SuppoRTTed Return to Training (RTT)

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Brief introductions

- And why did you attend this workshop?

Workshop Plan

- Introduction

- Aims-video
- Scenarios in small groups
- Overview

- **Not a Sexy subject but important**

- https://www.nwpgmd.nhs.uk/supported-return-to-training

Concise video



Concise video

- https://www.youtube.com/watch?v=UQYOiv3-XNk

Why Trainers/aims?

- Understanding of the process
- Understanding of the issues
- Understanding of some complexities
- KIT/SPLIT/RTT days
- Sometimes trainees face profound difficulties
- Support and guide trainees and trainers
- Ultimately, it is the trainee/ES's responsibility (?unaware)

Reasons for OOP

- Positive include:- parental leave, OOP (C), OOP (R), OOP (E)
- Negative include:- bereavement, sickness, discipline, investigation

- Planned:- surgery, parental leave, OOP (R), OOP (C)
- Unplanned:- sickness, carers' leave, GMC issue, discipline etc

- Reason for leave **not necessarily protective**; hence individual plan important

Facts and figures

- 10% OOP at any one time and regarded as “normal”
- **Robust evidence that TOOT affects technical skills, competence and confidence**
- **https://www.nwpgmd.nhs.uk/supportt-trainee-resources**
- **https://nwpgmd.nhs.uk/supportt-trainee-resources/gp (GPST’s experiences of SuppoRTT)**

Process

- Properly discussed, planned and administered exit from and re-entry to training
- Not always possible e.g sickness
- Responsibility of trainee and **appropriate educators/supervisors** to understand and follow this process

Process of RTT

- Explained on website https://www.nwpgmd.nhs.uk/supported-return-to-training
- Forms guide/prompt discussion
- Standardize as far as possible-fairness
- Not specialty specific
- Form completion/process undertaking informs the SuppoRTT team
- We are not always aware of absences!
- May raise funding awareness!

Outcomes

- **bespoke, individualised package** of support for GPST
- defined process and centralised co-ordination
- equity of access to appropriate resource for all trainee returners
- Refresher courses
- Coaching/mentorship
- Supernumerary status
- A process shaped with and influenced by trainees
- Consistency
- **IMGs** included

Coordination and care culture

- well-structured
- signing off core competencies
- monitor progress
- gain confidence
- trainee supervision is there for as long as required
- no requirement to undertake on call commitments
- Patient-safety!!!

Pre-absence

- Trainee to arrange meeting with an appropriate supervisor (may be TPD,ES).
- Ideally **6-8 weeks prior** to planned absence/later if absence unplanned.
- Opportunity to discuss
  - How the trainee may wish to stay up-to-date. **No obligation to do so**
  - How to access KiT/ SPLiT/ SRTT days *(further information in next section).*
  - LTFT training (if applicable).
  - Signposting to SuppoRTT resources. **But do they bother??**

Pre-absence

- Completed Pre-Absence Form to the TPD and SuppoRTT team. The trainee should also save a **copy to their E-Portfolio**

- See **FAQs** section for general guidance

- Copy of an Individual Action Plan (IAP) if completed at this point, should go to the trainee.

During absence

- Completion and return=**entrance to the SuppoRTT** programme/access to SuppoRTT resources

- **Contact** from the SuppoRTT team during absence for:
  - Notification of return to training activities (RTT-A).
  - Reminder to meet/commence RTT planning

- Keeping in Touch (KIT), Shared Parental Leave in Touch (SPLIT) or Supported Return to Training (SRTT) days may be used to attend RTT-Activities if the employer in agreement

Pre-return

- Trainee to arrange a meeting with their appropriate supervisor

- The aim of this meeting is to create an individualised plan of return
  - Learning and training needs including possible courses/assessments.
  - A period of enhanced supervision.
  - Any particular concerns/issues that may impact upon returning to training.
  - Practical issues such as Trust induction, obtaining identification/IT access/parking permits etc should also be considered, especially for those returning ‘out of sync’ with other trainees.

Pre-return

- Pre-Return Meeting Form should be returned to SuppoRTT team
- Include adjustments to the trainees working pattern; **16/52 notice LTFT**
- **Copy to their E-Portfolio**
- **Disseminate** the trainee's plan of return to all relevant to ensure honoured by the rota – not the responsibility of returning GPST
- Meeting **8-12 weeks prior** to the date of return to enable organisation eg rota coordination. If this is not possible, any return plans should be communicated with the local SuppoRTT team immediately, such that they may endeavour to make the necessary arrangements in a **timely manner**
- **Trust SuppoRTT champions** are available to facilitate

Enhanced supervision

- A short, intensive period of closely supervised practice, focused learning activities and direct observation of clinical tasks allowing the returning trainee to **regain lost clinical confidence and return to normal duties safely**
- It is expected that **all returning trainees will require** such a period
- It is expected that during this mutually agreed period of time, the trainee will **not** be expected to undertake any **'out of hours'**
- SuppoRTTed time does **NOT** count towards training time/CCT
- **GP School 1/52 per 3/12 OOP**
- **Max 4/52** (usually)
- This should be discussed and documented with training recommendations, assessments to be carried out and expected roles and responsibilities during this time

Return Review

- Towards the end of the period of enhanced supervision, the trainee and appropriate supervisor should meet and discuss the trainee's progress, review any assessments carried out and address any outstanding concerns which may require further targeted training
- Review whether targets have been met via WPBAs, supervisor feedback, reflection
- If it is felt that the trainee requires an ongoing period of enhanced supervision, a plan and further review meeting should be arranged
- If the trainee and supervisor are satisfied with the trainee's progress and agree that the trainee is ready to resume their normal duties then the trainee may have their Return Review form 'signed off'
- The trainee should be encouraged to contact their supervisor at any point if they have any further concerns thereafter
- The supervisor should be aware that some trainees experience confidence issues and concerns many months after returning

KIT-keeping in touch

- 10 days per maternity leave if longer than 3 months.
- Not compulsory.
- Do not all have to be used and do not have to be used consecutively (use does not affect parental leave or CCT date.
- Working part of a day results in use of the whole KIT day.

