HEALTH EDUCATION ENGLAND

EVALUATION OF THE SUPPORTED RETURN TO TRAINING PROGRAMME – YEAR 1 REPORT

January 2020

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EXECUTIVE SUMMARY

In response to concerns raised in the 2016 Junior Doctors Contract, Health Education England (HEE) established the Supported Return to Training (SuppoRTT) programme, designed to provide additional support to trainee doctors wishing to take time out of training. The SuppoRTT strategy proposed to build upon existing local resources and good practice, whilst ensuring that provision is consistent nationally. To ensure that activities meet the needs of trainees and their local networks, SuppoRTT is delivered by 11 local offices across England. Local offices are supported by a Coordination network which comprises of local office SuppoRTT administrative staff representatives, Associate Deans, National Fellows and the National Team.

RSM UK Consulting LLP (RSM) was commissioned by Health Education England (HEE) to conduct a three-year longitudinal evaluation of the Supported Return to Training (SuppoRTT) reforms. This Year 1 Report provides a summary of the impacts of the SuppoRTT programme to date, the perceptions of impact from trainees who have accessed the SuppoRTT programme (beneficiaries), wider trainees (non-beneficiaries) and educators and a series of early recommendations.

Methodology

The methodology for this Year 1 report involved the following stages:

- **Desk review of HEE programme data and literature**, supplemented with other relevant documentation;
- **Telephone interviews** with local offices (11), clinical fellows (nine) and Assurance Board members (six);
- **Online surveys** with programme beneficiaries (223 responses received), non-beneficiaries (1,482 responses received) and educators (864 responses received); and
- **Online focus groups/ interviews** with 15 beneficiaries (to be completed during November 2019).

Report key findings (Areas 1 and 2)

- **SIM funding (Area 1):** Between December 2017 and March 2018, up to £250,000 was available per local office to commission or upscale trust simulation provision. The total value of the 107 bids received across all offices was £5,070,822, of which £3,076,783 (61%) was approved. Feedback from trainees suggested that they found SIM activities beneficial for updating clinical skills, and that they also welcomed the opportunity to meet trainees in a similar position, network and discuss wider issues such as anxiety and confidence.
- **Trainees who have accessed SuppoRTT (Area 2):** Local offices data returns from the period April to September 2019 indicated that 2,685 trainees had returned to training after time out, and 753 of these had accessed SuppoRTT. Parental leave was the most frequent reason for time out (55%). The majority of returners come from General Practice, Medicine and Paediatrics, with smaller numbers are present in the other specialties (e.g. Radiology or Surgery).
- **Programme costs (Area 2):** there is significant variation in the cost data submitted by local offices; correspondingly, it has not been possible to estimate the approximate costs per returner accurately. Other issues with data capture include differing interpretations of what a trainee accessing SuppoRTT constitutes, the variation of activities provided by local offices and current spend and budget allocations.

- **Activities provided by local offices (Area 2):** some activities offered (e.g. pre-absence meetings) are common to all local offices, while others differ in their offering (e.g. Yorkshire offers an out of programme study group).
- **Perceptions of impact amongst beneficiaries (Area 2):** 232 beneficiaries of SuppoRTT responded to the online survey. Respondents indicated that the biggest impacts of SuppoRTT were enhancing their ability to carry out safe and high-quality clinical practice (54% agreeing/strongly agreeing) and making sound clinical decisions (54% agreeing/ strongly agreeing).
- **Perceptions of impact amongst non-beneficiaries (Area 2):** 1,483 trainees who have not accessed SuppoRTT responded to the online survey. 70% of respondents had considered taking time out, with 69% reporting that they would have concerns about taking time out (e.g. financial concerns, concerns about career progression and impact on clinical competency). The majority (80%) were not aware of the SuppoRTT programme.
- **Perceptions of impact amongst educators (Area 2):** The survey for educators received 864 responses; 51% of whom were Educational Supervisors. Over half of respondents (58%) had not taken part in any of the SuppoRTT related activities. Of those who had taken part in activities, 79% agreed/strongly agreed that these were useful for their role.
- **Perceptions of impact amongst stakeholders (local offices, clinical fellows and national office staff) (Area 2):** findings from telephone interviews with stakeholders suggested that Local Offices felt that SuppoRTT allowed them to tailor activities to meet local trainees' needs**.**

Areas for consideration (Area 3)

The Year 1 report sets out five areas for consideration, based on the feedback provided by surveys with trainees (beneficiaries and non-beneficiaries of the SuppoRTT programme), and from educators, as well as interview discussions with other strategic stakeholders. These areas for consideration can be summarised as follows:

1. **Raise awareness of the SuppoRTT programme and offer**: develop a communications plan using a variety of approaches to promote the programme and consider allocating resources to provide consistency at a national and local level.
2. **Further improve and standardise data collation process on activities and costs**: continue to develop a standardised dataset of measures collected from each Local Office on a quarterly basis, develop a consistent model for evaluating activities (particularly SIM activities) and consider allocating resources to data gathering at a national and local level
3. **Gather feedback on, and promote participation in, activities which are most effective for trainees and educators**: where evidence exists, channel funding and efforts towards activities which are demonstrating the greatest impact on trainees/educators; where activities work well, replicate these in other local areas to promote consistency at a national level.
4. **Consider ways in which the programme's sustainability can be promoted, whilst moving to Business as Usual**: consider developing a network of returners who can act as ambassadors to support other trainees
5. **Other** – consider issues specific to International Medical Graduates (IMGs) in accessing SuppoRTT. Link with relevant other organisations such as the GMC and BMA and promote the achievements of SuppoRTT.

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1. INTRODUCTION AND OVERVIEW

1.1 Introduction

RSM was commissioned by Health Education England (HEE) to conduct a three-year longitudinal evaluation of the Supported Return to Training (SuppoRTT) reforms.

The purpose of this evaluation is to explore:

- impacts of the SuppoRTT strategy;
- potential improvements to both the design and delivery of the SuppoRTT strategy; and
- evidence to inform a business case to support future investment.

1.2 Background to the SuppoRTT programme

During the last five years, there were approximately 5,000 postgraduate doctors taking time out of training at any one time. Some of the many reasons for trainee doctors taking time out of training include:

- parental leave;
- academic research;
- health-related absence;
- gaining clinical experience abroad; and
- career break.

Correspondingly, those taking time out and returning to training are a diverse group, coming from different specialities and at different points of training, with distinct reasons for taking time out and personal circumstances. This group can also face negative cultural perceptions around taking time out of training. Therefore, they may require additional support in their transition out and back into training.

This need for additional support was noted in the 2016 Junior Doctors Contract, which committed HEE to:

"… remove as far as possible the disadvantage of those who take time out due to, for example, caring responsibilities. This approach would include targeted accelerated learning with the prime intention to enable the person who has taken time out to catch up."

In November 2017, HEE published its Supported Return to Training (or SuppoRTT) strategy and investment plan. This outlined how HEE will utilise £10 million recurrent annual funds from the Department of Health and Social Care to deliver the SuppoRTT strategy. With the funds, local offices were responsible for establishing the programme in their local area. This process took place within a short timeframe and is still in its early stages.

1.2.1 SuppoRTT Commitments

The Supported Return to Training (SuppoRTT) strategy and investment plan outlined ten key commitments for returners:

#	Commitment
1	HEE will capture data on returners to ensure the SuppoRTT strategy and investment plan continues to provide individualised support for returning trainees where and when it is required.
2	HEE will ring-fence funding for activities and resources to support returning trainees, to be selected in partnership between Educational Supervisor and trainee, using a defined framework.
3	HEE will coordinate and centralise support for trainee returners to ensure a defined process and framework is followed.
4	HEE will commission training and resources for Educational Supervisors (ES) to help them support returners.
5	HEE will fund regions to deliver biannual Keeping in Touch (KIT) conferences for trainees.
6	HEE will develop metrics for monitoring delivery of SuppoRTT activities and interventions.
7	The SuppoRTT programme will collaborate with projects and programmes within HEE and the wider system, to identify and address interdependencies; raise the profile of returners' voices; and realise shared benefits.
8	HEE will formally evaluate the SuppoRTT programme and implement further recommended changes on the basis of continuing evaluation.
9	Trainees will be involved throughout the design, implementation, monitoring and evaluation, and continuous improvement of the SuppoRTT strategy and delivery. HEE will appoint full time equivalent trainee clinical fellow posts, to conduct further investigation to develop a "menu" of bespoke return to training approaches for trainees.
10	HEE will review these commitments annually to ensure the strategy, investment plan and underpinning processes are delivering the best possible support and outcomes for returning trainees.

1.2.2 Outline of the SuppoRTT approach and activities

The SuppoRTT strategy proposes to build upon existing local resources and good practice available, whilst ensuring that provision is consistent nationally. To ensure that the activities meet the needs of trainees and their local networks, SuppoRTT is delivered by 11 local offices across England, supported by a Coordination network comprising of local office SuppoRTT administrative staff representatives, Associate Deans, National Fellows and the National Team. The SuppoRTT programme is still in its early stages, and hence local offices are continuously developing new activities and processes to meet the needs of their trainees.

In 2017, SuppoRTT was accessed by 1,300 trainees. Types of SuppoRTT activities include:

- Educator upskilling courses;
- conferences and roadshows;
- Simulation (SIM) courses and Bootcamps;
- communications;
- events with educators;
- enhanced supervision;
- supernumerary time;
- Keeping in Touch (KIT) days;
- mentoring and peer mentoring; and
- apps and online resources such as Trello boards.

All those trainee doctors taking more than three months out of programme are eligible for the SuppoRTT programme.

1.3 Review of comparator national and international return to training programmes

As part of our background research, we identified a series of comparator programmes designed to prepare trainees to return to practice. Given that few (if any) other professions spend as many years in training prior to becoming fully qualified, most comparator programmes (especially those from other professions) tend to equip returners to return to professional practice after a period away, rather than return to training. With these caveats in mind, examples of comparator programmes include:

Scotland GP Returner Programme

A programme for GPs who have been out of clinical General Practice for more than two years and wish to return to work in NHS General Practice in Scotland. This might include GPs who are returning from a career break or those returning from working outside the UK. This programme is funded by Scottish Government and operated by NHS Education for Scotland, providing applicants with a salary to support them whilst on the programme.

Northern Ireland GP Induction and Refresher Scheme

The scheme is designed to support GPs to return to practice in Northern Ireland and to induct GPs to the workforce in Northern Ireland. It is based on the existing GP training curriculum from the Royal College of General Practitioners and follows best practice in relation to ensuring patient safety.

Giving Anaesthesia Safely Again (GAS again)

A one-day simulation workshop for those who have completed at least a year of full-time employment in anaesthetics and have taken an extended period away from work (i.e. maternity leave, research). It is structured to provide strategies for managing a return to work and provides an update on practices and innovations in anaesthesia. The purpose of the course it to provide clinical updates, as well as providing the opportunity to build confidence managing common and unusual emergency scenarios again.

Centre for Pharmacy Postgraduate Education return to Practice

Return to practice is a four-day residential course which supports community pharmacy practice following a career break. Those who are eligible will have been out practice or off the register for more than a year and want to return to pharmacy practice to provide NHS services in England within the next six months.

Return to Nursing Practice Programme

Classroom and placement-based learning for nurses wishing to return to practice. Throughout the return to work programme nurses develop a portfolio that demonstrates their skills. The duration of the course is dependent on time off the NMC register (typically 3-12 months).

Australia: Critical care, Resuscitation and Airway skills in High fidelity Simulation (CRASH) course

The CRASH course is based on the UK "Gas Again" course and covers similar topics. It is designed to support anaesthetists returning to practice after an extended absence. It is comprised of practical skill workshops and simulated critical events to help build confidence to return to work with individualised practical advice.

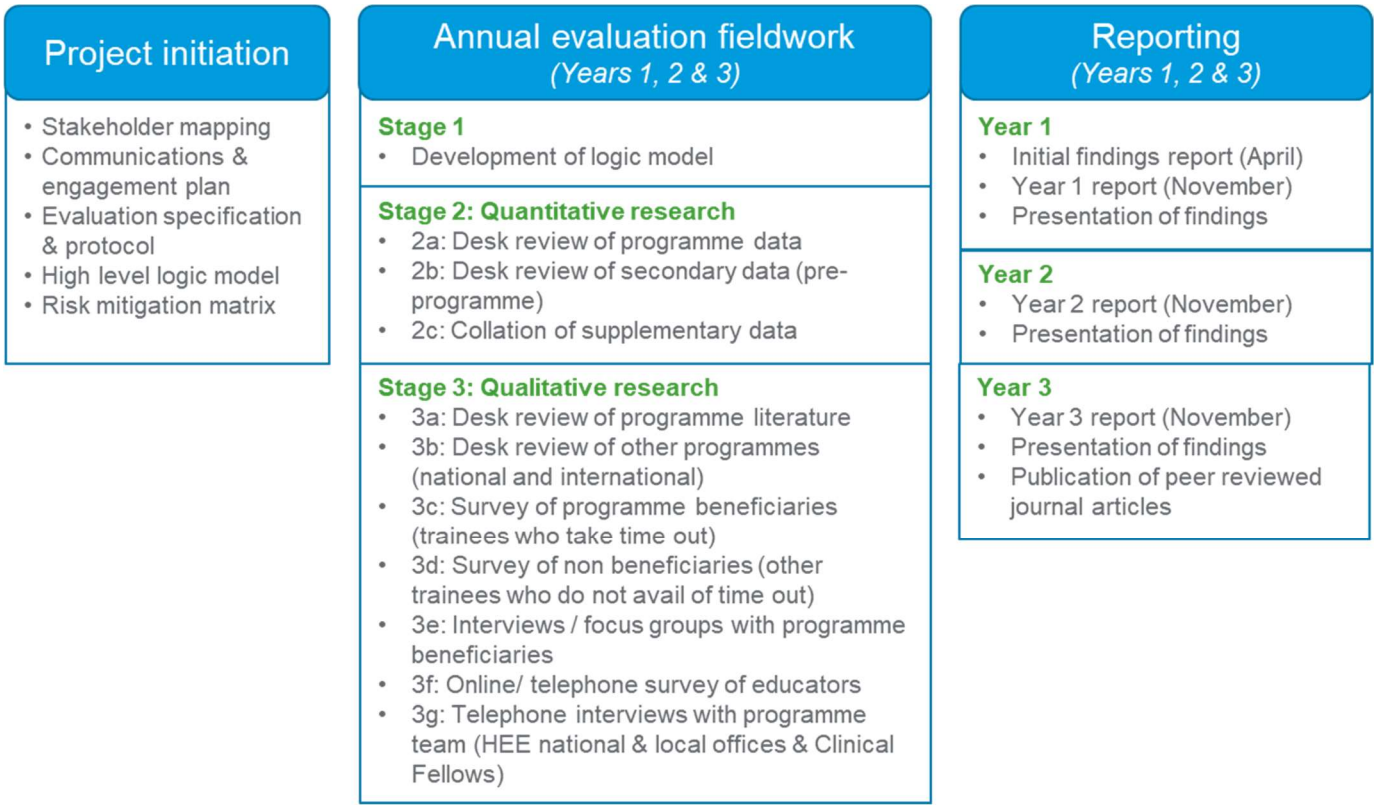
US: Physician Retraining and Re-entry Programme (PRR)

PRR is designed for those interested in making a transition to general medicine, returners and those retired doctors interested in returning to work. The programme consists of 15 online modules followed by an exam, one-day of free shadowing and a job placement assistance service.

2. OUR APPROACH

2.1 Introduction to the evaluation

The diagram below illustrates our approach to this three-year longitudinal evaluation:



2.2 Evaluation methodology

The methodology for this Year 1 report involved:

- **Desk review of HEE programme data and literature**, supplemented with other relevant documentation;
- **Telephone interviews** with local offices (11), clinical fellows (nine) and Assurance Board members (six);
- **Online surveys with programme beneficiaries** (223 responses received), non-beneficiaries (1,482 responses received) and educators (864 responses received); and
- **Online focus groups** with 15 beneficiaries (completed during November 2019).

The discussion guides used for all interviews and focus groups, along with the three online surveys used for each group (beneficiaries, non-beneficiaries and educators) are provided within the annex of this report.

2.3 Evaluation logic model

In order to guide each of the evaluation activities and to ensure that we gathered relevant metrics to assess the effectiveness of the SuppoRTT programme, an evaluation logic model was devised at the outset. The logic model was tested with Clinical Fellows and wider Local Office team members at the SuppoRTT Network meeting and was commented upon in more detail by those Clinical Fellows within the data workstream of the programme. The final logic model is shown below.

Context: Approx. 50,000 doctors in England in postgraduate medical training, with approx. 10% taking approved time out at any one time. Need for targeted support for these doctors when they return to work. ACAS 2016 Junior Doctors Contract Agreement committed HEE to providing support.

