

Paediatric Return to Acute Clinical Practice (PRACP) Educational Supervisor Guide

Guide for educational supervisors for trainees returning from
time away from clinical practice

Paediatric Return to Acute Clinical Practice (PRACP) –

Educational Supervisor Guide

Background

It is well recognised that time out of clinical practice can lead to attrition of skills and loss of confidence on return to the workplace. This is true of absences as short as 3 months. Therefore it is vital that medical practitioners receive support and training before returning. Guidance from the Academy of Medical Royal Colleges (AoMRC) aims to highlight the importance of having good procedures for doctors returning to practice. The guiding principle is to maintain patient safety.¹

Focus group work of paediatric trainees returning from maternity leave conducted by the London School of Paediatrics (LSP) educational fellows found that the key concerns were attrition of skills, going straight back in without preparation, logistical worries about balancing home and work life, challenges of working less than full-time and working with sick children once you had a child of your own.²

With this and the AoMRC guidance in mind, the London School of Paediatrics developed and funded a high fidelity course - Paediatric Return to Acute Clinical Practice (PRACP) - to address some of these concerns. It originated as a course for trainees returning from maternity leave but has evolved to encompass **any** member of the paediatric multi-professional team returning to acute clinical practice from a period of time away, including trainees from all levels, consultants and nursing staff. There are a myriad of reasons trainees may take time away including research, teaching/Darzi fellowships, career breaks and ill health and this course aims to be relevant whatever the reason for the absence.

The PRACP course

The one-day course was designed and is led by doctors who have all taken time out of training themselves and so understand the difficulties in transitioning back to clinical practice. A key issue for many is anxiety and lack of confidence in dealing with acute emergencies. Collaboration with the LSP Simulation Network and their trained faculty has allowed provision of high quality simulation training to improve knowledge, self-confidence and awareness of human factors prior to returning to the clinical environment. The simulation scenarios are all chosen from those approved by the LSP Simulation Network and the team ensure the candidates partake in 4 scenarios of common paediatric or neonatal emergencies.

The course also focuses on key updates in paediatrics so participants are aware of changes or new initiatives in clinical practice and training, signposts doctors to mentoring and coaching support within London as well as discussing methods of improving well-being and resilience in the workplace.

The course has now been running since 2014 and has recently received funding and support to be run from 3 to 4 times a year in simulation centres across the three London sectors. Feedback has been consistently excellent with participants reporting the simulation sessions make them feel more prepared and confident about returning to clinical work. The course is considered to provide a good balance of clinical, practical and pastoral elements. It is relevant to all levels of training (participants have ranged from ST1 to consultants) as well as offering a valuable opportunity to network with others. A number of course participants have gone on to become part of the faculty and are able to share their own personal experiences and advice.

Beyond the course: supporting trainees returning to clinical practice

We are aware however that the PRACP course plays just a small part in the experience of returning to work and we encourage support and guidance embedded into the local workplace before, during and after the absence.

The AoRMC stresses the importance of trying to start the process of planning and preparation before the doctor leaves clinical practice. We hear frequently from trainees areas that could be improved including better information and support in accessing 'keeping in touch' (KIT) days and awareness by the trust and educational supervisor that the trainee is returning from an absence and so avoiding situations such as working night shifts at the very start of the job. One of the issues is that trainees frequently return to a workplace different to the one they left. We strongly encourage returning trainees to arrange to meet their future educational supervisor before they start their next post. This meeting will give them the opportunity to discuss areas they are concerned about and how the trust might support them.

On the course, we encourage participants to take the lead and responsibility for highlighting if they need support or additional training. One way is to flag with their department / educational supervisor that they are returning to clinical practice ideally prior to starting. We also give them a return to work checklist adapted from the AoMRC guidance that they can fill in at the first educational supervisor meeting. However it is also important that the Educational Supervisor is sensitive to the challenges of transitioning back to work and partners with the trainee to provide appropriate guidance and encouragement.

We suggest that the Educational Supervisor considers putting the following measures in place:

Prior to / during a period of absence:

- Discuss that absence from clinical practice may affect skills and confidence on returning to work but awareness and preparation for this will be extremely beneficial.
- Ensure they have informed their TPD and other relevant people e.g. Sub-speciality CSAC chair regarding their absence.
- If planning to return less than full-time signpost to London HEE LTFT webpage <http://www.lpmde.ac.uk/training-programme/training-matters/less-than-full-time-training>
- Complete the 'Planned Absence' checklist (attached)
- Signpost to the PRACP course and encourage attendance prior to return to work (details can be found on LSP website).
- Discuss Keep in Touch days and if these can be organised at your trust prior to return to work. NB Trainees going on maternity leave are eligible for up to ten paid KIT days and should discuss with HR how to claim for these. These KIT days do not need to occur at the trust and can include any training activity including courses such as the PRACP course.

