JRCPTB GUIDELINES ON RETURN TO PRACTICE (RTP) AFTER A PERIOD OF ABSENCE

BACKGROUND

Trainees may be absent from their training programme and clinical practice for a variety of reasons other than annual and study leave. Periods of such additional absence may vary in duration from a few days to several years. The most likely reasons for absence would be:

- Out of Programme for Research (OOPR). This may be up to four years in order to complete a higher research degree. Some trainees will be laboratory based for the entire time and will have no clinical contact or training whatsoever whilst others may have a variable amount of clinical contact.
- Periods spent Out of Programme for Training or Experience (OOPT or OOPE) are likely to involve clinical exposure (except for OOPE management fellowships) and so are less likely to need extended RTP procedures.
- Maternity leave. This may vary from 6 to 12 months and there may or may not be opportunities for some clinical or educational contact during this time.
- Sickness absence. Again this may be of variable duration and may be elective with a long lead time or may occur as an emergency unplanned sickness absence.
- Exclusions. Rarely these can be quite prolonged.

The issue of Return to Practice is primarily one of patient safety to ensure that the trainee retains the appropriate clinical competency to be responsible for care of patients at the appropriate level of responsibility. However, it is also critical that the needs of the trainee are addressed to ensure that they do not find RTP an especially stressful time. The GMC has suggested that any absence from training that exceeds 14 days should prompt consideration about whether duration of training should be extended.

PROCESS

In 2013, the JRCPTB asked all its Specialist Advisory Committees (SAC) to consider the issue of RTP and make both generic and specialty specific recommendations about how this should be handled.

Periods of absence from training and/or clinical contact may vary dramatically in numerous ways:

- Duration of absence (see above)
- Planned or unplanned nature of absence
- Amount (if any) of clinical contact/exposure during absence
- Amount (if any) of contact with Educational Supervisor(s), Training Programme Director (TPD) or LETB/Deanery during absence
- Whether there are any health related (or other issues) that restrict practice following return
- Whether return is to full time or less-than full time training

- The stage at which the training programme was left and how long is left till completion
- The nature of the specialty training and in particular whether numerous practical skills are required (e.g. for Cardiology and Gastroenterology and others)

It is therefore clear that it is impossible to establish rigid rules about managing this process and the principle must be to lay down a framework in which TPDs and Educational Supervisors together with their LETBs can make sensible plans that safeguard patient safety as well as ensuring the wellbeing of the trainee.

PRINCIPLES

If absence is planned there should be a meeting between the trainee and the Educational Supervisor (ES) or Training Programme Director (TPD) well before the period of absence starts. The pre absence form (C6) should be completed as an aide memoire to ensure that relevant areas have been addressed and as a record of the conversation and agreed actions. This form should be sent to the TPD, the College Tutor and should be uploaded into the personal library of the ePortfolio.

If it is at all possible for the absent trainee to maintain contact with the ES during the planned absence (e.g. by telephone or video call) then arrangements for this should be put in place.

The TPD/ES or Clinical Supervisor should meet with the returning trainee approximately 6-8 weeks before he/she is due to return to programme to review the period of absence and make formal arrangements for RTP. The return to training form (C7) should be completed on this occasion and a specific period of supervised return to work should be agreed between trainer and trainee. The duration of this will vary depending on the factors listed above under "Process".

After the period of extra supervision there is a further meeting between trainer and trainee and on this occasion the trainee either returns to normal training practice or a further period of enhanced supervision is agreed.

The process should be seen as supportive, consider any issues around protected characteristics and involve reasonable adjustments when required.

SUGGESTED TIMESCALES

These are for guidance only and will vary according to the stage of training, the previously acquired competencies and the nature and duration of the absence.

- No action is required for absences of less than 2 weeks.
- Absences of 2 weeks to 3 months do not require any formal action or specific documentation but should be mentioned in the ES report.
- Absences from 3 to 6 months should be documented using the above forms but no specific RTP is required.
- Absences from 6 months to 2 years would normally require a period of enhanced supervision RTP lasting from 2-4 weeks.
- Absences from 2-4 years would normally attract a 4-8 week period of enhanced supervision.
- Longer periods of absence would require discussion between ES, TPD and the LETB/Deanery about how appropriate it is to RTP.

ENHANCED SUPERVISION

The period of enhanced supervision will be agreed between trainee and ES at the initial induction meeting and its exact nature and requirements will be established. Specific areas to cover will include:

- Induction into the Department and confirmation that the trainee has appropriate mandatory training (e.g. ALS, information governance etc.) and is familiar with local Trust procedures and IT.

- If the specialty involves practical procedures then arrangements for initial performance of these under direct supervision of a consultant or senior trainee need to be agreed. The RTP trainee should have a specific DOPS assessment completed at the end of the appropriate period to confirm that they have reacquired the appropriate level of competence.

- Arrangements for on-call should be discussed and an ACAT carried out to demonstrate competence and confidence in this area.

- Arrangements for outpatient clinic supervision should be discussed and appropriate supervision discussed. Potential approaches could include, direct supervision of a consultation (documented as a miniCEX), discussion of cases seen at the end of clinic, review of clinic letters etc.

- The ES should ensure that several consultants are involved in supervising the RTP process and that they each complete a MCR to confirm that they feel the trainee is now confident and competent to return to practice with a normal level of supervision.

These are guidelines to the level and extent of enhanced supervision and may be supplemented by specialty specific requirements.

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