Aims/ objectives: Returning doctors experience no disadvantage to their training, progression or wellbeing, and that they are both competent and confident to provide safe, quality and appropriate care within their scope of practice as a result of SuppoRTT

Inputs	Activities	Outputs	Outcomes	Impacts
Funding: DHSC (£10 million annual recurrent funding) **HEE inputs:** • Project Manager • Clinical Fellows • SuppoRTT Assurance Board • HEE Medical Education Reform Programme • SuppoRTT workstream leads **Wider NHS inputs:** • Trust staff/ employer time with trainees • PG Deaneries • Educational Supervisors • External trainers (e.g. PSU) **Estates:** simulation lab infrastructure **Technology:** TIS data capture	**Support for Educational Supervisors via:** • Upskilling • "Educating the Educators" **Support for Trainees via:** • Face to face resources e.g. courses, simulation modules, biannual KIT days • Shadowing support/ supernumerary time • Mentoring & coaching • Productivity retreats • Bootcamps • Networking events e.g. "Springboard" days **Programme activities:** • Communications & marketing activities for SuppoRTT programme	**Number of SuppoRTT beneficiaries (going out and returning), analysed by:** (1) Mode of support provided (2) Beneficiary characteristics, namely: gender, ethnicity, region, speciality, grade/ stage of training, reason for time out (3) Spend per beneficiary **Number of activities undertaken (during absence and/or on return) e.g.:** • Number of website hits • Number of returners completing pre-absence meeting with supervisor • Numbers attending courses, simulation modules and KIT days • Uptake of mentoring & coaching, shadowing/ supernumerary time • Number of attendees at other events • Cost of activities provided	• Upskilled staff (without differences in attainment) • Raised awareness of SuppoRRT (amongst beneficiaries and non-beneficiaries) • Reduced numbers of returner drop-outs	• Improved knowledge, clinical competence, confidence and technical skills amongst returners (pre and post programme introduction comparisons of success measures, e.g. ARCP outcomes) • Cost savings for the NHS, by: (1) Addressing workforce issues and absence levels (2) Providing safer patient care

3. AREA 1: ASSESSMENT OF THE IMPACT OF THE 2017/18 SIMULATION INVESTMENT AND UPSKILLING

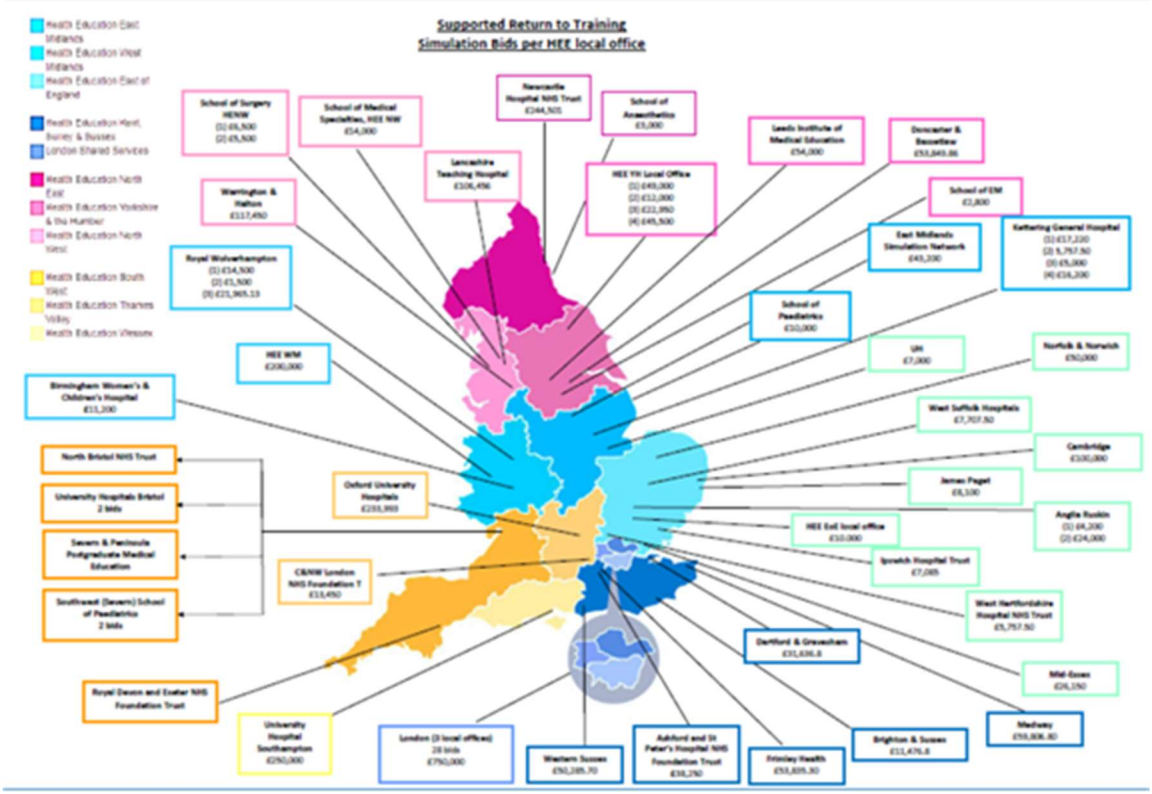
3.1 Review of programme data

Between December 2017 and March 2018, up to £250,000 was available per local office to commission or upscale trust simulation provision. Funding was intended to provide simulation labs, "bootcamps" and/or refresher courses – to support trainer time, scenario development and course design as opposed to the purchase of new simulation kit. The aims of this SIM funding were to address some of the concerns around clinical skills decline associated with time out, as well as increase trainees' confidence and self-perception of their competencies upon their return to training. These SIM activities aimed to address the following areas for trainees:

- **skills fade** due to time out of practice;
- **generic professional capabilities** (professional, leadership and team-working skills);
- **specialty-specific skills;**
- **decision-making skills;**
- responding to **generic and specialty-specific emergencies;**
- **procedural competence** fade;
- **self-confidence** and **self-perception** in one's clinical abilities;
- **adjusting to new circumstances; and**
- **knowledge gaps** resulting from time out of practice (e.g. clinical protocol, and policies).

In 2017/18, 107 bids were received, as shown in the table below. The total value of bids received across offices was **£5,070,822,** of which **£3,076,783** (60.7%) was approved.

Office area	Bids received	Value of bids received (£)	Value of bids approved (£)	Value of bids approved (%)
East Midlands	6	£97,377	£97,377	100%
West Midlands	5	£299,165	£249,165	83%
East of England	20	£741,033	£250,000	34%
Kent, Surrey & Sussex	9	£613,315	£245,291	40%
London & South East	28	£879,522	£750,000	85%
North East	7	£518,214	£247,501	48%
Yorkshire & the Humber	9	£290,528	£240,099	83%
North West	8	£348,616	£249,906	72%
South West	7	£641,100	£250,000	39%
Thames Valley	2	£641,100	£247,443	39%
Wessex	6	£390,758	£250,000	64%



3.2 Findings from local office and national office telephone interviews

The majority of local office staff and Associate Deans interviewed as part of the telephone interview process had not been in post at the time of the 17/18 SIM funding process. Those who had been in post at this time outlined how each local office had devised their own assessment

Key findings from interviews:

- Some areas experienced a **low response rate** from schools and trusts; however, the majority of bids they did receive **fitted into the criteria** (e.g. bootcamps, high fidelity SIM training). This low response rate was attributed to the **short time period for submissions** and **limited awareness of the SuppoRTT** programme.
- There was a suggestion from two local offices that the process was **fast-paced** – one local office commented that they were *'aware that its taxpayers' money, and the timelines [felt] unnecessarily short'*
- Some local offices noted the **variation in courses funded**, including trainee specific, educational supervisor specific, generic skills and speciality specific courses
- One local office stated that they would have **welcomed guidance from the national team**, including standardised assessment paperwork
- When assessing bids, one local office suggested that **innovation was a difficult concept to assess**, and had preferred to assess bids based on their likelihood of being delivered in the timeframe, differences from current provisions and their benefits to returners

process for bids, with the majority using email correspondence to receive bids from Schools and trusts (as opposed to submission forms). Bids were assessed by associate deans and other staff members e.g. Professional Support Unit [PSU] managers, Head of Function, Quality and Management) and then sent to the national team for approval.

3.2.1 Evaluation of 17/18 SIM funding courses

At the time of data collection, no consistent or comprehensive evaluation of 17/18 SIM funding courses or activities had been undertaken by Local Offices. Rather, feedback tended to be either anecdotal in nature, or captured via paper-based end-of-course forms. One local office accepted that capturing feedback could be "patchy". Another office noted that feedback captured at the end of a course tended to be positive, but these forms did not capture longer-term impacts. In addition, as the majority of course attendees had not yet returned to training, it was challenging to capture the impact these courses could have once attendees were back in training. In contrast, other local offices such as Wessex have asked course providers to produce reports detailing return on investment. Comparative evaluation of SIM activities is difficult as activities varied in terms of course length and speciality attendance. For example, a general practice SIM course would be likely to attract more attendees that a smaller speciality course, and therefore potentially receive a higher level of feedback, yet a smaller speciality course may result in stronger outcomes for the smaller cohort of attendees. Equally, local office staff considered that longer courses were likely to receive more positive feedback than one day courses, as trainees found more opportunities to embed knowledge and spend more time with peers taking time out.

Learning from the 17/18 SIM funding round had been incorporated into the 18/19 bid process, for example:

- The use of **online application forms for Schools**
- Incorporating **panel review**, and **scoring process in the assessment stage A clear timeframe** for submissions
- **Cross-checking bids** with existing courses/ funding sources to avoid duplication

3.2.2 Feedback from 2017/18 SIM courses

Feedback from local offices suggested that trainees found SIM activities beneficial for updating clinical skills, but they also welcomed the opportunity to meet trainees in a similar position, network and discuss wider issues such as anxiety and confidence. One Associate Dean noted "*even being in a room for one hour takes away the fear factor".* One local office suggested that attending a SIM course carried less stigma for some trainees than a more generic resilience/confidence course.

Overall, local offices considered activities funded in the 17/18 period as expanding the offering to trainees from what was available previously. Where SIM courses were already established, SIM funding was helping to build and improve upon these; where courses had been newly introduced, SIM funding helped to establish them. SIM funding also enabled the hiring of external venues, which were welcomed by trainees as providing a neutral space.

3.3 Summary of findings relating to SIM funding

- Between December 2017 and 30 March 2018, up to £250,000 was available per local office to commission or upscale trust simulation provision. Funding was intended to provide simulation labs, “bootcamps” and/or refresher courses, and feedback from local offices suggested that the majority of bids received fitted into these criteria.
- Based on learning from the 2017/18 period, many local offices have updated the bid process for 2018/19, including incorporating online forms, scoring processes and cross-checking existing provision.
- Feedback from trainees suggested that they found SIM activities beneficial for updating clinical skills, and that they also welcomed the opportunity to meet trainees in a similar position, network and discuss wider issues such as anxiety and confidence.

4. AREA 2: EVALUATE THE IMPACT OF THE SUPPORTT INTERVENTIONS (APRIL 2018 - AUGUST 2019)

4.1 Overview of trainees who have accessed SuppoRTT

Local offices submitted data returns with information on the number of trainees who had returned to training and accessed SuppoRTT between April and September 2019. The North East and North West Local offices did not provide figures for trainees who accessed SuppoRTT. Yorkshire have the highest proportion of returners accessing SuppoRTT (59%) of the locations which provided this information. The East of England have the lowest proportion of returners accessing SuppoRTT (12%) of the locations who have provided this information.

Table: Number of returners and number of returners accessing SuppoRTT by local area

Local Office	Number of doctors in training[1]	Number of returners	Number of returners accessing SuppoRTT	% of returners accessing SuppoRTT
East Midlands	3,637	263	64	24%
East of England	4,483	154	18	12%
London, Kent, Surrey & Sussex	10,578	1,099	170	15%
North East	2,657	149	0	
North West	6,745	231	0	
South West	4,725	67	78	116%**
Thames Valley	-[2]	92	38	41%
West Midlands	4,759	136	125	92% *
Wessex	-[2]	223	99	44%
Yorkshire and the Humber	4,946	271	161	59%
Total	**49.473**	**2,685**	**753**	

Wessex have included those accessing SuppoRTT before their return date which has increased the proportion of those accessing SuppoRTT when compared to the number of returners.
***South West have included those who have completed returner forms and so may not be returning that month.*

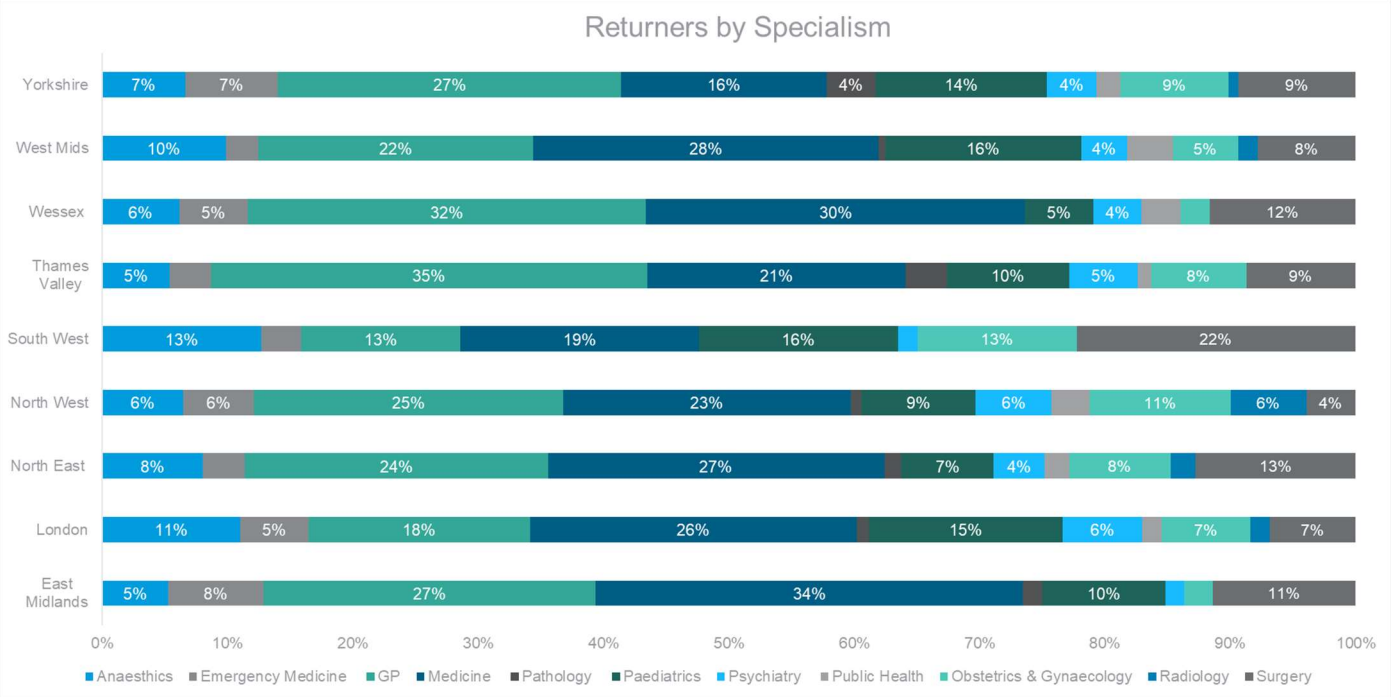
The number of returners varies by location, driven by the number of doctors in training within each area. London (including Kent, Surrey and Sussex, along with Thames Valley and Wessex) have the greatest number of doctors in training, therefore number of returners and those accessing SuppoRTT are consequently also higher.

[1] Figures based on GMC (2016) *The state of medical education and practice in the UK* [online] https://www.gmc-uk.org/-/media/documents/SOMEP_2016_Full_Report_Lo_Res.pdf_68139324.pdf Accessed 6th November 2019

[2] Figures for number of doctors in training were not specified for the Thames Valley or Wessex regions in the GMC (2016) report – and were likely included with another region.

As shown in the graph below, the majority of returners reported by the local offices (which in some instances may be those who have accessed SuppoRTT or in others, all returners) come from General Practice (between 13% and 35% of returners by region), Medicine (between 16% and 34% of returners by region) and Paediatrics (between 5% and 16% of returners by region), smaller numbers are present in the other specialties. South West had the most diverse returner group with the highest proportion of surgical (22%) and obstetric and gynaecological (13%) trainees of all the regions.

Figure: Returners by specialty



Source: Local office data returns N= 2576

In certain regions, respondents provided more than one reason for absence. Overall the data returns show that parental leave was the most frequent reason for absence across the regions (55%) followed by Out of Programme (OOP) (32%).

Figure: Reasons for absence

Source: Local office data returns N= 1348

4.1.1 Cost information

There is a large amount of variation in figures provided within the data returns from Local Offices on access to SuppoRTT and the costs involved in providing activities within each area. The cost per trainee is broadly in the range of what was expected by HEE. However, it has not been possible to estimate the costs per returner accurately due to differences in the recording of the number of returners versus the number who have accessed SuppoRTT between local offices. Additionally, there are a wide range of activities and different costs for activities within the specialisms. The definition for accessing SuppoRTT also appears to vary across the local offices with some counting those who have accessed a pre-absence meeting as a beneficiary of the SuppoRTT programme for a particular month and other offices not counting any SuppoRTT activity until the month of the trainee's return. The factors cited above may account for some of the variation observed below. Some of the local offices have provided some notes on the current spend and budget allocations, though this may be more indicative of planned rather than actual expenditure.

Table: Amount spent per local office (Quarters 1 and 2, 2019/20)

Local Office	Number of returners	Number who have accessed SuppoRTT	Local office spend on SuppoRTT	Approx. spend per returner	Approx. spend per accessor of SuppoRTT	Notes from local office data returns
East Midlands	263	250[3]	£26,129	£99.35	£1,451.61	Estimate that approximately 250 returners have accessed SuppoRTT activities
East of England	154	64	£ 49,466	£321.21	£772.91	
London, Kent, Surrey & Sussex	1099	170	£457,563.40	£416.35	£2691.55	Estimate that each accessor of SuppoRTT costs approximately £1,100
North East	149	0[4]	£17,371	£116.58	-	Money has been set aside for supernumerary time, however only 1 trainee has requested this so far. Balance of funds will be spent on innovative programmes currently in development.
North West	231	0	£432,296	£1871.41	-	No accessors of SuppoRTT indicated
South West	67	78[5]	£33,005	£492.61	£423.14	Local office received funding late so no Q1 spend.
Thames Valley	92	38	£43,744	£475.48	£1,151.15	
West Midlands	136	125	£239,164	£1758.56	£1913.31	
Wessex	223	99	£114,924	£515.35	£1160.85	
Yorkshire and the Humber	271	161[6]	£277,739	£1024.87	£1725.09	Supernumerary Funding - budget £200k but uptake only £12,253 to date. SuppoRTT Bidding round - budget £200k, fully spent. CPD funding for trainees that are out of programme, £52k budget but uptake is slow.

[3] *East Midlands estimate that 250 returns have accessed activities, however data returns indicate 18 trainees have accessed SuppoRTT*
[4] *North East and North West all appear to have discrepancies in the collection data on the number of those accessing SuppoRTT therefore figures on costs may not be comparable.*
[5] *The number of trainees accessing SuppoRTT also includes those who have only completed pre-absence forms (as opposed to accessing other SuppoRTT activities)*
6 The number of trainees accessing SuppoRTT also includes those who have only completed pre-absence forms (as opposed to accessing other SuppoRTT activities)

4.2 Overview of activities provided by each local office

In order to meet local needs, local offices organised a range of different activities designed to support trainees taking time out and returning to training. Based on programme material and interviews with local offices, the following case studies were identified:

Case Study: East of England - Returner Concerns

A trainee was put in touch directly with the SuppoRTT co-ordinator. The trainee was due to return from maternity leave and was concerned about returning, especially as they had been put on call during their first week. The trainee was said to feel so concerned that they were considering leaving medicine. The SuppoRTT team raised these concerns with the trainee's Head of School, and put the trainee on courses, supporting them in regaining confidence. As a result of the SuppoRTT team's intervention, the trainee was said to have increased confidence in returning to training and supported in their role and as a result a member of staff was retained, who might otherwise have left.

