Protocol for Doctors Returning to Work after a Period of Absence

INTRODUCTION

This protocol is to be used in circumstances where a doctor is returning to work after a significant period of absence from clinical duties of 3 months or more. This protocol is not for use when doctors have been absent due to illness but rather it is aimed at doctors who have undergone a substantial break from clinical work for personal or professional reasons such as extended maternity leave or following a significant period of research.

Each doctor has different needs and any plan to facilitate the return to work should recognize these differing needs. This document gives a framework to help to identify the requirements of the individual practitioner and to ensure effective return to practice

It should be used by Doctors, employers, Clinical Directors, Doctors appraisers, Locums and their employer and contracting agencies, postgraduate training bodies.

UNDERLYING PRINCIPLES

For this protocol to be effective a number of basic principles must be adhered to:

- Responsibility for ensuring that an appropriate programme for return to work is in place and applied rests with the relevant clinical director and hospital CEO or GM
- The protocol can only be initiated where the doctor has explicitly agreed to participate in this process
- The doctor returning to work has the equal responsibility of working positively and reasonably with the Clinical Director and CEO/GM through the process
- Emphasis throughout should be placed on effective and considerate support for the doctor as they return to work. It is also important that patient safety be regarded as a top priority.
- While the doctor is absent from work it is the responsibility of the Clinical Director and the doctor him/herself to remain in regular contact.
- Any costs attached for the involvement of the PGTB or third parties must be assessed and agreed with the Clinical Director or equivalent and the doctor in question.
- Appropriate confidentiality should be observed at all times

Programme Plan

To aid in identification of issues and facilitate planning where absence is planned it is recommended the following questions considered and documented:

- How long is the doctor expected to be absent?
- Are there any training programmes or installation of new equipment due to take place in the doctor's workplace in the period of absence? If so, how should the doctor become familiar with this on their return?
- How long has the doctor been in their current role? Is this relevant in determining their needs?
- Does the doctor have any additional educational goals, during their absence?
- What sort of CPD, training or support will be needed on the doctor's return to practice?
- Will the doctor be able to retain their professional competence during their absence

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The doctor may be returning to work to the original post or circumstances may arise where the doctor is not returning to their original post or institution. The doctor may be commencing work in a new position after a period of significant break from clinical work.

The Clinical Director should prepare the programme of return to work in consultation with the doctor, the Clinical Director, the CEO/GM and any other relevant persons, such as Department Head or other Clinical Leads.

A structured programme for the return to work must be developed.

Inter alia this programme should address:

- Timescale of return and its phasing
- Doctor's learning needs (see attached checklist)
- Nature of duties to be undertaken and the phasing towards a full return to work
- Details on appropriate professional supervision or retraining if required
- Clinical governance arrangements
- Contractual issues if necessary e.g. if returning to a different post or institution
- Evaluation milestones and how these milestones will be assessed
- End date of the programme
- Funding

Appendix one provides a template which can be used when devising the programme.

This programme should be devised by the Clinical Director and the CEO/GM in partnership with the doctor and the relevant training body and any other third party as appropriate. . When defined, the agreed programme should be signed-off by the doctor, the Clinical Director, and the CEO/GM.

It is particularly important that where the programme involves participation by third parties e.g. clinical departments in other hospitals for retraining purposes, their role should be clearly defined and agreed directly with them at the outset.

Other methods to consider

- Periods of observation of the doctor
- Flexible hours may be necessary
- Professional development – external CPD courses

Regular monitoring should be inbuilt. The Clinical Director is responsible for ensuring that such monitoring takes place. Should it be considered by any party to the agreed programme that anticipated progress is not being achieved, it will be open to them to seek a review at any stage. It is then possible to modify the programme, with agreement.

Monitoring of the programme should not be confused with existing clinical governance arrangements, which should be applied as normal.

Programme End

A date for a formal evaluation should be arranged and evidence of completion of the programme should be given. On completion of the programme of return to work the Clinical Director and the doctor should jointly evaluate the programme.

