

## **Returning to Surgical Practice**

Many individuals will have a break in their surgical practice during their career due to illness, time for research, parental leave or career break. For each person, the circumstances of return will be unique and often involve additional pressures such as caring for a new baby, writing up a thesis or dealing with ongoing health issues.

For many, clinical skills and/or confidence will take some time to return; this is entirely normal and you should not be disheartened if you find this is the case. However, the NHS is a fast-paced environment and it can feel overwhelming when you are not performing at the level you expect to. In these circumstances, there is support available and the following recommendations and checklists can be used as a guide to help you, your supervisors, and your department navigate this period and provide you with the tools you require to get back up to speed.

### **Recommendations:**

- The SuppoRTT programme run by Health Education England provides funding to assist trainees coming back to work. This can be used to cover:
  - A period of enhanced supervision
  - Refresher courses and simulation training
  - Mentoring or professional coaching
  - Conferences and workshops
  - Funding for other courses as per the needs of the individual

*(This scheme doesn't currently exist for the devolved nations but there is a NES Return to Clinical Practice scheme, for which funding is currently being applied).*

- We recommend that trainees use the SuppoRTT programme to facilitate a period immediately after return to just do elective work, followed by a period of shadowing another registrar on call (e.g. hot week).
- We recommend that trainees use the SuppoRTT programme to attend a course appropriate for your level of training and in areas that you feel will need refreshing. For example, the ST3 boot camp may be useful even if you are at a higher level of training.

- Where possible, try to return to work in the department you were in when you left. This will make the transition less daunting and easier in terms of IT systems and work-life logistics.
- Ensure that all consultants who will supervise you are aware of your level of training and crucially the length of time that you have been out of clinical practice. Spend a period of time doing core operating to ensure you are at the competence level that you were before you went off. This will help build your confidence before embarking on more specialist surgery.
- Ask if it is possible to have a supervisor who has experienced taking time out of clinical practice.
- If you returning to work on a less than full time (LTFT) basis, find out who will design your rota. Get in touch with this person early and work with them to put together a schedule that includes an appropriate number of elective and on call hours to fit your agreed training percentage. It may be helpful to contact other urological trainees to look at the templates they have used.
- Each Trust will have a LTFT Champion and a SuppoRTT champion for those in England. If necessary, involve them in your return to work meeting with your supervisor.
- If you have caring responsibilities for children, due to the unpredictable nature of our work finish and start times can be changeable – where possible try and make plans to free you up from drop off and pick up responsibility.
- Reach out to other trainees in your region and nationally who have had time out of training or work less than full time (LTFT).
  - for Urology: UroParents Whatsapp group (message @lfderbyshire on Twitter)
  - for Surgery: Mums in Surgery Facebook group
  - for LTFT: LTFT Trainees forum Facebook group
  - for academics: PGMUK academic mums Facebook group.

### **Checklist for Supervisors**

- How long has this surgeon been away from clinical practice?
- What was their reason for being away from clinical practice?
- What commitments does this surgeon have in addition to their day job (e.g. new baby, writing up thesis, managing illness)?
- What support do they have at home?
- Are they working LTFT / split academic and clinical?
- Who is the Trust LTFT Champion?
- Who is the Trust SuppoRTT Champion (for England only)?
- Have they accessed the mentorship programme?
- Have I done the LTFT training module?
- Is there anyone else that can advise me re LTFT issues or might be better placed to supervise this trainee?
- Are there any concerns about the rota?
- Are there any concerns about the logistics of this job? (commute, over-running lists etc.)
- Is this surgeon up to date with their mandatory training or could they benefit from some additional time to complete it?
- What additional measures have we put in place to facilitate a period of supernumerary working for this surgeon if this is what they wish?
- Does this surgeon have any training or CPD requirements in the next few months (e.g. ARCP, appraisal, exam, PhD viva etc.)?
- What are the concerns of this surgeon re their confidence?
  - Can I provide details of courses or people to speak to help with this?
- What are the concerns of this person with regard to their clinical and surgical skills?
  - Can I provide details of courses or people to speak to help with this?
- Have this surgeon done any 'Keeping in touch' KIT days?
- Have this surgeon attended any courses?
- Are there any courses that they feel would be helpful to attend in the next three months?
- Is there anyone in the department with a similar experience to this returning surgeon that I could arrange a meeting with?
- What are their short-term (3 months), medium term (6 months) and longer term (1-2yrs) goals?

Are there any other concerns not addressed by the previous questions?

## **Checklist for Returning Surgeons**

- Have you made use of available funding e.g. SuppoRTT or locally available study budget funding to provide access to courses?
- Have you been able to arrange any KIT days?
- Would a period of working in a supernumerary capacity be useful?  
(*this can be funded by the SuppoRTT programme for trainees in England*)
- Is your confidence affected?
  - If yes, would a course or simulation training be helpful?
  - Is there someone locally who has a similar experience that you could talk to, even in a different specialty?
- Are your clinical skills rusty?
  - If yes, would a course or simulation training be helpful?
  - Do you have a plan to get back on track (e.g. specific courses, targeted operating lists etc.)?
  - Would specific plans such as a reduced no of patients in clinic or a reduced no of patients on an operating list be helpful?
- Is there anything that is particularly worrying you (e.g. on-call, volume of patients in clinic)?
- Are there any additional issues that you want to raise (e.g. breastfeeding and needing somewhere to express, poor sleep, heavy workload if writing up)?
- Are there any logistical issues that are worrying you about this job (e.g. commute, lists over-running)?
- Are there any imminent CPD requirements (e.g. exam, ARCP, appraisal)?
- If working LTFT are you happy with the plans for the rota and your timetable?
- Are you aware of the LTFT Champion in your Trust?
- What are your short-term (3 months), medium term (6 months) and longer-term (1-2yrs) goals?
- Are there any other concerns that you want to raise with your supervisor?