Case Study: Yorkshire and the Humber - Communication with trainees

This local office operates a '3,2,1' communication model to help both trainees and employers prepare for a return to training. Three months prior to a trainee's return, the local office emails the trainee with tailored information about the SuppoRTT activities available, guidance, funding sources, the availability of supernumerary time and encourage the trainee to meet with their educational supervisor. In addition, the office emails the trust to ensure that they are aware of the trainee's return plans, and to allow them sufficient time to make changes to rotas. This initial three-month email is then followed up with another two emails, two and one month prior to the trainee's return.

Case Study: Wessex - International Medical Graduates

The local office in Wessex have identified that International Medical Graduates (IMGs) are a group with particular needs as they may have been out of training and/or clinical practice for some time and may have never worked in the UK. Wessex have set up a specific programme for those IMGs who are eligible for SuppoRTT which includes induction into local NHS practice, a period of enhanced supervision and/or supernumerary practice, a bespoke buddying/mentoring scheme and additional support and development for their educational and clinical supervisors. Next year it is planned to include a specific simulation course including clinical and communication skills.

4.2.1 Local Office activities

The table below shows the activities which Local Offices indicated were being delivered as part of the SuppoRTT programme within their data returns. We have supplemented this with information from the Clinical Fellows' presentations at the SuppoRTT Network Day in October 2019.

	RTT Conference	SuppoRTT Champions in Schools & trusts	Speciality courses	Mentoring (including peer mentoring)	Non -Clinical Courses *	Coaching	Enhanced Supervision	Super-numerary funding	Other
East Midlands	✓	✓	✓		✓	✓			• RTT Offer', Trainee Booklet and 'Top Tips for Supervisors' and Guideline Documents on website • Productivity workshops
East of England			✓		✓		✓		• Upskilling Educational Supervisors courses
London, Kent, Surrey & Sussex [1]	✓	✓	✓	✓	✓	✓	✓	✓	• NB: Coaching and mentoring available via PSU • Enhanced supervision and supernumerary funding provided via "supervised clinical sessions"
North East			✓		✓				• Simulation training • Managing sleep deprivation and fatigue • Well Being at work days
North West	✓	✓	✓	✓	✓		✓		• Bi-annual specialty specific KIT Evens, NW KIT Events and Training Support Network • Awareness raising within Medical Staffing • Comms and Consultation Skills Refresher Course • CPD Funding and travel expenses to attend any SuppoRTT activity
South West		✓	✓		✓		✓		
Thames Valley	✓		✓		✓	✓	✓	✓	• Foundation day • Reorientation days • School Board meetings
West Midlands	✓	✓	✓		✓		✓	✓	• Difficult Conversations added to Educator Upskilling workshops • Bespoke course funding • Communications including website and leaflet.
Wessex	✓		✓	✓	✓	✓	✓	✓	• Return to Work Day • Support for IMG doctors
Yorkshire	✓	✓	✓	✓	✓	✓	✓	✓	• IGNAZ app which contains trust information for trainees • Communication, inlcuding filming • Out of programme study group • Practical advice and signposting
Total	7	7	10	4	10	5	8	5	

** Non clinical courses include resilience training, human factors courses and other soft skills*

4.3 Perceptions of impact amongst Beneficiaries

A survey was conducted with beneficiaries of the SuppoRTT programme to gather perceptions of trainees. This examined: beneficiary background, perceptions and experiences of the SuppoRTT programme including activities which they had availed of and the outcomes and impacts experienced from these. These results will be followed up with some supplementary focus group/ interview discussions (November 2019). See Annex 2 for survey questionnaire.

.A total of 232 respondents completed the survey, broken down as follows:

- the majority of responses were from females (90%);
- most (67%) had taken time out for parental leave;
- respondents came from a range of specialities, with larger specialities such as general practice (15%) and medicine (14%) proportionally represented; and
- respondents came from a range of ethnic backgrounds, with 67% of UK origin, 5% of Indian heritage and 7% white other.

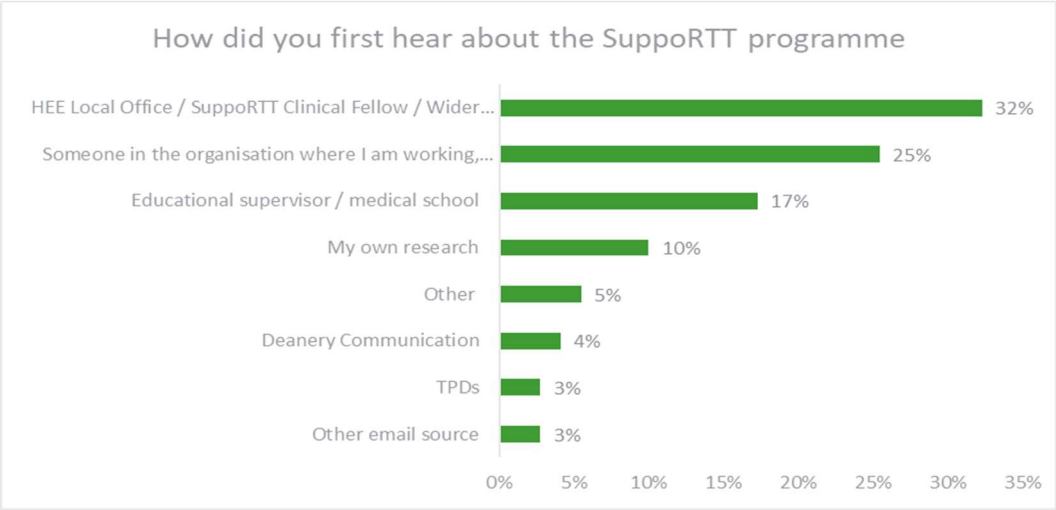
Three different groups of beneficieries were present: those about to take time out, those currently taking time out and those who had recently returned. Of those in training but about to take time out, one was anticipating being out for 0-3 months and two were anticipating being out of training for 7-12 months.For those who are currently out of training (n=35), the majority have or will be taking seven months or more out of training (87%). The majority have a return date planned (88%). Of those who had recently returned from training (n=184). The majority of recent returners took 7+ months out of training (89%) and most reported being back in post between 0-6 months (74%). Of these returners the vast majority (95%) had a return date agreed prior to returning.

In November 2019, 15 trainees who expressed an interest in taking part in further research via the survey were interviewed via mini telephone focus groups/ one-to-one interviews around their experiences of the SuppoRTT programme. These 15 trainees came from seven local office areas and ranged in terms of training stage, reason for time out and specialty.

4.3.1 Perceptions and experiences of the SuppoRTT programme

As shown in the figure below a third of respondents (32%) heard about SuppoRTT via their local HEE office or the SuppoRTT team. Other sources included social media and through their activities in another role such as a ‘less than full time’ (LTFT) advisor.

Figure: Communication about the SuppoRTT programme

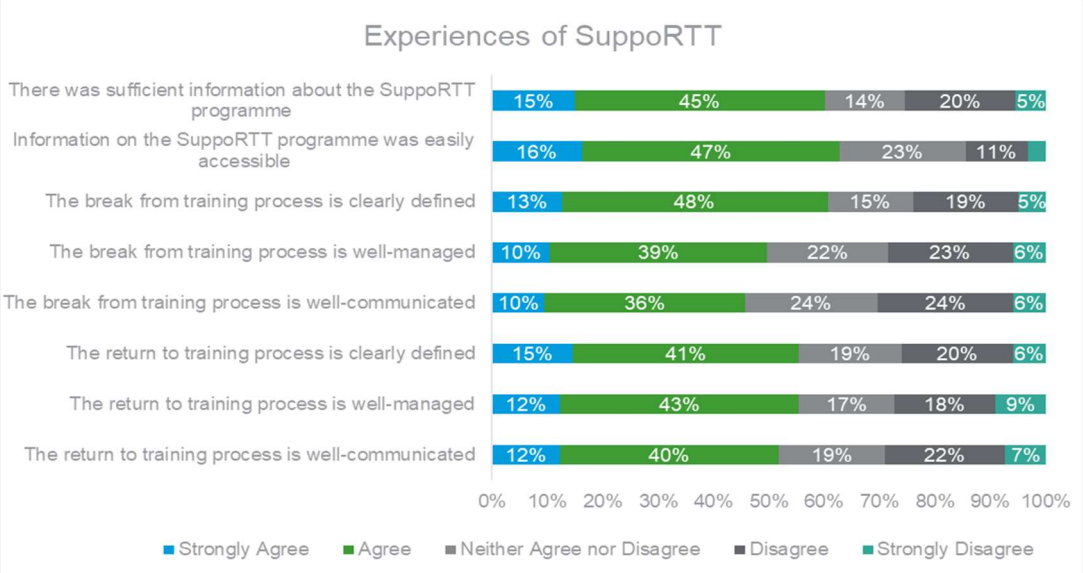


Source: Beneficiaries Survey, N= 221

The majority of trainees interviewed had heard about the SuppoRTT programme after they had gone out of training, via an email issued by their Deanery. Some felt that this email provided a great deal of practical information; others felt that the detail was lacking, and it did not outline all of the activities that were available from SuppoRTT, or the procedures for taking time out. One commented *"I'm not sure I've got my head around where to access [SuppoRTT] and what else is on offer".* Other trainees had heard of SuppoRTT via word-of-mouth (either from fellow trainees or their ES).

Participants felt that email was the best form of communication, as it was unobtrusive and information was available in one place. To ensure maximum reach, participants suggested that this email should be sent before trainees take a break from training and/or it should be emailed to all trainees twice a year, regardless if they were considering taking time out or not. Others suggested that targeting Training Programme Directors was key in disseminating information about SuppoRTT, given that their role was to approve leave.

Figure: Experiences of SuppoRTT

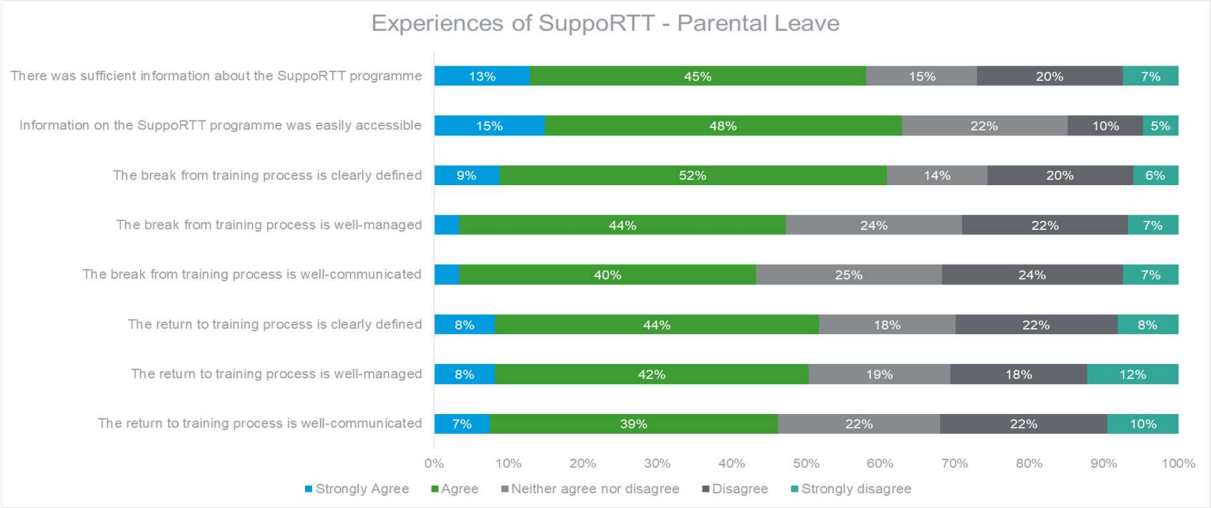


Source: Beneficiaries Survey N=221

The majority of respondents either agreed or strongly agreed with the statements around the level of information provided (60%), their break (61% agreed that this was clearly defined and 49% agreed that it was well managed) and the return process (56% agreed that this was clearly defined and 55% agreed that it was well managed). However, respondents indicated that their they felt that the break from training process is slightly less well communicated, with slightly more providing a neutral or negative response, 22% disagreeing and 7% strongly disagreeing.

Experience of SuppoRTT appeared to vary by reason for time out of training. Those who took time out of training for parental leave mirrored that of the overall group as they made up the largest proportion of returners.

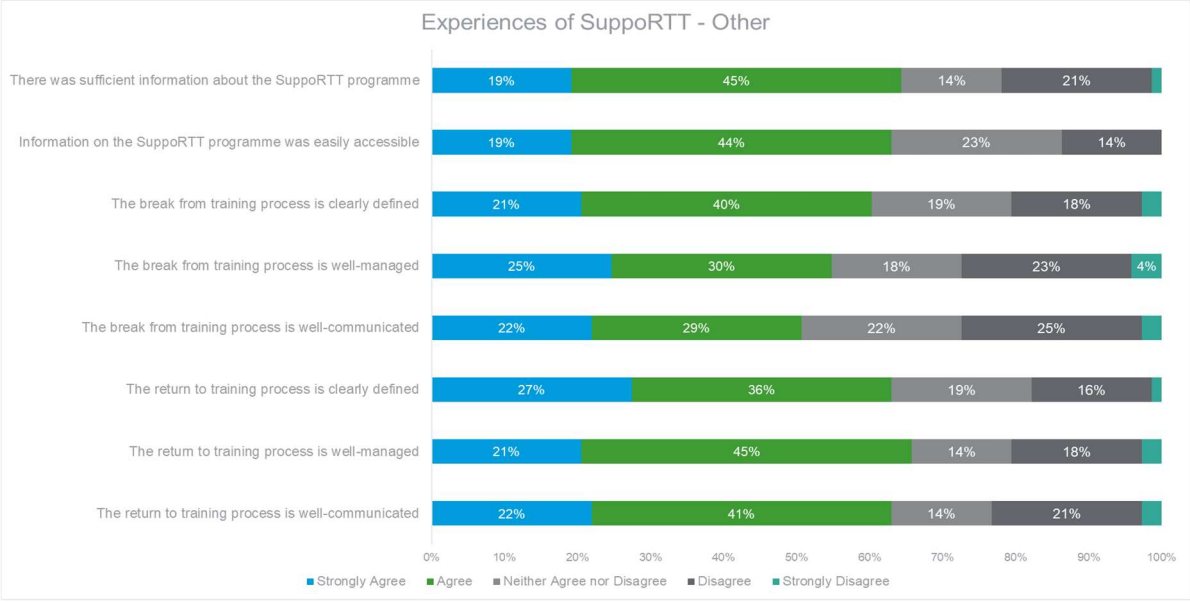
Figure: Experience of SuppoRTT from those on Parental Leave



Source: Beneficiaries Survey N=148

In contrast, those who were absent for other reasons such as health-related absence and OOP tended to agree more strongly with statements. Possible reasons for this may be that those who took time out for parental leave began their time out prior to the initiation of SuppoRTT and thus received less communication prior to their time out.

Figure: Experience of SuppoRTT from those with other (non-parental) reasons for leave



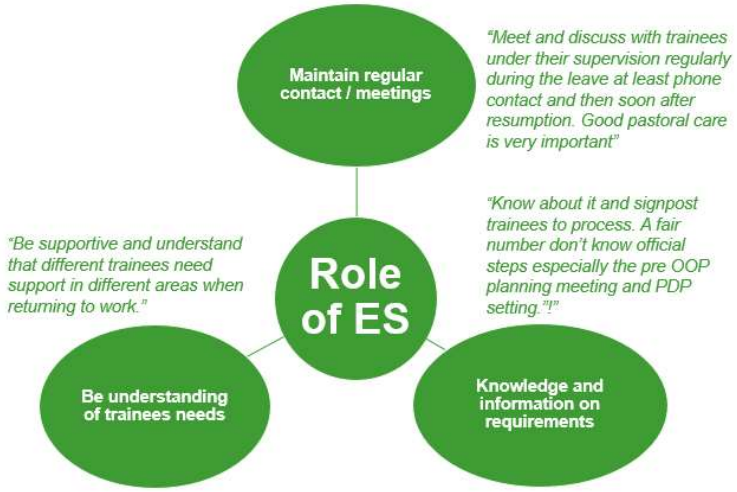
Source Beneficiaries Survey N=73

Respondents were asked to identify via open free-text comment, what they thought trainees, supervisors and employers can do to make the break and return from training process a success. Within the role of the trainee respondents identified that **communication with supervisors**, **communication with peers/colleagues** and **communication of needs** were important along with being proactive and organised. The diagram below is supplemented with advice from the focus groups with trainees who have accessed the SuppoRTT programme.

Figure: Success factors for the break and return to training – trainee perspective

Respondents identified that there was the need for ES to have a greater **understanding of the needs** and concerns that many trainees have about returning to work; and a greater **knowledge on the processes and requirements** of taking time out and returning to training. Trainees also felt that ES needed to **maintain regular contact / meetings** with their trainees.