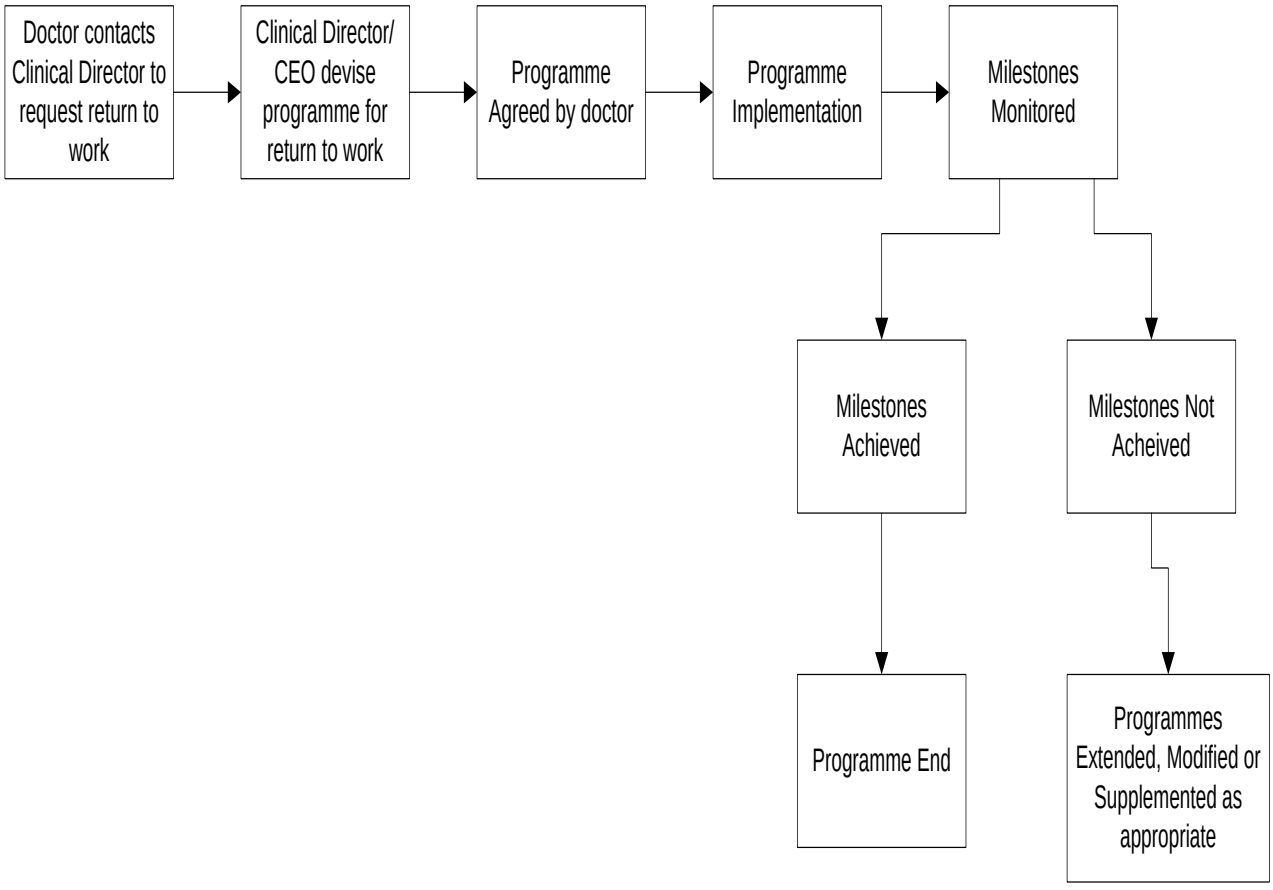
Where anticipated outcomes are not achieved or are unclear, the programme may be extended, modified or supplemented.

If it agreed that the outcomes have been achieved, and that the return to work is successful, the programme is closed.

NOTE

Where doctors do not have employers they still have the responsibility to manage their own return to practice. The necessary arrangements must be made to support their safe return.

Steps:



Appendix 1

A Doctors Return to Practice – Recommended Questions and Actions[1]

The following checklist of questions is recommended to be used post-absence in order to help with identification of issues and facilitate support planning.

1. Was a pre-departure plan developed? (If so, this should be reviewed.)

2. How long has the doctor been away?

3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important.)

4. How long had the doctor been practising in the role they are returning to prior to their absence?

5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?

6. How does the doctor feel about their confidence and skills levels?

7. What support would the doctor find most useful in returning to practice?

8. Has the doctor had any relevant contact with work and/or practice, during absence e.g. 'keep in touch' days?

9. Have there been any changes since the doctor was last in post? For example:
    - The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or anything that the doctor needs to learn
    - Changes to common conditions or current patient population information
    - Significant developments or new practices within their specialty
    - Changes in management or role expectations. What time will the doctor have for patient care?
    - Are there any teaching, research, management or leadership roles required?

11. Have any new issues (negative or positive) arisen for the doctor since the doctor was last in post which may affect the doctor's confidence or abilities?

12. Has the doctor been able to keep up to date with their professional competence whilst they have been away?

[1] Checklist was adapted from the Academy of Royal Colleges document *Return to Practice Guidance.* http://www.aomrc.org.uk/doc_view/9486-return-to-practice-guidance

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16. Are there other factors affecting the return to practice or does the doctor have issues to raise?

17. Is a period of observation of other doctors' practice is required and/or does the doctor need to be observed before beginning to practise independently again?

18. Will the doctor need training, special support or mentoring on return to practice? If so, are there any funding issues related to this which need to be considered?

Signatures
Doctor Date

On behalf of the organisation Date