

Return to Training Policy Improves Trainee Experience After Time Out of Programme

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Introduction

There has been increased focus on improving support when trainees return to clinical practice after time out of programme (OOP)

- Health Education England (HEE) have introduced a Supported Return to Training (SuppoRTT) policy outlining additional provision for returning trainees.
- There was previous feedback from local trainees demonstrating need for increased training resources.
- Following the introduction of a local RTT policy in 2018 we aimed to re-evaluate trainee and educational supervisor experiences in the North West (NW) region.

Methods

We sent an online questionnaire to all NW educational supervisors and to all NW trainees who had taken time-out-of-training since the implementation of a local paediatric NW return to training guidance. This local policy has now been encompassed within a cross-speciality NW RTT policy.

- We had responses from 25 speciality trainees (ST) and 33 educational supervisors (ES)
- We analysed the responses for trends and compared this with a previous trainee survey performed prior to the introduction of the new RTT guidance which had 75 responses.

SuppoRTT = Supported Return To Training

What do I need to know??

The RTT timeline from HEE has three stages:

Pre-absence → Pre-return → Post-return

There are recommended structured meetings for each stage
These enable bespoke plans to be made to meet training needs



KIT (keeping in touch) days and SuppoRTT days are available - usually 10 in total- can be a combination

There is funding available via the suppoRTT programme to meet specific training needs

An enhanced supervision period is recommended- this can include supervised on-calls/ shadowing a peer/ day-time duties

Results

We had 25 responses from speciality trainees (ST), with 76% from ST4+ trainees.

Reasons for taking time out of programme included: maternity leave (11); OOPR (5); OOPC (5); Illness/injury (3); Other (1).

6 trainees had not yet returned to training but had left after Sept 2018 with the RTT policy in place, of the 13 trainees that had returned, 6 started their time out with the RTT policy in place and 7 trainees started their time out prior to the introduction of the RTT policy.

Just considering the 12 trainees that had left with the policy in place, only 4 (33%) completed a pre-absence planning meeting. Trainees reported they received little or no information about their obligations to keep up to date during their absence or how to get support / arrange KIT/SuppoRTT days. Of the 19 STs who had returned to training, 12 (63%) completed a pre-return meeting but of these only 2 (10%) met at the recommended time of >8 weeks before their return date.

There were 33 responses from Educational Supervisors (ES), 88% reported having prior knowledge of the guidance. 16 had supported a trainee returning to work since the new guidance was implemented. Many acknowledged this was an important time to support trainees but raised concerns over how information about who is OOP is passed on and how extra support can be funded. The majority were not aware of HEE SuppoRTT funding available to assist in providing additional support for returning trainees.

KIT/SuppoRTT days

11 trainees responded following a period of maternity leave – four took no KIT days seven took between 3-10 days.

ST felt the process for taking KIT/RRT days was working well 16%, partly 48%.

Arranging KIT/SuppoRTT days is still a source of confusion for trainees with conflicting information given.

SuppoRTT days for those out of program for other reasons are not yet being regularly used.

There is pressure from Trusts to get doctors 'onto the rota' but trainees need to be empowered to resist this. Knowledge of the guidance and its basis should enable this.

Eminently sensible guidance which will be beneficial to both trainee and clinical service

Senior trainees are most vulnerable in this time as, even with 2-4 weeks 'supernumerary' this may not cover acute events where they are expected not only to lead but also provide emotional support to colleagues after a stressful event.

There is significant impact on service particularly when trainees return as supernumerary and there is often insufficient notice.

Educational supervisors had mixed views on the return to work policy and its implementation:

Who is responsible and what needs to be done if there are rota gaps, which makes providing support difficult to organise?

Need a better system to identify trainees planning / OOP and share this information with relevant professionals.

There does need to be some onus on trainees coming back from long periods away to also contribute to their levels of preparation and readiness.