Figure: Success factors for the break and return to training – Educational Supervisors



Respondents identified that employers could do more to **offer and uphold supernumerary/ enhanced supervision periods** and that they could be more **accommodating of the initial transition period.** Respondents also identified that employers needed to improve upon their **understanding of the SuppoRTT processes** and **improve communication.**

Figure: Success factors for the break and return to training – Employers

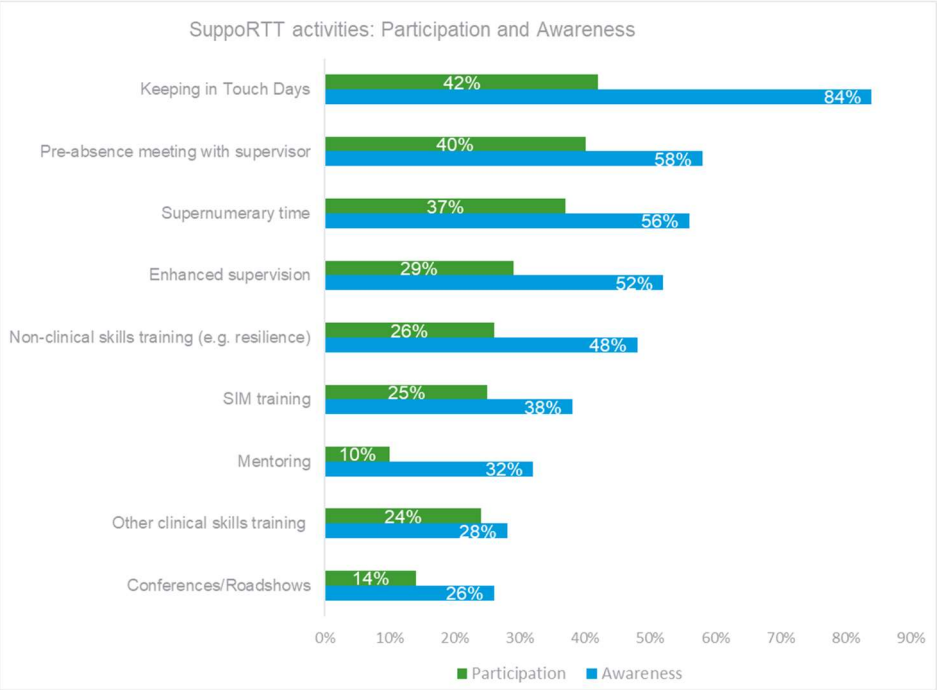
4.3.2 Awareness and Participation

Awareness: Respondents were asked about their awareness of the range of activities provided and could select as many as were applicable. The majority were aware of KIT days (84%), over half were aware of pre-absence meetings (58%) and supernumerary time (56%). Respondents also indicated that they were aware of coaching and speciality specific courses. Some respondents also indicated that they were not made aware of these prior to taking time out. Part of the reason may be that their time out started prior to the start of the SuppoRTT programme.

Participation: The level of awareness corresponds to the activities that most respondents participated in, with, KIT days (42%), pre-absence meetings (40%) and supernumerary (37%) being the most highly utilised. As indicated below, respondents also took part in coaching and some speciality specific courses. Some respondents highlighted that certain course/activities were not available in their area. There were also a number of respondents who organised their own return to work days and shadowing.

Respondents were asked to rank how beneficial they found these activities, this corresponded with the participation and awareness questions with KIT days and pre-absence meetings as being scored as the most beneficial. Simulation training was also highly rated. Many respondents reported only having attended a few of the activities, therefore did not feel able to comment upon those activities they had not accessed.

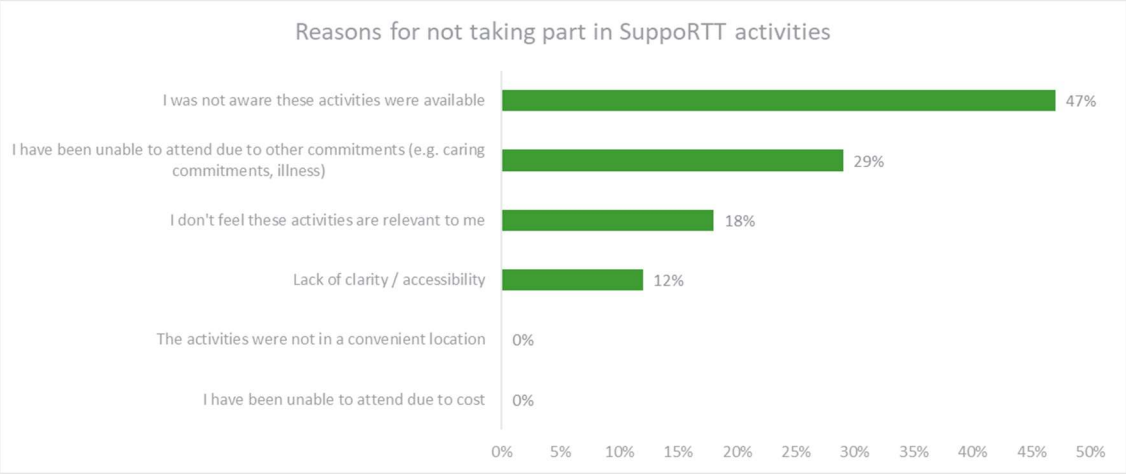
Figure: Awareness and participation in SuppoRTT activities



Source: Beneficiaries Survey N=221

Of the total number of respondents, 8% (n=17) reported not taking part in any activities. Of these the most commonly cited reason for not taking part in an activity was not being aware that these activities were available (eight trainees). No respondents cited being unable to attend due to cost or inaccessibility activities due to location.

Figure: Reasons for not taking part in SuppoRTT



Source: Beneficiaries Survey N=17

Respondents were asked to what extent they felt that the activities they attended were tailored to their needs. Of those who responded (n=202), 15% strongly agreed and 53% agreed that the activities were tailored to their needs. It should be noted that the activities attended by trainees are self -selected which may have contributed to the high positive response. Only 11% disagreed or strongly disagreed that the activities were tailored to their needs.

Suggestions for future activities included:

- remote mentoring (e.g. via Skype);
- informal forum with other OOP trainees;
- advice about pay, contracts and financial planning;
- child-friendly activities (where these do not currently exist); and
- specialism specific clinical /SIM courses.

As not all the activities were available in all locations, some respondents indicated that they would like these to be offered more widely.

Focus group participants were asked about their reasons for not attending SuppoRTT activities. These included:

- lack of childcare provision at events and courses;
- lack of awareness of what was available and/or finding out about activities too late;
- a perception that locum work had kept clinical skills up-to-date, and SuppoRTT was unnecessary;
- taking part in local activities that corresponded with SuppoRTT activities (e.g. completing School absence meetings with ES as opposed to the pre-absence SuppoRTT meeting); and
- uncertainty over when KIT days could be used and payment for these days – *"it was ten days that I could have used, but due to the confusion, I just wasted it".*

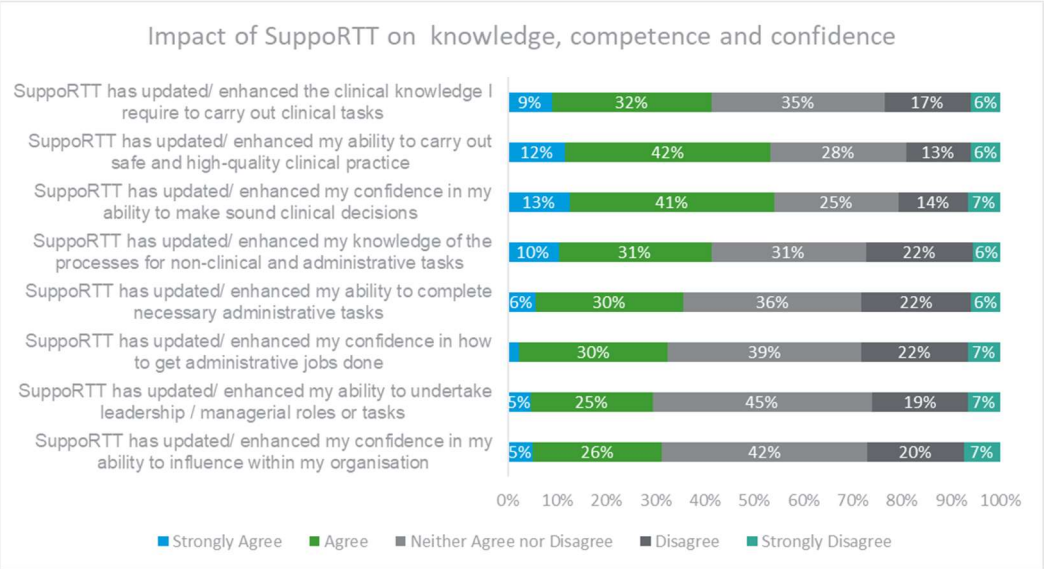
4.3.3 Impacts of SuppoRTT

Respondents indicated that the greatest impacts of SuppoRTT were enhancing their ability to carry out safe and high-quality clinical practice (54% agreeing and strongly agreeing), making sound clinical decisions (54% agreeing and strongly agreeing). Fewer indicated that SuppoRTT had an impact on their ability to undertake managerial/leadership roles with 27% disagreeing or strongly disagreeing and only 31% indicated that it had an impact on their ability to influence within their organisation.

4.3.4 Improvement to knowledge, competence and confidence due to SuppoRTT

Respondents were asked to describe what they felt the difference in their knowledge, competence and confidence would be had they not had access to SuppoRTT.

Figure: Impacts of SuppoRTT



Source: Beneficiaries Survey N=213

Table: Comments on improvements evidenced through participation in SuppoRTT

Theme	Quote
SuppoRTT increased their confidence about their return to practice;	*"I would not have had the confidence to rotate to a new hospital and operate in a new environment after 12 months of no surgical exposure. Getting back up to speed would have taken months instead of weeks."*
The SuppoRTT programme helped to reduce their anxiety	*"I would have felt thrown in the deep end at the beginning of GP job and very overwhelmed. I was very grateful for the scheme"*
Improved competence and patient safety Respondents felt that without access to SuppoRTT activities they would have felt unsafe to work alone, but that they were more confident and clinically competent	*"I would have been on call for the first weekend, having not performed any operations for 3 years and in a hospital, I have never worked in before, and living in a brand-new area. This had the potential to be a complete disaster and would have been genuinely unsafe for patients."*
Have felt supported on their return	*"I would not have been able to attend relevant courses to update clinical knowledge. It made me and my supervisor arrange extra meetings around my absence period and getting ready for my return meaning I could have a phased reintroduction and have training done straight on return."*
Improvements to previous returns: Some respondents commented on the improvements on their return to work due to SuppoRTT compared to their previous experience	*This most recent maternity leave is my second time out of programme and the SuppoRTT programme came in while I was on leave. After my first maternity leave, I returned immediately to a long day, unsure of my clinical skills and with no more support than other trainees. It took around 6 months to become comfortable in my role. This time it took a matter of weeks."*

4.3.5 Changes to the perception of taking time out of training

Respondents were asked if they felt the SuppoRTT programme helped to change the perceptions of taking time out of training. For those who agreed (39%) or strongly agreed (23%) that SuppoRTT had helped to change perception of taking time out of training, respondents felt that the existence of SuppoRTT allowed the **acknowledgement of the challenges they faced** on returning and a **reduction of the stigma** associated with taking time out: "*It recognises that trainees that have had time out may need additional time and support to regain their confidence in skills and knowledge when they return, and that this is to be expected, is normal, and is completely OK. It also helps to highlight that trainees may be returning in different circumstances…that they need some time to adjust. It adds validity to trainee's situations and can protect them to a certain extent from being dropped in the deep end."*

Respondents indicated that SuppoRTT provided a **formalised structure** to their return to work *"It provides a framework for coming back to the workplace, whereas in the past this was not available."* Some respondents commented that they felt **empowered** to ask for the return they wanted *"It empowers trainees with information and websites that can be shown to educational supervisors and also gives us the right language when describing what we want out of our return to work experience."*

For those who disagreed (6%) or strongly disagreed (3%) that SuppoRTT helped to change perceptions of taking time out of training respondents indicated that there was still a **lack of awareness** of SuppoRTT which is translating to a lack of change in perceptions; *"I feel that the motivation behind the SuppoRTT programme is good and it has the potential for positive impact but it is not currently publicised well enough. There needs to be more communication between trainees, employers and the SuppoRTT team. The SuppoRTT service seems disconnected with the reality of taking time out of training and returning to work."*

Within the lack of awareness there was specific mention of challenges of the practical aspects within trusts/Deaneries: *"I accessed SuppoRTT very easily through the deanery, who also supplied money to my trust so that I would be supernumerary for the first two weeks (as I had been away for 4.5 years on OOPR/OOPT) but the trust did not, for whatever reason, follow through and the extra cover was essentially not present on most days."*

Respondents also acknowledged that in order to change perceptions on time out of training there was the need for a **wider culture change,** which cannot be achieved by SuppoRTT alone: *"I still feel that there is a culture on returning to work that a trainee should just slot back in on their return and fill the rota gap and that we are still made to feel that any needs we have such as phased return or supernumerary shifts are an inconvenience to the trust/Deanery."*

Within the beneficiary focus groups, around one third of trainees interviewed felt that SuppoRTT has helped to change perceptions of taking time out of training (these respondents tended to be those who have higher levels of engagement with the programme). Some felt that having a HEE-backed programme like SuppoRTT normalised taking time out and made it more acceptable – *"knowing that there's a whole department behind it is massive because you know you're not the only one"* and *"it allowed me to be a little bit more forthright in asking for what I needed from work when I got back*". Around two-thirds of participants felt that SuppoRTT had yet to change perceptions, often due to limited awareness of the programme and the engrained nature of perceptions. Many participants spoke of how some reasons for taking time out of training (e.g. parental leave) were considered more 'valid' than others. As one participant commented, *"Saying that you are going travelling, oh man! We are workaholics in medicine and they just do not understand someone going travelling."*

4.3.6 What worked well within the SuppoRTT programme

Respondents were asked to indicate what had worked well and not so well for the different stakeholder groups including the trainees themselves, educational supervisors and trust employers.

Table: What has worked well and not so well within the programme

What worked well for trainees	What has not worked so well for trainees
Access to the SuppoRTT courses **respondents felt that they benefited from the range of courses available to them; *"The simulation sessions were brilliant and really helped with my confidence."***	**Lack of knowledge / awareness:** respondents identified that there was a lack of understanding from supervisors and colleagues but also their own knowledge was limited: *"I felt that the majority of my department were not really aware of the SuppoRTT system or what it entailed."*
Supernumerary time and enhanced supervision **were also seen as valuable to trainees, helping them to feel supported and safe on their return; *"Supernumerary/enhanced supervision has given me time to get back into the swing of work and gain confidence in a safe and supported environment".***	**Challenges to access** respondents also identified that they experienced difficulty in accessing the activities; *"It seemed that a lot of the activities where aimed at those on mat leave, therefore able to attend, but those in OOPRE etc. would be unable to".*
Feeling supported in their return to work **respondents felt a general increase in the support they were given to return to work from ES and their workplace; "*A risk free and friendly "non-judgemental" environment to help build skills and knowledge back up."***	**Lack of oversight to ensure trainees receive SuppoRTT/implementation took place:** Some respondents identified that there was an intention-behaviour gap within some aspects of the programme and a lack of recourse to challenge this;*"…I did unsupervised night shifts after only 4 working days back, having not done some procedures necessary for over 12 months. Nobody asked me if I was ok to do these shifts and I felt unable to speak up and say I wasn't."*
Normalising time out; **respondents felt that SuppoRTT programme helped to normalise taking time out of training by having processes in place; *"Much greater support provided on returning to work. Greater understanding from others about the difficulties faced after a long period of absence from training."***	**Poor communication**: respondents identified that there were issues with communication about the programme at all levels; *"I was very keen to access the mentoring service as part of SuppoRTT. I applied and was allocated a mentor. I emailed the mentor to arrange the first meeting and got no response. I flagged this up to the SuppoRTT admin team who said they would follow this up. I received no further communication from them."*

Table: What has worked well/ not so well for educational supervisors and employers

What worked well for educational supervisors	What has not worked so well for educational supervisors
Provides framework to support trainees r**espondents felt that a formalised processes helped ES to know how and when to give support: *"Useful for them to have a formalised process of how to support trainees so that this is in some ways standardised rather than them having to make it up for themselves."***	**Lack of awareness:** respondents identified that there was a general lack of awareness from some ES of the programme; **"***My educational supervisor did not know much about it and was reliant on me finding and showing her the information. That was fine as I knew about it and she is supportive, but if I hadn't known about it she would not have been able to point me in the right direction."*
Identified needs of trainee**: respondents felt that ES were able to garner a better understanding of the concerns and issues common across returning trainees:" *Better understanding of trainees and their capabilities means better patient care for their patients."***	**Poor processes** due to the lack of awareness, the processes of accessing the programme were not always clear*: "Mine used it as a tick box exercise and getting return to work support and meetings was very difficult - this reflects the organisation though not the clear process set down by SuppoRTT and the local team are aware that they may need more engagement in that area"*
What worked well for trust employers	**What has not worked so well for trust employers**
A formalised process for returners**; respondents identified that a standardised process helped employers to reintegrate returners; *"The clear expectations set of what is required around the return to work process."***	**Lack of knowledge/awareness:** *"None of the managers in the trust were aware of the programme, thus there was an expectation that it would be up to the trainee to sort out the rota."*
Safer and more confident doctors; **respondents felt that the activities improve patient safety and reduce returners anxiety; *"Safer doctors who are more confident and trained to a standard after leave".***	**Communication issues:** *"No impact on the process of leaving and returning to work. Trust unwilling to allow supernumerary period despite SuppoRTT guidance. Unclear how to complain/ who to report this too."*

For a small number of respondents, challenges emerged when trainees were rotated to a new location or specialism (depending on their stage of training) during their time out of training and if their educational supervisor changed during their time off.

Respondents were generally positive about their experiences of SuppoRTT, however there was the acknowledgement that more work needs to be done to improve communication and processes further:

I am very grateful to the SuppoRTT team for providing us with such great support and help! Thank you so much indeed. I am hopeful that this program will sustain and thrive in future so that more trainees will benefit in coming days.

"This is my second return to work and I am confident it will be much more formalised and constructive that the last one due to the SuppoRTT program, though there are still problems, likely due to lack of awareness."

Those returning to training from health-related absence felt that more could be done to improve the SuppoRTT process,

"There needs to be recognition that trainees returning from significant or life-threatening sickness absence have very different needs. They need long term support throughout their time off and long beyond their return to work. I feel I navigated much of this blindly and spent a great deal of time feeling I was dealing with more than I could manage. The SuppoRTT programme only kicked in once I had a return to work plan which was far too late."

Those returning from health-related absence they may need long term arrangements or adjustments and may be unable to attend courses/ training due to their condition.

