Supporting trainees to return – the London guidance

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I am a Consultant Breast Radiologist at University College Hospital, London, and was recently appointed as the RCR LTFT training and working advisor. As a trainee, I returned to work following two periods of maternity leave: like Sammy, I worked in a supportive department, and both my 'return to work' experiences were positive. As a Consultant, I wanted to ensure that all trainees were similarly supported. With Dr Louise Dickinson, UCH Radiology trainee (see case study), we wrote and developed the London School of Radiology "Guidance for Radiology Trainees Returning to Work after a Period of Absence", and I am currently the London School of Radiology Return to Work Champion.

London School of Radiology: Guidance for Radiology Trainees Returning to Work after a Period of Absence

Our London Radiology guidance aligns with the HEE SuppoRTT programme for doctors returning to training after time out. The SuppoRTT initiative identifies three key time points and HEE online forms are completed to i) plan an absence from training ii) plan a return from absence, and iii) following a return to training.

Our London guidance supplements the generic HEE forms, completed by doctors from all specialties, and proposes a specific structure for Radiology trainees. The forms document levels of competence and supervision across a range of imaging modalities (plain films, CT/MR, ultrasound, intervention, fluoroscopy and on call) before the period of time out of training. When planning the return to training, this information enables a 'bespoke' return to work programme for the trainee influenced by many factors, including stage of training before the period of absence. For example, the guidance recommends that a number of ultrasound sessions are supervised, plain film reports checked, and shadowing on call takes place, before expecting the trainee to have returned to prior levels of independence. The specific details depend on many factors. For example, a junior trainee who previously had all CT reports checked and was fully supervised for most radiology sessions, may require minimal supported return to training supervision. However, a very senior trainee, who was reporting independently before time out of training, may need more additional support on return to work to reach their previous levels of competence.

The guidance also highlights and signposts doctors to other SuppoRTT resources they may not be aware of, such as funding for courses to support the return to work, access to coaching and mentoring, and other schemes.

We are really pleased to see the fundamentals of our guidance incorporated into the RCR Supported Return to Training toolkit: this will enable all RCR trainees to have access to Radiology-specific return to work guidance.

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