

Health Education England

Evaluation of the Supported Return to Training Programme – 2021 (Year 3) Report
In conjunction with Dr Katie Webb (Cardiff University School of Medicine)

February 2022 – FINAL REPORT

Executive Summary

The Supported Return to Training Programme (SuppoRTT) was introduced by Health Education England (HEE) in 2017 in response to the challenges facing trainees returning to training identified by the 2016 Junior Doctors Contract dispute. The programme is designed to provide additional support to trainees to facilitate a smooth, safe and confident return to training. SuppoRTT is delivered by ten local offices across England, supported by a co-ordination network, national team and national fellows.

RSM UK Consulting LLP (RSM) in conjunction with Dr Katie Webb (Cardiff University School of Medicine) was commissioned by HEE to conduct a three-year longitudinal evaluation of SuppoRTT in 2019, and this report marks the third and final year of the evaluation. This report provides a longitudinal evaluation of the impacts of the programme, tracking changes in perceptions of impact from trainees accessing SuppoRTT (beneficiaries), wider trainees (non-beneficiaries), SuppoRTT Champions and educators. It also explores how Covid-19 has impacted upon the programme, including impacts on programme delivery and activities, and the extent to which these changes have continued post-pandemic. The 2021 (Year 3) evaluation report also provides a series of further recommendations to enhance the ongoing development of the programme as it transitions to business as usual (BAU).

Our approach

The methodology for this 2021 (Year 3) report involved the following stages:

- **Desk review of HEE programme data and literature;**
- **Telephone interviews** with local offices (ten) and clinical fellows (two);
- **Online surveys** with programme beneficiaries (267 responses received), non-beneficiaries (1,087 responses received); SuppoRTT Champions (75 responses received) and educators (457 responses received, including Educational Supervisors (n=193), Training Programme Directors (n=125) and Heads of School (n=29); and 37 Directors of Medical Education and Postgraduate Deans responses received); and
- **Online focus groups/ interviews** with beneficiaries (11) and SuppoRTT Champions (eight).

In 2020 (Year 2) survey responses were lower due to the Covid-19 pandemic and associated changes to dissemination methods. Therefore the response rates in 2021 (Year 3) are in line with those of 2019 (Year 1), facilitating longitudinal analysis between these two time-points.

Impact of the SuppoRTT interventions: key findings

Programme uptake: there continues to be some variance in uptake numbers amongst local offices per quarter, making comparisons challenging. There was a higher proportion of trainees accessing SuppoRTT between April - June 2021 (36%) and July-September 2021 (31%) than October-December 2020 (23%) and January – March 2020 (23%).

Programme costs: again, there continues to be some variance in the reporting of cost data amongst local offices, as well as the types of activities local offices have funded (eg smaller numbers of high-cost SIM courses vs larger numbers of human factors online courses). The

average spend for trainees accessing SuppoRTT in 2020/21 was £2,160. Due to data limitations in 2019 and 2020 (Years 1 and 2) we are unable to provide a longitudinal analysis of programme costs.

Activities provided by local offices: Local offices continue to provide similar activities to 2020 (Year 2), including online activities introduced during the Covid-19 pandemic. Beneficiaries suggested that online activities provided greater access (eg. for those with childcare requirements) but some missed the networking opportunities offered by face-to-face activities. Interviews with local offices suggest that there is much greater collaboration in 2021 in sharing activities and good practice between local offices, and that this practice should continue as SuppoRTT moves to BAU.

Perceptions of impact amongst beneficiaries: Impacts of SuppoRTT on beneficiaries' confidence, competency and knowledge have remained consistent between 2019 (Year 1) and 2021 (Year 3).¹ In open text comments, beneficiaries suggested that the pressures of Covid-19 had played a larger role in altering negative perceptions of time out than the SuppoRTT programme (for example, trainees were more likely consider taking time out after Covid-19 given the intensive work requirements through the early waves of the pandemic). Focus groups suggested that agreed supervisor-trainee return to training plans were not always able to be put in place due to lack of understanding in Trusts of the SuppoRTT offer and service pressures – to illustrate, only 37% of 2021 (Year 3) beneficiaries accessed a supernumerary period upon their return, compared to 56% in 2020 (Year 2).

Perceptions of impact amongst non-beneficiaries: Awareness of SuppoRTT has increased amongst non-beneficiaries over the course of the evaluation period: 37% of 2021 (Year 3) non-beneficiaries were aware of the SuppoRTT programme, an increase from 20% in 2019 (Year 1) and 30% in 2020 (Year 2). This is likely due to targeted awareness raising initiatives from local offices, the national team (including clinical fellows) and SuppoRTT Champions, as well as increased word-of-mouth amongst trainees. Reasons for wishing to take time out have also changed, with trainees more likely to desire time out for a career break (37%) and for a better work-life balance (42%) in 2021 (Year 3) than in previous years (where parental leave and working abroad featured more heavily). In addition to Covid-19 pressures on the health system, this could suggest that perceptions around taking time out have changed, and trainees feel more comfortable requesting time out for reasons other than parental leave and research.

Perceptions of impact amongst SuppoRTT Champions: 68% of SuppoRTT Champions in post since 2019/2020 agreed/strongly agreed that there is now greater clarity around their role (which is to provide leadership within a given Trust/School to ensure full implementation of the SuppoRTT strategy and a high-quality supported return to training for beneficiaries, including promoting access to relevant RTT activities) than when they first took on the role. They considered their role to be more embedded within Schools/Trusts, and awareness amongst trainees and educators has increased. Awareness of the Champion role has also increased amongst trainees: 76% of 2021 (Year 3) beneficiaries had heard of the SuppoRTT

¹ 58% agreed/strongly agreed that SuppoRTT had updated/enhanced their ability to carry out safe and high-quality clinical practice (compared to 54% in 2019 (Year 1)), 55% agreed/strongly agreed that SuppoRTT had updated/enhanced their confidence in my ability to make sound clinical decisions (54% in 2019 (Year 1) and 49% agreed/strongly agreed that SuppoRTT had updated/enhanced the clinical knowledge they require to carry out clinical tasks (42% in 2019 (Year 1)).

Champion, compared to 61% in 2020 (Year 2). The majority of those beneficiaries in focus groups who had engaged with their Champion reported positive interactions.

Perceptions of impact amongst educators: Educator uptake in SuppoRTT activities has increased over the duration of the evaluation: the majority (71%) of educators in 2021 (Year 3) reported that they had taken part in SuppoRTT activities, compared to 67% in 2020 (Year 2) and 42% in 2019 (Year 1). 88% of educators in 2021 (Year 3) who participated in activities indicated that these activities were useful for their role as an educator. 92% of DMEs and Deans in Year 3 (2021) agreed/strongly agreed that trainees were better prepared to return to training as a result of SuppoRTT and 90% agreed/strongly agreed that trainees were better prepared to return to clinical responsibilities, compared to 86% and 86% respectively in Year 2 (2020).

Perceptions of impact amongst local offices and clinical fellows: In 2021 (Year 3), local offices identified greater Local Office collaboration, activity sharing and the role of SuppoRTT Champions as key to the success of SuppoRTT. All Local Offices were enthusiastic about sustaining the SuppoRTT co-ordination network following the end of formal involvement from the national team.

Recommendations of the Years One (2019) and Two (2020) reports

The 2019 and 2020 (Years 1 and 2) reports both made five recommendations, which HEE have actioned in the following ways:

Table 5.1: Recommendations of the Years One (2019) and Two (2020) reports and HEE actions

| | Recommendation | HEE action |
|----------|--|--|
| Year One | 1. Raise awareness of the SuppoRTT programme and offer | Introduction of SuppoRTT Champions, National Fellow initiatives and Local office initiatives |
| | 2. Further improve and standardise data collation process on activities and costs | A national reporting template was introduced in April 2020, capturing returner information (including the demographic profile of trainees) |
| | 3. Gather feedback on, and promote participation in, activities which are most effective for trainees and educators | National Fellows designed a standardised feedback capture form for local office activities |
| | 4. Consider ways in which the programme’s sustainability can be promoted, whilst moving to Business as Usual | Introduction of SuppoRTT Champions and local offices sharing activities |
| | 5. Other considerations: issues specific to International Medical Graduates (IMGs). Link with relevant other organisations such as the GMC and BMA to promote SuppoRTT. | Introduction of local office activities tailored to IMGs |

| | Recommendation | HEE action |
|-----------------|--|---|
| Year Two | 1. Develop an updated communications plan | A communications plan with standardised communication templates (eg emails, posters etc) was created for local office usage |
| | 2. Identification of eligible trainees should take place early, so that optimised support can be provided | Trust SuppoRTT Champions have been playing a more active role in identifying trainees |
| | 3. Ongoing work to support high quality programme data | Local offices are continuing to collect quarterly data on returners |
| | 4. Promote shared participation in activities which are most effective | Local offices are offering increased cross-office activities to trainees and educators, and are using the network to share information about courses that receive positive trainee feedback |
| | 5. Other considerations: support for trainees returning during Covid-19, diversity in the uptake of the SuppoRTT programme, including IMGs and those from BAME backgrounds. | Resources were designed for shielding/displaced trainees and IMGs |

Areas for further consideration

This report makes the following six recommendations for further consideration:

| Recommendation | |
|----------------|---|
| 1. | Continue the work of the current SuppoRTT co-ordination network through local offices (including the network meetings and online MS Teams channel) as this considered beneficial by local offices for sharing good practice and common problem-solving. |
| 2. | Continue with data monitoring (including uptake and cost per returner as a proxy for value for money) to clearly demonstrate how SuppoRTT is benefitting trainees returning to training and where resources should best be focused. |
| 3. | Focus on raising awareness of SuppoRTT amongst clinical supervisors and Trust staff (given that awareness amongst trainees and educators is higher). This is likely to address some of the pervasive perceptions around taking time out, as well as show how the programme can enable confident, competent and knowledgeable trainees return to practice, which is beneficial for the wider clinical team. |
| 4. | Consider developing national resources for different groups of trainees (eg international medical graduates, those returning from smaller specialities or for reasons such as bereavement or illness) as some trainees expressed that current resources and activities can be overly focused on the larger specialities and/or more common reasons for time out (eg parental leave). |
| 5. | Provide greater clarity on funding and available activities for trainees so that they themselves can make decisions around the resources which will best support their return to training. |
| 6. | Consider retaining the SuppoRTT Champion role for a further one-two years (ie when awareness of SuppoRTT should be widespread) as this role is perceived as providing practical assistance to local offices and Trusts in supporting trainees. |

Acknowledgements

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Acronyms

| Acronym | Description |
|-----------------|--|
| BAME | Black, Asian, and Minority Ethnic |
| BAU | Business as Usual |
| BMA | British Medical Association |
| CaRforMe | Career Refresh for Medicine |
| CCT | Certificate of Completion of Training |
| CRASH | Critical care, resuscitation and airway skills in high fidelity simulation |
| DME | Director of Medical Education |
| ES | Educational Supervisor |
| EU | European Union |
| GAS | Giving Anaesthesia Safely |
| GMC | General Medical Council |
| GP | General Practitioner |
| HEE | Health Education England |
| HoS | Head of School |
| HR | Human Resources |
| IMG | International Medical Graduate |
| KIT | Keeping in Touch |
| KSS | Kent, Surrey and Sussex |
| LTFT | Less Than Full Time |
| MERP | Medical Education Reform Programme |
| NHS | National Health Service |
| OOP | Out of Programme |
| OOPC | Out of Programme for a Career break |
| OOPR | Out of programme for Research |
| PPE | Personal Protective Equipment |
| PRR | Physician Retraining and Re-entry |
| PSU | Professional Support Unit |
| RSM | RSM UK Consulting LLP |
| SIM | Simulation training |
| ST | Specialist Trainee |
| SuppoRTT | Supported Return to Training Programme |
| TPD | Training Programme Director |

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1. INTRODUCTION

RSM UK Consulting LLP (RSM) in conjunction with Dr Katie Webb (Cardiff University School of Medicine) were commissioned by Health Education England (HEE) in January 2019 to conduct a three-year longitudinal evaluation of the Supported Return to Training (SuppoRTT) programme. This report marks the final year of the evaluation. This longitudinal evaluation is designed to explore:

- impacts of the SuppoRTT strategy to date;
- potential for improvements to the design and delivery of SuppoRTT; and
- evidence to inform a business case (to support the programme in its transition to Business as Usual) to support future investment.

Background to the SuppoRTT programme

Approximately 10% of all 50,000 postgraduate medical trainees in England are taking time out of training at any one time. Reasons for taking time out are varied, ranging from parental leave to academic research, health-related absences and gaining clinical experience abroad.

Correspondingly, those taking time out and returning to training are a diverse group, 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 perceptions from peers and colleagues around taking time out of training. Therefore, all those trainees taking more than three months out of programme are eligible for additional support via the SuppoRTT programme.

In November 2017, HEE published its SuppoRTT strategy and investment plan.² SuppoRTT seeks to address some of the challenges identified by the 2016 Junior Doctors Contract dispute and 2019 NHS Long Term Plan around developing and supporting the medical workforce.

Outline of the SuppoRTT approach and activities

The SuppoRTT programme has been designed to provide trainees with a bespoke, individualised package of support, combining existing local resources and good practice, with consistent national practice. During the Covid-19 pandemic, face-to-face activities were moved to an online format, and a number of new activities were introduced, including webinars and podcasts. This year, many offices have chosen to retain these online activities, with some face-to-face activities returning in line with government guidance.

² SuppoRTT Strategy & Investment Plan <https://www.hee.nhs.uk/sites/default/files/documents/Supported%20Return%20to%20Training.pdf>
rsmuk.com

Types of SuppoRTT activities available include:

Figure 1.1: SuppoRTT activities

| | | |
|------------------|------------------------------------|---|
| Mentoring | Simulation (SIM) Training | Enhanced supervision |
| Coaching | Non-clinical skills courses | Supernumerary time |
| KIT days | SuppoRTT Champions | Pre and post absence meetings with educational supervisors |
| Webinars | Workshops | Educator upskilling activities |

Currently, SuppoRTT is delivered by ten local offices across England (by SuppoRTT administrative staff and Associate Deans) supported by an Assurance Board, SuppoRTT Champions, National Fellows and a National Team. The delivery structure has remained constant over the three years, with the addition of Champions in 2019 and the reduction in number of National Fellows (from ten in 2019 (Year 1) to five in 2020 (Year 2) and three in 2021 (Year 3).