Recommendations from focus group participants

Trainees had a number of suggestions of how the SuppoRTT programme could be further developed:

- a checklist developed by each local office which lays out a timeline and actions to prepare for the break and return to training – *"a simple check list [makes sure] nothing gets forgotten";*
- interviewees would have liked to have been given a list of resources available from their local office, as they often felt that they had missed opportunities due to limited awareness;
- consider offering Trust-based training sessions prior to return, which cover a refresher of administrative tasks (e.g. computer systems, creating new passwords and log-in details) and a who's who of support staff (e.g. HR staff may have changed roles during a trainee's time out); and
- consider developing a directory of consultants who had previously taken time out of training and could offer advice to trainees. Alternatively, having a trainee a stage higher could be useful*; "someone who's been through the process recently, like sort of a buddy".* Trainees appeared less convinced about the merit of having a network of fellow returners, as they considered that they might be less informed.

4.4 Perceptions of impact amongst non-beneficiaries

In total, 1,483 doctors in training responded to the survey. As detailed in Annex 1, respondents:

- came from a range of specialities, with larger specialities such as general practice (19%) and medicine (15%) proportionally represented;
- came from a range of ethnic backgrounds, including 8% of Indian heritage and 8% white other; and
- the non-beneficiary survey received a higher response rate from male trainees than the beneficiary survey, with 36% male responses compared with 10% for the beneficiary survey. This could indicate that taking time out is of interest for male trainees but does not appear to translate into actual time out of training at present.

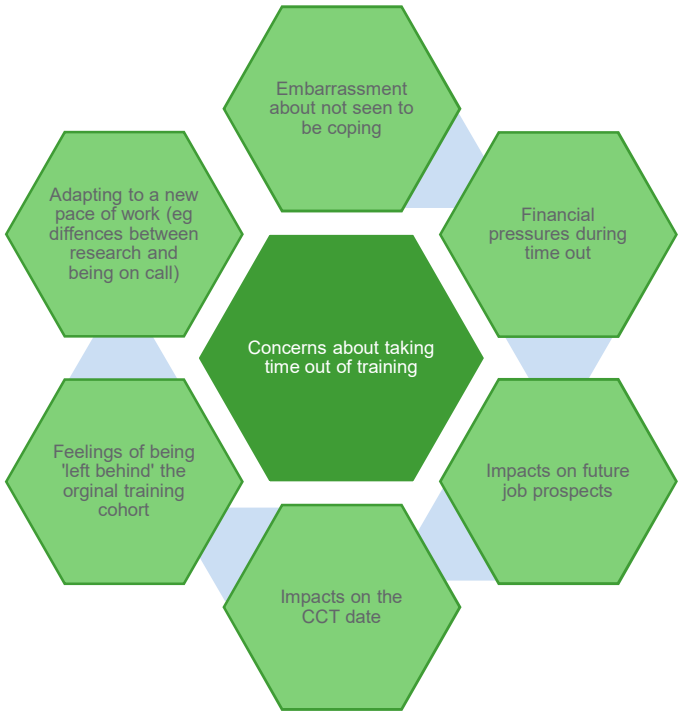
4.4.1 Considerations around taking time out of training

Most participants (70%) had considered taking time out of training during their career, 66% of females had considered taking time out of training compared with 33% of males.

- 41% had considered taking time out for between six months to a year;
- 29% for over a year; and
- 17% stated that they were unsure about the duration of time out.

Trainees may have concerns that taking more than one year out of training may require enhanced re-integration, or that this would involve additional input from Deaneries and/or Royal Colleges.

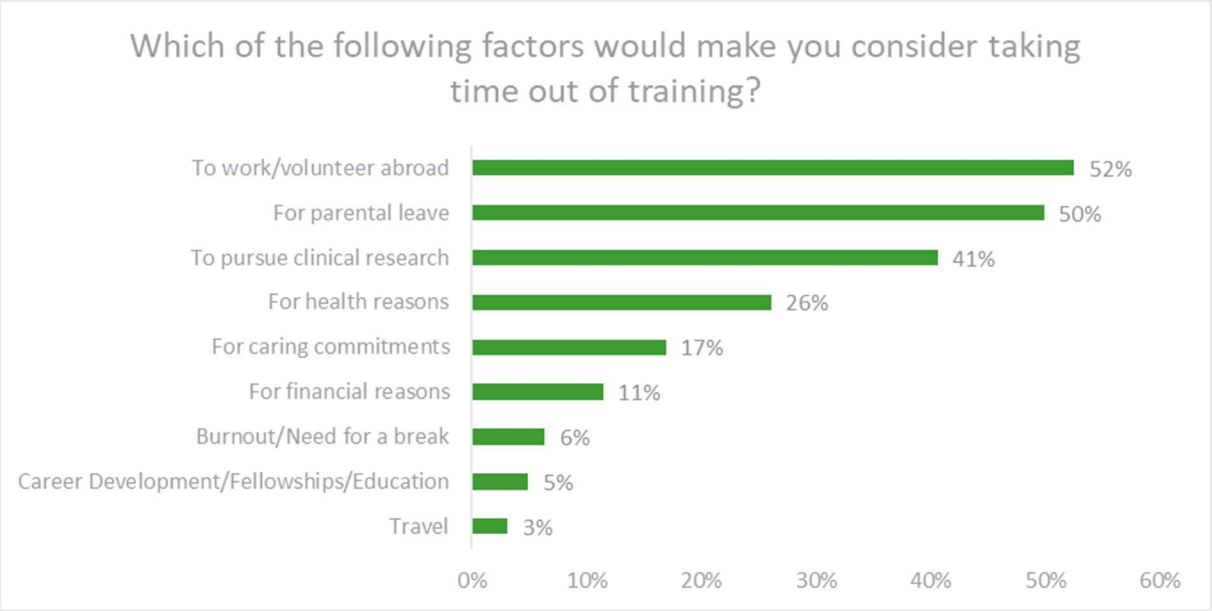
Focus groups with trainees who had taken time out of training and had accessed SuppoRTT highlighted the following as considerations/concerns:



The following concerns were raised by focus group participants about the return to training:

- Potential for becoming deskilled during time out of training;
- Reduced confidence when returning to the workplace;
- Managing work with other commitments (e.g. caring for a baby); and
- Changes to administrative processes or medical developments that may have occurred during the time out of training.

Figure: Factors influencing taking time out of training



Source: Non-beneficiaries Survey, N=1039 NB respondents were asked to select all that apply

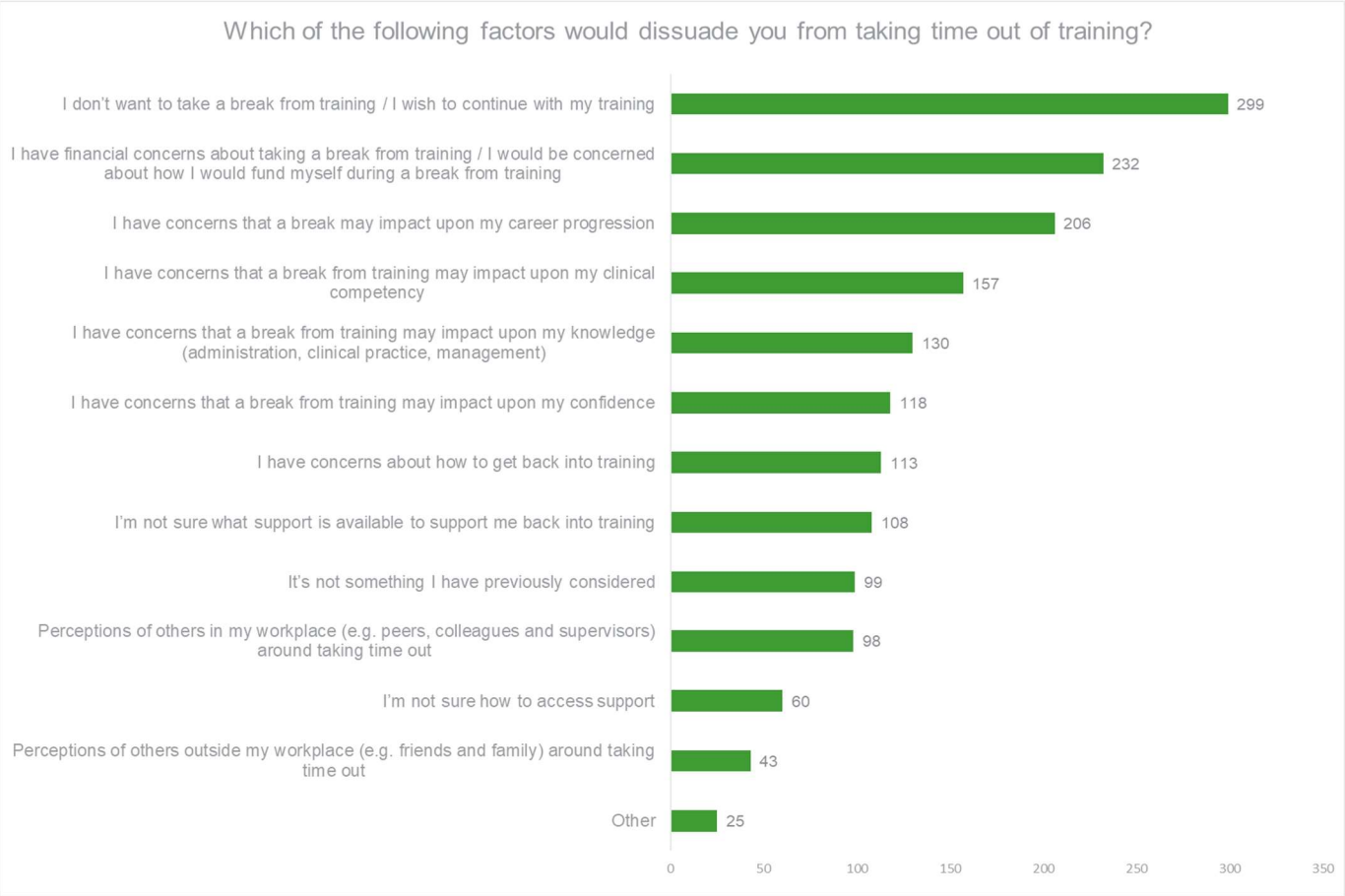
Volunteering /working abroad (52%) and parental leave (50%) are the most common factors which would influence respondents to consider taking time out of training. When broken down by gender:

- 77% of females would consider taking time out for parental leave (compared to 22% of males);
- 66% of females would consider taking time out to work/volunteer abroad (compared to 33% of males); and
- 72% of females would consider taking time out for health-related reasons (compared to 26% of males).

Other responses included pursuing other interests, achieving a work/life balance and avoiding burn out.

A high proportion of trainees (69%) indicated that they had concerns about taking time out of training. When asked about the types of concerns they may have, a large proportion of respondents (n=299) stated that they wished to continue with their training while 232 respondents reported having financial concerns about taking time out. Other concerns are highlighted below:

Figure: Factors which would dissuade trainees from taking time out



Source: Non-beneficiaries Survey, N=445 NB participants could select all applicable options.

Impact on international students

In the 'Other' category, 12 respondents had concerns about the visa implications for international students, with one respondent commenting that more attention should be paid to this group:

"IMGs on Visa need to be aware of true facts as to how taking time out of training will affect their visa status Doctors originally from overseas may face an additional difficulty taking time out as they are on work visa and may not be allowed to stay in UK in case they considered this option. They are a particular group that doesn't receive any attention in such programs!!"

Attitudes and perceptions of others

Sixteen respondents expressed concerns via the free-text comment section about how taking time out would be perceived by colleagues and peers;

"Time out of training is career suicide"

"Many trainees would love the opportunity to take time out, but fear being labelled as a poor worker and envisage having trouble coming back to training"

Linked to this, six respondents expressed concerns that their career progression could be negatively impacted by taking time out of training;

"I would really like some reassurance that taking time out of training would not negatively impact my career prospects."

Six respondents felt that certain reasons for taking time out of training were perceived as being more 'valid' than others:

"Most trainees perception for time out of training is for maternity leave or nervous breakdown/stress"

4.4.2 Awareness of SuppoRTT

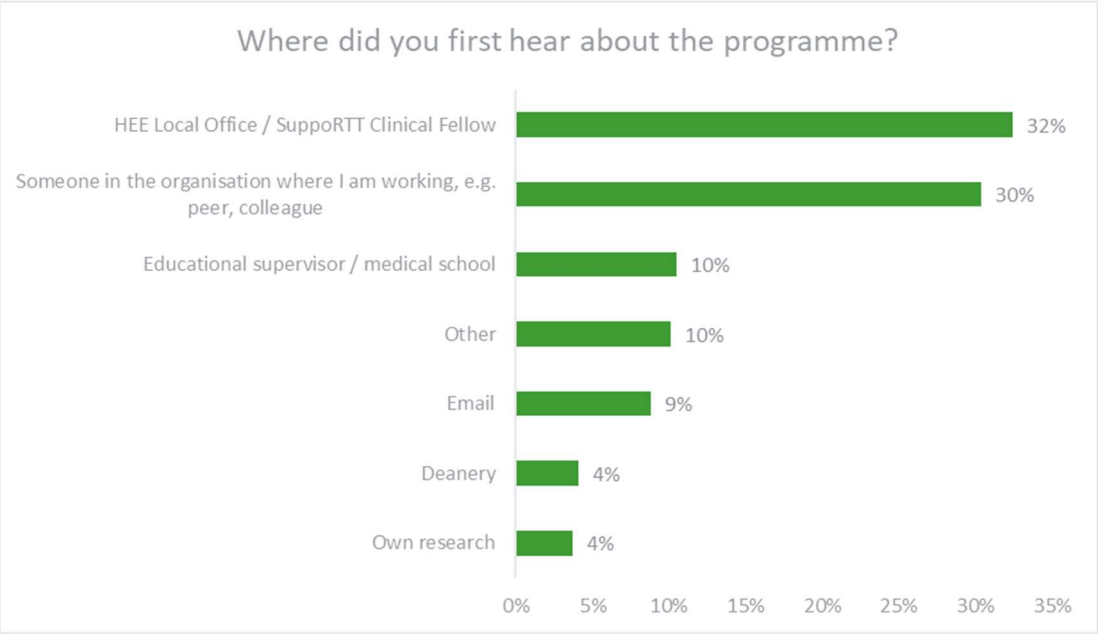
The majority of respondents (80%) were not aware of the programme. Of those who were aware, 74% were female. In the open text response, 25 respondents requested more information be made available to trainees about taking time out of training, what the process entails and how to go about accessing SuppoRTT. Comments conveyed a feeling that if information was more widely available, this may reduce some of the negative perceptions surrounding taking time out and may encourage more trainees to take time out of training:

"It would be great if this could be more heavily publicised and encourage people to return to training/time out otherwise I think medical trainees believe that if they want to gain experience elsewhere they likely may not be able to come back"

"I am still not entirely sure what sort of support is available to suit my specific needs through SuppoRTT programme. A succinct communication outlining the full list of resources available would be useful"

Of those who responded, 20% who were aware of the SuppoRTT programme.

Figure: Source of initial information about SuppoRTT

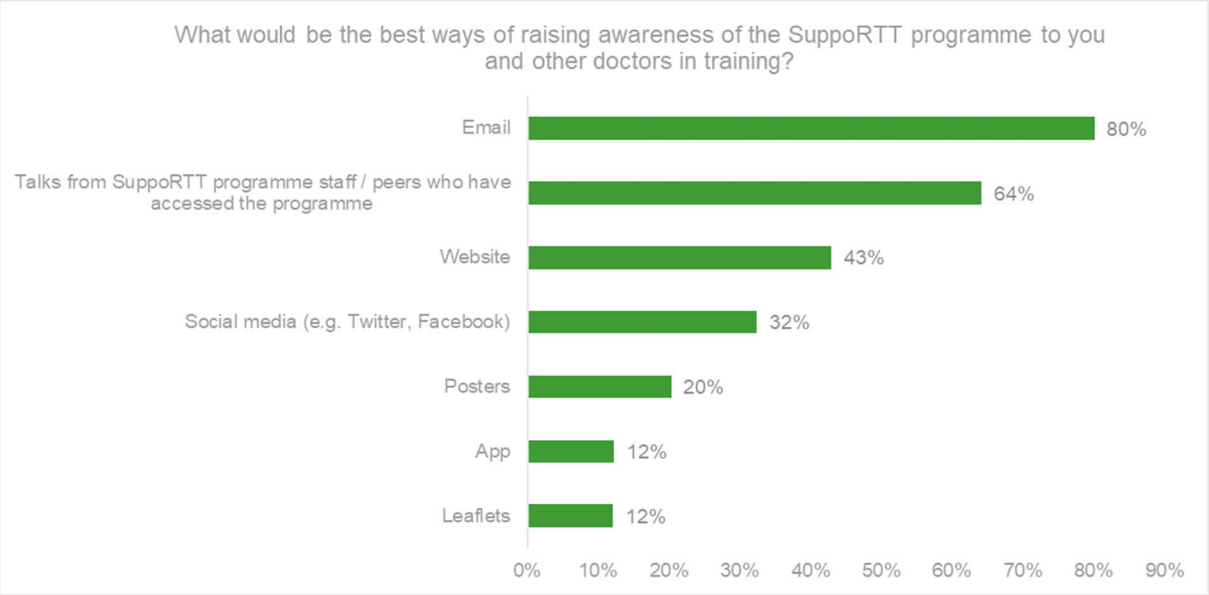


Source: Non-beneficiaries Survey, N=296

Of those 20% of respondents who were aware of SuppoRTT, 62% had heard about SuppoRTT via their HEE local office or form within their organisation. Of those who selected other, sources included the BMJ, social media and induction meetings.

Respondents were asked about the best ways to raise awareness of the SuppoRTT programme; emails and talks from the SuppoRTT programme staff or accessors of SuppoRTT were the suggested to be the best way to raise awareness. Other awareness raising measures suggested by respondents included incorporating SuppoRTT material in the E-portfolio, holding a mandatory talk during training induction and the presence of hospital-based advocates.

Figure: How to raise awareness about SuppoRTT



Source: Non-beneficiaries Survey, N=1477 NB respondents could select as many options as were relevant.

4.4.3 SuppoRTT and impact on peers/ you

The majority of respondents (76%) had peers who had taken time out of training. However only 4% were aware of their peers accessing the SuppoRTT programme, with the majority (80%) unaware of whether their peers had accessed SuppoRTT during or after their time out of training.

