



RCSI



# RETURNING TO WORK GUIDELINE NEMTP

- Supported
- Safe
- Sustainable

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## Introduction

This guidance document is to be used when a trainee on an ICEMT Training Programme is returning to training after a significant period of absence from clinical duties after an extended period of time or actively planning a period of time out of training.

The reasons for time out of a Training Programme could include maternity / parental responsibilities, sickness, personal leave or professional leave. Returning to EM training after a period of absence can be a stressful time. This return should be supported, safe and sustainable. ICEMT are committed to supporting doctors on their return to work to minimise its impact, both personally and professionally.

Trainees returning to work are a diverse group. Each will have different needs upon returning to training and any plan to facilitate the safe return to training must reflect those needs. In other words, some Trainees will return to training with no special accommodation needs, whilst others will need some adjustment to make their return to clinical work safe for their own safety, that of their patients and their clinical teams.

## The Return-to-Training Process – Guidance for the Trainee

### Planning your absence

There are occasions when an absence may occur unexpectedly. However, if the absence is planned, you must apply to ICEMT for Leave from Training. A pre-absence meeting between you and your Trainer should take place. During this meeting, specific concerns can be addressed, and specific educational goals / the possibility of participating in e-learning or CME events prior to returning may be explored. A “Planning an Absence” Form (see appendix) should be completed, and submitted to the Training Programme Administrator and Vice Dean following the meeting. A plan for a pre-return to work meeting may be made at this stage.

During your leave, it is important to stay in touch with the Training Programme Administrator to ensure that you are kept up to date with any changes or developments in training that are introduced during your absence.

### Pre-return to work

Before returning to work, it is important to ensure that you feel ready to do so. When returning to clinical practice, a period of supernumerary time, direct supervision, or targeted training may be needed. The plan for each Trainee will be dependent on the length of absence and whether any clinical practice has been maintained.

Ideally a meeting with a nominated Trainer should take place 6 – 10 weeks prior to the estimated return date, to allow time for your needs to be accommodated within the rota. It is expected that the Trainee will initiate contact and that this will be a face-to-face meeting. The discussion should include the duration of a supervised return to training, a learning needs analysis and identification of any other individual issues. Formal documentation of a personalised return to training programme should occur using the “Pre-Return from Leave Meeting” Form (see attached appendix). Essential skills update (life support, airway, return to practice courses) should be considered if not already completed. The rota should be amended where possible to allow a delayed return to unsupervised / out of hours work, and where possible, rostering of night duty should be avoided for an initial period of time.

### On return to work

During the supervised period, you should engage in supervised practice (+/- formal workplace based assessments) with feedback from a Trainer. The duration of this will be an individual arrangement, depending on your specific needs. A meeting should be held with your Trainer within the first two weeks to review and discuss your progress.

### Following the return period

At the end of the supervised return period, a review meeting with your Trainer should be held. This meeting is an opportunity for you both to identify any further outstanding training requirements. If you and your Trainer agree that sufficient progress has been made, then the return to work period can be signed off and you can join the normal rota. An “After Return from Leave Meeting” Form should be completed (see attached appendix) and submitted to the Training Programme Administrator and Vice Dean following the meeting. If it is decided that extra time is needed, the supervised period can be extended. If the event that additional time and / or support is required, the appropriate Vice-Dean should be informed of this.

### Advice for the training site

On returning to work, a Trainee’s clinical confidence is often reduced and it may require time and support to be regained. This should be acknowledged and discussed with the Trainee prior to their return to work, and an individualised plan should be developed to ensure a safe and supported return to clinical work.

While there may be one lead Trainer with responsibility for the Trainee on their return to work, the Trainee should be attached to a range of Consultants responsible for supervising them. Trainers and Trainees should be made aware of support resources available (see end of document). There should be a transparent process allowing other EM colleagues to be aware that the doctor is returning from absence and allow for additional supports where necessary.

## Planning an Absence Form

To be completed by Trainee & Trainer prior to commencing leave

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Current Training Site: \_\_\_\_\_

Expected Departure from Training Date: \_\_\_\_\_

Key Objectives agreed:

- Mandatory Training: \_\_\_\_\_
- Life Support Courses: \_\_\_\_\_
- Return To Practice Courses: \_\_\_\_\_
- Other - if applicable (exams etc): \_\_\_\_\_

Expected Return to Training Date: \_\_\_\_\_

Return Training Site: \_\_\_\_\_

Return Trainer Name: \_\_\_\_\_

Anticipated Pre-Return Meeting Date: \_\_\_\_\_

Trainee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Trainers Signature: \_\_\_\_\_ Date \_\_\_\_\_

Once completed, this should be submitted to the Training Programme Administrator AND relevant TPD