From April 2022, the programme will transition to Business as Usual (BAU), as the Assurance Board has considered initial awareness-raising work and educator training to have come to a natural end. For the programme, this will mean:

- greater devolution of the budget to local offices (historically the budget has been managed largely via local offices, with some national oversight);
- nationally mandated reporting on returner numbers will no longer be required; and
- greater local responsibility for the co-ordination of the SuppoRTT network (including network meetings and national communications).

Key findings from the Year 1 and 2 Evaluation Reports

Please see Annex 1 for a summary of the key findings of the 2019 (Year 1) and 2020 (Year 2) evaluation reports.

Developments since Year 2

As SuppoRTT has entered its third year, a number of developments have taken place, including:

- A **SuppoRTT Communications Strategy** has been developed for local offices (with a Blended Communication Plan, toolkit of editable posters, stock images and email templates, as well as social media training) to address 2020 (Year 2) evaluation recommendations.
- **Breastfeeding guidance** has been drafted given that many trainees take time out for parental leave. National guidance has been created to provide trainees with a framework to discuss with their employers.

- **Consolidation of the SuppoRTT Trust and School Champions roles**, including a formalised job description, local Champions network and national best practice guidance.³
- **Continuation of Career Refresh for Medicine (CaRforMe)**, a complimentary return to practice programme introduced in 2020 (alongside the GMC, BMA and NHS Employers). CaReforMe signposts returning doctors and those new to the NHS to many of the SuppoRTT activities and is delivered by the local offices .
- **Introduction of Local Quality and Innovation Fellows** (to replace National Fellows) in each local office to undertake locally commissioned quality and improvement and innovation projects (eg. evaluation of local activities).

A number of new workstreams/activities have been introduced by the National Fellows, including:

- **Immersive Technology resources** (five separate immersive technology resources for trainees have been created, covering three themes: Escalating Concerns and Speaking Up, Shielding/Remote Consultation and Teamworking. An evaluation of these modules is currently being undertaken separately by RSM).
- **Addressing the culture of time out** (an e-learning module and a Supportive Culture YouTube video have been created to promote a supportive culture for returners, and two large scale surveys of educators (n=663) and trainees (n=604) have been conducted to explore current perceptions of taking time out (RSM evaluation pending).
- **My SuppoRTT** (updates to this national SuppoRTT website)⁴.
- **Mentoring** (scoping existing models of mentoring and establishing a national network for mentors and developmental training).

Review of comparator national and international return to training programmes

A desk review of other national and international return to training programmes has been undertaken each year of the evaluation. These annual reviews indicate that the SuppoRTT programme provides a unique offering for trainees, which is not matched in scale or breadth by any other current programme.

2019 (Year 1) review

The 2019 (Year 1) report identified a series of international comparator programmes, none of which have experienced any significant changes or developments over the last year. These include:

- Scotland GP Returner Programme;
- GP Induction and Refresher Scheme;
- Giving anaesthesia safely again (GAS again);
- Centre for Pharmacy postgraduate education return to practice (due to Covid-19, the provider is seeking to move the courses online);
- Return to nursing practice programme;

³ a Champion is based in a Trust or School their role is to provide guidance and support to trainees and supervisors on the return to training process.

⁴ <https://mysupportt.com/>
rsmuk.com

- Australia: Critical care, resuscitation and airway skills in high fidelity simulation (CRASH) course;
- US: Physician retraining and re-entry programme (PRR);
- US: Physician re-entry into the workforce project; and
- New Zealand: Return to Nursing Programme.

2020 (Year 2) review

The 2020 (Year 2) report identified a number of Royal College and Trust Covid-19 resources, designed for those who had relinquished their GMC registration or licence to practice and wished to return to practice to support the NHS response to the Covid-19 pandemic. These resources included webinars (both clinical and non-clinical skills), peer-to-peer support sessions and updated guidance documents. Colleges and Trusts have continued to update these resources in 2021, to reflect changes to Covid-19 guidance and clinical practice.

In addition, in 2020 HEE (in conjunction with the GMC, BMA and NHS Employers) introduced a return to practice scheme for doctors and those new to the NHS, called Career Refresh for Medicine (CaReForMe). This programme continues to run concurrently with SuppoRTT, and is administered by local office teams.

2021 (Year 3) review

A number of additional programmes/resources have been identified this year, including:

- **General Medical Council Welcome to UK Practice** online workshops exploring different ethical scenarios for international trainees;
- **Health Education England Preceptorship and Return to Practice for Nursing** which offers nurses returning to practice supervision in practice from a registered practitioner;
- **Career Refresh for Medicine programme (CaReForMe)** has been developed to help support doctors who have had a break in practice return more easily and safely;
- Scotland: **Refugee Doctors Programme** assists doctors, dentists and pharmacists in Scotland as a refugee or asylum seeker, to obtain professional registration;
- Wales: **Wales Asylum Seeking and Refugee Doctors and Dentists (WARD)** group assists refugee doctors in Wales to gain GMC registration via weekly tuition on the English Language Testing System (IELTS) and Occupational English Test (OET) and supernumerary posts;
- Australia: The **Murray City Country Coast GP Training outlined the policy and procedure for the return to clinical GP training** after extended leave.
- Australia and New Zealand: The College of Intensive Care Medicine established guidelines for re-entry, retaining and remediation. They outline the available resources including the **Physician Re-entry Inventory** and **CRASH Course** based on the US Physician Re-entry into the Workforce Project and the UK GAS again program respectively; and
- Australia and New Zealand: **The Royal Australian and New Zealand College of Obstetricians and Gynaecologists** outline re-entry guidelines following a prolonged period of absence from practice and retraining programs for fellows. The Australasian College for Emergency Medicine set put the policy on re-entry to practice following a period of absence.

2. METHODOLOGY

Introduction to the evaluation

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

Figure 2.1: Evaluation methodology

| Project Initiation | Annual Evaluation Fieldwork (Years 1, 2 & 3) | Reporting (Years 1, 2 & 3) |
|--|---|---|
| <ul style="list-style-type: none"> Stakeholder mapping Communications & engagement plan Evaluation specification & protocol High level logic model Risk mitigation matrix | <p>Stage 1: Development of logic model</p> <p>Stage 2: Quantitative Research 2a: Desk review of programme data 2b: Desk review of secondary data (pre-programme) 2c: Collation of supplementary data</p> <p>Stage 3: Qualitative Research 3a: Desk review of programme literature 3b: Desk review of other programmes (national and international) 3c: Survey of programme beneficiaries 3d: Survey of non-beneficiaries 3e: Two surveys of Educators (DMEs and Deans, and Educational Supervisors, TPDs and Heads of School) 3f: Survey of SuppoRTT Champions 3g: Telephone interviews with programme team (Local Offices, Clinical Fellows and Assurance Board members) 3h: Focus groups with beneficiaries 3i: Focus groups with SuppoRTT Champions</p> | <p>Year 1:</p> <ul style="list-style-type: none"> Year 1 report (November) Presentation of findings <p>Year 2:</p> <ul style="list-style-type: none"> Year 2 report (November) Presentation of findings <p>Year 3:</p> <ul style="list-style-type: none"> Year 3 report (November) Presentation of findings Publication of peer reviewed journal articles |

The evaluation fieldwork undertaken in Year 3 (2021) for this third and final report included:

- **Desk review of HEE programme data and literature** including evaluation activities undertaken by local offices, SuppoRTT activities and online activities, supplemented by other relevant documentation.
- **Telephone interviews** with local offices (ten) and clinical fellows (two).
- **Online surveys** with programme beneficiaries (267 responses received), non-beneficiaries (1,087 responses received); SuppoRTT Champions (75 responses received) and educators (457 educational supervisors, Training Programme Directors and Heads of School responses received; and 37 Directors of Medical Education and Postgraduate Deans responses received). Beneficiary, non-beneficiary and Champion surveys were issued via direct mail-outs from HEE local offices, DME and Deans surveys via HEE Business Managers and educator surveys via local offices.

- **Online focus groups/ interviews with beneficiaries (11) and SuppoRTT Champions (8).** Beneficiaries were recruited via responses to the survey in 2021 (with two who participated in focus groups in 2020 followed up in 2021) and were sampled by local office area and ranged in terms of training stage, reason for time out and specialty. Champions were also recruited via responses to the survey in 2021 and were sampled by local office area, Trust/School role and speciality.

The methodology for 2021 (Year 3) broadly aligns with the methodology used for the Year 1 (2019) and Year 2 (2020) reports, to allow for longitudinal analysis to take place, tracking any changes to the impact on beneficiaries, levels of awareness and programme uptake. The following updates were made to the 2021 (Year 3) methodology:

1. **Beneficiary survey:** this year, to ensure that the survey remained relevant, additional focused questions were included on the following topics: experiences of shielding trainees in accessing SuppoRTT, experiences of online resources/ activities and, awareness of the local SuppoRTT Champions and the impact on beneficiaries.
2. **Non-beneficiary survey:** in 2020 (Year 2) due to the Covid-19 pandemic and increased workloads for trainees and educators, the non-beneficiary survey was shared via social media rather than direct mail-out. This approach impacted on response rates to the survey. Following guidance from HEE in summer 2021, it was decided that to maximise response rates for 2021 (Year 3), the wider beneficiary survey would be issued via direct mail-outs from local HEE offices, as in 2019 (Year 1). Due to local office communications preferences, the survey was not issued to trainees in Thames Valley.
3. **Educator survey:** in 2019 (Year 1), one single online survey for all educators was undertaken, but based on local office feedback, this survey was split into two separate surveys in 2020 (Year 2). One survey was designed for Educational Supervisors, Training Programme Directors and Heads of School and another, separate survey for Postgraduate Deans and Directors of Medical Education. After discussion with the Medical Education Reform Programme (MERP) team and to reduce the burden on educators overall, these surveys also included questions on another HEE flexibility initiative, the Less Than Full Time Category 3 intervention, which RSM are currently evaluating separately. The surveys continued in this format in 2021 (Year 3), however, included some additional questions related to the impacts of Covid-19 and shielding trainees.
4. **Focus groups with SuppoRTT beneficiaries:** trainees who had taken time out of training due to shielding were asked supplementary shielding questions to further explore their experience.
5. **SuppoRTT Champion surveys and focus groups:** in 2020 (Year 2), SuppoRTT Champions were introduced across all local offices. This year's report explores the impact of these new roles, both on trainees and on Champions themselves in more detail as the role has continued to develop.

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

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 in 2019. In 2020, this logic model was updated to take into account updates to the data workstream programme, activities and the impacts of Covid-19.

Figure 2.2: Evaluation logic model

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 trainees when they return to work. ACAS 2016 Junior Doctors Contract Agreement committed HEE to providing support.

Aims/ objectives: Returning trainees 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 SupportTT.

| Inputs | Activities | Outputs | Outcomes | Impacts |
|--|--|--|---|--|
| <p>Funding: DHSC (£10 million annual recurrent funding)</p> <p>HEE inputs:</p> <ul style="list-style-type: none"> • SupportTT Assurance Board • HEE Medical Education Reform Programme • Local Offices (local co-ordinators, Associate Deans, administrative team) • Clinical Fellows (local & national) • SupportTT champions (School & Trust) • PSU/PSWU • PG Deaneries • Local Quality and Innovation Fellows <p>Wider NHS inputs:</p> <ul style="list-style-type: none"> • Trust staff/ employer time with trainees and champions • Educational Supervisors • External trainers (e.g. wellbeing coaches) • HR staff <p>Estates: simulation lab infrastructure</p> <p>Technology: TIS data capture, virtual learning platforms</p> | <p>Support for Educational Supervisors via:</p> <ul style="list-style-type: none"> • Upskilling courses • E-Learning <p>Support for Trainees via:</p> <ul style="list-style-type: none"> • Face to face & virtual resources e.g. conferences, SIM days, biannual KIT days • Shadowing support/ supernumerary time • Enhances supervision • Mentoring & coaching • Wellbeing courses • Bootcamps • Networking events e.g. "Springboard" days • E-Learning • SupportTT Champions • SupportTT Champion Networks • Immersive Technology Modules <p>Programme activities:</p> <ul style="list-style-type: none"> • Communications & marketing activities for SupportTT programme (website, videos, social media) • Local surveys and focus groups • National podcasts and webinars | <p>Number of SupportTT beneficiaries (going out and returning), analysed by:</p> <ol style="list-style-type: none"> (1) Mode of support provided (2) Beneficiary characteristics, namely: gender, ethnicity, region, speciality, grade/ stage of training, reason for time out, place of training (3) Spend per beneficiary <p>Number of activities undertaken (during absence and/or on return) e.g.:</p> <ul style="list-style-type: none"> • 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 • Number of returners accessing online resources (such as webinars) | <ul style="list-style-type: none"> • Upskilled staff (without differences in attainment) • Raised awareness of SupportTT (amongst beneficiaries, non-beneficiaries, educators and NHS organisations) • Reduced numbers of returner drop-outs • Simpler and smoother return to work for beneficiaries • Greater awareness of the complexities and needs of beneficiaries • Better understanding of the profile of beneficiaries and how to capture those taking time out • Positive perception of the SupportTT programme • Consistent provision of SupportTT across England • Eligible trainees are able to access SupportTT | <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> (1) Addressing workforce issues and absence levels (2) Providing safer patient care • Reduced stigma around taking time out of training • SupportTT is embedded across all HEE offices and becomes part of BAU |

3. SUPPORTT ACTIVITIES AND REACH 2020/21

Key Findings:

- There was a higher proportion of trainees accessing SuppoRTT between April - June 2021 (36%) than any other quarter.
- **Specialty:** In line with the findings of the 2019 and 2020 (Years 1 and 2) reports, Emergency Medicine, General Practice and Paediatrics continue to have the highest number of trainees accessing SuppoRTT.
- **Reason for time out of training:** In line with 2019 and 2020 (Years 1 and 2), parental leave (67%) comprised the largest group of trainees out of training across all local office areas
- **Stage of training:** ST4-8 trainees were the largest group to access SuppoRTT in Years 2 (2020) and 3 (2021) at 58% and 48% respectively.
- **Length of absence:** Less than a year (44%) was the most common length of absence in line with findings from 2020 (Year 2) (46%).
- **Gender:** 61% of SuppoRTT beneficiaries in Year 3 (2021) were Female, compared to 38% Male.
- **Place of primary qualification:** The majority (81%) of SuppoRTT beneficiaries completed their primary qualification in the UK.
- **Ethnicity:** The majority of beneficiaries were of White-British origin in Both Year 2 and Year 3 (57% and 52% respectively).
- **Disability:** Eight local offices recorded disability data in Year 3 (2021), compared to four in Year 2 (2020).
- Champion activities, clinical training, non-clinical courses, and enhanced supervision were offered by all 10 local offices.
- Spend per local office ranged from £613 (North West) to £15,548 (East of England) in Q3, and £240 in East Midlands and £20,097 in London & KSS in Q2.