Of those trainees (4%) who knew someone who had accessed support, 12% strongly agreed and 45% agreed that their own training had benefited from their peers returning through the SuppoRTT programme. Examples of where trainees' own training had benefited from returning peers accessing the SuppoRTT programme include:

"My peers are more confident in what they can do and are better at recognising their training needs. They are also very open about their learning needs which leads to learning for myself as well."

"Having support for people on my team who are newly returning takes the pressure off me and other colleagues."

"My peers are more open as they realise that there are a lot of peers returning to training and they may all have learning needs."

Other respondents expressed that the impacts had not been as positive, and having experienced increased workload pressure as a result:

“Often when returning colleagues are meant to be shadowing there isn’t adequate locum cover provided by trusts leaving rota gaps. This leads to other trainees having to cover multiple roles and can cause resentment of returning trainees. This is sad but often happens.”

“Some peers were happy and confident to return full time without “SuppoRTT” The only reason they utilised it is that they thought it could be used against them if they didn’t and they were involved in a clinical incident….”

4.5 Perceptions of impact amongst educators

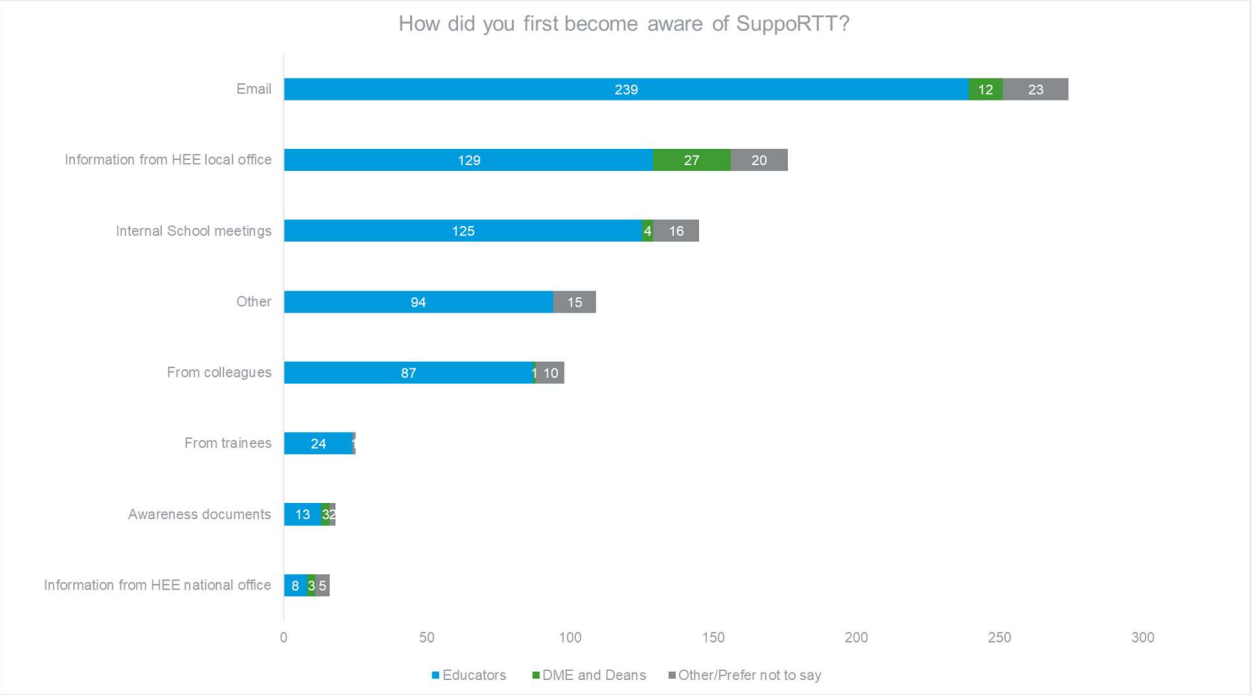
The survey for educators received 864 responses; 51% of whom were Educational Supervisors (ES). As the 'Other' row in the table below illustrates, many respondents chose to provide an alternative job title (e.g. Associate Postgraduate Dean). As a result, this impacted on the routing of the survey, as this 'Other' group were unable to be directed to questions specifically designed for Educational Supervisors and/or Directors of Medical Education. The figures in section 4.5 therefore relate to those respondents who specified their roles using the survey options. The desire of educators to provide specific job titles will be something that the evaluation will take into consideration in Year 2.

Responses were received from Educators across all local offices and specialities. Unsurprisingly, as a one of the larger specialities, 15% of respondents came from Medicine. Around one third (32%) of Educators had been in post between two and four years.

4.5.1 Awareness of SuppoRTT

The graph below illustrates that Educators, DMEs and Deans were first made aware of SuppoRTT in different ways: 33% of Educators found out about SuppoRTT from emails, while 51% of Directors of Medical Education (DMEs) and Deans received information from HEE local offices. These findings suggest that local office communications with DMEs and Deans is an effective way of raising awareness, and that email is useful for communicating with the more numerous Educator group. Forty-four Educators noted that they had no awareness of SuppoRTT, and/or this survey was the first time they had heard of the programme.

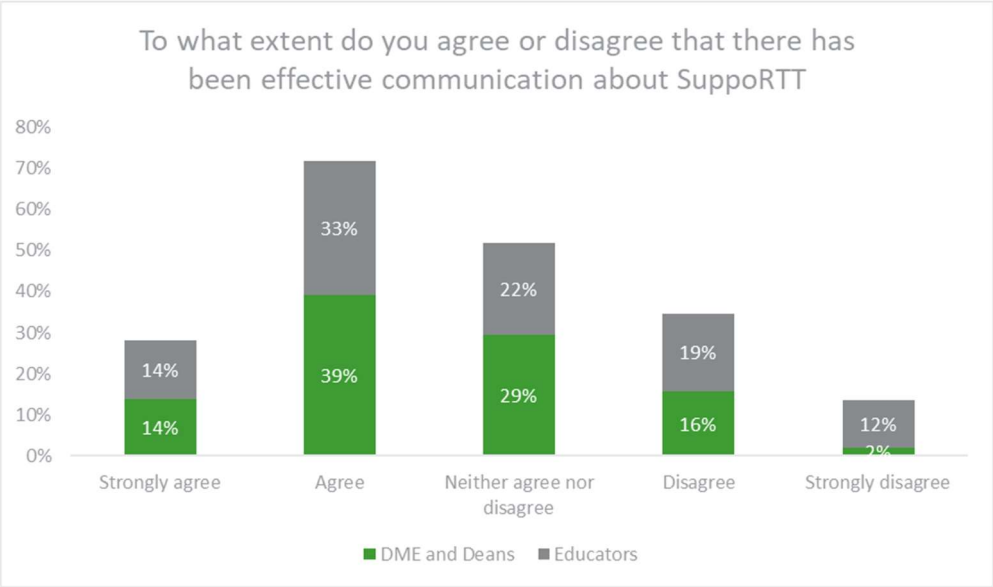
Figure: Awareness of SuppoRTT



Source: Educators Survey, Educators n=721,DME and Deans n=51, Other/ prefer not say n= 92

When asked about effective communication, 53% of DMEs and Deans either agreed or strongly agreed that employers had received effective communication about SuppoRTT, while 47% of Educators either agreed or strongly agreed that educators had received effective communication about SuppoRTT. A higher proportion of Educators disagreed/ strongly disagreed that communication was effective – 31% compared to 18% of DMEs and Deans.

Figure: Effectiveness of communications around SuppoRTT

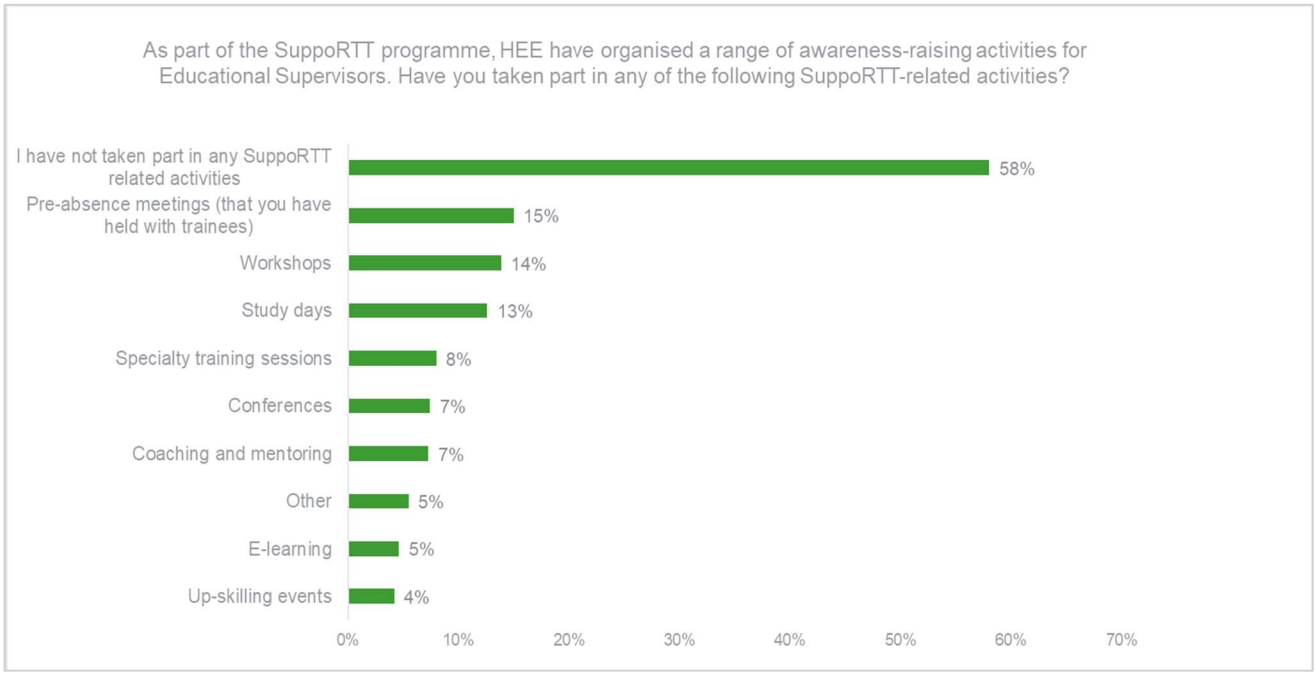


Source: Educators Survey, Educators n= 721, DME and Deans n=51

4.5.2 Impact of the programme on educators

As shown in the figure below, over half of respondents (58%) had not taken part in any of the SuppoRTT related activities. Only 15% of ES noted that they had held pre-absence meetings with trainees, despite this being recommended practice from both HEE and The Academy of Medical Royal Colleges.

Figure: Educator participation in SuppoRTT activities



Source: Educators Survey, N=713

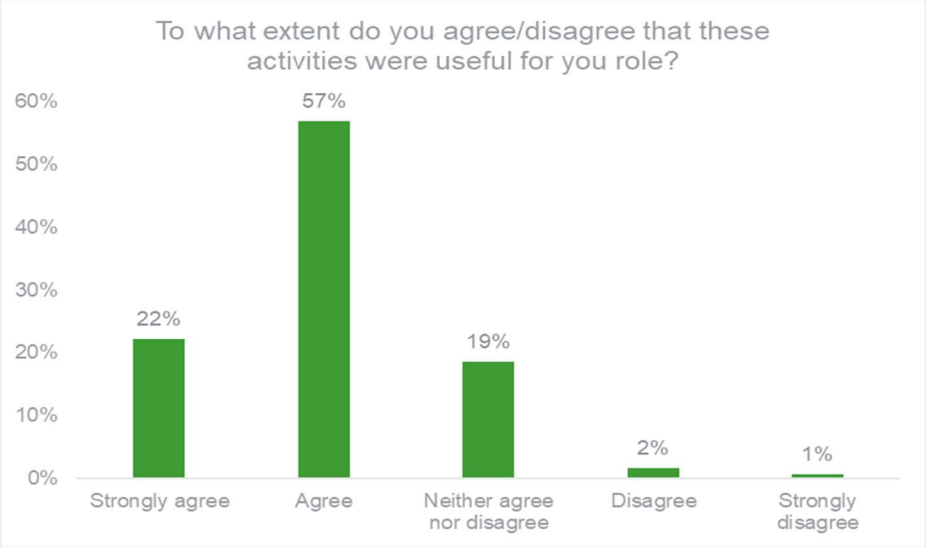
Figures for those who have taken part in coaching and mentoring are low at 7%. ESs may feel that they take part in these activities in their day-to-day role, and that these are not a distinct SuppoRTT activity. As respondents commented:

"The pre absence meetings have been useful to formalise the discussions we may have had before the programme was in place"

"I have done coaching and mentoring but not with aim of supporting RTT"

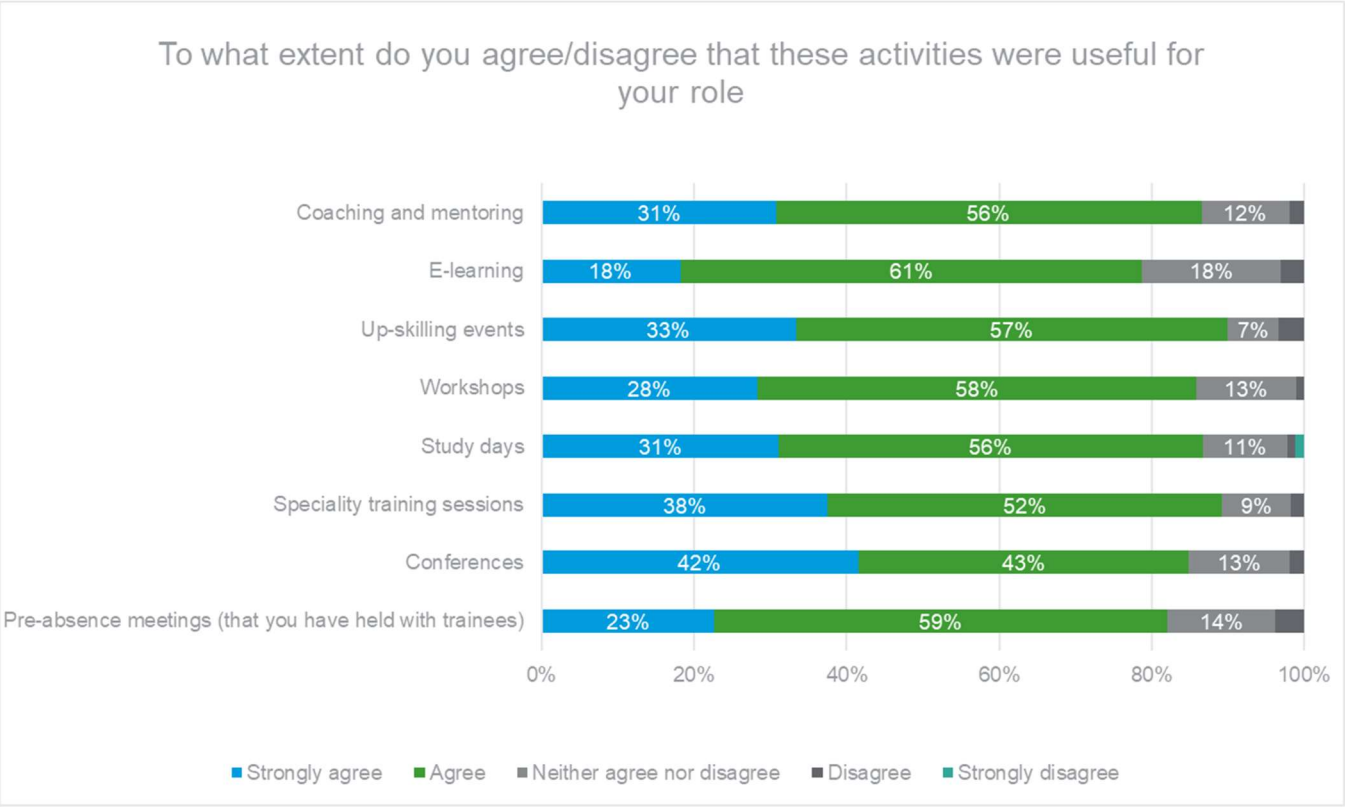
Those who had taken part were asked to rate the extent to which they felt that there were useful for their role:

Figure: Usefulness of SuppoRTT activities - overall



Source: Educators Survey, N=302

Figure: Usefulness of SuppoRTT activities – by activity



Source: Educators Survey, N=302

79% (n=239) of those who had taken part in SuppoRTT related activities felt that these were useful for their role. When broken down by the type of activity Educational Supervisors had taken part in:

- 94% of ES who had taken part in speciality training sessions agreed/strongly agreed that they were useful;
- 90% of ES who had taken part in up-skilling events agreed/strongly agreed that they were useful;
- 86% of ES who had taken part in workshops agreed/strongly agreed that they were useful; and
- 59% of ES who had taken part in pre-absence meetings agreed/strongly agreed that they were useful.