SPLIT

- Days available to both parents taking shared parental leave
- Each parent is entitled to 20 SPLIT days
- SPLIT days may be taken in addition to the 10 KIT days taken during a period of maternity leave
- **Purpose:** To allow employees to work for up to 20 days during their Shared Parental Leave without ending the leave or losing Statutory Shared Parental Pay

SRTT

- Those nearing the end of parental leave (no longer eligible for KIT/SPLIT days) can use SRTT days.

What can KIT/SPLIT/SRTT days be used for?

KIT/SPLIT/SRTT days require educational approval in advance but can be used for:

- Meetings/courses
- Supervised clinical work
- Induction
- BLS/Safeguarding

Return to Training courses

- Many courses have been developed to help facilitate the SuppoRTT process-**NW SuppoRTT course/socials/drop-in sessions/imposter syndrome webinar/coaching/shapes toolkit**

- Please refer SuppoRTT **WEBSITE** for details of courses

- https://www.nwpgmd.nhs.uk/supported-return-to-training

Coaching+Imposter Feelings

- https://www.youtube.com/watch?v=oHDq1PcYkT4

- https://www.nwpgmd.nhs.uk/supportt-trainee-resources

Forms-a reminder!

- Pre-absence meeting
- Initial return meeting
- Review meeting
- Individualised action planner
- All on SuppoRTT webpages



Remember

- https://www.nwpgmd.nhs.uk/supported-return-to-training
- https://www.gmc-uk.org/-/media/gmc-site-images/about/skills-fade-literature-review-full-report.pdf
- FAQs https://www.nwpgmd.nhs.uk/supportt-trainee-resources
- SuppoRTT 1/52 per 3/12 TOOT (max 4/52)



Take Home Points

- Understanding of the importance of the process
- Create an individualised plan
- Take into account previous experience
- Take into account which post/stage going to
- ES's should be creative in conjunction with GPST
- ES experience of courses/events depending on need
- Patient safety
- Trainee safety
- **Supportive**


THANK
YOU!

Scenario 1

- Female. GPST1. IMG
- Left for first parental leave August 25
- Completed 6/12 first post in Psychiatry
- You meet in December 26 for pre-return chat
- Due to commence Paediatric GPST1 post March 2027

- **How do you proceed and what do you need to consider?**

Considerations-scenario 1

- Any previous Paeds experience?
- Foundation post?
- Previous career/training? Specialty?
- Induction attendance important in Feb 26? Unlikely to be repeated for individual in March 26
- Courses in preparation for Paediatrics. Red Whale: Urgent and on the day course: fever/cough/ear pain/wheeze/sore throat/limp/rashes/fits and funny turns/diabetes in children; Child and Adolescent mental health; adverse childhood experiences, depression/anxiety, eating disorders, self-harm/suicide risk, Autism; NB Medical Hot topics and child health; RCGP ODE Child health
- Contraception courses?
- Paeds OPD KIT days? (PILS likely to be required by department)
- KIT vs RTT days
- LTFT?
- SuppoRTT course (BLS included on day 2)?
- Imposter syndrome?

Individual plan-scenario 1

- How long for RTT?
- Supernumery?
- Shadowing? With whom? ST4 and above. SuppoRTT additional to standard induction
- Any hands-on?
- Any assessments? (cannot count towards mandatory)/CSR/Educator notes
- 9-5 or 8-4 only
- No on-calls but “duty-doc” on the day?
- Phased requires use of annual leave
- Courses as part of the SuppoRTT plan may help esp online?
- Post-return review meeting
- Score knowledge/confidence/skills out of 10

Scenario 2

- Female. Pregnant prior to commencing GPST1; was due to commence Aug 25. UK Graduate
- Completed foundation competencies
- Due to commence GPST1 within 4 weeks (contacted you late last week and you were unaware of her existence)
- No communication from foundation school

- **How do you proceed and what do you need to consider?**

Considerations-scenario 2

- GP Post as short notice/GPST/communication with training practice/induction standard?
- **LTFT?**
- Any preparation? Take into account previous experience-U/G, F2 etc
- GP Update type courses?
- GP Urgent on the day?
- Paeds/Womens' health/ENT/Dermatology/Mens health/MSK/Diabetes/Lifestyle/any primary care course
- BLS/Safeguarding
- NB Plus/Red Whale unlimited? **SuppoRTT still funds**
- RTT-A days

Individual plan-scenario 2

- How long for RTT?
- Supernumery in GP anyway
- Shadowing CS or “usual” induction
- Any hands-on after appropriate observation? Discuss with GPST
- Any assessments? (cannot count towards mandatory)/CSR/Educator notes
- 9-5 or 8-4 only
- No on-calls but “duty-doc” on the day?
- Phased requires use of annual leave
- Courses as part of the SuppoRTT plan may help esp online?
- Post-return review meeting
- Score knowledge/confidence/skills out of 10