This section provides an overview of the SuppoRTT beneficiaries and activities offered by SuppoRTT in 2021 (Year 3). This data is based on returner and spend information provided by local offices via the standardised national highlight reports, introduced in April 2020 to reflect one of the key 2019 (Year 1) evaluation recommendations.

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 October 2020 and September 2021. A standardised definition of a SuppoRTT beneficiary was implemented in 2020 to aid data collection: *a trainee who has had a post-absence return meeting with their educational supervisor.*

Despite the existence of a standardised data collection reporting template, some variation in data collection still continues between local offices (eg when collecting trainee ethnicity data). This has made direct comparisons between offices more challenging and has also prevented longitudinal comparisons between returner figures in 2019, 2020 and 2021 (Years 1-3).

The table below outlines the total number of returners per quarter and the total number of trainees accessing SuppoRTT during these periods. As illustrated, there is significant variance per quarter. The greatest number of returners occurred in the quarter July to September 2021. The table indicates that there was a higher proportion of trainees accessing SuppoRTT between April-June 2021 (36%) and July-September 2021 (31%) than October-December 2020 and January – March 2020 (both 23%).⁵ This could indicate that awareness of SuppoRTT has increased over time. However it should also be noted that in some of the local office areas in a number of the quarterly reporting periods, less than 10% of returners accessed SuppoRTT (eg. in HEE East Midlands in October to December 2020) – this potentially could raise questions in terms of equity of access to SuppoRTT activities from one quarter to the next, and across local office areas.

⁵ The East Midlands office has reported a large number of returners Oct-Dec 2020 (1,103) and Jan-March 2021 (1,076) with a lower percentage of returners accessing SuppoRTT. When the East Midlands office is removed from the total numbers of returners and accessors, the % of returners accessing SuppoRTT increases to 42% and 35% for these two quarters (Oct-Dec and Jan-March).

Table 3.1: Number of returners and number of returners accessing SuppoRTT by local area

The table showing the number of doctors returning to training and the number of returners accessing SuppoRTT by local area.

| % accessors | Total no of Returners Oct 2020 – Dec 2020 | Total no of Returners Jan 2021 - March 2021 | Total no of Returners April 2021 - June 2021 | Total no of returners July 2021 - Sept 2021 | Total no of accessors of SuppoRTT Oct 2020 - Dec2020 | Total no of accessors of SuppoRTT Jan 2021 - March 2021 | Total no of accessors of SuppoRTT April 2021 - June 2021 | Total no of accessors of SuppoRTT July 2021 - Sept 2021 | % of returners accessing SuppoRTT Oct 2020 - Dec2020 | % of returners accessing SuppoRTT Jan 2021 - March 2021 | % of returners accessing SuppoRTT April 2021 - June 2021 | % of returners accessing SuppoRTT July 2021 – Sept 2021 |
|------------------------|--|--|---|--|--|---|--|---|--|---|--|---|
| East of England | 34 | 91 | 111 | 204 | 20 | 40 | 54 | 33 | 59% | 44% | 49% | 16% |
| East Midlands | 1103 | 1076 | 70 | 131 | 58 | 66 | 46 | 68 | 5% | 6% | 66% | 52% |
| London KSS | 344 | 432 | 370 | 670 | 75 | 58 | 62 | 113 | 22% | 13% | 17% | 17% |
| NE | 61 | 58 | 42 | 111 | 49 | 42 | 40 | 105 | 80% | 72% | 95% | 95% |
| NW⁶ | 197 | 284 | 208 | 407 | 111 | 141 | 61 | 156 | 56% | 50% | 29% | 38% |
| SW | 51 | 129 | 92 | 610 | 39 | 59 | 58 | 133 | 76% | 46% | 63% | 22% |
| Thames Valley | 39 | 76 | 38 | 96 | 17 | 34 | 12 | 49 | 44% | 45% | 32% | 51% |
| Wessex | 40 | 70 | 50 | 89 | 22 | 48 | 33 | 52 | 55% | 69% | 66% | 58% |
| West Midlands | 112 | 132 | 139 | 181 | 19 | 9 | 20 | 34 | 17% | 7% | 14% | 19% |
| Yorkshire | 81 | 122 | 94 | 153 | 54 | 62 | 55 | 71 | 67% | 51% | 59% | 46% |
| Total | 2062 | 2470 | 1214 | 2652 | 464 | 559 | 441 | 814 | 23% | 23% | 36% | 31% |

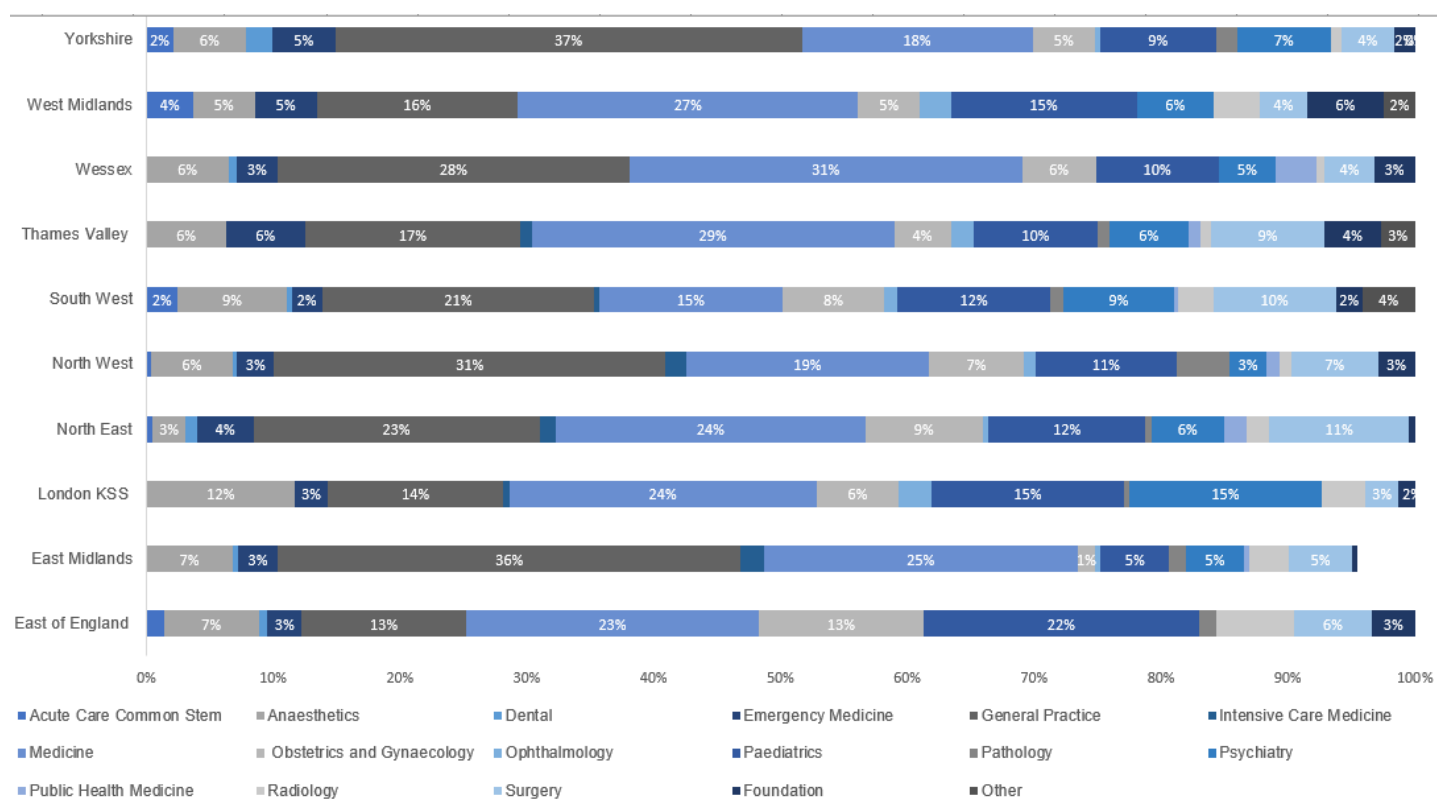
⁶ This number also includes trainees who began a period of time out, in addition to returners
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SupportRTT beneficiaries by speciality

In line with the findings of the 2019 and 2020 (Years 1 and 2) reports, the following specialities continue to those with the highest number of trainees accessing SupportRTT:

- **Medicine** (between 15% and 29% of returners per region; 10%-32% in Y2; 16%-34% in Y1);
- **General Practice** (between 13% and 36% per region; 9-42% in Y2 and 13-35% in Y1); and
- **Paediatrics** (between 5% and 22% per region; 3-28% in Y2 and 5-16% in Y1).

Figure 3.1: SupportRTT beneficiaries by speciality



SupportRTT beneficiaries by reason for time out of training

In line with 2019 and 2020 (Years 1 and 2), parental leave (67%) comprised the largest group of trainees out of training across all local office areas (59% in Year 2 and 55% in Year 1)⁷. Out of Programme figures were slightly lower this year, reflecting the Covid-19 context:

- **Out of programme career break (OOPC)** (5% - compared to 8% in Year 2);

⁷ Local office data returns October 2021-September 2021, n=1,901

- **Out of programme for clinical experience (OOPE)** (3% - compared to 6% in Year 2);
- **Out of programme for research (OOPR)** (6% - compared to 11% in Year 2); and
- **Out of programme for approved clinical training (OOPT)** (2% - compared to 1% in Year 2).

Fewer trainees returned to training following shielding this year (4% in 2020 compared to 1% in 2021). No local office reported suspension as a reason for time out.

SuppoRTT beneficiaries by stage of training

In line with 2020 (Year 2), ST4-8 trainees were the largest group to access SuppoRTT (48% in 2021 compared to 58% in 2020). Access has increased slightly amongst ST2 (16% compared to 13%) and ST1 (13% compared to 10%) and has remained static amongst the ST3 cohort (19% over both years).⁸ Again, those in the Foundation Programme comprise the smallest group of trainees accessing SuppoRTT (4%, compared to 3% in Year 2). This information was not collected in Year 1.

SuppoRTT beneficiaries by length of absence

The majority of trainees accessed SuppoRTT after a length of absence of either less than year (44%) or between one and two years (43%), in line with findings from 2020 (Year 2) – both 46% respectively.⁹ Significantly fewer trainees were absent for between two and three years (3%) or more than three years (5%), again in line with 2020 findings (Year 2). This information was not collected in Year 1.

SuppoRTT beneficiaries by gender

The majority of SuppoRTT beneficiaries in 2021 (Year 3) are female (61%).¹⁰ Uptake amongst male trainees has increased significantly from 13% in 2020 (Year 2) to 38% in 2021 (Year 3), suggesting that previous perceptions that SuppoRTT is focused primarily on supporting trainees returning from maternity leave are changing. This information was not collected in 2019 (Year 1).

SuppoRTT beneficiaries by place of primary qualification

The vast majority of SuppoRTT beneficiaries (81%) completed their primary qualification in the UK, an increase from 76% in 2020 (Year 2)¹¹. However this could be explained by a higher number of missing entries in 2020 (Year 2). The number of beneficiaries who completed their training in the EU (2%) and other locations across the world (10%) remains in line with 2020 (Year 2) (at 3% and 10% respectively). Data for place of primary qualification was not collected in the East of England. This information was not collected across all areas in Year 1.

⁸ local office data returns October 2021-September 2021 n=2281

⁹ Local office data returns October 2021-September 2021, n=2006

¹⁰ Local office data returns October 2021-September 2021, n= 2034

¹¹ Local office data returns October 2021-September 2021, n= 1869

SuppoRTT beneficiaries by ethnicity

The majority (52%) of beneficiaries in 2021 (Year 3) were of White-British origin, slightly lower than in Year 2 (57%)¹². The ethnicity of beneficiaries varied across local offices who collected this data. Data on the ethnicity of trainees accessing SuppoRTT was unavailable in the East of England. A number of trainees chose not to disclose their ethnic origin. This information was not collected in Year 1.

SuppoRTT beneficiaries by disability

Data on trainees with a disability accessing SuppoRTT was unavailable in some local offices, due to regional differences in data collection. For those local offices (eight) collecting disability data, seven areas noted small numbers of disabled trainees accessing SuppoRTT, compared to four areas in 2020 (Year 2)¹³. This information was not collected in Year 1.

Overview of activities provided by each 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 highlight reports, programme materials and interviews with local offices, the following case studies were identified:

Case study: East Midlands linkages with the Professional Support and Wellbeing service

The local office reported that their association with the Professional Support and Wellbeing (PSW) service over the last nine months had increased the visibility and reach of the SuppoRTT programme, particularly amongst educators, by signposting to SuppoRTT activities.

Case study: East of England Courageous Conversations workshop

Courageous Conversations is a 1.5-hour workshop organised by the East of England local office, designed to increase trainees' confidence in holding challenging conversations in the workplace. Feedback from trainees suggested that they found the course "*invaluable*" in preparing for their return to training.

Case study: London KSS Champions

London KSS discussed the importance of SuppoRTT Champions in delivering SuppoRTT activities and suggested that Champions were best placed to raise awareness on the ground. For example, by attending faculty and academic board meetings, School Champions have been able to highlight the programme to educators. Trust Champions have been giving presentations to educators as part of Continuing Professional Development activities.

¹² Local office data returns October 2021-September 2021n= 2225

¹³ Local office data returns October 2021-September 2021n= 1717

Case study: North East Raising educator awareness of SuppoRTT

The North East office have been organising educator-specific virtual workshops to raise awareness of SuppoRTT and explain the process from a trainer perspective. Feedback from educators has been positive; “[we’ve had] lots of comments like: it’s long overdue; this is what we need; how do I get involved?” and running the workshops online has meant greater take-up from educators across the region.