Period of Enhanced Supervision

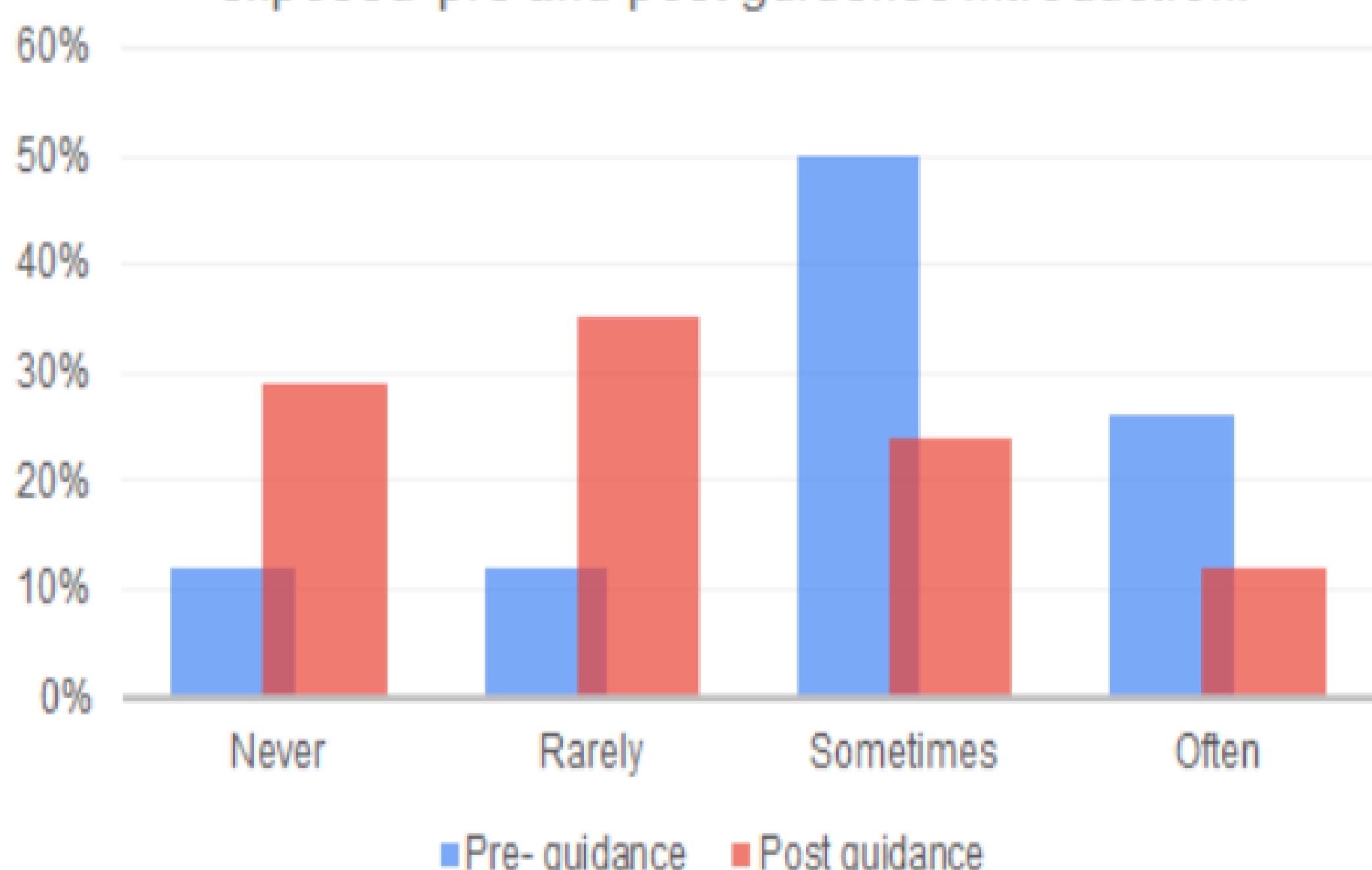
Only 50% of trainees felt they needed the period of enhanced supervision.

Of the 8 trainees who wanted a period of enhanced supervision – two were not offered this, two took 0-2 weeks, three had 2-4 weeks and one trainee had >4 weeks.

6/8 trainees then felt ready to resume normal duties, one wanted extra support which was given, one wanted extra support but was refused.

ES expressed that one of the main barriers to organising this extra support was lack of information on when trainees were returning to work.

Percentage of trainees feeling 'unnecessarily exposed' pre and post guidance introduction.



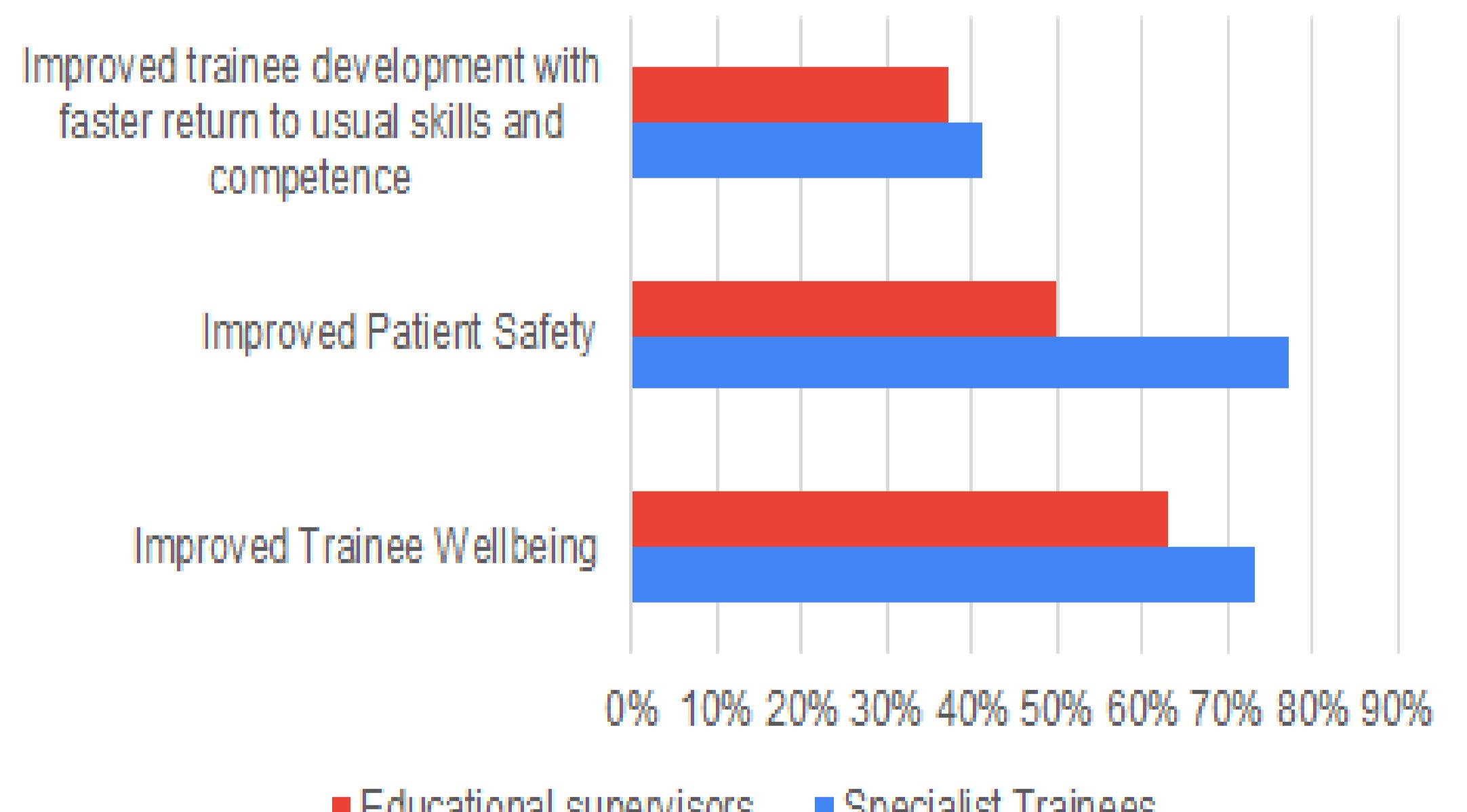
96% ST & 88% ES thought the RTT policy was working well, either partly (72% and 46%) or mostly (24% and 46%)

ST & ES felt that the policy improved:

- Trainee wellbeing (73% + 63%)
- Trainee development (40% + 37%)
- Patient safety (77% + 50%)

Reduction in trainees feeling 'unnecessarily exposed' from 76% to 35%

Percentage ST and ES who agreed the new guidance had led to:



Conclusions

The majority of supervisors and trainees felt the RTT policy was working well
Trainees felt more supported and 'less unnecessarily exposed' with an RTT policy in place

- The majority of trainees and supervisors felt that the RTT policy improved patient safety and trainee wellbeing
- There is need to raise awareness both for supervisors and trainees so that trainees are enabled to take up the RTT support available and to ensure that structured meetings are arranged within the recommended timeframes**
- Involvement of trainees within strategic RTT work has worked very well locally in pushing through RTT priorities- Following this the NW HEE SuppoRTT team plans to encourage identification of trainee RTT champions within other medical specialties
- An up to date database of who is OOP with good access for ES and RTT leads will aid communication before trainees actually return to training
- Find out more RTT info: Trust RTT champions / RTT clinical leads / HEE website: <https://www.nwpqmd.nhs.uk/supported-return-to-training>**