## Trainee Returning to Work following an Absence: Checklist for Discussion at Pre-return to work meeting

1. Was a “planning an absence” Form completed? (If so, this should be reviewed.)
2. How long has the doctor been away?
3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important)
4. How long had the doctor been practising in the role they are returning to prior to their absence?
5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?
6. How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
7. What is the doctor’s full scope of practice to be (on their return)?
8. If the doctor is returning to practice but in a new role, what induction support will they require and will they require any specific support due to the fact that they have been out of practice? What can the doctor do to prepare themselves?
9. What support would the doctor find most useful in returning to practice?
10. Has the doctor had relevant contact with work and/or practice during absence e.g. Mandatory Training days / RCEM Return to Practice Course?
11. Have there been any changes since the doctor was last in post? For example:
  - The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or any mandatory training missed etc
  - Changes to common conditions or current patient population information — Significant developments or new practices within the specialty, Service reconfiguration — Changes to procedures as a result of learning from significant events — Changes in management or role expectations.
  - Are there any teaching, research, management or leadership roles required?
12. Has the absence had any impact on the doctor’s license to practice?
13. Have any new issues (negative or positive) arisen for the doctor since the doctor was last in practice which may affect the doctor’s confidence or abilities?
14. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
15. Is the doctor having a staged return to work on the advice of Occupational Health?
16. Are there other factors affecting the return to practice or does the doctor have issues to raise?
17. Is a period of observation of other doctors’ practice is required and/or does the doctor need to be observed before beginning to practise independently again?
18. Will the doctor need training, special support or mentoring on return to practice? If so, are there any funding issues related to this which need to be considered?

## Pre-return from Leave Meeting

To be completed by Trainee & Trainer

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Departure from Training Date: \_\_\_\_\_

Return to Training Date: \_\_\_\_\_

Return Training Site: \_\_\_\_\_

Return Trainer Name: \_\_\_\_\_

Rostered number of hours per week on return: (If LTFT, has application been made?)

Progress during Absence from Work: \_\_\_\_\_

• Mandatory Training: \_\_\_\_\_

• Life Support Courses: \_\_\_\_\_

• Return To Practice Courses: \_\_\_\_\_

• Other - if applicable (exams etc): \_\_\_\_\_

Concerns voiced over returning: \_\_\_\_\_

Clinical Expectations of Trainer: \_\_\_\_\_

Training Requirements of Trainee: \_\_\_\_\_

Agreed supervision plan on return: \_\_\_\_\_

Additional Supports required (if applicable): \_\_\_\_\_

Rota considerations (out-of hours work, night shifts): \_\_\_\_\_

Trainee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainers Signature \_\_\_\_\_ Date \_\_\_\_\_

Once completed, this should be submitted to the Training Programme Administrator AND relevant TPD

## After return from Leave Meeting

To be completed by Trainee & Trainer

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Return to Training Date: \_\_\_\_\_

Outstanding Training Requirements: \_\_\_\_\_

Are any ongoing Additional Supports required? If so, please document: \_\_\_\_\_

Can usual rota be resumed (if not already in place)? \_\_\_\_\_

If no, please document details of further additional supervision arrangements:

\_\_\_\_\_

Trainee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainers Signature \_\_\_\_\_ Date \_\_\_\_\_

**If additional supports or supervision required at this stage, please inform the appropriate TPD for EM Training**

Once completed, this should be submitted to the Training Programme Administrator AND relevant TPD



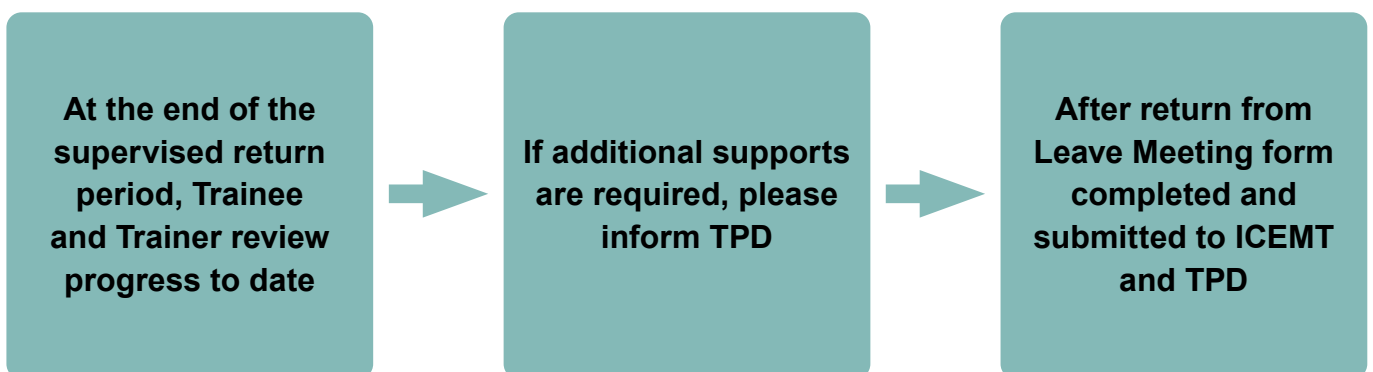
## Before Planned Absence from Work:



## 6-10 weeks prior to return to work:



## At the end of the supervised return period:



## Additional resources / references

[RCPI Returning to Training After a Long Absence Policy](#)

[RCEM Return to EM Training Day – Sample Curriculum](#)

[RCEM EMPower Returning to EM Clinical Practice](#)

[AoMRC Returning to Practice Guidance](#)

[NHS Scotland Deanery Returning to Clinical Practice After a Planned Absence from Training Guidance](#)