Case study: North West Regional SuppoRTT Course

The North West office offers a two-day course for all returning trainees. Since the beginning of the pandemic, day one is delivered virtually and covers non-technical skills training (decision making, teamwork, leadership, communication skills) and has sessions on resilience and wellbeing, the deteriorating patient and resuscitation training. Day two includes face to face sessions and use simulation to help refresh practical skills. This year, the second day has been delivered at three sites across the region (an increase from one last year), to make it easier for trainees to attend. This course has been well-received by trainees, who have welcomed the hybrid approach. In addition, the local office has been liaising with Schools to add a third day, focusing on practical skills for the craft specialties.

Case study: Wessex and Thames Valley cross-speciality events

Wessex and Thames Valley office has been running half day cross-speciality online events, in conjunction with their Local Quality Improvement Fellow. These events include a brief introduction to the programme, a Q&A session on contracts with a BMA representative, a discussion with previously returned trainees, a wellbeing session, a panel discussion and a networking session. The office has also made recording of the events, for trainees who cannot attend on the day.

Case study: Thames Valley childcare offering

Thames Valley local office has been offering at-home nannying services to trainees with small children to enable them to dial into online events. Although initial take-up has been lower compared to pre-pandemic creche options, feedback on the nannying service has been “*absolutely fantastic*”.

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 presentations at the monthly meetings.

Table 3.2: Local office activities

The table showing the SuppoRTT activities available in each local office.

| Office | Conferences | Champion activities | Clinical training | Mentoring | Non-clinical courses | Coaching | Enhanced supervision | Super-numerary | Educator activities | KIT days | Other |
|--------------------------|-------------|---------------------|-------------------|-----------|----------------------|----------|----------------------|----------------|---------------------|----------|--|
| East Midlands | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | Courses and workshops: Coach yourself through imposter syndrome, Creative Reflections, Mental Health & Wellbeing; Upskilling the Educator; Creative Reflections; Remote Consulting Skills for GP Trainees; Supporting Working Parents; GP Update |
| East of England | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | | Various online webinars |
| London KSS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Various specialty-specific refresher and accelerated learning courses and resources. Piloting recording online resources and webinars with some of the Trusts and specialty schools to build a library of resources that will be available when returning trainees (and others) need to access them |
| North East | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Courses and workshops: Understanding SuppoRTT for educational supervisors and TPDs, Compassionate Leadership, Imposter Syndrome, Reconnecting with your passion: remembering why you went into medicine in the first place, Parental Leave, Mindfulness for Doctors |
| North West | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | | ✓ | Courses and workshops: NW regional three-day SuppoRTT Course, quarterly webinars, RTT A-funding process, Overcoming Imposter Syndrome |
| South West | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | Peer mentoring training, coaching support for shielding trainees |
| Thames Valley | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | Courses and workshops: Cross-speciality events, Critical Care Skills & Sim, Foundation Doctors - Skills & Updates, High Fidelity Skills & SIM, Human Factors Non-Technical Skills, Paediatric Skills & SIM, Skills & SIM for Returning Anaesthetists, Obstetricians & Gynaecologists, Physicians and Surgeons, Bespoke Small Group (or one-to-one) Surgical Skills Teaching & Mentoring |
| West Midlands | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | Various online webinars |
| Wessex | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Bi-monthly return webinars (with Thames Valley), Foundation skills and updates, Remote Consultation Skills, GP return to training workshop and wellbeing workshops. |
| Yorkshire and the Humber | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Courses and workshops: Untangling Unwanted Habits for Good, Mindfulness: An Introduction, Building personal & professional wellbeing, Managing Imposter Syndrome, CAT event, Paediatric Technical Skills Course, SuppoRTT Training the trainer session for educational supervisors, CADSIM Ultrasound Guided Regional Nerve Block, Interpersonal Skills Workshop, Know Your Why - for SuppoRTT, Paediatric Technical Skills Course, Managing Challenging Conversations, Building personal & professional wellbeing, PaRenTT - Baby preparation Course |
| Total | 9 | 10 | 10 | 9 | 10 | 7 | 10 | 7 | 8 | 7 | |

Amount spent per office

Currently, approximately £8.5 million is distributed to local offices at the start of each financial year, via four budget lines to support the delivery of the programme (Returner Support Fund, Upskilling Educational Supervisors, Support Co-Ordination Function and KIT Events). The remaining £1.5 million is currently managed by the national MERP team, but this will be allocated to local offices following the transfer to BAU.

The table below outlines the number of beneficiaries of SuppoRTT in Q3 (October-December 2020) – Q2 (July-September 2021), along with the approximate spend per local office for the same time period. Many online activities introduced during Covid-19 (eg. webinars or online courses) have been retained this year, and joint activities have been offered by a number of local office areas. Some of the traditional SuppoRTT activities (such as KIT days) which were unable to go ahead due to Covid-19 in Year 2 (2020) have been re-introduced this year, however local offices reported that many activities are still being offered on an online basis only.

The average spend for trainees accessing SuppoRTT in 2020/21 was £2,160. This ranged by quarter; for Q3 (October-December 2020) this was £3,630, which decreased to £2,115 in Q4 (January-March 2021) and further decreased to £1,826 in Q1 (April-June 2021) and £1,603 in Q2 (July-September 2021).

Some caution should be applied when analysing differences in average spend per returner, given that costs/ spend can be incurred in one quarter, whereas trainees may return in another quarter. Therefore, whilst average spend per trainee can be used as a high-level proxy/ indicator in terms of value for money, there can be some anomalies with this approach.

In 2019 (Year 1) variation in local office data was too great to undertake an analysis of average spend per trainee (ie there was no set definition of what constituted accessing SuppoRTT). However, the cost per trainee is broadly in the range of what was expected by HEE. In 2020 (Year 2), due to challenges with data collection, cost data was only presented for Q1 and Q2 (April-September 2020). Therefore we are unable to analyse spend over the three-year evaluation period.

Table 3.3: Spend per local office

The table below shows the spend by each local office in Q1- Q4 per each accessor of SuppoRTT.

| | No of returners accessing SuppoRTT Oct- Dec 2020 | No of returners accessing SuppoRTT Jan- March 2021 | No of returners accessing SuppoRTT April - June 2021 | No of returners accessing SuppoRTT July – Sept 2021 | Local office spend Oct-Dec 2020 | Local office spend Jan-March 2021 | Local Office April-June 2021 | Local Office Spend July-Sept | Approximate spend per accessor of SuppoRTT Oct - Dec 2020 | Approximate spend per accessor of SuppoRTT January - March 2021 | Approximate spend per accessor of SuppoRTT April - June 2021 | Approximate spend per accessor of SuppoRTT July - Sept 2021 |
|--------------------------------------|--|--|--|---|---------------------------------|-----------------------------------|------------------------------|------------------------------|---|---|--|---|
| East Midlands | 58 | 66 | 46 | 141 | £ 114,701 | £ 94,957 | £ 73,950 ¹⁴ | £33,824 | £1,978 | £1,439 | £1,608 | £240 |
| East of England | 20 | 40 | 54 | 33 | £ 243,985 | £ 310,965 | £ 126,983 | £134,437 | £12,199 | £7,774 | £2,352 | £4,074 |
| London & KSS¹⁵ | 75 | 58 | 62 | 113 | £ 72,903 | £ 97,659 | £ 113,132 | £174,763 | £972 | £1,684 | £1,825 | £1,547 |
| North East | 49 | 42 | 40 | 95 | £ 49,480 | £ 53,710 | £ 49,940 | £62,229.55 | £1,010 | £1,279 | £1,249 | £655 |
| North West¹⁶ | 111 | 141 | 61 | 156 | £ 559,796** | £ 68,008* * | £ 11,202** | £644,036* * | £5,043 | £482 | £184 | £4,128 |

¹⁴ This does not include Covid-19 activities or KIT days

¹⁵ This is for individual applications only, and includes clinical supervision and courses. It does not include Covid-19 activities funded directly by the programme or champions. If these are included the approximate spend per returning trainee is £3,000 - £6,000.

¹⁶ Due to the allocation of funding being made in this region at certain points of the year (and not necessarily on a quarterly basis), these figures may not be representative. In this case, it may be more useful to compare total returners over the year against total spend

| | No of returners accessing SuppoRTT Oct- Dec 2020 | No of returners accessing SuppoRTT Jan- March 2021 | No of returners accessing SuppoRTT April - June 2021 | No of returners accessing SuppoRTT July – Sept 2021 | Local office spend Oct-Dec 2020 | Local office spend Jan-March 2021 | Local Office April-June 2021 | Local Office Spend July-Sept | Approximate spend per accessor of SuppoRTT Oct - Dec 2020 | Approximate spend per accessor of SuppoRTT January - March 2021 | Approximate spend per accessor of SuppoRTT April - June 2021 | Approximate spend per accessor of SuppoRTT July - Sept 2021 |
|---------------------------------|--|--|--|---|---------------------------------|-----------------------------------|------------------------------|------------------------------|---|---|--|---|
| South West | 39 | 59 | 58 | 133 | £ 136,529 | £ 141,096 | £ 271,875 | £154,910 | £3,501 | £2,391 | £4,688 | £1,165 |
| Thames Valley | 17 | 34 | 12 | 49 | £ 114,100 | £ 41,735 | £ 28,223 | £51,919 | £6,712 | £1,228 | £2,352 | £1,060 |
| West Midlands | 19 | 9 | 20 | 34 | £ 281,907 | £ 207,127 | £ 30,450 | £54,582 | £14,837 | £23,014 | £1,523 | £1,605 |
| Wessex | 22 | 48 | 33 | 52 | £ 68,976 | £ 156,030 | £ 72,769 | £69,914 | £3,135 | £3,251 | £2,205 | £1,345 |
| Yorkshire and the Humber | 54 | 62 | 55 | 71 | £42,231 | £11,114 | £15,301 | £15,217 | £782 | £179 | £278 | £214 |
| Total | 464 | 559 | 441 | 877 | £1.68m | £1.18m | £793,825 | £1.39m | £3,630 | £2,115 | £1,826 | £1,603 |

4. IMPACT OF SUPPORTT 2020/21

Key Findings:

Beneficiaries:

- **Awareness of SupportTT:** 38% of Year 3 (2021) beneficiaries first heard about SupportTT via their Educational Supervisors/ TPD and 37% heard about SupportTT through HEE. This suggests that awareness of the programme amongst supervisors and TPDs has increased since Year 1.
- **Awareness of SupportTT:** The majority (60%) of 2021 (Year 3) beneficiaries agreed/strongly agreed that they had received sufficient information about the SupportTT programme and that information about the programme was easily accessible (62%), suggesting that communications are clear and relevant.
- **Activity uptake:** In Year 3 (2021), a pre-absence meeting with supervisor (51%), Keeping in Touch (KIT) days (47%) and enhanced supervision (40%) were the most popular activities amongst trainees. This is in line with the findings from Year 1 (2019). This could suggest that, despite the increase in the variety of activities offered, the 'traditional' activities still remain the most popular amongst trainees.
- **Supernumerary uptake:** The uptake of supernumerary time was lower in Year 3 (37%) than in Year 2 (56%), highlighting that return to training plans devised pre-return may not always be able to be put in place once back in training due to service delivery pressures.
- **Awareness of the SupportTT role:** Awareness of SupportTT Champions has increased from Year 2 (61%) to Year 3 (76%). Beneficiaries reported positive interactions with their SupportTT Champion.
- **Perceptions of time out:** Half (50%) of 2021 (Year 3) beneficiaries agreed/strongly agreed that the programme had altered perceptions associated with taking time out of training, this has decreased since Year 1. This may be because SupportTT is no longer a 'new' initiative, and that Covid-19 has also played a role in normalising time out of training
- **Impacts of SupportTT on trainees:** The majority of trainees agreed/ strongly agreed that SupportTT had updated/ enhanced their competence (58%), confidence (55%) and knowledge (49%), the key impacts of the programme.

Non-beneficiaries:

- **Awareness of SupportTT:** Awareness of the SupportTT programme amongst non-beneficiaries has increased from 30% in Year 2 (2020) to 37% in Year 3 (2021), suggesting that more trainees are receiving information about SupportTT.
- **Perceptions of time out:** 53% of 2021 respondents had never taken time out of training. However, 65% had considered it which is an increase of 25% from Year 2 (2020). Better work/ life balance was the most commonly cited reason for considering time out of training.
- **Perceptions of time out:** Fewer Year 3 trainees (53%) reported concerns about taking time out of training than in Year 2 (69%). Concerns included impacts on career progression (60%), financial impacts (50%) and impacts on clinical

competency (43%). Open text comments suggested that this decrease in concerns was due to Covid-19 and time out being increasingly regarded as a necessity to address concerns around burn-out.

Champions:

- **Awareness of the Champion role:** This year, there has been an increase in Champions first hearing of the SuppoRTT Champion role through word-of-mouth from someone in the same organisation – 30% in 2021 (Year 3) compared to 19% in 2020 (Year 2). This suggests that awareness of the role is increasing.
- **Impact of the Champion role:** 70% of Champions in 2021 (Year 3) agreed or strongly agreed that they had played a key role during the Covid-19 pandemic. This compares with only 48% of Champions in 2020 (Year 2).

Educators:

- **Awareness of SuppoRTT:** 100% of DMEs and Deans and 80% of educators in Year 3 (2021) were aware of the SuppoRTT programme. Awareness has increased amongst both groups since Year 2 (2020) (97% and 68% respectively).
- **Activity uptake (educators):** more educators are reporting taking part in SuppoRTT activities this year (71% in 2021, compared to 67% in 2020 and 42% in 2019).
- **Impact of SuppoRTT :**65% of educators in 2021 (Year 3) agreed/strongly agreed that the SuppoRTT programme met the needs of their trainees, compared to 86% in 2020 (Year 2).

Stakeholders:

- **Transition to BAU:** The majority of Local Offices reported that the SuppoRTT programme was running as BAU in their region. Local Offices were enthusiastic about retaining the national SuppoRTT network following the end of formal involvement from the national team. All Local Offices planned to continue to monitor trainees once national reports are no longer a requirement.

