RCEM
Royal College of Emergency Medicine

Patron: HRH Princess Royal
Octavia House,
54 Ayres Street,
London, SE1 1EU

Tel: +44 (0)20 7404 1999
Fax: +44 (0)20 7067 1267
www.rcem.ac.uk

Supporting Time Out of Training

A Guide for Supporting Emergency Medicine Resident Doctors

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Foreword

This guidance was created by EM resident doctors, for EM resident doctors.

Taking time out of training is becoming increasingly valued by trainees in EM, and is something that our College wishes to actively promote and support. The reasons may be varied: and might include our health or family, or personal and professional development opportunities. Sometimes we just need to take a step back. The reasons don't really matter: it's the principle that's important.

Any period away from clinical practice can bring unique challenges, particularly when it comes to returning with confidence. Our responsibility is to ensure that every doctor who steps away from training feels supported, valued, and empowered during their journey back … and that they can be, and feel, back to where they left off as soon as possible. This guidance reflects our commitment to creating a culture built around understanding and practical solutions. The ultimate aim is to help colleagues reintegrate smoothly, happily and to thrive.

Supporting time out of training is not just about individual trainees, it is a key building block towards sustaining the wellbeing and resilience of our workforce. This will of course play into the safety and quality of patient care. I urge everyone involved in training within emergency medicine to embrace these principles.

We are very grateful to the team behind this guidance for putting it together. They, and we, do hope you will find this guidance useful.

Dr Ian Higginson
RCEM President

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Introduction and Summary Flow Charts

Emergency Medicine (EM) training runs for 6 years full time from ST1-6. During this time, residents may take 'Time Out of Training' (TOOT) for several reasons, including carer's leave, ill health, agreed time Out of Programme (OOP) for research, alternative training, or a career break.

Working in EM can be a highly rewarding career but is one of the most challenging in modern medicine. It is well recognised that EM has higher rates of burnout than other medical specialities. The curriculum for EM residents is broad and it can be daunting to prepare for on a resident's return to work.

This guide is focused on residents; however, the principles are largely applicable to other EM clinicians, including Locally Employed Doctors (LEDs) and Consultants.

In this document, we lay out specific considerations for the individual, Educational Supervisors (ES's) and Training Programme Directors (TPDs). When considering taking planned TOOT we recommend that resident doctors review these important supporting resources from RCEM as well as local deanery TOOT resources:

EMPOWER_Returning_to_EM_Clinical_Practice.pdf
Out of Programme (OOP) - RCEM
RCEM_Out_of_Programme_guidance.pdf

This document has been created with the NHS England London Supported Return to Training (SuppoRTT[1]) team, the RCEM Vice Presidents for the devolved nations, as well as the Royal College of Emergency Medicine Gender Equity Committee and Training Standards Committee.

A summary flow chart of the guidelines for Residents and Educational Supervisors/TPDs is provided overleaf with more detailed information contained within the main document.

TIME OUT OF TRAINING
GUIDANCE FOR RESIDENT DOCTORS

BEFORE YOU GO

- Review your ePortfolio
- Agree the timing of your next ARCP with your TPD
- Consider any pay implications
- Complete the SuppoRTT pre-leave form for your deanery with your ES
- Complete the RCEM OOP form on ePortfolio

BEFORE YOU RETURN

- Meet with ES
- Complete the deanery “pre-return” form
- Consider if you want to apply to return LTFT - Discuss with ES/TPD and be mindful of application windows
- ES meeting to ensure enhanced supervision/supernumery period minimum 2 weeks (pro rata if LTFT)
- If parental leave, organise Keeping-In-Touch (KIT) days and discuss rota needs early
- If health, contact Occupational Health
- TPD discussion - which trust? Next ARCP?

