adjustments to help staff overcome a disadvantage arising from a disability.
<b>Religion/ other beliefs</b>		✓		The guidance will have no differential impact.
<b>Marriage and civil partnership</b>		✓		The guidance will have no differential impact.
<b>Pregnancy and maternity</b>		✓		The guidance will potentially have a positive impact on female trainees returning to clinical practice following a period of maternity leave.
<b>Sexual orientation</b> (bisexual, gay, heterosexual, lesbian)		✓		The guidance will have no differential impact.
<p><b>If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.</b></p> <p>I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this guidance.</p>				
<b>Name of person confirming result of initial impact assessment:</b>			Helen Strickland	
<p><b>If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:</b></p> <p><a href="#">Section 2. Full Equality Analysis</a></p>				
<p><b>For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead <a href="mailto:debby.lewis@nhs.net">debby.lewis@nhs.net</a></b></p>				

## Appendix 3. Pre-absence e-mail from departing Trust's SuppoRTT Champion

Dear Trainee

I am the SuppoRTT (Supported Return to Training) Champion for the Royal Cornwall Hospitals Trust, your current employer. I have recently received a copy of your *pre-absence planning form*. If you are taking maternity leave or leave due to ill health, a risk assessment may be required. You should contact your line manager or the Trust's Occupational Health department to arrange this.

My role as SuppoRTT Champion is to support trainees returning to clinical practice after a period of absence, for any reason. We are aware that coming back into clinical work after time away can be a daunting and stressful time. My role is to help to make this transition as smooth as possible for you.

Early planning of your return to work is vital in order to make your transition back into clinical practice as straightforward as possible. It is important for you but it is also important for the safety of your patients. Approximately 6-8 weeks before your planned return to work date, you should have another meeting with your educational supervisor. If you are returning to a different trust to the one you have left, this meeting should take place with your new educational supervisor. You will be notified of your new trust and educational supervisor in plenty of time for this meeting to be arranged. It is your responsibility to arrange your pre-return review meeting. The point of this meeting is to finalise the plans for your return including the use of any Keeping in Touch (KIT) days and the attendance at any specialist return to training study days that may be suitable. A list of local and regional courses is available on the SuppoRTT page of the deanery website <https://www.peninsuladeanery.nhs.uk/>.

The meeting is also where the plans for your period of enhanced supervision will be made. Please see the SuppoRTT webpages on the deanery website (HEE) for further information <https://www.peninsuladeanery.nhs.uk/about-us/professional-support-wellbeing/trainee-support-services/supportt-2/>

This meeting also provides an opportunity to discuss any particular areas of concern that you may have and enables you to develop a strategy about how best to regain your clinical confidence and competence upon your return.

All trusts and GP schools within our region have an appointed SuppoRTT Champion, such as me. I should be your next point of contact, after your Educational Supervisor, if you are experiencing any difficulty surrounding returning to training. If you return to a different trust, the email address of the SuppoRTT Champion at your new trust is available on the deanery website.

Please be aware that if you are planning to return to training Less Than Full Time, your application needs to be submitted as early as possible (a minimum of 6 months' notice is required). Please refer to the Severn and Peninsula HEE websites for further information relating to this.

Severn: Less Than Full Time Training (Severn)

<https://severndeanery.nhs.uk/about-us/policies-and-procedures/less-than-full-time-working-policy/>

Peninsula: Less Than Full Time Training (Peninsular)

<https://www.peninsuladeanery.nhs.uk/about-us/policies-and-guidelines/less-than-full-time-working-policy/>

I hope the SuppoRTT scheme will enable your smooth transition back to clinical practice.

Kind regards,

## Appendix 4. Pre-return e-mail from HEE South West

Dear Trainee

We understand you are due to return to work within the next three months after a period out of clinical training. At HEE South West, we wanted to highlight some Supported Return to Training (SuppoRTT) events and resources that may be of interest to you.

The following link will take you the local Health Education England South West SuppoRTT web pages. There you can find information about upcoming conferences and study days, useful information on Keeping in Touch (KIT)/Shared Parental Leave in Touch (SPLIT) days as well as hints and tips on how to prepare for your return to work. There is also information about the return to training mentorship scheme which runs within the region.

<https://www.peninsuladeanery.nhs.uk/about-us/professional-support-wellbeing/trainee-support-services/supportt-2/>

If you wish to apply to return Less than Full Time (LTFT), and have not already done so, this this needs to be done as a matter of urgency, as a notice period of six months is usually required. Please see the relevant links within the SuppoRTT webpage.

Kind regards,

The SuppoRTT team, Severn/Peninsula Deanery

## Appendix 5. Pre-return e-mail from returning Trust SuppoRTT Champion

Dear Trainee

I am the SuppoRTT (supported return to training) Champion for the Royal Cornwall Hospitals Trust where you are due to return after your period of absence.

My role as SuppoRTT Champion, is to support trainees returning to clinical practice after a period of absence for any reason. We are aware that coming back into clinical work after time away can be a daunting and stressful time. My role is to help to make this transition as smooth as possible.

Early planning of your return to work is vital in order to make your transition back into clinical practice as straightforward as possible. It is important for you but it is also important for the safety of your patients.

Now that you have had your pre-return planning meeting, you should have a better idea of how to embark onto your return to clinical practice. Whilst the first few weeks back are challenging for most people, you should regain your confidence quickly. If you are having difficulty, there is additional support available. The deanery website has a list of local and regional courses that are available to help support trainees returning to practice. There is also a specialist Return to Training mentoring scheme available for trainees in the south west. Further details can be found on the deanery website

<https://www.peninsuladeanery.nhs.uk/>

I am your next point of contact, after your Educational Supervisor, if you are having problems. Please notify me by e-mail if you are encountering difficulties; for example with arranging KIT days, your rota or plans for your induction that your Educational Supervisor has not been able to address. It is not appropriate for trainees to return straight to unsupervised on-call duties after a period of absence unless this has been specifically agreed in advance. Your Educational Supervisor should communicate with your rota co-ordinator to make the necessary rota amendments to facilitate your period of enhanced supervision. However, if you are experiencing problems with this please let me know.

If a more detailed discussion surrounding your return to work is required, please e-mail me and we can arrange a face-to-face meeting to help plan your return in more detail.

Kind regards

## Appendix 6. Exception reporting for amendments to the period of enhanced supervision

Please complete the form below and e-mail it to the SuppoRTT hub ([SuppoRTT\\_SW@hee.nhs.uk](mailto:SuppoRTT_SW@hee.nhs.uk)), the SuppoRTT Champion and the trainee's Training Programme Director to request adjustment to the period of enhanced supervision.

Approval must be granted by the SuppoRTT Champion before it can proceed.

Trainee's Name	
Supervisor's Name	
Grade	
Specialty	
Trust/GP School	
Hospital/Site	
Reason for Absence	
Duration of Absence (in months)	
Adjustment to period of enhanced supervision	None / Reduced / Extended (please delete as appropriate)
Please explain in the box below the reasons for adjustment to the period of enhanced supervision. If the expectation is that the trainee will not require any period of enhanced supervision, please give explicit details about how the trainee has stayed up to date with clinical practice during their period of absence.	
Proposed duration of period of enhanced supervision (in weeks)	