Return to Training Procedure

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Contents

1.0 Purpose

The needs and safety of patients, the protection of the public and the integrity of clinical services should be paramount in any training programme. Therefore, a return to training programme should be consistent across different organisational settings and for different professional groups. It should demonstrate rigour and fairness, and be a fair, defensible, consistent, documented method of assessing a Trainee's readiness to return to training.

This procedure is to ensure openness and transparency in developing and completing a return to training plan. It should be subject to scrutiny, be fair and consider all relevant evidence and information.

This procedure clarifies the steps to take for a Trainee to develop a return to training plan with their Trainer and Scheme Directing Team (SDT) following an extended leave as detailed in the Trainee Leave Policy and the Policy on Managing Absences from Training.

2.0 Scope

This procedure is a tool to evidence competency following an extended leave and demonstrate the steps taken to ensure any skills and knowledge gaps or fades have been remediated. It is not meant to be used in the context of a trainee in difficulty or one to manage underperformance; it is a due diligence process.

3.0 Procedure statement

A successful return to training plan requires engagement and collaboration from all involved. Nevertheless, ownership of the plan lies with the Trainee.

It is in the best interest of the Trainee to actively participate in the development of their return to training plan, keep reflective notes on learnings, ensure they stay on track with the timeline and meet milestones. The quality of the evidence provided to demonstrate competency will support an efficient progression through the return to training plan and expedient re-entry into the training programme.

The Trainee can resume training in their planned rotation while progressing though their return to training plan, which will also count as training time. All training days missed while on extended leave must be remediated.

The planned return of the Trainee to the training programme should be considered by the SDT when planning placements. If a Trainee, having indicated that they are returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified although every effort will be made to do so.

Evidencing competency after an extended leave can be challenging; both Trainees and Trainers should keep a record of training completed along with performance results and feedback. For Trainees, this can include reflections on learnings.

The return to training plan ends when the trainee is competent to return to full clinical work and training.

4.0 Return to Training Plan lifecycle

The return to training plan is divided into six (6) steps:

1. **Identify skills and knowledge gaps**

Ensure that there is a clear understanding of the nature and range of the gaps, e.g. fading or lost. If there is not already a clear understanding, further investigation or assessment may be necessary. The Trainee should complete the Knowledge and Clinical Skills Self-Assessment Form template and discuss the results with their supervisor or scheme director. For a well-rounded assessment, the Trainee would benefit from reviewing past performance reviews and feedback received and discussing those with their line manager, Trainer and/or SDT. The benchmark should be the clinical skills and knowledge that would be expected of the trainee immediately before going on leave. The self-assessment template is included in the Return to Training Plan template.

2. **Draft an action plan**

The Trainee should use the Return to Training Plan template to outline the plan to address identified training needs in collaboration with their trainer and scheme director. This provides an overview of the proposed plan for 'in principle' discussions. The draft should include:

- Goals
- SMART objectives (Specific, Measurable, Achievable, Relevant and Time-defined) so that the plan is robust
- Recommendations on how to meet objectives (e.g. podcast, webinar, supervision, audit)
- Identification of suitable mentors, clinical and educational supervisors, trainers
- Scheduled evaluations/assessments that allow the trainee to demonstrate their skills and knowledge, including the use of EPAs to address specific domains
- Milestones
- Supporting information/evidence
- Scheduled reviews of progress and
- Actions to be taken if progress exceeds or falls short of expectations at specified review points.

The plan should also include an expected completion date for the plan and resumption of normal progression (i.e. without additional support to bridge knowledge and skills gaps).

3. **Agree to proceed (or not)**

The Trainee, SDT and Trainer should meet to identify next steps for agreeing the plan, or to examine alternative actions if it is not possible to reach agreement on the draft. Collectively, they should clarify timescales with a planned start date so that negotiations on the programme are under reasonable time pressure and do not drag on. It may be appropriate at some point to set a deadline.

4. **Scheduling**

The SDT should contact the relevant HSE line manager to schedule the trainee in the appropriate clinical rotations and academic work, and plan for the full return to training once they have successfully completed the return to training plan. The SDT should aim for the re-entry date to be as close as possible as the one in the action plan.

5. **Implement and monitor**

The Trainer will closely monitor the Trainee's progress through the action plan and update it as objectives are achieved. To demonstrate competency, evidence of whether the objectives have been satisfactorily completed need to be included. When it is practicable to implement, having multiple clinical supervisors for different elements of training can help offer different perspectives on the trainee's performance and provide a richer range of evidence. This will be enhanced by the portfolio of evidence that the Trainee and Trainer will provide. This also, this enables the SDT and/or Trainer to make decisions at planned review points about whether objectives have been met and whether the programme should move on to the next milestone. The scheme may need to seek a relevant expert view on the evidence that the action plan is generating.

The clinical supervisor should also update the SDT regularly on the trainee's performance and raise any concerns early on so that they can be addressed swiftly. Regular motivational and developmental feedback should be provided to the trainee.

The importance of monitoring by the SDT and supervisor cannot be overemphasised. Seeking and receiving regular feedback from the Trainer will allow any lack of engagement with the process or lack of progress to be identified and dealt with quickly and effectively. This could include, if appropriate in the circumstances, rearranging activities, extending the deadlines or, potentially, by early termination of the action plan.

Without regular feedback, if a lack of progress is allowed to go unchallenged until the end of the action plan, the Trainee will not have had an opportunity to address the problem. Additionally, the possibility of the SDT being able to consider different options may be jeopardised. Alternatively, if feedback demonstrates that the trainee is making quicker than expected progress, decisions could be made to shorten the action plan. A decision by the SDT should not come as a surprise to the trainee.

For this step, the Return to Training Plan Template includes multiple tabs that can be used as needed (e.g. assessment of behaviour). They are tools at the disposal of the SDT, trainee and clinical supervisor and are not all required to be completed. But consideration should be given to individual situation and the need to evidence competency.

6. **Complete the programme and follow up**

Upon completion of all goals in the action plan, the supervisor and trainee should discuss the results against the performance requirements to be met to re-enter the training programme at the point they left. Follow up actions should normally be linked to the stated goals of the plan and performance against them. The Trainer will need to include feedback and notes about the Trainee's performance in the action plan and add the completed document to the Trainee's educational portfolio. It is the responsibility of the supervisor to meet with the Trainee and discuss the final results.

- If the Trainee has made insufficient progress and has not met the minimum requirements of their programme within the specified timeframes, the SDT and/or supervisor may recommend further training as appropriate to the case or may recommend additional supports, including via the trainee in difficulty pathway.

Such a scenario will be reviewed by the SDT and or escalated to the GP National Training Directorate and the rationale documented in the trainee's educational portfolio.

4.1 Tools to include in the plan

There are several tools available to help a trainee get back on track. When developing the action plan, discuss the methods and tools that best suit the Trainee's learning style, the performance requirements to be met, resources availability and the severity of the gap in knowledge or skill that needs to be bridged.

Consider as well, that depending on the length of time out of programme and the Trainee's performance immediately prior to their departure, the scheme director and trainer may recommend that a trainee shadow the trainer in all clinical practice for a defined period of time.

Although not mandatory, it is recommended that at a minimum, the following be included in the return to training plan:

- Trainee supervision immediately upon return (period of time dependent on gaps to be closed and reviewed on a case-by-case basis) with written feedback
- A medical record review (or approved alternate audit of medical practice), results of which are reviewed by the Trainer and performance documented on the Trainee's action plan
- Learning group attendance – regular attendance at day release training

Depending on the circumstances following a return to training, the Scheme Director may also recommend to the employer that the trainee not be placed on call for a period of up to 4 weeks. However, the final decision for scheduling and any other employment requirements or needs lies with the employer.

4.1.1 Work-based assessments

- EPAs
- ITERs
- Video consultations
- Trainer, colleague and patient feedback

4.1.2 Educational activities

- Tutorials
- Day release
- E-learning / blended learning
- Focused reading
- Language/communication skills-based activities
- Clinical Hub, including Quick Reference Guides and Forum Journals
- The College audit and research supports

4.1.3 Support

- Mentoring
- Protected learning and development time

4.1.4 Examples of evidence to demonstrate progress

- Reflective learning logs
- EPAs
- Video recording
- Audits
- Professional development plans
- Colleague and patient multi-source

4.2 Enhanced supervision

When a Trainee has been absent from training for six (6) months or more, the Trainee should work under enhanced supervision. The required level of supervision as well as its duration is stipulated by the SDT.

The SDT will inform the Trainee, after reviewing their proposed return to training plan, about any such requirements for assessment and/or supervision. Good supervision and feedback within a supportive environment enhance the improvement of clinical skills. It promotes the Trainee's strengths, elucidates the areas that need improvement and provides direction and strategies for improving performance. Even if the SDT doesn't mandate it, enhanced supervision is advisable for any trainee who has been away from training for a substantial period, because it:

- Provides evidence as to the Trainee's safety to practice and that the public is not at risk; and
- Monitors and supports the Trainee throughout the duration of the return to training plan to ensure that objectives are being met.