Within open text responses, 110 respondents commented that the activities were useful in raising awareness and enabling them to signpost trainees to relevant sources of support. For example:

"I realised that I could support them in other ways than I previously was aware of"

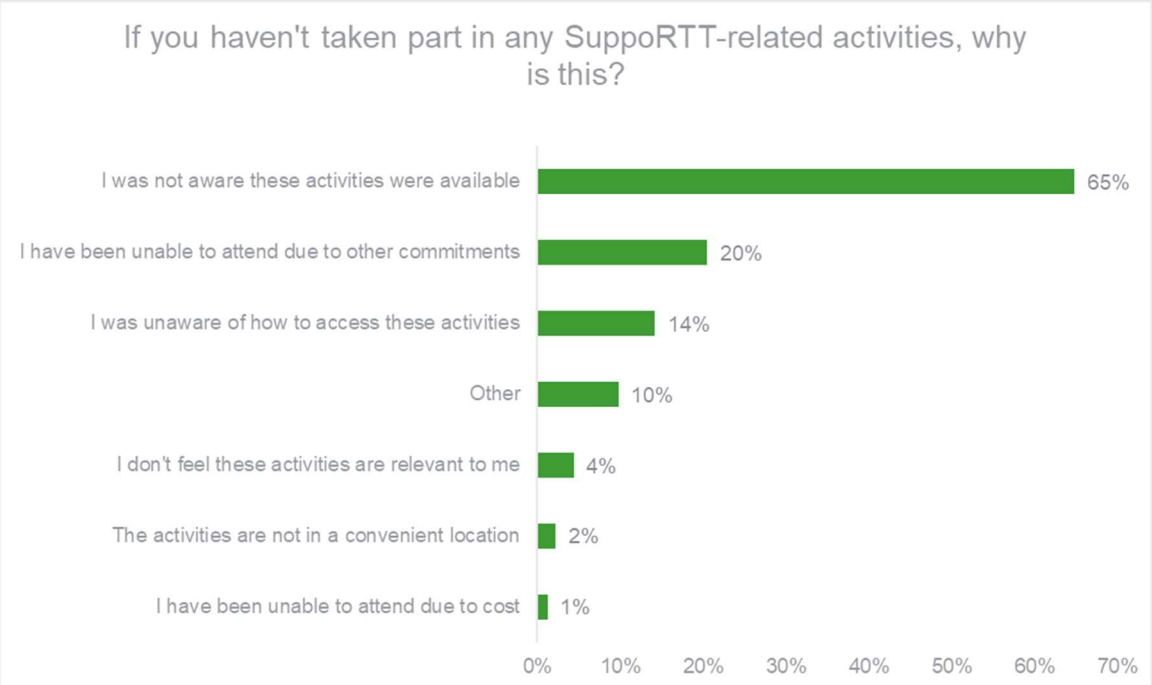
"I have had a number of trainees who I have been able to signpost to the SuppoRTT program before they went on leave"

"Information all in one place that I can pass on. With 160 trainees potentially moving on and off the spread sheet for a variety of reasons that has been very useful"

Sixteen respondents argued that they the activities that they had attended were too high-level and that they would have benefitted from more detailed information – *"sometimes they don't get to the detail I would wish for" and "insufficient detail to be useful".*

Those who had not taken part in any SuppoRTT related activity were asked to indicate why, with responses shown in the figure below.

Figure: Reasons for not taking part



Source; Educators Survey, N=411

The most commonly cited reason for not talking part (65%) was a lack of awareness that these activities were available. This correlates with both the beneficiary and non-beneficiary survey findings regarding limited awareness of SuppoRTT. 'Other' responses included:

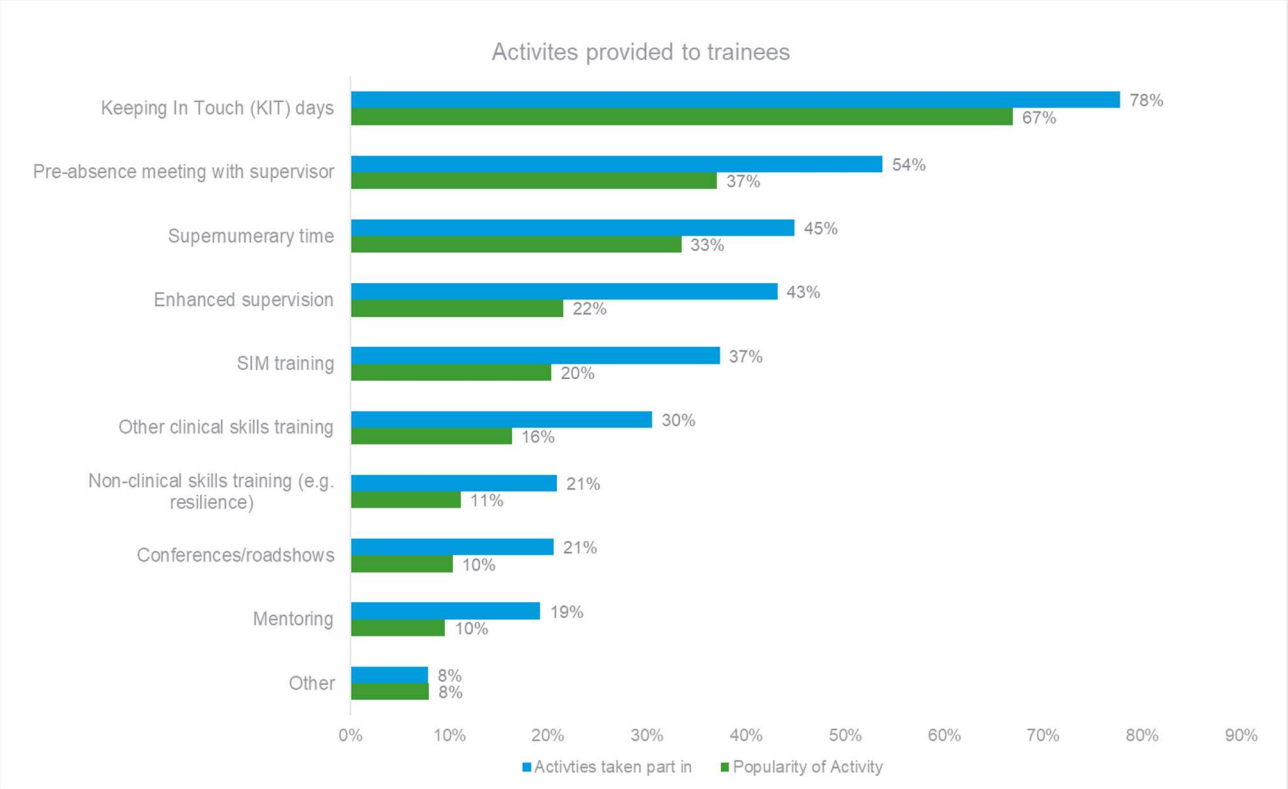
- a belief that that their speciality already offered an effective return to work programme (four respondents);
- a belief that they did not have any trainees who are returning to training (eight respondents); and
- they were new to the post and had not yet has an opportunity to explore SuppoRTT (four respondents).

4.5.3 Educator views on the impact of the programme on trainees

The majority of those in educator roles (98%) currently oversee or have contact with trainees. The educators who did have oversight of trainees were asked to indicate if their trainees had taken part in any SuppoRTT activities. Some (41%) indicated that they were aware of their trainees taking part in SuppoRTT activities. Others (36%) stated that their trainees had not taken part in any activities relating to SuppoRTT and a proportion (23%) were unclear.

Educators were asked about the types of activities their trainees had taken part in, and the popularity of these activities. The most popular activities were KIT days, Supernumerary time and SIM training. Other activities included specific speciality training. Approximately half of respondents (51%) had received feedback on the activities that their trainees had undertaken.

Figure: Activities provided to trainees



Source: Educators Survey N=251 NB respondents were able to select more than one response

Educators (n=122) reported examples of positive feedback received from trainees, examples of this feedback included:

"Found it useful and reduced anxiety surrounding returning to the ward"

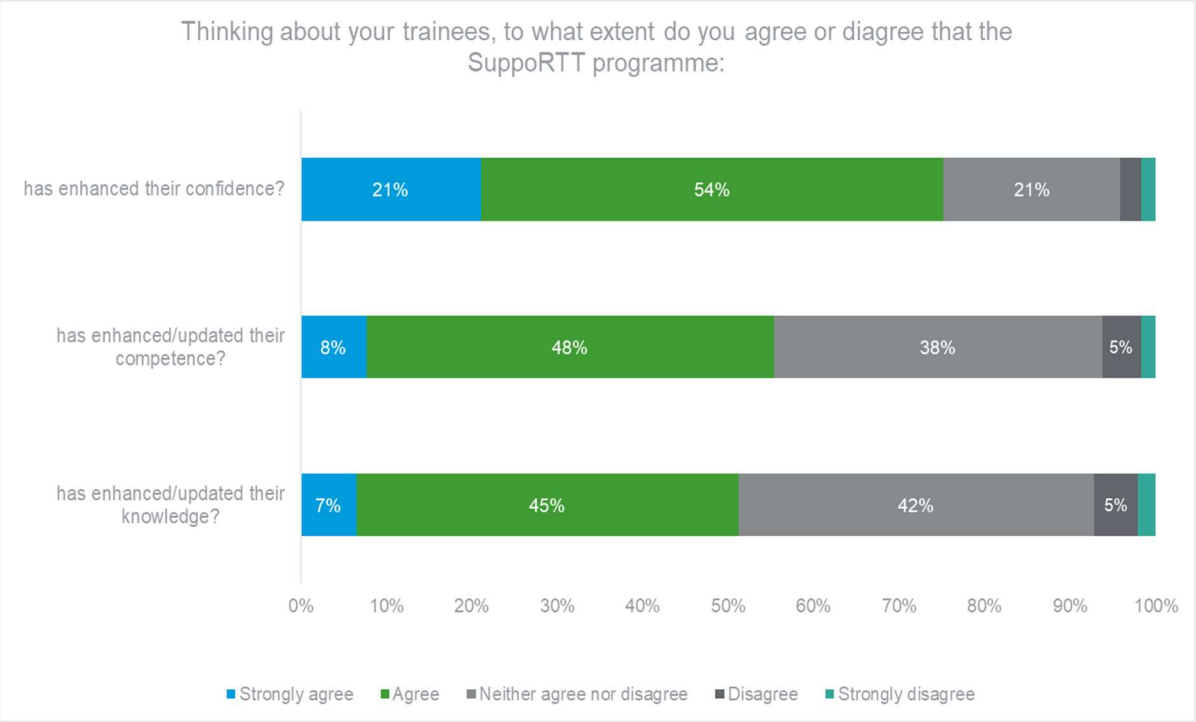
"Trainees particularly like supernumerary days and having opportunity to discuss return particularly if close to CCT date"

"Helpful to enable smooth transition back to training. Improves confidence"

Seven respondents had not received positive feedback and suggested issues faced by trainees as including difficulties completing paperwork and gaining approval for activities and receiving payment from trusts for supernumerary time.

When asked if the SuppoRTT programme met the needs of their trainees, 17% strongly agreed and 59% agreed that the activities of the SuppoRTT programme met the needs of their trainees. Only 2% of respondents disagreed.

Figure: Impacts of SuppoRTT programme



Source: Educators Survey, N=291

Respondents were asked to indicate to what extent they felt that the SuppoRTT programme had enhanced the confidence, competence and knowledge of trainees.

- 75% agreed/strongly agreed that SuppoRTT had enhanced their trainees' confidence;
- 56% agreed/strongly agreed that SuppoRTT had enhanced their trainees' competence; and
- 52% agreed/strongly agreed that SuppoRTT had enhanced their trainees' knowledge.

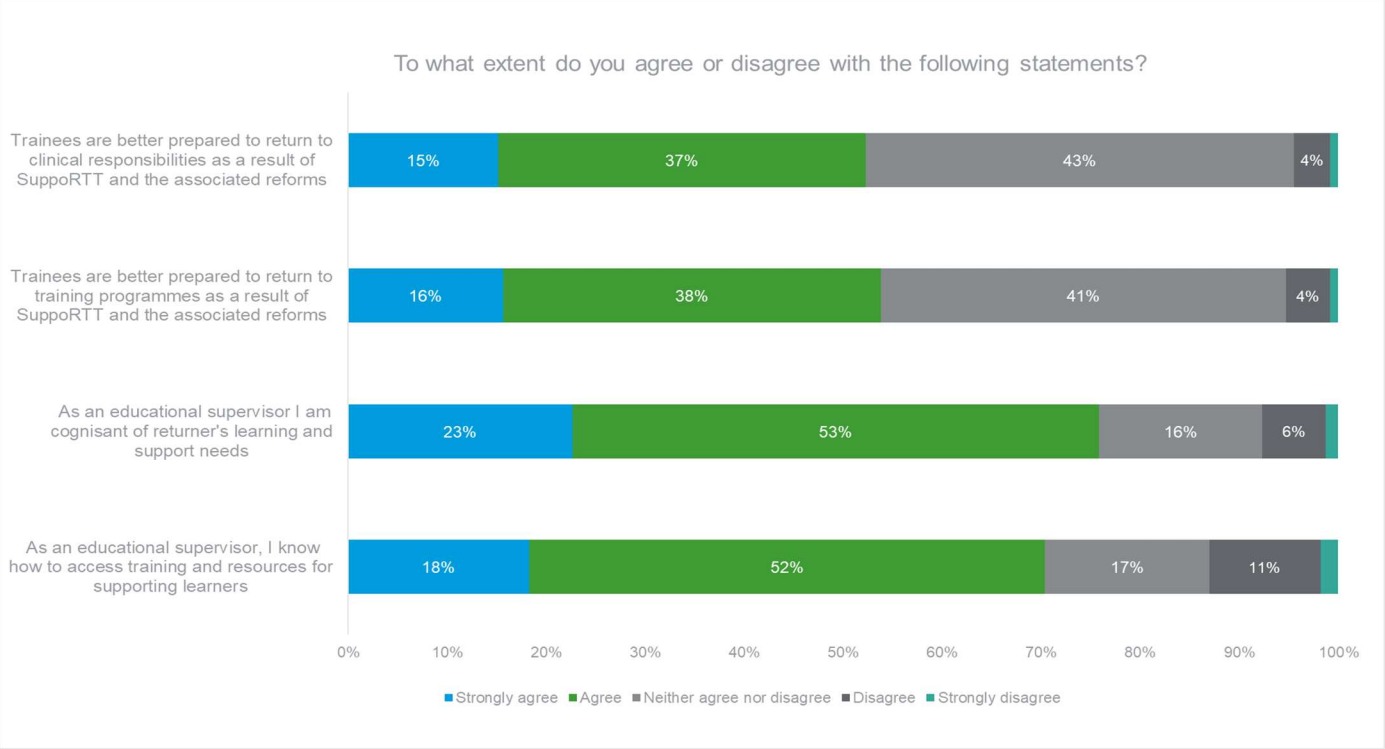
In the open text responses, 17 respondents mentioned KIT days, 14 mentioned supernumerary time and 27 mentioned SIM events as being particularly beneficial:

"sim training has been invaluable to rehearse skills and drills and re-familiarise with equipment"

"Trainees like the supernumerary time to enhance their confidence while returning after prolonged absence, especially if this the training is in acute high intensity clinical atmosphere"

Many ES (76%) regarded themselves as being cognisant of returners' needs, while 70% were aware of how to access support for their trainees. These figures are interesting, given the relatively low percentages of ES reporting having accessed SuppoRTT activities.

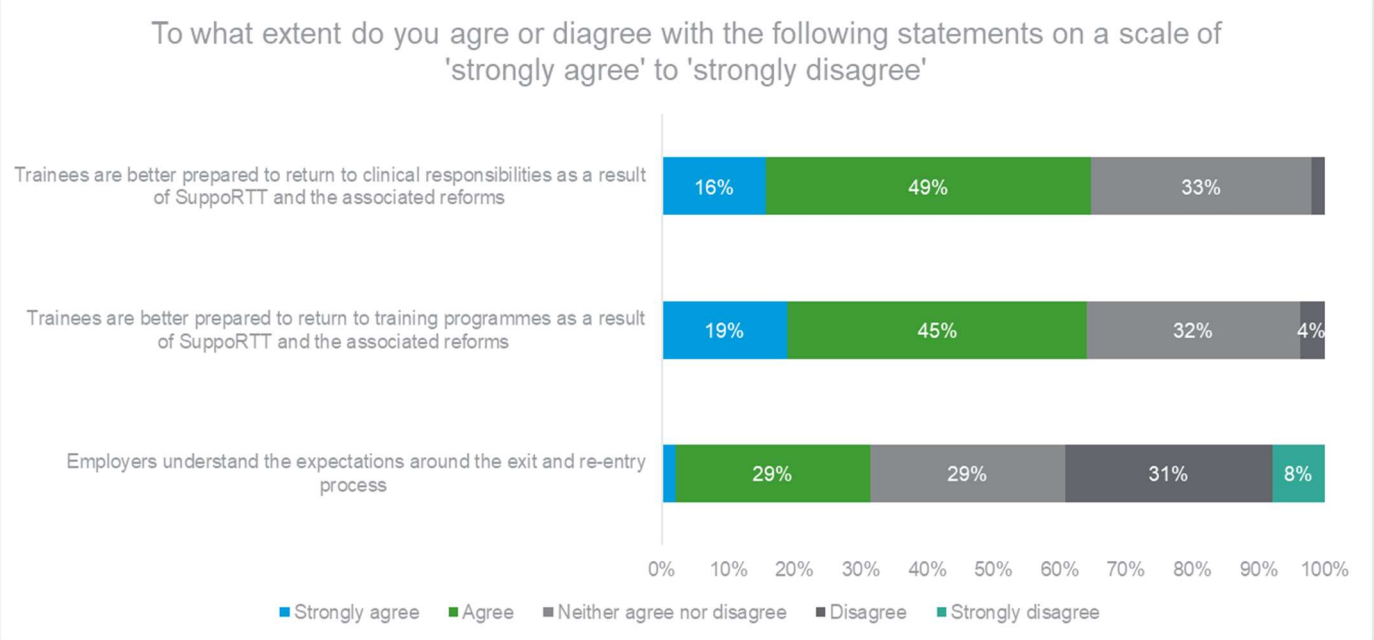
Figure: Impacts of SuppoRTT



Source: Educators Survey, N=717

Just over a third of DMEs and Deans (39%) felt that employers did not understand the expectations around the exit and re-entry process, suggesting that more work is required to raise awareness within trusts of this process. As one commented: *"Needs further information to employers. There appears to be some degree of ignorance".*

Figure: Impact on DMEs and Deans



Source: Educators Survey, N=51

When asked if the SuppoRTT programme had improved the process of preparing a trainee for returning and for taking time out of training:

- 57% of Educators agreed/strongly agreed that SuppoRTT had improved the process of returning to training;
- 38% agreed/strongly agreed that SuppoRTT had improved the process of taking time out of training; and
- Many SuppoRTT activities (and those with the greatest uptake) such as supernumerary time and SIM events, focus on preparing trainees to return to practice, and uptake of pre-absence meetings is lower.

4.6 Perceptions of impact amongst stakeholders (local offices, clinical fellows and national office staff)

During July 2019, telephone interviews were conducted with Associate Deans, clinical fellows and local office staff to understand their perceptions of SuppoRTT. Interviews were offered to local offices either on a group or individual basis, depending on the preferences and availability of interviewees.

4.6.1 Impacts of activities funded by SuppoRTT

As shown in section 4.2, there is a variety of different activities provided by each local office, some of which are bespoke to the region. Local office staff interviewed identified the following activities as being particularly innovative and/or valuable for trainees and educational supervisors:

- **embedding pre and post absence forms online**, simplifying the process for both trainee and educators;
- using **Mail 365** to analyse where trainees are reading and opening emails;
- using salaried **SuppoRTT champions** recruited by local trusts to provide on-the-ground support to trainees and simplify approval for funding applications for activities;
- providing **creche facilities** at events to enable parents to attend (though this means that there is an extra cost consideration); and
- **running courses at an external venue** was regarded as creating a neutral space for trainees.

4.6.2 Uptake of activities

All local offices suggested that take-up of activities amongst trainees on parental leave (and predominately maternity leave) was higher than trainees taking time out of training for other reasons. Correspondingly, specialities with higher numbers of female trainees, such as Paediatrics and Obstetrics and Gynaecology, were reportedly more represented than other specialities. To cater for this group, some local offices offered creche services during SuppoRTT activities, which were described as *"invaluable"* for attracting parents. One local office had also advertised their activities on websites such as Mumsnet to attract this group.

Uptake from those taking time out for health-related reasons was considered to be low. Two local offices suggested that trainees taking time out for clinical research may choose to do occasional locum work, and as a result, felt less of a need to update their clinical skills or improve their clinical confidence.

4.6.3 Factors impacting upon the uptake of activities

Local offices identified the following factors as impacting upon trainees' uptake of SuppoRTT activities:

- lack of **awareness a**mongst trainees;
- activities **offered at short notice** (often too late to arrange travel/child-care) or organised on a **weekend;**
- where trainees **do not have a date of return**, they may be less inclined to take part in activities;

- in areas with a large number of trusts, finding a **standardised approach** to accessing activities can require significant navigation for trainees;
- **speciality-focused courses** may only attract one trainee per local area (particularly in smaller areas and/or with smaller specialities); and
- technology issues in some areas meant that their **websites** did not always carry up-to-date information about courses and activities.

Table: What has worked well / less well?

Worked well	Worked less well
Local offices felt that SuppoRTT allowed them to **tailor activities to meet local trainees' needs** – *"it's a blank canvas for us – we can look at the needs of our local footprint... it's not imposed*" Feedback from activities collected by the local offices suggests that activities work well for trainees	There were challenges around the **communication of the programme to trainees at the right time.** For some local offices, there is a gap in the identification of trainees when they go off programme, which prevents them being directed to information about SuppoRTT when it is appropriate. One local office identified a low uptake of supernumerary time as a result of poor communication, as trainees were unaware of what it entailed and the funding available
Using **innovative ways of communicating with trainees** (e.g. social media or Trello) – there was an acknowledgment that sometimes trainees do not check when out of programme. Using a range of methods allowed trainees to interact as much or as little as they wished	Several local offices have noted issues with **supernumerary time** from the perspective of getting hospitals to engage. Often this is due a lack of locums to cover rotas or a delay in receiving funding meaning that trusts are unwilling to pay two members of staff for one job.
Using **trainers who themselves have had experience of taking time out** of training to deliver SuppoRTT activities was beneficial	Some of the **courses are perceived as a bit generic** and may not be able to meet the needs of the group. One local office noted that trainees had specifically requested more SIM and speciality-specific activities as opposed to soft skills courses
Having a **full-time administrative staff member** was highly valued for co-ordinating activities and contacting trainees	Some local offices commented that they would like **more communication and guidance around national initiatives** such as data collection.
The **budget awarded by SuppoRTT** allowed local offices to trial innovative activities, such as supernumerary time	A **greater awareness of the current range of activities** is key to avoid a duplication of effort, both at a local and national area. One area had invested time in creating a peer mentoring programme to find that a similar scheme was already in operation locally.
The **network co-ordination meetings** and regular online meetings between local offices were useful in sharing good practice	Some felt that **data capture of trainees** could be strengthened, so local offices are better aware of trainees who may require access to SuppoRTT, and can also provide more timely information to trusts about returners

4.6.4 The role and perceptions of Clinical Fellows

As one of the ten SuppoRTT programme commitments, Clinical Fellows were appointed to each region for a year to ensure that SuppoRTT reflects the needs of trainees. Often, these Clinical Fellows have had their own experiences of taking time out of training and could use this insight to develop activities. In addition to supporting local offices in the development of activities, each Clinical Fellow developed a national project in their area of choice. These national projects included improving documentation and processes, developing mentoring toolkits, updating data capture on trainees and developing online resources. These projects involved engagement with trainees (via focus groups, surveys or interviews), desk research and piloting. The findings from these projects were then published in end of year fellowship reports.

As part of this Year One Evaluation, Clinical Fellows were interviewed in Summer 2019 to understand their perceptions of the SuppoRTT programme.

Key themes which emerged from these interviews were as follows:

- all Clinical Fellows agreed that the development of the SuppoRTT programme benefitted from their involvement, and that they *"added a useful dimension";*
- many Clinical Fellows felt that they would have benefited from formal training at the outset, as *"these are very new skills for most people"*. Nevertheless, all Clinical Fellows felt that they had personally benefited from the softer skills developed from their participation in SuppoRTT (e.g. presentation, communication and research skills) and that they could transfer these skills to their clinical roles;
- the majority felt well-supported in their roles by the local offices. Those who felt less supported considered the geographies of their regions and working at a distance to have played a role; and
- going forward, Clinical Fellows suggested that a framework outlining their role and existing work would be beneficial for all parties. One clinical fellow outlined how there had been some initial confusion from their local office about their role, while another felt that there had been duplication of efforts due to lack of awareness of previous activities.

The role of Clinical Fellows was not remarked upon by survey respondents, and one focus group participant identified that they had interacted with a "consultant". This suggests that trainees may regard Clinical Fellows as part of the local office infrastructure rather than a distinct role.

4.7 Year 1 cost-benefit analysis (based on information where available)

As mentioned in section 4.1 there are several challenges in discerning the costs and the benefits of the activities of SuppoRTT including insufficient data on the numbers of trainees accessing SuppoRTT activities and a lack of local data on the number of trainees accessing specific activities. It is therefore not possible to disaggregate if certain activities are having a greater impact than others.

Table: Activities and costs – Year 1

Local Office	RTT Conference	SuppoRTT Champions	Speciality returners courses	Mentoring	Non-Clinical Courses	Coaching	Enhanced Supervision	Super-numerary funding	Other	Q1 & Q2 Costs
East Midlands	✓	✓	✓		✓	✓			✓	£26,129.00
East of England			✓		✓		✓		✓	£49,466.00
London, Kent, Surrey & Sussex[7]	✓	✓	✓	✓	✓	✓	✓	✓	✓	£457,563.40
North East			✓		✓				✓	£17,371.00
North West	✓	✓	✓	✓	✓		✓		✓	£432,296.00
South West		✓	✓		✓		✓			£33,005.00
Thames Valley	✓		✓		✓	✓	✓	✓	✓	£43,744.00
West Midlands	✓	✓	✓		✓		✓	✓	✓	£239,164.00
Wessex	✓		✓	✓	✓	✓	✓	✓	✓	£114,924.00
Yorkshire	✓	✓	✓	✓	✓	✓	✓	✓	✓	£277,739.00

[7] Enhanced supervision and supernumerary funding provided in London, Kent, Surrey & Sussex via "supervised clinical sessions".

4.8 Summary of findings relating to Research Area 2: Evaluate the impact of the SuppoRTT interventions

Overview of trainees who have accessed SuppoRTT:

- Each local office submitted data returns for trainees who accessed SuppoRTT between April and September 2019. Yorkshire reported the highest proportion of returners accessing SuppoRTT (59%) with the East of England reporting the lowest (12%). The majority of trainees were in ST4-8 and had taken time out for parental leave.
- Each local office provided a variety of different activities including RTT conferences, SIM training speciality specific training and non-clinical courses., with some local offices developing their own courses.

Perceptions of beneficiaries:

- A total of 221 trainee doctors completed the survey, with the majority (79%) having recently returned from training.
- The majority of respondents either agreed or strongly agreed that information provided on SuppoRTT and their break and return process were well communicated. Of the activities provided, KIT days, pre-absence meetings with supervisors and Supernumerary time were the activities that were the most participated in and the most well-known.
- Respondents indicated that the biggest impacts of SuppoRTT were enhancing their ability to carry out safe and high-quality clinical practice (54% agreed and strongly agreed) and making sound clinical decisions (54% agreed and strongly agreed). Respondents had mixed views on whether SuppoRTT had made changes to the perceptions of taking time out of training. Some felt that it reduced the stigma associated with time out and provided a formalised structure for their return, while others indicated that there was still a lack of awareness and the need for a wider culture change.
- Respondents felt that there were several aspects which worked well for them including access to courses, supernumerary time and helping to normalise time out of training. Aspects which had not worked so well included lack of awareness of the programme and poor communication and processes. Respondents indicated that these were common across educational supervisors and trust employers.

Perceptions of non-beneficiaries:

- A total of 1,483 trainee doctors responded to the survey.
- Most participants (70%) had considered taking time out of training for either working /volunteering abroad (52%), or parental leave (50%). However, a high proportion of trainees (69%) had concerns about taking time out, which included financial concerns and a desire not to elongate their training further. International trainees (n=12) expressed that they had concerns about how time out would affect their visa.
- The majority (80%) of respondents were not aware of the SuppoRTT programme. Most respondent (76%) had peers who had taken time out of training, however, only 4% were aware of their peers accessing SuppoRTT. Of those who did have peers accessing SuppoRTT most (57%) agreed or strongly agreed that their own training had benefited from their peers accessing SuppoRTT. though some felt that they had experienced increase in workload and pressure as a result.

Perceptions of educational supervisors:

- A total of 864 respondents completed the survey,51% of whom were educational supervisors.
- Over half of Educational Supervisors (58%) had not taken part in any of the SuppoRTT related activities. The most commonly cited reason for not talking part (65%) was a lack of awareness that these activities were available.
- Of those who had taken part, 79% felt that these activities were useful for their role; “I realised that I could support them in other ways than I previously was aware of”.
- When asked if the SuppoRTT programme met the needs of their trainees, 17% strongly agreed and 59% agreed that the activities of the SuppoRTT programme met the needs of their trainees.

Perceptions of impact amongst stakeholders (Local offices, clinical fellows and national office staff):

- Local office staff identified that there were a number of activities which were particularly innovative/valuable for trainees and educational supervisors which include; simplifying the process for pre and post- absence forms, recruiting local SuppoRTT champions and providing childcare at courses.
- The uptake of activities tended to be by those on parental leave, with a higher number of female trainees (corresponding with the beneficiaries’ survey and local data returns). Uptake from those who took absence due to OOP or health-related absence was reported to be low. The biggest factor limiting uptake was a lack of awareness amongst trainees.
- Local offices felt that the ability to tailor activities to meet local trainee needs was valuable and having full time admin staff was also beneficial. Aspects which worked less well included challenges around communication and issues engaging trust with supernumerary time.

Cost-benefit analysis year 1:

- There were several challenges in discerning the costs and the benefits of the activities of SuppoRTT with insufficient data on the numbers of trainees accessing SuppoRTT and limited cost data from local offices.

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5. AREA 3: EARLY RECOMMENDATIONS

5.1 Learnings from the 17/18 SIM funding process

- Some areas experienced a **low response rate** from schools and trusts; however, the majority of bids they did receive fitted into the criteria (e.g. bootcamps, high fidelity SIM training). This low response rate was attributed to the short time period for submissions and limited awareness of the SuppoRTT programme. Local offices welcomed the clearer timeframes set out in 2019/20 period.

- When assessing bids, one local office suggested that **innovation was a difficult concept to assess**, and had preferred to assess bids based on their likelihood of being delivered in the timeframe, differences from current provisions and their benefits to returners.

- Feedback from trainees suggested that they found **SIM activities beneficial** for updating clinical skills, but they also welcomed the opportunity to meet trainees in a similar position, network and discuss wider issues such as anxiety and confidence. Going forward, a standardised feedback process would be beneficial for evaluation purposes.

- Learning from the 17/18 SIM funding round had been incorporated into the 18/19 bid process, for example: the use of online application forms, panel review, a clear timeframe for submissions and cross-checking bids with existing courses/ funding sources to avoid duplication.

5.2 Activities which have been identified as particularly beneficial on knowledge, confidence and clinical skills

Overall it was difficult to disaggregate from the findings of the beneficiary survey those activities which have been most beneficial to trainees in terms of impacting on their knowledge, confidence and clinical skills, due to the small numbers completing some of the activities, and limited information on costs of provision. However, there was consistent feedback from both trainees who had accessed activities as part of the SuppoRTT programme (within the beneficiary survey) and educators (from the educator survey) that the three activities which had highest levels of awareness and also participation were:

- Keeping in Touch (KIT) days;

- pre-absence meetings with their supervisor; and

- supernumerary time.

For trainees who participated in any activity as part of the SuppoRTT programme, 68% either strongly agreed or agreed that these activities were tailored to their needs.

In terms of the impact of activities on trainee's knowledge, confidence and clinical skills, overall:

- The greatest impact across all activities appears to have been on trainee confidence in making sound clinical decisions, as 54% of trainees either strongly agreed or agreed that the activities which they had attended as part of SuppoRTT had enhanced their confidence. In

addition, it should be noted that 75% of educators felt that trainee's confidence had been also enhanced through activities.

- Trainees were equally positive about the extent to which activities provided through the SuppoRTT programme enhanced their clinical skills, in that 54% agreed that activities enhanced their ability to carry out safe and high-quality clinical practice. Similarly, 56% of educators felt that this was the case.

- 41% of trainees indicated that they agreed or strongly agreed that SuppoRTT activities had enhanced their clinical knowledge, with 52% of educators indicating that they felt trainee knowledge had been enhanced.

Focus groups with trainees who had accessed SuppoRTT held in November 2019 indicated that all those who had taken part in SuppoRTT clinical and non-clinical courses felt that they were useful for enhancing clinical skills and confidence.

One participant remarked that coaching had been beneficial in planning their return, and that the coach was outside the sphere of medicine provided useful insights – *"it was useful to have someone who doesn't know me give me an unbiased view".* Others recommended mentoring; *"I certainly went in with a pile of anxiety… having somebody of the same level and had just got his first consultant job was unbelievably beneficial".*

Those who had undertaken supernumerary or enhanced supervision considered it to have supported them in their transition back into training – *"I think was safer for everyone involved".*

5.3 Areas for consideration/ development

The figure below sets out five areas for consideration, based on the feedback provided by surveys with trainees (beneficiary and non-beneficiary), and from educators, as well as interview discussions with other strategic stakeholders.

Figure: Areas for consideration

1 Raise awareness of the SuppoRTT programme and offer	• Develop a communications plan for the SuppoRTT programme for the next 12 months, so that awareness continues to be raised amongst trainees and educators. • Communications should take advantage of a variety of approaches, including emails, HEE website/ publications and via other forums/ mechanisms which will reach all trainees (not just those planning to take time out, or who are currently out of programme). • There may be merit in having resources allocated to communications at national and local level, to promote consistency in approach and messaging where possible/ useful.
2 Further improve and standardise data collation processes on activities and costs	• A standardised dataset of measures (linked to the desired outcomes and impacts) should continue to be gathered, collated and analysed from each Local Office on a quarterly basis. Definitions for each measure should be formalised and agreed, along with the approach to collection to promote consistency and comparison between different activities. • There should be a consistent model (including questions) for evaluating activities which are funded through the SuppoRTT programme, including Simulation Fund activities. • There would be merit in having resources allocated to data gathering at national and local level, in order to improve the approach to data collation for SuppoRTT activities including SIM funding.
3 Gather feedback on, and promote participation in, activities which are most effective for trainees and educators	• Based on the feedback from trainees and educators within the Year 1 report (and subsequent reports), future funding and efforts should be channelled towards those activities which are demonstrating the greatest impact on trainees/ educators and which are shown to be most effective. • Where activities have been found to benefit trainees or specific groups in one area, these models of provision should be replicated in all other local areas, to promote consistency of what works well at a national level.
4 Consider ways in which the programme's sustainability can be promoted, whilst moving to Business-as-Usual	• Consideration should be given to the creation of a network of returners who have benefitted from activities provided through the SuppoRTT programme, who can in turn act as ambassadors for the programme and to advise or mentor other trainees (and potentially educators) around how to plan a break from, and return to, training. • This network of returners, associated with positive messages from the evaluation, will be helpful in changing the narrative and culture around taking time out of training. These messages should be deployed as part of the communications plan (see (1) above).
5 Other considerations	• Clear messages from international trainees came through during the evaluation – these highlighted issues for this group around the need for time out not aligning with visa requirements, and a lack of clarity on their ability to avail of the programme. This, compounded by current uncertainty around Brexit, makes it particularly difficult for this group to avail of SuppoRTT. The Assurance Board should work with DHSC and other bodies within health and across Government to highlight these issues and seek an appropriate outcome for international trainees. • The SuppoRTT programme should continue to link to other programmes and relevant work which is ongoing within the GMC, BMA and with initiatives resulting from the national trainee survey, including promoting it's achievements with these organisations.

5.4 Findings relating to Research Area 3

In analysing and reviewing the findings from the evaluation, along with the associated research activities, we have considered whether any changes are required to improve the design and delivery of the SuppoRTT strategy and future investment plan. Within the Areas for Consideration – as set out in Section 5.3 above – we have made a number of suggestions which may improve the delivery of the programme, such as:

- developing a communications plan to raise awareness of the offering amongst trainees and educators;
- improving and standardising data collation processes relating to activities and costs, along with evaluating the activities which have been provided at a local level;
- focusing on the delivery of activities which are shown to be most effective for trainees and educators, ensuring that these are available consistently across all Local Office areas;
- developing a network of returners to act as ambassadors and advisors/ mentors for other trainees considering taking time out or on return; and
- considering how the programme can be made available to support the needs of IMGs.

However, the wider evidence base around comparable return to practice or return to work programmes is still limited at the moment, and there has not been any long-term systematic evaluation of these. Therefore, this leaves a gap in terms of being able to compare outcomes from the SuppoRTT programme with other similar programmes – and in this sense, the SuppoRTT programme could be seen as a forerunner, or at least relatively unique in its design and delivery.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.

Recommendations for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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