Resources: EMTA, Practitioner Health Programme, Professional Support Unit, Deanery Funding

RETURNING

- Complete induction and mandatory training
- Consider informal check in with ES to ensure planned return to work/ supernumerary working been honoured and address any immediate concerns or issues
- 4-6 weeks Post-Return to Work: meeting with ES, complete post-return checklist, think about doing a short ESLE

TIME OUT OF TRAINING
GUIDANCE FOR ES/TPD

PRE TIME OUT OF TRAINING

- Review your ePortfolio
- Agree the timing of the next ARCP
- Complete the SuppoRTT pre-leave form for your deanery with resident
- Complete the RCEM OOP form approvals on ePortfolio
- Confirm if resident has access to study budget during TOOT

DURING TIME OUT OF TRAINING/PRE-RETURN

- Resident to contact ES and TPD when ready to discuss return
- Support applications for Less Than Full Time (LTFT) training
- ES meeting - ensure enhanced supervision/supernumery period minimum 2 weeks (pro rata if LTFT)
- Ensure rotation is appropriate and inform resident of next ARCP
- If parental leave, help to organise Keeping-In-Touch (KIT) days and discuss rota needs early. Ensure other practical needs considered e.g. breastfeeding, health considerations
- If health, ensure referred to Occupational Health
- Signpost to Resources: EMTA, Practitioner Health Programme, Professional Support Unit, Deanery Funding

ON RETURN

- Ensure induction and time to complete mandatory training
- Consider informal check in and ensure planned return to work/ supernumerary working been honoured and address any immediate concerns or issues
- 4-6 weeks Post-Return to Work: meet, complete post-return checklist, think about doing a short ESLE style clinical session
- Handle any concerns about performance sensitively

Guidance for All Residents

Time out of Training (TOOT) can in most cases be divided into 3 phases:

- Pre-TOOT (not possible if unexpected sick or carers leave)
- During TOOT
- Return from TOOT

Prior to Planned Time Out of Training

Residents should consider completing the pre-absence form as recommended by their regional SuppoRTT programme with their ES / TPD prior to time out of training if possible.

It would be recommended to consider the following:

- Review portfolio:
  - How much of the current training year has been completed (%FTE)?
  - What has been achieved and what is outstanding?
  - When do essential courses/mandatory training expire? Where possible these should be completed prior to TOOT
  - When is the next ARCP? The resident should discuss with their Training Programme Director (TPD) if it would be advantageous to have an ARCP prior to time out of training, and when an ARCP will be required on returning to training?
- Alternatives to leave such as a reduction in hours (%FTE)
- Pay considerations:
  - Please see the BMA website for a detailed explanation of pay
  - During OOP, the resident should:
    - Consider the impact on their finances
    - Consider any courses/examinations they wish to take during this period
    - Discuss with their TPD as to whether they will be able to access their study budget during time out of training
- Maintenance of skills and knowledge.
  - Can you maintain access to CPD resources during your TOOT and is this appropriate?
- Complete the SuppoRTT pre-leave form for your deanery with their ES

During Time Out of Training

The resident can consider keeping in touch with their department, ES and TPD during their time out of training. This will vary depending on individual circumstances such as the reason for time out of training, the anticipated duration and the level of support the resident feels they need.

We would recommend meeting with the ES 3 months prior to return and completing the "pre-return" form on the SuppoRTT website.

Some residents may consider returning to training Less Than Full Time (LTFT). Residents should discuss this with their ES/TPD and be mindful of application windows.
Other support which may be needed:

- Resources accessed via the EMTA website
- Practitioner Health Programme support
- Professional Support Unit (PSU)

12-16 weeks Prior to Return

The resident should complete a pre-return-to-work SuppoRTT form (link for Scotland) with their Educational Supervisor. Both resident and ES need to consider informing management or the wider Consultant Team of the outcome of this meeting to ensure this is a smooth transition. For example, extra locums may need to be booked to cover an agreed period of supernumerary working.

