Guidance on the management of surgical trainees returning to clinical training after extended leave

Introduction

This document is intended to provide clear and straightforward guidance for the management of Specialty and Core surgical trainees embarking on or returning from a period of extended leave, defined as greater than three months. It is informed by the experience of trainers in their roles in managing trainees and consultants.

It is designed to:

- Support Training Programme Directors (TPDs) in the process of managing return to clinical training;
- Inform trainees of their responsibilities before and during their return to training;
- Focus the trainee and TPD on the specific learning and development needs of the trainee during their return to clinical training.

The guidance is intended to be used for trainees in substantive training posts who have been issued with a National Training Number (NTN). For trainees in fixed term appointments (LAT and FTSTA posts) additional requirements may be in place and the TPD and trainee should seek advice from the appropriate deanery/Local Education and Training Board (LETB) office.

Trainees might take time out of clinical training for a number of reasons, but the principles described in this document should apply regardless of the reason for the absence. **At its heart, the approach outlined here is concerned with ensuring the safety of patients.** It is the responsibility of all doctors to ensure that they are safe to return to practice.

Issues to consider during the process of managing the return to clinical training

In a craft specialty which requires hands on experience for learning, the amount of time in training or practice before taking extended leave may affect the rate at which the trainee returns to their previous levels of confidence, competence and knowledge. Different aspects of an individual's training must be considered separately, as skills (especially technical skills) acquired at a high level of competence (e.g. PBA level 4) may be preserved whereas those skills previously assessed at a lower level of competence (PBA levels 2/3) and more complex technical skills may be regained more slowly.

There is evidence[1] that the longer the period of absence from clinical practice, the more difficult it becomes to return at the same level of competence. It may be necessary for

[1] *Physicians Reentering Clinical Practice: Characteristics and Clinical Abilities*
Elizabeth S. Grace, M.D. Medical Director, CPEP, Assistant Clinical Professor, Department of Family Medicine, University of Colorado School of Medicine
Elizabeth J. Korinek, M.P.H. Executive Director, CPEP
Lindsay B. Weitzel, Ph.D. Instructor, Department of Anesthesiology, University of Colorado School of Medicine
Dennis K. Wentz, M.D. Immediate Past President, CPEP Board of Directors
The Journal of Continuing Education in the Health Professions. 31(1): 49-55, 2011

trainees and trainers to "reset" the expectations of the individual. This may be the case especially with multiple periods of extended leave taken over a longer period of time (e.g. recurrent periods of sick leave or sequential episodes of parental leave) when the periods of time between absences have been insufficient to allow the trainee to return to their original training trajectory.

Outline of Process

1. Initial Meeting

Planned leave
Examples include periods of OOPR, OOPC, parental leave, planned sick leave, carer's leave, etc.

The trainee should arrange to meet with their TPD at least 3 months before any period of extended leave commences and complete a 'Planning an absence from practice' checklist (see 'Sources' section), which will produce an individualised profile of current and anticipated learning needs on return to clinical training. Trainees should check with their deanery/LETB to confirm any local requirement for minimum notice periods.

Unplanned Leave
Examples include sick leave, carer's leave etc.

The trainee has a responsibility to inform their TPD of any unplanned absence as soon as it is clear that this will be for an extended period. Where circumstances allow and as soon as possible, the trainee should meet with their TPD and complete a checklist (see 'Sources' section) and formulate a plan for their period of absence.

It is recommended that before the initial meeting the trainee completes a self-assessment of their progress against the JCST certification guidelines and training checklists (see 'Sources' section) for their specialty. This is a tool for the trainee to identify areas for improvement and aid the setting of realistic goals. It would be particularly useful if progression against the certification guidelines could be supported by evidence from the trainee's most recent ARCP, where appropriate.

2. Interim Meetings

At the initial meeting, a programme of interim meetings should be agreed for the purpose of monitoring the situation of the trainee and subsequently for planning their return to clinical training. The frequency of the meetings should be determined by the TPD and they should be arranged at a mutually convenient time. It is recommended that there should at least be an annual review that may be done to coincide with the ARCP. It should be noted that trainees on a formal period of OOP are required to return a completed OOP document to their deanery/LETB on an annual basis.

The timing of the interim meetings should be flexible as required. However, trainees have a responsibility to keep their TPD informed of their situation and progress with respect to plans for any further extension of leave or the expected date of return to training.

3. Meeting prior to return to training

The purpose of this meeting is to make definitive plans for the return to training and it should therefore take place between 6 weeks and 3 months prior to a return to clinical training, which allows for the implementation of any plans. This is an opportunity to review the

trainee's learning to date, set agreed targets for the first period of resumed training and complete the 'Return to practice' checklist (see 'Sources' section). For trainees returning after a prolonged sickness absence, a joint approach between the employer's Occupational Health team and the TPD is essential. This will ensure that the trainee has an appropriate and supportive return to clinical training, working within the parameters set by Occupational Health for the trainee. The programme of return to work should at all times be in concord with the employer's policies and procedures.

Upon returning to training, it may be useful for the trainee's Assigned Educational Supervisor (AES) to arrange for a more formal assessment of technical and non-technical skills by, for instance, the trainee completing a series of formative Workplace-Based Assessments (WBAs). This may be particularly useful for trainees who have been absent from clinical practice for a significant period of time.

4. Progress meeting

The TPD should meet with the trainee, ideally 6 to 8 weeks after clinical training has recommenced, to monitor progress towards goals agreed at the meeting prior to return. Depending upon the progress made, it may be necessary to set further goals and arrange follow-up.

Examples of Good Practice

- Trainers should remember that each trainee will have different learning requirements and the same individual may have different requirements at different times.

- In some cases, it may be appropriate to advise a period of supernumerary training and/or observation where continuous supervision and assessment can be carried out without any risk to patient safety.

- Any phased return or training plan devised by Occupational Health or Human Resources (HR) should be managed concurrently with appropriate targets dictated by the training needs assessment. For trainees returning after a prolonged sickness absence, a joint approach between Occupational Health and the TPD would help to ensure that the trainee has an appropriate and supportive return back to clinical training, working within the parameters set by Occupational Health.

- Trainees returning to clinical practice might be placed in selected training posts with a proven track record of providing high quality training.

- Trainees should be set realistic and achievable targets which are frequently reviewed.

- Trainers and trainees should be aware that loss of confidence can be just as much of an impediment to successful reintegration into the training programme as loss of competence. This can be mitigated to some extent by 'Keep in Touch' days (see below).

- 'Keep in Touch' days are strongly recommended and supported. This might be attendance at teaching days and clinical meetings or, in some circumstances, attendance of a supervised operating list or outpatient clinic with a trainer where the trainee is supernumerary. The frequency of such days would need to be kept

deliberately flexible. In such cases, appropriate contractual arrangements would need to be agreed with the host Trust/Board.

- The trainee may benefit from being assigned a 'mentor'. A mentor is a trainer with a strong training record, independent to the trainee's usual trainers and TPD, whose role is to facilitate the trainee's return to clinical practice. The mentor should be someone whom the trainee trusts and is happy to have as a mentor, and vice-versa.

- The trainee must ensure that all relevant deanery/LETB documentation, the eLogbook and the Intercollegiate Surgical Curriculum Programme (ISCP) portfolio are complete and up to date.

Sources

Return to Practice Guidance – Academy of Medical Royal Colleges, 2012
http://www.aomrc.org.uk/publications/reports-guidance/return-practice-guidance/
N.B. The **sample checklists** referred to in this document are published in sections 6 and 7.

Certification Guidelines and Checklists – JCST website
http://www.jcst.org/quality-assurance/certification-guidelines

The Gold Guide (Sixth Edition, 2016)
http://specialtytraining.hee.nhs.uk/files/2013/10/Gold-Guide-6th-Edition-February-2016.pdf

Returning to Work – The Royal College of Anaesthetists
www.rcoa.ac.uk/system/files/PUB-ReturnToWork2012.pdf

Return to Training Scheme – Health Education Wessex
http://www.wessexdeanery.nhs.uk/guidelines__procedures/return_to_training_scheme.aspx

Revalidation Guide for Surgery – Royal College of Surgeons, 2014
https://www.rcseng.ac.uk/surgeons/surgical-standards/docs/revalidation-guide-for-surgery-2014

Acknowledgements

This guidance was developed by Miss Karen Daly and Miss Jaya Palan, members of the Specialty Advisory Committee (SAC) in Trauma and Orthopaedic Surgery (T&O), in reference to the management of T&O specialty trainees. They worked closely with colleagues from the SAC and their specialty, including Professor Brigitte Scammell, Mr Simon Hodgkinson, Mr Mark Goodwin, Mr David Large, Mr Henry Ferguson and Mr Mike Hallissey.

It has been adapted for use for all surgical trainees in consultation with the 10 surgical SACs and the Core Surgical Training Committee (CSTC).