Prior to return

- Try to be aware of new starters who are returning from an absence of clinical practice and ensure they are adequately supported e.g. not assigned to nights in the first week
- During the first educational supervisor meeting review and discuss the 'Return to work' checklist. The trainee could consider uploading this to their eportfolio on completion.
- Consider additional induction, training or supportive measures that need to be put in place e.g. extra intubation practice, additional supervision for first few weeks etc.
- Signpost to mentoring and other services available through the London School of Paediatrics website
- Be aware of trainees who are returning from an absence and making an important transition professionally. The most obvious example of this is the transition to the middle grade and these trainees will need careful supervision and support.

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PRACP team, January 2018

References:

1. Return to practice background document, 2017 Revision. Academy of Medical Royal Colleges, June 2017. Available from: [http://www.aomrc.org.uk/wp-content/uploads/2017/06/Return to Practice guidance 2017 Revision 0617-2.pdf](http://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revision_0617-2.pdf)
2. Brightwell A, Minson S, Ward A, Fertleman C. Returning to clinical training after maternity leave. BMJ Careers. 2013; 09.10 Available from: [http://careers.bmj.com/careers/advice/Returning to clinical training after maternity leave](http://careers.bmj.com/careers/advice/Returning_to_clinical_training_after_maternity_leave)



PLANNED ABSENCE CHECKLIST

Adapted from the Academy of Royal Medical Colleges Return to Practice Guidance, updated version 2017

To be completed with your educational supervisor prior to absence from clinical training

1.	How long are you expected to be absent? (Is there any likelihood of an extension to this?)
2.	What level of training are you? How might the absence affect your current / expected competencies?
3.	Will you continue to do some clinical work e.g. clinics/on-call rota as part of a research/fellow job; locums? How do you plan to keep a record of competencies / learning?
4.	Are there CPD activities / e-learning you could do prior to returning to work to keep up to date? E.g. Preparation for Return to Acute Clinical Paediatrics (PRACP) course, APLS, NLS, Child Protection Training, RSM study days.
5.	Do you know which job / type of job e.g. neonates you will be returning to? Will this be at the same or a different trust? Is there anything you need to do to prepare for this?

6.	Have you discussed with your TPD any change in your work pattern on returning to work e.g. less than full time training. Are you aware of the forms you need to complete? Are their additional people who need to be informed of the absence e.g. GRID CSAC chair?
7.	Will you be able to participate in any keep in touch days or other means of keeping in touch with the workplace? If so, how will this be organised? This should also address how KIT days will be organised if you are returning to a different Trust.
1.	Do you have any additional educational goals during your absence?

Signatures

Returnee:	Date:
Supervisor:	Date:



RETURN TO WORK CHECKLIST

To be completed at your first meeting with your educational supervisor on return to clinical practice

1.	Was a planned absence checklist completed? (If so this should be reviewed)
2.	What was the length of absence from clinical practice?
3.	Has the absence extended beyond that which was originally expected?
4.	How long had you been practicing in the role you are returning to?
5.	What responsibilities will you have in this post to which you are returning? Are there any new responsibilities?
6.	How do you feel about your confidence and skills level? What are areas causing anxiety?
7.	What support would you find most useful in returning to practice?
8.	Have you had any relevant contact with work and/or practice during your absence e.g. 'Keeping in Touch' days, courses etc.?

9.	Have there been any important changes in Paediatrics it is important to know in this post? e.g. new clinical guidance, new practices, drug information, changes in training / curriculum
10.	Has the absence had any impact your license to practice and revalidation? Is help required to fulfil competency requirements for level of training?
11.	Have any new issues (positive or negative) arisen for you since you were last in post that may affect your confidence or abilities?
12.	Are you having a staged return to work on the advice of Occupational Health?
13.	Are there any other factors affecting the return to practice or any issues to raise?
14.	Are there any skills that you need to observe first before you are happy to undertake independently?
15.	Do you need a period of observation before beginning to practice independently again?
16.	Is there additional training, special support or mentoring required to facilitate return to practice. How can this be put into place?

Signatures

Returnee:	Date:
Supervisor:	Date:

