

FICM RETURN TO WORK GUIDANCE

2020



The Faculty of
**Intensive
Care Medicine**

FICM Return to Work Guidance

Introduction

This policy offers a brief outline of the support that should be given to any trainee returning to work after a period of absence. Ultimately the needs of any trainee returning to work will be unique to that trainee and this should be recognised when planning a return to work program.

It should be emphasised that returning to work can be a stressful experience and all appropriate support should be offered to the trainee to facilitate the process.

Reasons for requiring a return to work program may be:

- Returning after maternity or paternity leave
- A period of full time research
- Health - physical or mental
- Following an approved leave of absence
- Any other reason which has meant the trainee has been away from medical work relating to ICM

The length of absence may influence the speed of return to practice. The Academy of Medical Royal Colleges report 'Return to medical practice Guidance' suggests that an absence exceeding three months is more likely to affect clinical skills and they provide a useful assessment around which to base local LETB practice. In Intensive Care Medicine this can be further tailored keeping in mind specific skills which are required for safe hospital practice.

The TPD will co-ordinate the return to work (RTW). Each ICM training unit should have a consultant nominated to support trainees returning to work after a period of absence.

Planning an Absence from Work

The trainee, with assistance from their Faculty Tutor or Educational Supervisor should plan the absence from, and return to, work. The Faculty Tutor or Educational Supervisor, Training Programme Director, Head of School, Health Education England (for your region) and Lead Employer should all be notified of the plans. Consideration should be given to keeping in touch (KIT) days. The Faculty Tutor should address the questions in **Appendix 1**. This should be completed and uploaded to the trainee's e-portfolio.

Returning to Work

The TPD should contact the trainee in the first instance. They should establish:

- The planned RTW date
- Are they planning to return to work full-time or less than full-time?
- The TPD will also determine where the trainee is returning to work.

Each unit or placement should have a nominated consultant to support return to work. It is envisaged that this will be either the Faculty Tutor (FT) or an experienced Educational Supervisor (ES).

The trainee should meet with the nominated consultant as soon as is practicable, prior to returning to work. It is recommended that this meeting takes place at least **8 weeks** prior to return to allow enough time to plan. A discussion should take place between the trainee and consultant. **Appendix 2** can be used as a checklist at this meeting.

Considerations include:

- How long has the doctor been away from work?
- What training had they completed prior to the absence?
- Who will be their educational supervisor?
- Has the trainee completed any KIT days?
- Has the trainee undertaken any other recent educational activity specific to RTW – i.e. simulation training, teaching, resuscitation updates, etc and can any of these be offered?
- What prior competence with procedures did the trainee have specific to the role?
- What concerns does the trainee have about returning to work?

Plans for the RTW should then be made, including:

- Addressing any concerns the trainee may have
- Planning the rota – There should be an initial period of supervised clinical practice
- What support does the trainee need with procedures and how can this be facilitated?
- Are there any local, regional or national teaching programs that may facilitate the RTW (e.g simulation courses)?
- The trainee can be mentored by one of the trained ICM mentors within the LETB

Think outside the box!

Given the breadth of areas that are covered in the ICM curriculum it should be noted that both trainee and trainers may want to 'think outside the box' when it comes to planning a RTW. For example:

- Would a period of observed airway management in theatres be beneficial?
- Could local simulation facilities be utilised to improve confidence?
- Could other specialties be approached for support; e.g. Respiratory to assist bronchoscopy, chest drains etc?
- Where the RTW is into ICM specialty training (neuro, paed, cardiac) is there any other support that could be offered?

More Complex RTW Planning

Certain instances may require more complex RTW planning. Where the absence from work has been due to health, conduct or capability issues then other areas should be explored by the trainers planning the return to work. Further support from the LETB (to both the trainee and trainers) and from HR should also be offered in this case.

A further (but not exhaustive) list of questions that should be considered in this case are:

- Are there any ongoing health issues?
- Has occupational health advice been sought?
- Have occupational health or other bodies made recommendations about RTW?
- Is a phased return to work anticipated?
- Are there any other services available that may support the trainee in returning to work (e.g Health & wellbeing, psychology services, etc)?

After Return to Work

Upon returning to work, there should be an initial period of supervised clinical practice and any on call commitment should be with the support of a resident consultant which in some Trusts may mean it is limited to day time on call duty for a period of time. The length of time should be individualised and regularly reviewed with the trainee's educational supervisor. It is anticipated that in most cases, this is unlikely to exceed 2-4 weeks. This is the same for less than full time trainees. During this period of time, the trainee must take the opportunity to use tools such as WPBA's as evidence of competence to return to normal duties. Once this period of time is complete, the trainee should meet with their educational supervisor or faculty tutor to discuss and feedback on their experience and at this point an assessment is made as to whether the trainee is ready to return to normal duties. It is also an opportunity to identify any particular problem areas and organise more targeted training. Once the trainee and educational supervisor/faculty tutor are satisfied that the return to training programme is complete, a confirmation form (**Appendix 3**) can be completed which is to be forwarded to the appropriate TPD and uploaded onto the trainee's e-portfolio.