Introduction

This section outlines the findings of:

- **five online surveys** with: beneficiaries (ie. trainees who have accessed SuppoRTT), non-beneficiaries (ie. wider trainees who have not accessed SuppoRTT), SuppoRTT Champions, DMEs & Deans and other Educators (namely Heads of Schools, Educational Supervisors and TPDs);
- **two sets of online focus groups** (with beneficiaries and SuppoRTT Champions); and
- **telephone interviews** with local offices, clinical fellows and the Assurance Board.

Perceptions of impact amongst beneficiaries

In 2021 (Year 3), a survey was undertaken with 267 trainees who had accessed SuppoRTT activities in 2021 to gather their perceptions of the programme. These results were followed up with a series of supplementary focus group/ interview discussions in October 2021, with those who had accessed SuppoRTT in 2020 (to explore any long-term impacts) and in 2021 (to explore recent trainees' experience). See Annex 2 for the survey questionnaire. The demographic profile of the 267 beneficiaries is as follows:

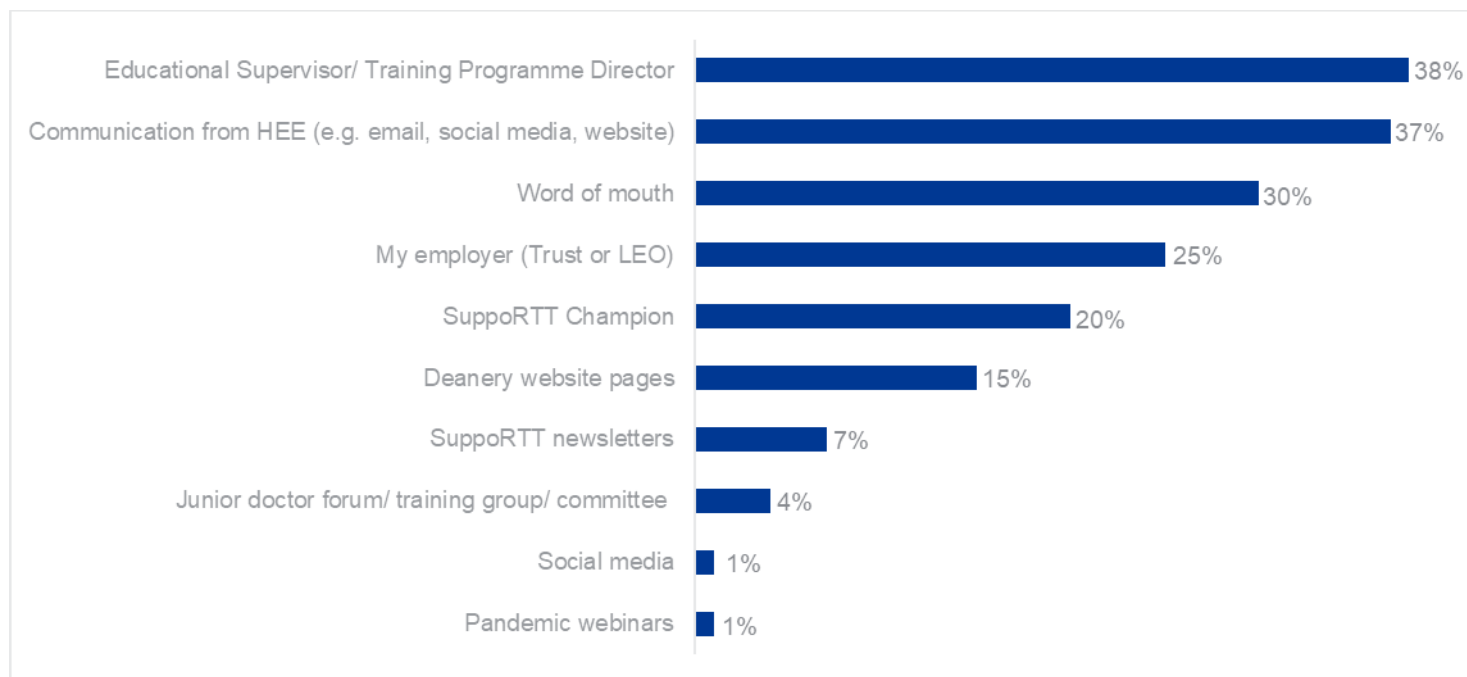
Table 4.1: beneficiaries survey demographic profile

| Feature | Responses | Year 1 comparison |
|------------------------------|---|---|
| Speciality | Larger specialities such as general practice (21%), medicine (18%), paediatrics (12%) and anaesthesia (10%) were proportionally represented | All in line with Year One |
| Stage of training | Responses were highest amongst ST5 (18%), ST3/CT3 (17%) and ST4 (16%) | |
| Reason for time out | Parental leave (62%) was the highest reason for time out, followed by OOPR (9%), OOPC (6%) and illness (6%) | |
| Return status | 81% recently returned from time out of training, 16% were currently taking time out of training and 3% were in training, but about to take time out | |
| Ethnicity | 61% White UK background, 8% Indian heritage and 5% Asian | |
| Gender | 89% female | 3% higher than Year 1 |
| Primary qualification | 89% had received their primary qualification in the UK, 9% internationally and 3% in the EU | Question not asked in Year 1. In Year 2, 87% had received their primary qualification in the UK, 10% internationally and 2% in the EU |
| Local office | 28% London KSS, 21% North West, 12% Severn and 10% North East | Response rates were highest from North West (24%), London KSS (12%) and East of England (12%) |

Awareness of SuppoRTT

As shown in the figure below, 38% of 2021 (Year 3) survey beneficiaries first heard about SuppoRTT via their **Educational Supervisors/ TPD** and 37% from **communication from HEE**. This corresponds with the findings from Years 1 (2019) and 2 (2020), where beneficiaries were most likely to hear about the SuppoRTT programme via communication from HEE (32% in 2019 and 53% in 2020) and their Educational Supervisors/ TPD (17% in 2019 and 40% in 2020). This also suggests that awareness of the programme amongst supervisors and TPDs has increased since Year 1.

Figure 4.1: Awareness of SuppoRTT amongst Beneficiaries



Source: SuppoRTT Beneficiaries survey N=267

When asked about levels of communication from the SuppoRTT programme/ local offices:

- 60% of 2021 (Year 3) beneficiaries agreed/strongly agreed that they had **received sufficient information about the SuppoRTT programme** (in line with 60% in 2019)
- 62% of 2021 (Year 3) beneficiaries **agreed/strongly agreed that information on the SuppoRTT programme was easily accessible** (in line with 63% in 2019)
- 51% of 2021 (Year 3) beneficiaries agreed/strongly agreed that the **return to training process is well-communicated** (slightly higher than 46% in 2019)

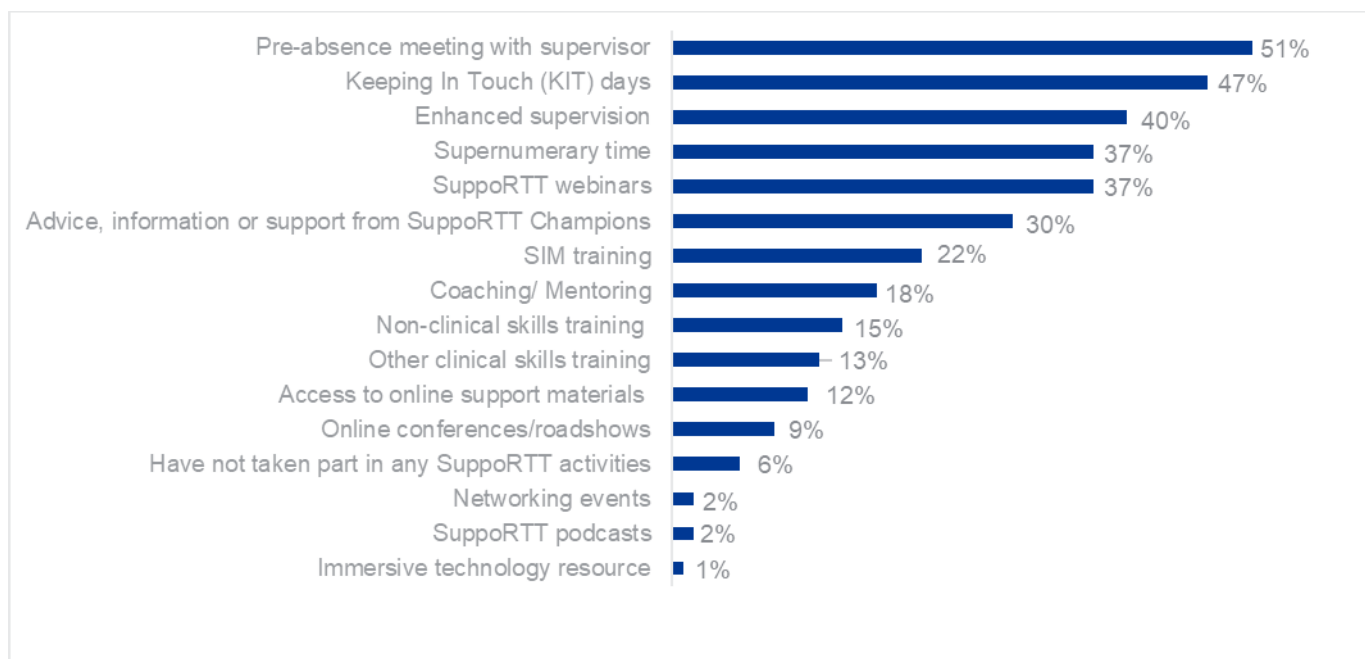
Participation in SuppoRTT

From this year's survey, a **pre-absence meeting with supervisor** (51%), **Keeping in Touch (KIT) days** (47%) and **enhanced supervision** (40%) were the most highly utilised SuppoRTT resources. This is in line with the resources utilised in 2021 (Year 1), in which 42% had participated in KIT days, 40% in pre-absence meetings and 37% in supernumerary time.

Last year, increased clinical supervision and support (46%), SuppoRTT refresher webinars (34%) and Trust Formal Induction (29%) were the most highly utilised resources, indicating that Covid-19 pressures precluded face-to-face meetings and the availability of staff resource for shadowing/enhanced supervision/supernumerary time.

As the graph below illustrates, the variety of SuppoRTT activities has increased since 2019 (Year 1), including new resources such as webinars and Champion support.

Figure 4.2: Participation of SuppoRTT amongst Beneficiaries



Source: SuppoRTT Beneficiaries survey N=267

This year, in response to Covid-19, the SuppoRTT programme continued to provide online activities. Those who had taken part in online activities provided the following feedback:

- The online format could be more reassuring for those apprehensive of engaging; *“online was much less daunting, you can stay in the safety of home with camera off if you want. I don’t think I would have attended any face-to-face activities”*.
- Online made it more convenient and accessible for those on parental leave; *“The online format was really helpful as it made my life a lot easier with childcare/travel arrangements”*
- In some instances, face to face activities would be preferred, particularly for clinical skills and networking with other trainees.

Supernumerary time

In 2021 (Year 3) **37% of beneficiaries accessed a supernumerary period** upon their return.¹⁷ This marks a decrease of 19% since 2020 (Year 2), in which 56% of beneficiaries reported accessing supernumerary time. These 2021 (Year 3) participants (n=100) were asked to identify how long their supernumerary period lasted. The most common length was more than 14 days (20%), between 8-10 days (19%), followed by and 3-5 days (18%). This duration is in line with 2020 (Year 2) findings more than 14 days (21%), followed by 3-5 days (20%) and 11-14 days (19%).

Those who had accessed a supernumerary period highlighted the following benefits:

- **Increasing confidence** *“Incredibly helpful for gaining confidence and regaining knowledge.”*

¹⁷ Not all local offices offer access to supernumerary time as part of their SuppoRTT offer

- **More time to arrange practicalities** *“It allowed to time to get used to electronic systems without impacting patient flow through clinic.”*
- **Safe period of transition back to the workplace** *“Allowed me to adjust back into the work environment after a year off on maternity leave.”*

SuppoRTT Champions

Awareness of SuppoRTT Champions has increased since their introduction: **76% of 2021 (Year 3) beneficiaries had heard of the SuppoRTT Champion**, compared to 61% in 2020 (Year 2). This may be because Champions are now more numerous within Trusts/ Schools, or that their awareness raising activities have been reaching more trainees. Key Champion activities included email and telephone support and signposting to resources.

Of those who had interacted with a SuppoRTT Champion, beneficiaries reported:

- *“I was well supported and felt comfortable returning to training.”*
- *“Made me feel less alone and daunted.”*
- *“I received lots of help from them (and much more so than from my own department or clinical supervisor) and would have struggled to access and complete the SuppoRTT programme without their help.”*

Perceptions of time out

50% of 2021 (Year 3) beneficiaries **agreed/strongly agreed that the programme had altered perceptions associated with taking time out of training**. This marks a decrease of 12% from 62% in 2019 (Year 1).¹⁸ Examples of how SuppoRTT had positively impacted on time out included:

- *“It formalises the need to acknowledge the position that returning trainees may need some gentle care and attention in those first few days/weeks back.”*
- *“It allows you to feel normal about being stressed/upset/anxious/low in confidence about going back to work after time out/off.”*
- *“It allows you to be able to speak up that you are not ready to take your full role from day 1 and you need some extra time to build your pace.”*

Trainees suggested that **Covid-19 had had an impact on perceptions of taking time out of training**: On one hand, one respondent replied, *“more people are wanting to take time out of training. Where it was once a taboo, it seems to now be understood that personal time is extremely important for mental well-being and improved performance in the workplace.”* Another respondent replied, *“Covid has accelerated that transition and probably made people ask themselves what sort of relationship do they want to have with work.”* However, on the other hand, some respondents were of the opposite mindset and stated, *“Perceptions are probably more negative, as the post-Covid workload is vast. Regardless of the merits of taking time out, the people remaining at work are essentially punished by the resultant depletion in staffing, when staffing levels are already dismally low.”*

¹⁸ This question was not asked in 2020 (Year 2) due to the reduced length of the survey.
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Only 11% of 2021 (Year 3) beneficiaries **disagreed/strongly disagreed that the programme had altered perceptions** (compared to 9% in 2019 (Year 1)), suggesting that *“Judgement and discrimination behaviour in the NHS is rife and has not improved in recent years.”*

Enhancement of knowledge, competence and confidence

2021 (Year 3) trainees commented on the impacts of SuppoRTT on their knowledge, competence and confidence:

- 58% agreed/strongly agreed that SuppoRTT had **updated/ enhanced their ability to carry out safe and high-quality clinical practice** (54% in 2019 (Year 1))
- 55% agreed/strongly agreed that SuppoRTT had **updated/ enhanced their confidence in my ability to make sound clinical decisions** (54% in 2019 (Year 1)).
- 49% agreed/strongly agreed that SuppoRTT had **updated/ enhanced the clinical knowledge they require to carry out clinical tasks** (42% in 2019 (Year 1)).

These changes between 2019 (Year 1) and 2021 (Year 3) may reflect the complexities of returning during the Covid-19 pandemic. We have been unable to access attrition data to compare any changes to attrition rates across the three-year period.

If SuppoRTT had not been available, beneficiaries reported in open text comments that their levels of anxiety and stress would have been significantly higher, and that they would have felt less resilient and confident to return, as well as less safe to practice.

Figure 4.3: Beneficiary perceptions of the counterfactual (ie what may have happened in the absence of SuppoRTT)



Perceptions of what's working well/ less well

Trainees outlined their perceptions of what has worked well and what has worked less well with the SuppoRTT programme, and within the process of taking time out/returning to training.

Table 4.2: Trainee perceptions of what is working well/ less well

| What's worked well? | What's worked less well? |
|---|--|
| <p>The peer support and networking provided by SuppoRTT: <i>"It can feel very isolating coming out of training so having groups that meet for courses work well in sharing knowledge and [being] supportive each other."</i></p> | <p>Too much paperwork/admin: <i>"The process isn't straightforward and the paperwork is complicated and off putting"</i></p> |
| <p>Availability of Supernumerary time and enhanced supervision: <i>"It is very stressful coming back after a long time out of work so having a period of time where one can slowly take care of issues one by one as they arise and have the time to review medical knowledge and ask questions is very helpful."</i></p> | <p>Limited awareness of what's on offer: <i>"Little knowledge by supervisors and colleagues to help to access the support. It really is word of mouth by those who have accessed it before, but there is also a lot of conflicting information"</i></p> |
| <p>The backing of an HEE programme: <i>"Trainee no longer perceived as weak/incompetent/work-shy for asking for enhanced supervision."</i></p> | <p>Too much emphasis placed on the trainees' role in organising the return: <i>"[the process is] very trainee led. There was not good engagement by trust, and the programme was not adhered to"</i></p> |

2021 (Year 3) beneficiaries would welcome a number of other SuppoRTT activities, including:

- a return to in-person training and meetings;
- up to date training courses on practice changes due to Covid, eg. PPE, infection control measures;
- assistance with administrative tasks when returning, eg. Computer system log-ins;
- clinical refresher courses (eg adult life saving);
- specialty case studies highlighting how SuppoRTT activities can work in practice (eg. how enhanced supervision operates in the context of paediatric training);
- more SIM and speciality-specific courses;
- a greater number of resources intended for senior trainees; and
- a checklist of trainee requirements for returning, with a list of the required paperwork (with accompanying timescales).

Perceptions of impact amongst non-beneficiaries

In 2021 (Year 3), the non-beneficiary survey received 1,087 responses, which was broadly in line with the 2019 Year 1 response rate (1,483) and significantly higher than 2020 Year 2 (22 responses). This increase in responses is likely related to a change in the survey

dissemination method from 2020, when the survey was promoted via HEE social media channels only due to the pandemic (and not via direct mail-out).¹⁹ Due to the similar sample sizes and for longitudinal comparisons, responses from 2021 (Year 3) will be triangulated with 2019 (Year 1).

The demographic profile of the 1,483 non-beneficiaries is as follows:

Table 4.3: non-beneficiaries survey demographic profile

| Feature | Responses | Year 1 comparison |
|------------------------------|--|---|
| Speciality | Larger specialities such as general practice (22%), medicine (17%), paediatrics and anaesthesia (both 8%) were proportionally represented | All in line with Year One |
| Stage of training | Responses were highest amongst ST1/CT1 (21%), ST3/CT3 (17%) and ST2/CT2 (15%) | |
| Ethnicity | 47% White UK background, African (7%) and 10% Indian heritage | |
| Gender | 65% female | 3% higher than Year 1 |
| Primary qualification | 73% had received their primary qualification in the UK, 21% internationally and 5% in the EU | Question not asked in Years 1 or 2 |
| Local office | 24% London KSS, 15% North East and 14% Yorkshire and the Humber. Responses were low from Thames Valley (n=2) due to a local office communication decision. | Response rates were highest from North West (24%), London KSS (12%) and East of England (12%) |

Considerations around taking time out of training

Just over half (53%) of 2021 respondents **had never taken time out of training**. Of those who had never taken time out of training, **65% had considered it** – a decrease of 5% from 2019 (Year 1), and a significant increase of 25% from 2020 (Year 2), likely reflecting pressures of Covid-19 on the health system. 35% suggested that they would take between six months and one year out of training, and 28% would like to take more than one year. 2021 (Year 3) non-beneficiaries were asked which factors would make them consider taking time out of training:

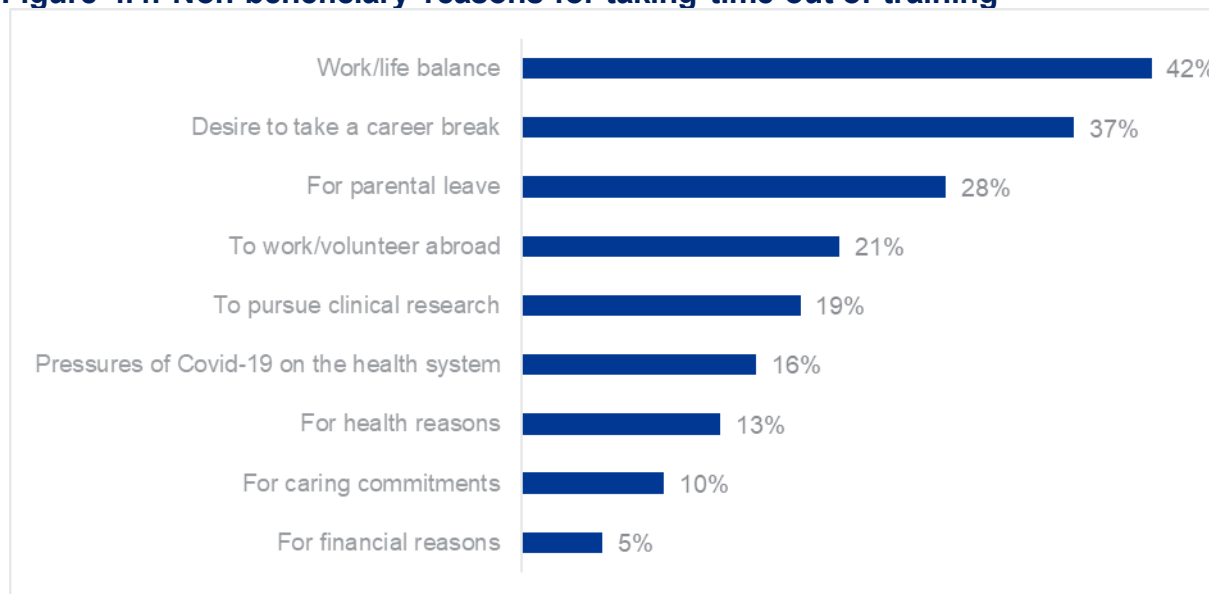
- 42% for a **better work/life balance** (70% of female respondents and 73% of male respondents).
- 28% would consider taking time out of training for **parental leave** (56% of female respondents and 35% of male respondents)²⁰; and
- 37% would consider taking time out of training for a **career break** (63% of female respondents and 62% of male respondents).

¹⁹ HEE had advised that due to the large volume of emails trainees were receiving during the Covid-19 pandemic, non-essential communications with trainees should be kept to a minimum, hence the survey was promoted via social media.

²⁰ This marks a change from 2019 (Year 1) when 77% of females and 22% of males would consider time out for parental leave

Factors for taking time out have changed over the course of the evaluation. In 2019 (Year 1), working/volunteering abroad (52%) and parental leave (50%) were the most popular factors,²¹ while in 2020 (Year 2), parental leave (40%) and a career break (20%) were the most cited factors. As illustrated above, working/volunteering abroad did not feature as a key factor in 2021 (Year 3) and career break has increased in popularity. This is likely to be due to Covid-19, which has reduced the opportunities to work abroad, and increased pressure on service provision.

Figure 4.4: Non-beneficiary reasons for taking time out of training



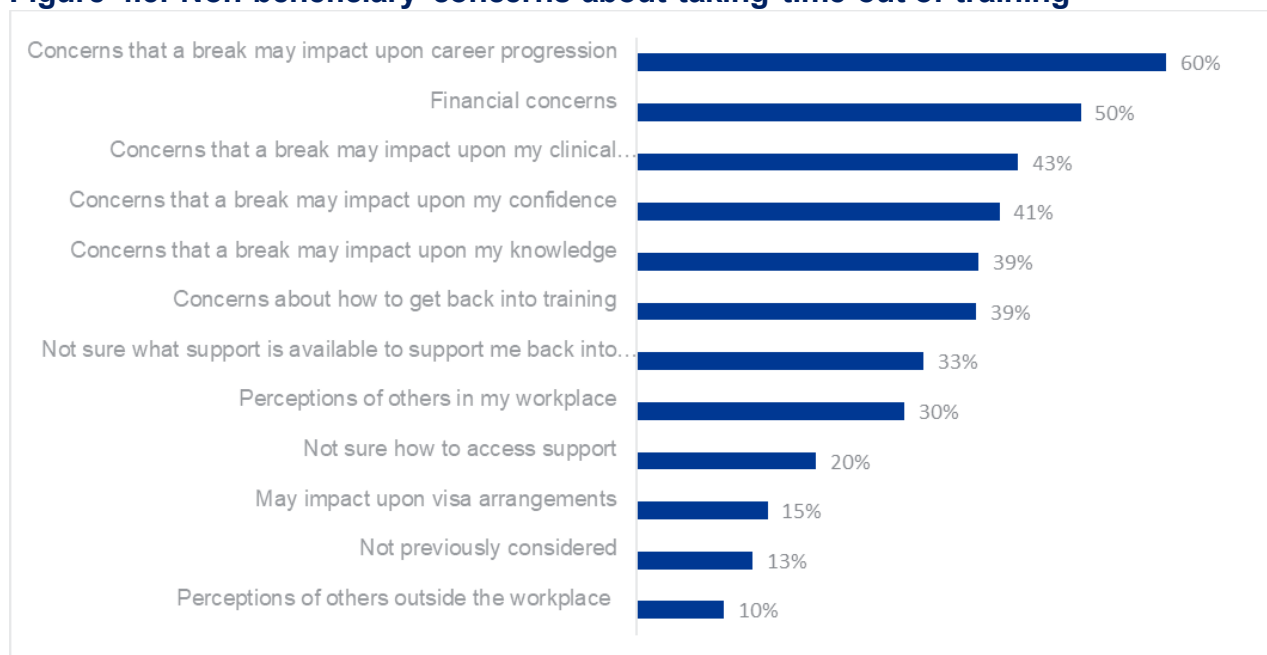
Source: RSM non-beneficiary survey 2021 (n=1,087)

53% of 2021 (Year 3) non-beneficiaries would **have concerns about taking time out** of training, lower than 69% of 2019 (Year 1) respondents. These concerns included:

- **Impacts on career progression** (60%) *“I’m afraid of being marked down for job applications due to time off training”;*
- **Financial impacts** (50%); *“The minimum [time out] is three months which is quite a long time without pay when you are the only income earner”;* and
- **Impacts on clinical competency** (43%) *“I would have concerns about loss of clinical skills, ability to multitask and juggle several patients at work.”*

²¹ Respondents could select more than one category in Year 1
rsmuk.com

Figure 4.5: Non-beneficiary concerns about taking time out of training



Source: RSM non-beneficiary survey 2021 (Y3, n=1,087)

BAME trainees were **less likely to consider taking time out** (52% BAME trainees in 2021 (Year 3) would consider taking out vs 65% overall, and 62% BAME trainees (Year 1) vs 70% overall), with open text comments citing additional concerns around visa implications and possible impacts on sponsorship, Indefinite Leave to Remain and citizenship.

Interestingly, although only 30% of non-beneficiaries reported concerns about the perceptions of work colleagues in Year 3, in open text comments, themes of **stigma** and **negative impacts on career progression** remain prevalent:

“My supervisor advised it would be “career suicide” for a man to take time out or go less than full time.”

“I’m afraid how that would look on my CV as employment gap, and how a future employer would look at it. I’m afraid I would have a disadvantage when applying for a future job because of it.”

Other concerns expressed in open comments related to **administrative issues** arranging time out, **delays to CCT dates** and **potential curriculum changes** whilst out of training. In addition, there were a number of concerns expressed that Deaneries were actively dissuading trainees from taking time out.

Of the 47% of 2021 (Year 3) non-beneficiaries who had taken time out of training, 77% of these had never accessed SupportRTT. Reasons for this included:

- 21% were not aware of the programme;
- 7% did not consider the activities relevant; and
- 7% took time out of training before SupportRTT was available (ie. pre-2018).

In open text comments, non-beneficiaries who had not accessed SuppoRTT on their return also suggested that they did not require the programme (eg. they had been working clinically during their break from training) and many expressed perceptions that SuppoRTT *“involved far too much hassle to access”*.

Awareness of SuppoRTT

37% of 2021 (Year 3) non-beneficiaries were aware of the SuppoRTT programme, **marking an increase in awareness** from 20% in 2019 (Year 1) and 30% in 2020 (Year 2). Those who were aware of the SuppoRTT programme had heard about it through communications from HEE (48%) and word of mouth (12%). Respondents indicated that the best way of raising awareness amongst trainees would be via email (67%) and talks from those involved in SuppoRTT (60%).

Around 11% of non-beneficiaries were **aware of the SuppoRTT Champion role** (a decrease from 15% in 2020 (Year 2)), with suggestions that Champions could be more proactive at sending introductory emails and making their presence known at inductions.

SuppoRTT and impact on peers/you

68% of 2021 (Year 3) non-beneficiaries reported that **some of their peers has taken time out of training**, an increase from 50% in 2020 (Year 2). Only 5% of respondents indicated that these peers had taken part in the SuppoRTT programme; 77% were unsure. Of those who were aware of their peers taking part in SuppoRTT, 29% agreed that it had benefitted their own training, with examples including:

“A colleague gained a lot of confidence from attending SuppoRTT workshops which helped the team dynamic a lot.”

“Returning peers who have accessed SuppoRTT have come back supernumerary which has meant they've had time to catch up and did not put extra pressure on the rest of the team.”

“One of my registrar colleagues accesses SuppoRTT after taking time out of training and have found her a very confident, helpful person to work with, meaning I felt I could easily ask for her help when working together.”

Recommendations

Non-beneficiary trainees offered the following recommendations for the future:

- Create **specialty-specific case studies** to raise awareness; *“Pathology is very different from clinical medicine and also isolated in terms of trainees who don't often interact with other specialty trainees. To see examples of how the support might work in practice would be good and also to be able to show our seniors/ trainers/ TPDs who often have no idea of these initiatives.”*
- Greater consideration of how SuppoRTT **can support IMG trainees** take time out *“more information about time out of training and implication on visa status.”*
- Creation of a **returning to training checklist**.

- Greater availability of support for **non-parental leave trainees** “*I took time out for burn out and didn't feel comfortable attending a session not focused on that - I felt I would feel out of place in a group with lots of new parents talking about their children.*”
- Updates to the **SuppoRTT website** “*I found the website difficult to navigate/gave little clear information.*”
- Ensure SuppoRTT activities cover the latest Covid-19 practice so returners feel secure in their return.

Perceptions of impact amongst SuppoRTT Champions

In total, 74 SuppoRTT Champions responded to the 2021 (Year 3) survey. This compares with 78 respondents in 2020 (Year 2) of the evaluation when the new role of SuppoRTT Champion was introduced. SuppoRTT Champions are either Trust or School based, and provide guidance, support and leadership for employers/Schools, trainees and supervisors. As this is a new feature of the programme, responses from the 2021 (Year 3) survey will be analysed against the 2020 (Year 2) survey.

Table 4.4: Champions survey demographic profile

| Feature | Responses | Year 2 comparison |
|----------------------------------|--|--|
| Champion role | 71% of respondents were Trust Champions and 26% were School Champions (2% Other) | In line with Year 2 responses |
| Specialty | The largest proportion of respondents came from Medicine (20%), Paediatrics (15%), Anaesthesia (14%) and Surgery (12%) | |
| Ethnicity | 62% identified as White British, 18% as Indian, 4% any other White background and 4% any other Asian background | |
| Gender | 82% female | Slightly higher than 79% in 2020 (Year 2) |
| Duration of Champion role | 74% of respondents had been a Champion for over six months at the time of the survey | In line with Year 2 responses. We are unable to determine if these Champions completed the 2020 (Year 2) survey. |

SuppoRTT Champion role

The number of hours 2021 (Year 3) survey Champions were contracted to undertake their Champion role varied from **zero to eight hours**, with most contracted for either four (38%) or two hours (24%) per week. Champion focus groups suggested that the actual time they spent undertaking the Champion was *“incredibly variable”*, increasing during induction time and when running activities (eg upskilling educators courses) as well as the nature of individual trainee concerns/requests.

Half of respondents (50%) combined the SuppoRTT Champion role with another role (eg. LTFT Champion), a reduction from 61% in 2020 (Year 2). Of this number, 38% were not funded to undertake this additional non-SuppoRTT role, lower than in the 2020 (Year 2) survey, where 47% of Champions were not funded to undertake this additional role. Trust Champions were more likely than School Champions to combine roles; 58% vs 37%. Since many trainees choose to return to LTFT training, Champions considered combining these roles to overcome duplicity and maintain consistency was important; *“There is an overlapping skillset for the SuppoRTT and LTFT Champion roles. Equally a large part of the role is training Educational Supervisors and it helps to have one individual in the role to deliver that training”*.

This year, there has been an increase in Champions first hearing of the SuppoRTT Champion role through **word-of-mouth from someone in the same organisation** – 30% in 2021 (Year 3) compared to 19% in 2020 (Year 2). This suggests that awareness of the role is increasing. School Champions were more likely to have heard about the role from their educational supervisor/ Deanery than Trust Champions (47% vs 9%), whereas Trust Champions were more likely to have heard of the role from a job advert than School Champions (45% vs 21%).

73% of respondents in the 2021 (Year 3) survey agreed/strongly agreed that the SuppoRTT **role is clearly defined**, a decrease from 80% in 2020 (Year 2). Trust Champions were more likely to regard the role as clearly defined than School Champions, with 58% of School Champions agreeing/strongly agreeing that the role was defined compared to 79% of Trust Champions. However, for those 2021 Champions in post for more than six months, 68% agreed/strongly agreed that there is **now greater clarity around the role than when they first took on the SuppoRTT Champion role**. Champion focus group participants suggested that Champion network meetings had been key to providing this clarity, as well as having more time to embed their role and build relationships with trainees, employers and educators.

77% of 2021 (Year 3) Champions had **personal experience of taking time out of training**, with 69% respondents (n=52) having taken time out during training for parental leave. This marks an increase from 2020 (Year 2), when 74% of Champions had personal experience, 60% of whom had taken time out for parental leave.

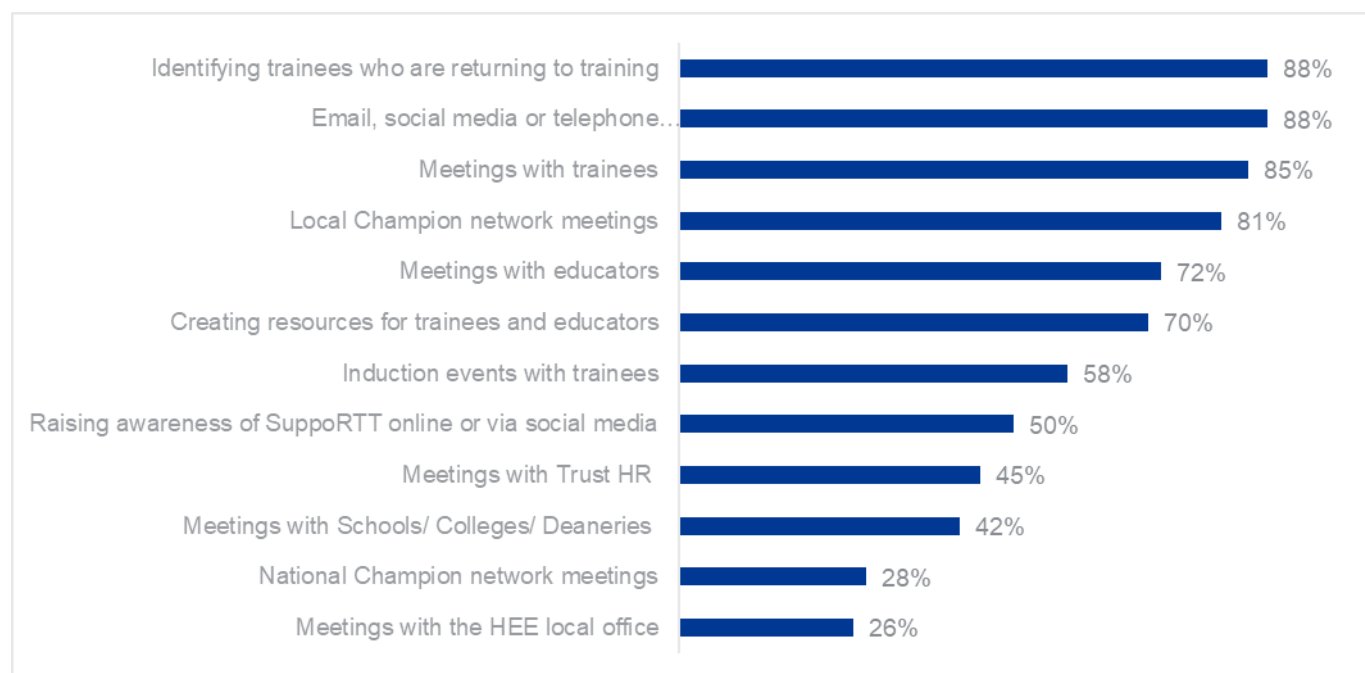
Activities undertaken by Champions

The three most frequently undertaken activities in 2021 (Year 3) were:

- **identifying trainees who are returning to training** (88%);
- **email, social media or telephone communication/ interactions with trainees** (88%); and
- **arranging meetings with trainees** (85%).

Some Champion focus group participants highlighted that Trusts were now providing Champions with databases of returning trainees contact details, whilst others reported that they were still *“in the dark most of the time about who the trainees are”*. The majority suggested that returning trainees tended to engage with the Champions on a more informal word-of-mouth basis than referrals from educational or clinical supervisors.

Figure 4.6: Activities undertaken as part of the Champions role



Source: SuppoRTT Champion survey N=74

Champions considered the following to be the key aspects of their role:

- **Advocating on behalf of trainees' who had returned:** *"I helped a returning trainee who was anxious by facilitating between rota coordinators, educational supervisor and the trainee, to come to a workable agreement to support the trainee back into the workplace."*
- **Addressing perceptions of taking time out:** *"I advised a trainee concerned about taking time out to focus on recovery following an episode of long Covid on options ie OOPC."*
- **Identifying eligible trainees and contacting them proactively prior to their return:** *"I contacted a fellow registrar I previously worked with who was on maternity leave and invited her to the induction event. I facilitated communication between herself and the departmental college tutor to discuss her needs for the LTFT rota and arrange her shadowing days."*
- **Raising awareness amongst educators:** *"I presented at the trust ES refresher courses to update trainers and raise awareness."*

Since starting their role as a SuppoRTT Champion, 22% of **Champions had engaged with up to ten trainees**, 22% had also engaged with between 21-30 trainees and 20% had engaged with between 11-20 trainees. There was a limited difference in the numbers of trainees engaged by either the School or Trust champions.

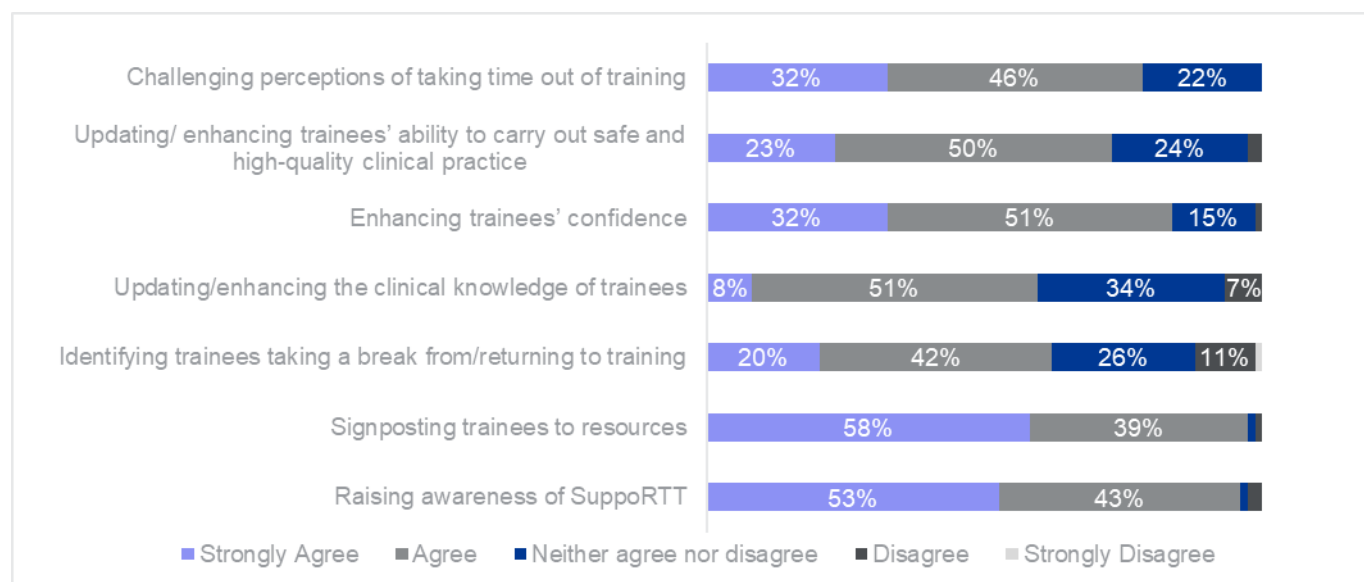
Impact of the Champion role

As shown in the figure below, the majority (97%) of Champions in 2021 (Year 3) agreed/ strongly agreed that the **SuppoRTT Champion role has been successful in signposting trainees to resources**. This is concurrent with 2020 (Year 2) results which

reported 99% of Champions agreed or strongly agreed that the SuppoRTT Champion role has been successful in signposting trainees to resources. The majority (96%) of 2021 (Year 3) respondents and (90%) 2020 (Year 2) respondents also agreed or strongly agreed that the role has been successful in raising awareness of SuppoRTT (e.g. through hosting events or answering queries), as well as 83% of respondents in 2021 (Year 3) and 87% of respondents in 2020 (Year 2) confirmed it enhancing trainees' confidence.

76% of 2021 (Year 3) beneficiaries had heard of the SuppoRTT Champion, however, in focus groups with SuppoRTT beneficiaries, some still reported being unaware of who their Champion was.