The need for supervision will be influenced by individual circumstances, including:

- The length of time away;
- The specific practice where the trainee will be working (i.e. patient demographics and any associated risks);
- Supports that will be in place (other than the trainer); and
- The experience of the trainee.

Supervision should be directed towards self-management, starting with a higher level of supervision for an initial period and gradually reducing over a defined period. The level of supervision and its duration will be influenced by the trainee's skill level, confidence and rate of progress.

Additional information on supervision can be found in the General Practice rotations policy.

5.0 Organisational Considerations

The College will not advocate to the employer or Trainer on matters outside the scope of the training programme. Nevertheless, it is recommended the Trainee ensure the following four elements are discussed with their employer:

Preparatory work before the trainee commences:

- Informing those in the practice of the Trainee's return date and any accommodations that will have to be made to facilitate that re-entry;
- Identifying support mechanisms, including the need for mediation should relationships become strained;
- Working hours and rosters; and
- Recommendation to delay on-call assignments for a period of up to 4 weeks
- With respect to a disability, making any necessary adjustments or modifications to the workplace.

Formal induction and orientation to the clinical learning environment

- Identifying how re-engagement with clinical activities will be managed (perhaps gradually phasing in to the clinical role);
- Explaining organisational structures and processes; and
- Providing orientation to the medical software.

Clear communication to reduce misunderstandings and to manage expectations within the practice, including:

- Briefing the supervisor and other parties that are directly involved in the Trainee's return to the training program (information to those not directly involved should be on a 'need to know' basis); and
- Communicating with patients where necessary.

Responding to the needs of individuals within the practice:

- Some individuals may feel uncomfortable or have reservations about the Trainee who will be working alongside them. Any issues should be discussed, preferably on a one-to-one basis, and the issues resolved (as far as possible) before the Trainee returns.

6.0 Roles and responsibilities

Trainer	• Ensure safe practice, to monitor progress against milestones • Regular contact with the trainee ensures timely, robust and reliable feedback can be reported throughout the programme.
Supervisor	• Record performance on the training plan and add the completed document to the trainee's educational portfolio. • Oversee the clinical parts of the programme and reporting to the scheme director on the practitioner's progress against milestones and objectives.
Scheme director	• May advise on goals, standards, competencies, methods for reviewing progress and the programme outcome, depending on the post to which the trainee is expected to return. • Identify a hospital or community post for the trainee where the return to training plan can be effectively implemented, and • Work with the employer to confirm the plan can be implemented without undue administrative burden and/or make any necessary changes to it to meet any service or clinical needs. • Meet and discuss the final results of the completed plan with the trainee.
Trainee	• Overall ownership of the return to training plan. • Actively participate in the implementation of the plan. • Collaborate and engage with the relevant HSE line manager, scheme director and trainer on the development and implementation of the return to training plan.

7.0 Definitions

Re-entry date	This is the date the trainee fully returns to the GP training programme after having successfully completed their return to training plan. From a curriculum progression point of view, this is the point in time where the trainee was before going on leave.
Motivational and developmental feedback	Feedback that is specific to things the trainee does well and things the trainee should improve.
Clinical supervision	Wide exposure to the full range of appropriate clinical scenarios with constructive feedback, structured reflection and (depending on satisfactory progress at each stage) a sliding scale of supervision from observation to direct supervision to indirect supervision to opportunistic supervision to professional supervision, with increasing responsibility for patient care and regular focused and supported time-out to reflect on clinical activity.
Monitoring	Close observation of a return to training plan implementation. Monitoring takes place on two levels. Day to day, the trainer will normally use continuous assessment, review and constructive feedback to ensure that services are safe while the trainee is working to bridge knowledge and skills gaps. Second level monitoring is undertaken by the scheme director who reviews accumulating evidence (feedback from the trainer and the trainee's formative work) to track progress against agreed milestones. This allows informed decision-making during the life of the action plan and at the end of the process, based on evidence about engagement, progress and whether or not objectives have been achieved.
Mentoring	Personal confidential support for a trainee, offered in a safe environment outside the line management system by someone (the mentor) whose views and feedback are likely to be respected by the trainee (the mentee). Mentoring helps people deal with difficulties and test out options and opportunities. It is a developmental process separate from clinical supervision and has no formal input to performance management.

8.0 Related and supporting documentation

- GP Trainee Leave Policy
- Time Out of Programme Policy
- Return to Training Plan Template
- GP Trainee Leave Application/Notification Form

9.0 Contact

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