Educational Supervisor Meeting

- We recommend a stepwise approach:
    1. Induction or departmental walk around (even if the resident has worked there previously)
    2. Access to refresher courses and resources
    3. Enhanced supervision/supernumery period of at least 2 weeks (pro rata for those who are LTFT). Consider whether an enhanced level of supervision is required beyond this time. This is more likely if the resident has had an extended time (> 6 months) out of training or has other occupational health considerations. This may be paired shifts, supervised lead shifts, change of rota to include shifts when increased consultant or senior support would be available.
    4. Coaching and mentoring

- Discuss when would be appropriate to start nights and unsupervised out of hours on-call. This is dependent on the level of the resident, how long they have had out of the training and the staff mix of the department.
- The SuppoRTT form includes application for funding. This could be to facilitate locums to allow supernumerary working or courses to help with return to work. Some SuppoRTT courses may be run locally which include simulation as well as communication and confidence building.
- Consider Professional Support Unit services (including coaching, mentoring and counselling services).

TPD discussion:

- Which Trust/ site will the resident be returning to? Where possible, this should be the same Trust the resident left to aid familiarity.
- If rotating to another Trust and returning from parental leave, ensure accrued leave is taken before return.
- Establish time of next ARCP to ensure appropriate evidence/forms have been completed.

Resident preparation:

- Review portfolio (remember where you were but also consider where you are now)
    - See Pre- Return checklist (Appendix A)
- Other courses specific to EM:
    - Adult Safeguarding
    - Child Safeguarding Level 2/3
- Review exam status:

Exam	Completed	Not Completed/Potential Dates
MRCEM Primary		
MRCEM SBA		
MRCEM OSCE		
FRCEM SBA		
FRCEM OSCE		

- Organise Keeping-In-Touch (KIT)/SRTT days. If on parental leave, up to 10 days can be used for clinical days or courses. This should not be used for mandatory trust induction training which should be covered by departmental inductions/ days in lieu. It should be agreed pre-TOOT where possible
- Financial advice
    - Ensure HR aware of start date to avoid delay in proper payment.
- Childcare

    - Early discussions with the rota co-ordinator. Most departments now self-roster but if not, they need to discuss early if they need a fixed day off for childcare/health reasons.
    - Consider signing up for your local Childcare Voucher scheme through your Trust to access tax free vouchers for childcare
- Occupational Health involvement – consideration of phased/prolonged return to work.
- Breastfeeding
    - Notify work if you are planning to continue breastfeeding and need somewhere to express and store your milk. The Health and Safety Executive (HSE) recommends "*it is good practice for employers to provide a private, healthy, and safe environment for breastfeeding mothers to express and store milk. The toilets are not a suitable place to express breast milk".*

On Return:

- Consider whether another Department induction is required, particularly if the resident has rotated
- Consider informal check in with ES in the first few days to ensure:
    - Planned return to work/ supernumerary working been honoured.
    - Any immediate concerns or issues which have become apparent since returning to work.

4-6 weeks Post-Return to Work:

Meeting with ES:

- Complete post-return checklist (Appendix B).
- Think about doing a short ESLE – agree with ES that this is not documented on portfolio to establish areas of further development.
- Consider other support you may need:
    - Courses/resources
    - PSU coaching
    - Financial support
    - Consider LTFT if not thought about previously

Specific Considerations

Time off work for ill-health:

- When this period of ill health is less than 2 years, as per the Gold Guide, the resident should be able to resume training, following a period of return to clinical practice.
- A return to clinical practice period should be led by the requirements of the resident.
- The Department should pay particular attention to:
    - The resident's health needs, occupational health advice and any amendments to work. Does this impact the role of being a senior decision maker (SDM) overnight for example and what provisions needs to be made to ensure departmental safety.
    - What has changed during the period they have been away; do they need a new local or Trust induction?
    - Consider if, as part of their return to clinical practice hours, they need time specifically to review the latest clinical evidence and guidelines, or to undertake simulations or practice a particular skill.
- Regular 'check-ins' with the resident's clinical supervisor or educational supervisor can help to ensure that the resident is being supported to achieve their return to work. Check-ins can be documented into the resident's portfolio if appropriate.
- During the return to clinical practice period, the resident may need to be supernumerary. The SuppoRTT programme can offer funding for secondary cover if required.
- Whilst periods of return to clinical practice are usually conducted within normal working hours, consideration of when to introduce unsociable hours should be carefully considered.
- It is important to carefully consider the duration of that return to clinical practice, balancing the period being too short that the health and wellbeing of the resident is put at risk with a period that is too long and discriminates against the resident.
- Sickness can affect residents at any level. A careful balance should be considered when that resident would also be expected to supervise others in the course of their clinical work.
- Where a resident has a medical condition that may impact on their clinical care or training, they must be referred to occupational health.
- Care must particularly be taken when a resident has a condition that may relapse. Consider strategies that minimise the impact on the resident, such as reasonable adjustments.
- Where the resident has a condition that affects their daily life, they have the protected characteristic of disability and may also have other relevant protected characteristics (such as age or sex). Care must be taken not to illegally discriminate against a resident who has had time off because of ill health.
- If the individual is entitled to reasonable adjustments, these should be identified early including by asking the resident what can be done to help facilitate their working.
- A resident may not know initially what adjustments would be appropriate. Both the training team and Occupational Health can make suggestions that the resident may find helpful, ensuring their

suggestions empower the resident to highlight what adjustments would be helpful rather than making assumptions on the residents' behalf.

Pregnancy and Parental Leave

- An occupational health assessment should be led by the line manager (often the Educational Supervisor) according to local Trust guidance. Antenatal risk assessments should include consideration of risks involved in seeing undifferentiated patients or those who may be violent.
- Rota adjustments need to be considered. Many stop working nights beyond 24-26 weeks of pregnancy. This is usually guided by occupational health and/or the individual's midwifery team.
- Consideration should be given to the department's needs and whether the individual can provide necessary services; for example, whether a sole ED registrar at 24 weeks+ gestation can provide chest compressions. Does the department need to ensure there is a second registrar to be able to provide this?
- Antenatal appointments need to be accommodated.
- Prior to the return to work, a health assessment may be performed, facilitated by Occupational Health. For example, the individual may have had health complications or be breast feeding. Consider how such circumstances may impact working a shift; for example, does the individual need regular breaks to express breast milk to reduce the risk of mastitis?
- All Trusts should have a breastfeeding policy, and an appropriate space where breastmilk can be expressed and stored.
- After returning from parental leave, the resident may need fixed days off for childcare purposes.
- Emergency carer's leave can be taken if required e.g. if your child is unwell.
- Unpaid parental leave is another option available to the resident (see local policy).

Other Parental Leave including paternity, adoption and fostering leave

The NHS Employers website provides further details on entitlements for adoption leaving and for non-birthing parents who wish to take shared parental leave, beyond the 2 week statutory entitlement.

Out of Programme Opportunity

The impact of time out-of-training will be different depending on the activities the resident plans to carry out during this time. For example, if they continue to work within an Emergency Department then the impact may be small. However, residents who choose to take a year out for research, humanitarian work, medical education, or other career break may experience a significant impact. The circumstances which be individual to each resident.

Recommendations for Educational Supervisors

Returning to work after time out of training, for any of the above reasons, can be a time of significant anxiety, reduced confidence and fear for residents. Those who have had the most successful return to work periods have had supportive Educational Supervisors and Departments and we hope the following advice is considered.

- Find out about Trust / Deanery SuppoRTT programmes to signpost the resident accordingly.
- Aim to have a pre, during and post leave meeting to ensure regular contact.
- Try to be available in the first few weeks of the residents return to enable regular meetings/contact.

With the resident's consent, the ES should provide a brief background to the other Consultants in the department (within a confidential setting). This allows the resident's needs to be identified, additional support and avoids the resident having to repeatedly explain health needs whilst on shift or in inappropriate settings. This is particularly important if the resident's experience whilst being on leave has been negative.

Whilst FEGS (Faculty Educational Governance Statements) are important for resident progression, it is worth considering the appropriate timing of this after time out of training. An early FEG may not be reflective of their performance i.e. not in the first 3 months after returning.

Any significant concerns about a resident's performance should be addressed sensitively and compassionately by their ES, with a view to how best to support the resident to return to their expected level. Special consideration should be made about how this is done as, when done badly, this can significantly impact the mental health of the resident and in fact reduce their performance further.

Recommendations for Training Programme Directors

Please ensure as TPD you are aware of the Trust / Deanery SuppoRTT programmes and can signpost the resident accordingly.

Take into consideration the resident's preference for which site they would like to return to particularly if the resident has caring responsibilities or a health condition which precludes their having a long commute. If the resident is aiming to work less than full time, it is useful to know what that would entail in terms of weekly hours in the department to which they are allocated, as "full time" hours can vary across departments depending on rota requirements.

Ideally the resident should meet with you or their ES either before or immediately after their return to work to help understand if they have any specific needs/concerns that should be addressed.
Where possible, try and facilitate an ARCP prior to the resident going on leave, in order to safeguard against changes to the curriculum/e-portfolio/training programme that occur during the time out of training.

Residents on leave may wish to attend training days remotely whilst on leave to ensure they are keeping up to date, reduce social isolation and maintain engagement with the programme and peers.
Any significant concerns about a resident's performance should be addressed sensitively and compassionately by their TPD, with a view to how best to support the resident to return to their expected level, as when done badly, this can significantly impact the mental health of the resident and in fact reduce their performance further. If a resident has never had performance issues prior to their time out of training, it is likely that they are being inadequately supported rather than they have suddenly become a bad doctor!

Appendix A - Pre-Return EM Checklist

The aim of these questions is to promote reflective thinking about your time out of training and your training needs when you return. The questions are for you to consider and answer as you wish, the answers are likely to be different for every resident returning from leave regardless of the type of leave and can help your ES understand how you currently feel and how they may be able to support you through this process.

Q1: What was your experience of time out of training including positives, negatives, and any transferable skills you have gained?

Q2: What are your concerns about returning to training? Consider clinical activities, leadership skills, areas of the department and shift types.

Q3: What support do you feel would be helpful when returning to training? Consider paired rota, enhanced supervision period, buddy system etc.

Q4: What courses would you like to attend to help with this transition period? Consider life support courses, US courses, procedural skills courses, communication skills courses etc.

Q5: What other support would be helpful?

Situation	Impact	Possible solutions
Physical Health		
Mental Health		
Pregnancy		
Bereavement		

Caring Responsibility		
Other		

Possible solutions include:

- Occupational Health referral
- Consider LTFT training
- Practitioner Health Programme
- Professional Support Unit coaching/mentoring
- Financial advice
- Review workload/rota with ES

Review childcare arrangements

Portfolio Review

For each section (depending on level of training), please make 1-2 SMART goals for progress in each section. Please consider accessing resources available on the RCEM, RCEMLearning, RCEM curriculum and ePortfolio websites to support these activities

A SMART goal is specific, measurable, achievable, relevant, and timely.

Portfolio ARCP Requirement	Review to date:	Future plans:
Resuscitation skills e.g. ALS/ATLS/EPALS		
Ultrasound competencies:		
ACCS:		
EM/Acute Medicine Competencies		
Anaesthetic Competencies:		
Intensive Care Competencies:		
ST3 Paediatric Competencies:		
HST:		
SLOs 1-8:		
SLO 9-12:		

Procedures:

Please select 5 common procedures in ED to focus on specifically during this period. Whilst you may feel uncomfortable performing HALO procedures, this is unlikely to be specifically related to your period out of training and you are unlikely to see these regularly in your department to show a significant improvement.

Common Procedures (ACCS)

- Pleural aspiration of air
- Chest drain: Seldinger
- Central line insertion
- Arterial line insertion
- Fracture/dislocation manipulation
- External pacing
- DC Cardioversion
- POCUS: Vascular access/Fascia Iliaca Block

Common Procedures (HST)

- Procedural sedation
- Advanced airway management
- Non-invasive ventilation
- Chest drain: Seldinger and open
- External pacing
- DC Cardioversion
- Life-threatening haemorrhage management
- Fracture/dislocation management
- Large joint aspiration
- POCUS: Vascular access/Fascia Iliaca Block/Echo in Life Support/FAFF/FAST/Shock Protocol/Lung US/AAA

Using the Entrustment scale ratings please rate yourself currently on how confident you would feel doing the procedure and where you feel you should be (this will depend on your stage of training).

Procedure	Current Confidence Level	Level where I feel I should be
1.		
2.		
3.		
4.		
5.		

Entrustment Scale Rating:

1. Requires direct observation/involvement from supervisor
2. Requires supervisor:
    a. On the 'shopfloor'
    b. Within hospital
3. Able to perform with supervisor 'on-call' from home for queries
4. Able to manage independently

Leading the Shift:

Q1: How do you feel about leading a shift during the day (early/late shift)? i.e. with full consultant support

Q2: How do you feel about leading a shift overnight? i.e. with consultant on-call from home

Q3: Do you know how many people form your team during these times and their skills?

Q4: Who can you call for help?

a. With a cardiac arrest?
b. With a trauma call?
c. With a difficult airway?
d. With a difficult colleague?

Q5: What support would be useful to help with leading a shift in the ED? Consider courses, period of enhanced supervision, simulation etc

Appendix B: Post-Return EM Checklist:

Q1: How do you feel your return to work has been?

Q2: Do you have any ongoing concerns about work? Consider all aspects of work including different shifts/areas, procedures

Q3: What continuing support do you need?

Situation	Impact	Possible solutions
Physical Health		
Mental Health		
Pregnancy		
Bereavement		
Caring Responsibility		

Possible solutions include:

- Occupational Health referral
- Consider LTFT training
- Practitioner Health Programme
- PSU coaching/mentoring
- Financial advice
- Review workload/rota with ES
- Review childcare arrangements

Q4: What further support do you require to achieve your SMART goals with regards to portfolio targets?

Q5: What further support do you require to achieve your required competence level for your procedural targets?

Procedure	Current Confidence Level	Level where I feel I should be	Further action to be taken
1.			
2.			
3.			
4.			
5.			

About the Authors

Dr Sarah Hickin-Yacoub "I am an EM consultant with a special interest in education and training. During my training, I had 2 children and worked less than full time. I sit on the RCEM Gender Equity Committee, have been Resident Representative twice and am passionate about improving the experience of EM doctors in the UK, particularly following Time Out of Training."

Dr Mike Hill *"I'm a military EM consultant with specialist interest in diversity and inclusion. As a gay man with disabilities, I have had the privilege to lead the Royal Navy's LGBTQ+ and disability networks, being recognised by winning multiple national diversity awards. As someone with Ulcerative Colitis, I have taken time out of training due to ill-health and appreciate how challenging and frustrating it can be to return to work (having undertaken 5 returns to work in my specialty training). In addition, I have taken time out of programme to complete a trauma OOPE and worked in a central Government diversity and inclusion team, giving me greater insight into the application of the Equality Act."*

Dr Maxine Wilkie "I am an EM resident with an interest in leadership, education and inclusivity. I have recently returned to training less than full time following a period of time out of training for both Out of Programme Experience as a Leadership Education Fellow and maternity leave. I am passionate about improving ease of access to information for doctors to improve their experiences whilst at work and remove unnecessary barriers that prevent career progression."

This guide has been created by Residents for Residents, in conjunction with the Health Education England (HEE) Supported Return to Training (SuppoRTT) team, the RCEM devolved nations Vice Presidents and the Royal College of Emergency Medicine Gender Equity and Training Standards Committees, to whom the authors give their sincere thanks. In particular, we would like to thank the following individuals for their contributions:

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