Appendix 1

Planning an absence from practice form

1.	Length of absence (Is there any likelihood of an extension to this?)
2.	Length of current role
3.	Will there be an opportunity to participate in any 'Keeping in Touch' days or other means of keeping in touch with the workplace? If so, how will this be organised?
4.	Additional educational goals which need to be completed during absence
5.	Training or support needed on return to practice (e.g. Rapid sequence induction, airway skills, ALS etc.)
6.	Issues relating to next ARCP to be considered. (Trainee does NOT need to attend ARCP if absent from training programme) Any anticipated difficulties with return to learning
<p>Signatures</p> <p>Trainee Date</p> <p>ES/Faculty tutor Date</p>	

PLEASE UPLOAD TO TRAINEE E-PORTFOLIO

Appendix 2

Post-absence planning Form

1.	Review of pre-departure checklist:
2.	Length of absence:
3.	Has absence extended beyond that originally expected? If so, what impact has this had? (If unplanned absence, please give reasons)
4.	What level of training is the trainee returning to and how long had they been practising in that role prior to absence?
5.	Forthcoming roles and responsibilities (In particular are there any new responsibilities):
6.	How does the trainee feel about their confidence and skills levels?
7.	What support would the trainee find most useful in returning to practice? Consider a mentor.
8.	Any relevant contact with work and/or practice, during absence (e.g. 'keeping in touch' days)
9.	Any changes since the trainee was last in post: e.g.: <ul style="list-style-type: none">• new equipment, new FICM, ICS & NICE guidance, hospital policies• Changes to FICM curriculum• Significant developments or new practices

10.	Issues relating to the trainee's next appraisal and preparation for this
11.	Any other factors affecting the return to practice
12.	Overview of plan for supervised return to work programme
13.	Evidence of active clinical practice during absence (only if supervised return to training deemed unnecessary)
14.	Required assessments in this period (including DOP's, CBD, MiniCEX)
15.	Provisional date for confirmation of readiness meeting
<p>Signatures:</p> <p>Trainee Date</p> <p>ES/College tutor Date</p>	

PLEASE UPLOAD TO TRAINEE E-PORTFOLIO

Appendix 3

Confirmation of Readiness to Return to Training after Period of Absence

Name:		
Position:		GMC No.:
Place of work before absence:		
Date of return:		
Period of Absence:	From:	To:
Reason for Absence:		
Place of work on return:		
Intention to return to training: Full time LTFT		
Training undertaken during period of leave (e.g. induction, courses, Keeping in touch days etc.)		
End of return to work programme comments (including number of WPBA's completed)		

Confirmation by returning trainee

I feel confident in all respects to recommence full duties on: (date)		
Trainee to complete RTW Feedback Form (Appendix 4)		
Signed:	Printed:	Date:
Confirmation by Educational Supervisor/Faculty tutor		
Signed:	Printed:	Date:

PLEASE UPLOAD TO TRAINEE E-PORTFOLIO

Appendix 4

Return to Work Feedback Form for ICM Trainees

Please complete following return to work (RTW)

Are you a dual or single CCT trainee?	Dual Single
If dual what is your second specialty?	
What is your stage of training?	
How long were you absent from work?	< 3 months 3-6 months 6-12 months >12 months
Is this more or less than you planned?	Same More Less
Place of work before absence	
Place of work on return	
Reason for absence	

BEFORE ABSENCE	
1. Was this a planned absence?	Yes No
2. Did you meet your ES to plan your absence from and RTW?	Yes No N/A
3. Have you read the ICM RTW policy?	Yes No
4. Were you informed of Keep In Touch (KIT) days or similar?	Yes No
5. Did you discuss educational goals and support required on return?	Yes No
DURING ABSENCE	
6. Did you meet with ES at least 8 weeks prior to RTW?	Yes No
7. Did you undertake any KIT days or similar?	Yes No
8. Did you discuss specific training needs or other requirements on return?	Yes No
9. Were you offered a mentor?	Yes No
10. Did you agree a RTW plan?	Yes No
FOLLOWING RTW	
11. Did you meet with ES to confirm readiness to RTW?	Yes No
12. Did you return to Full Time or LTFT work?	FT LTFT
13. Overall were you satisfied with the RTW process?	Yes No
If not please explain why?	
Any other comments/recommendations regarding the RTW process	

PLEASE FORWARD TO APPROPRIATE TPD

Contributors

FICM Women in Intensive Care Committee

Contacts

For further information, question or comments please contact: contact@ficm.ac.uk

Further information

Recommendations for Supporting a Successful Return to Work after a period of Absence, Royal College of Anaesthetists, March 2011. www.rcoa.ac.uk/document-store/career-breaks-and-returning-work

Return to practice Guidance, Academy of Royal Colleges, April 2012. [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)

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