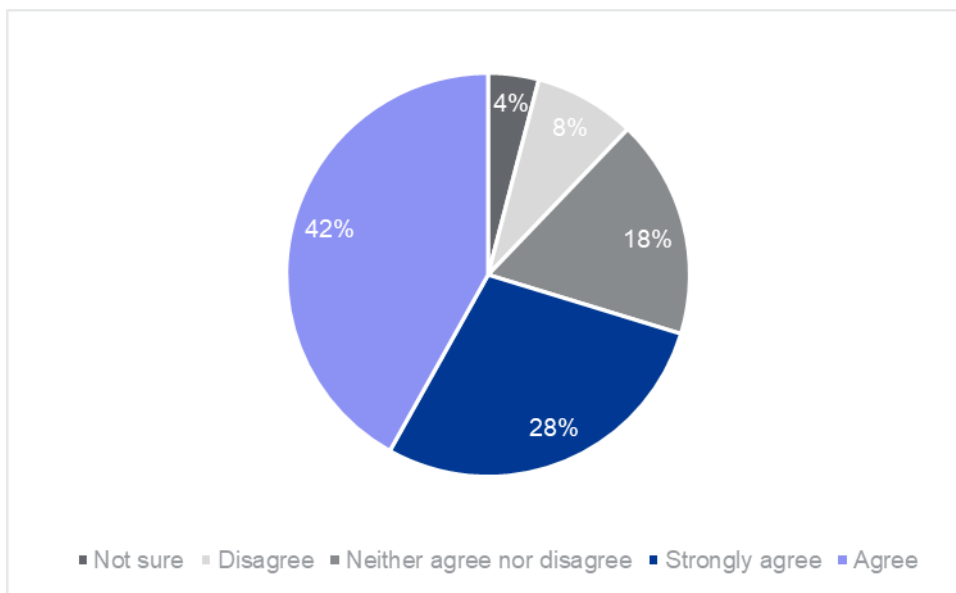
Figure 4.7: Impacts of the Champion role



Source: SuppoRTT Champion survey N=74

The figure below illustrates that 70% of Champions in 2021 (Year 3) agreed or strongly agreed that they had played a key role during the Covid-19 pandemic. This compares with only 48% of Champions in 2020 (Year 2). Respondents stated that concerns and challenges for returning Trainees were magnified in the context of Covid and *“the lack of face-to-face teaching and skills training made returning to work after absence even more difficult than usual.”* Therefore, the programme has been more important than ever to *“help with mental health and wellbeing support whilst people may have been shielding or redeployed”*.

Figure 4.8: Impacts of the Champion role during the Covid-19 pandemic



Source: SuppoRTT Champion Survey N=74

Existing challenges and future recommendations

The table below illustrates the challenges Champions identified in carrying out their role, and their recommendations:

Table 4.5: Challenges and recommendations identified by Champions

| Challenges | Recommendations |
|---|--|
| The key challenge highlighted was in identifying eligible trainees; <i>“The main challenge is knowing which trainees are returning. Time and time again the information is inadequate/missing and relies on trainees speaking up or good educational supervision. The keeping of TIS needs to be better and we need access as champions to this data.”</i> | Further improve processes to identify trainees; either <i>“Automatic notification from deanery of returning trainees”</i> or individual trainees could give consent for the <i>“SuppoRTT Champion to contact them prior to Training Return in order to ensure Support plans are optimised.”</i> |
| Raising awareness was also a challenge; <i>“Making sure that trainees and educational supervisors know about the SuppoRTT programme is a constant challenge.”</i> | Further awareness raising was required amongst Trust staff; <i>“It should be made mandatory with all stakeholders including Finance and HR being provided training on this”.</i> |
| Liaising with HR posed a challenge; <i>“Communication with HR has been difficult as they are usually poorly staffed and are largely fire-fighting with regard to rotas.”</i> | Network/collaborative events with other Champions; <i>“Networking and sharing of case studies data is really needed, the deanery needs to play an active role in co-ordinating this locally.”</i> <i>“More collaboration with LTFT champions and Trust well-being champions, with shared goals.”</i> |

Perceptions of impact amongst educators

For 2020 and 2021 (Years 2 and 3), the educator survey was divided into two separate surveys, for ease of response and to ensure that only the most relevant questions appeared to respondents. Correspondingly, this section will compare the perceptions gathered by the 2020 (Year 2) and 2021 (Year 3) Educator Surveys.

Due to increased educator workloads arising from the Covid-19 pandemic, it was decided that the SuppoRTT Educator Surveys would include LTFT Category 3 evaluation questions,²² and that this would be issued as a joint HEE flexibility initiatives survey to improve response rates.

Table 4.6: DMEs and Educators survey demographic profile

| Feature | Responses | Year 2 comparison |
|---------------------|---|---|
| Speciality | For the Educator survey, responses were highest from Medicine (16%), Anaesthesia (15%), and General Practice (11%). For the DMEs and Deans survey, responses were highest from Paediatrics (22%), Medicine (16%), Anaesthesia (16%) and Psychiatry (16%). | For both surveys in Year 2 (2020), responses were highest from Medicine (DME& Dean: 24%, Educator: 19%), Surgery (15% and 12% respectively), and Other (18% and 16% respectively). |
| Duration | The majority of DMEs and Deans were relatively new to the role; 35% had been in post for under a year and 38% had been in post for 2-4 years. 8% of respondents had been in post ten years or more. HoS, TPDs and ES tended to be in post for slightly longer; 27% had been in post between 5 and 10 years and 22% for over 10 years. | Broadly in line with Year 2 where 41% of DMEs and Deans had been in post for under a year and 9% had been in post ten years or more 24% of HoS, TPDs and ES had been in post between 5 and 10 years and 22% for over 10 years. |
| Local office | Response rates for both surveys were highest from the North West (32% educators and 22% DMEs and Deans). | Highest response rates for educators were from London and Kent, Surrey and Sussex (30%) and East Midlands for DMEs and Deans (24%). |

Awareness of SuppoRTT

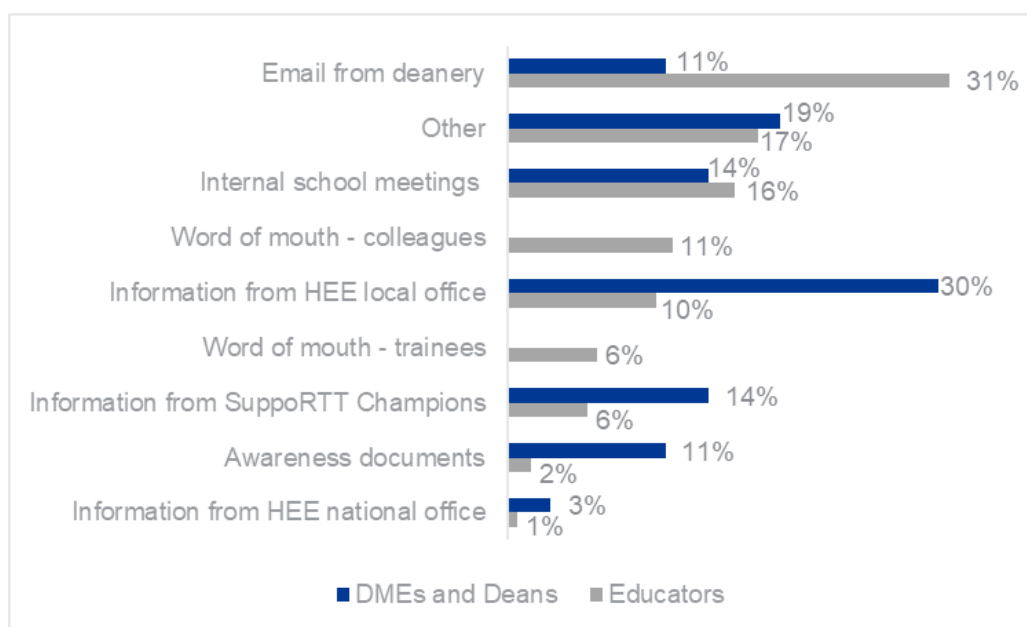
Levels of awareness of SuppoRTT were extremely high amongst DMEs and Deans in the 2021 (Year 3) survey: 100% indicated that they were aware of the programme. Levels of awareness were lower amongst educators, but were high overall, 80% of educators indicated that they were aware of the SuppoRTT programme. Of the 15% of educators who were unaware, 66% were Educational Supervisors and 16% were Named Clinical Supervisors.

²² RSM have also been separately appointed by HEE to conduct an evaluation of another flexibility initiative, the expansion of Less Than Full Time Category 3 in Emergency Medicine, Obstetrics and Gynaecology and Paediatrics

Levels of awareness have increased since 2020 (Year 2) where 97% of DMEs and Deans and 68% of Educators indicated that they were aware of the SuppoRTT programme.

In Year 3 (2021), educators were more likely to become aware of SuppoRTT via an email from their deanery (31%) and through internal school meetings (16%) in comparison to DMEs and Deans (11% and 14% respectively). DMEs and Deans were most likely to hear about SuppoRTT via information from their HEE local office (30%). In comparison, email (30%) and word of mouth from colleagues (28%) were the most likely ways of hearing about support for educators and DMEs and Deans respectively in 2020 (Year 2).

Figure 4.9: Awareness of the SuppoRTT programme

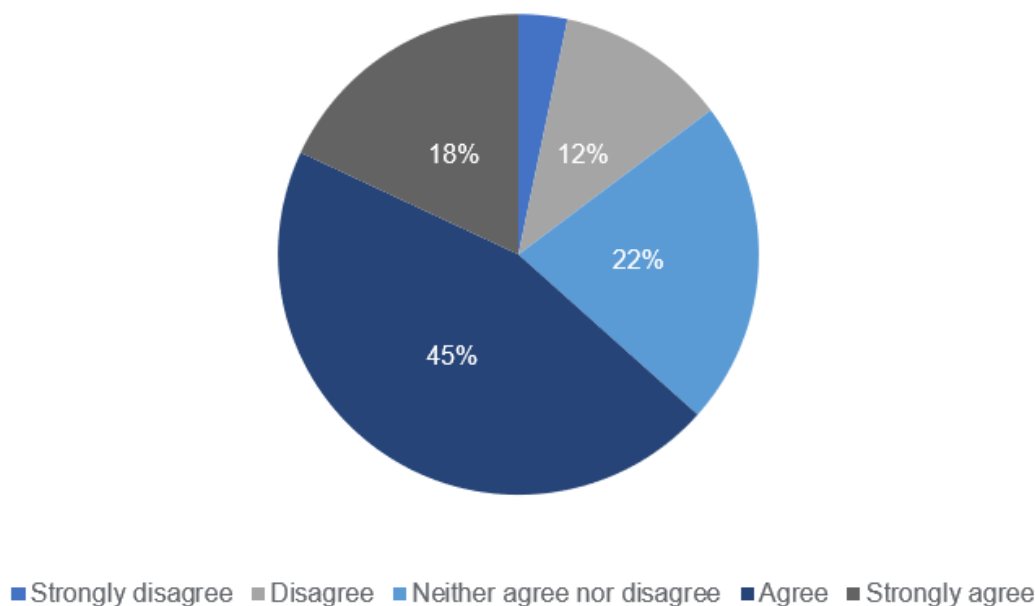


Sources: Educator survey, N= 435 & DMEs and Deans survey, N= 37

The majority of educators (63%) in the 2021 (Year 3) survey agreed/ strongly agreed that communication had been effective, this is an increase of 15% from 2020 (Year 2). Educators indicated that effective communication was fostered by *"lots of communications via different routes, repeated regularly, to increase awareness"*. DMEs and Deans in the Year 3 survey broadly agreed that employers have been effectively communicated with about SuppoRTT (70% agreed or strongly agreed with this statement, compared to 66% in the Year 2 survey). Those who disagreed reported that there are still trainees who could benefit from the programme which are not communicated to educators, one respondent reported *"we are still sent trainees on a regular basis that have been out of training for some time, and we were not made aware of them via the SuppoRTT programme"*.

The figure below highlights that 15% of educators in 2021 disagreed or strongly disagreed that communication about SuppoRTT had been effective, this is in comparison to 32% in 2020 indicating that communications have improved. Those who disagreed suggested that they had not received communications as they likely got *"lost in the snowstorm of emails"* or felt that the information they received about the programme was not sufficiently detailed, one respondent reported *"I received emails about it, but I didn't feel like there was much content in these emails other than suggesting enrolment on a local course to find out more"*.

Figure 4.10: Effectiveness of the communication about SuppoRTT



Source: Educator survey, N= 366

Impact of SuppoRTT on educators

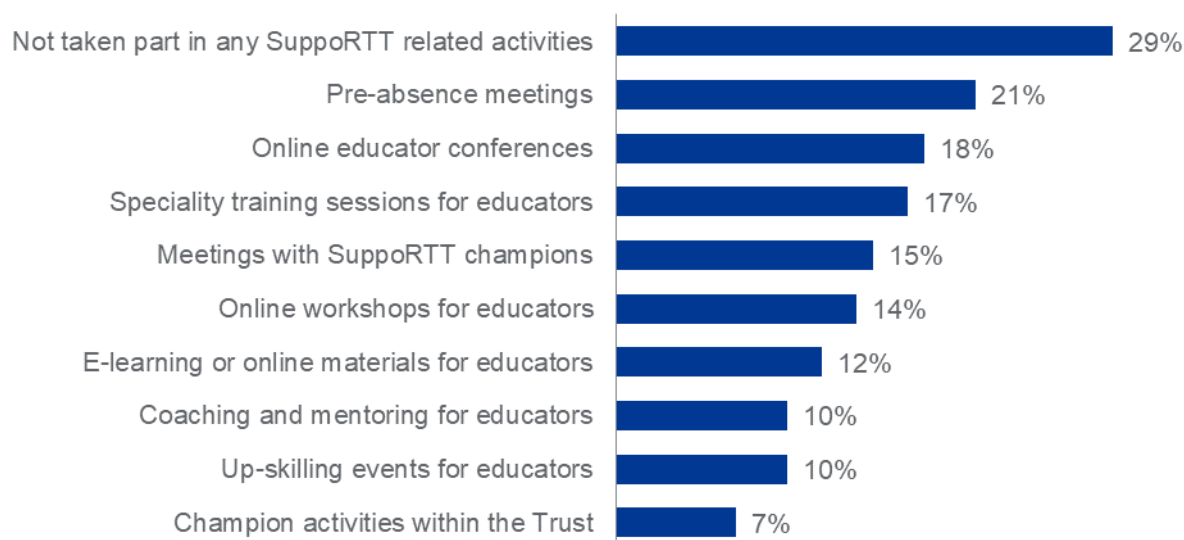
As part of the SuppoRTT programme, HEE organised a range of awareness-raising activities for educators. The majority (71%) of educators in Year 3 (2021) reported that they had taken part in SuppoRTT activities, compared to 77% in Year 2 (2020). The activities with the highest uptake amongst educators in Year 3 (2021) were **pre-absence meetings** (21%), **online educator conferences** (18%) and **specialty training sessions for educators** (17%). This contrasts with the findings from 2020 (Year 2) where workshops for educators (11%) and meetings with SuppoRTT Champions (9%) had the highest uptake.²³

Educators who attended SuppoRTT activities in 2021 (Year 3) had hoped to improve their understanding of the programme, available resources and programme processes to enable them to *"provide the best possible support for trainees"*. Educators also reported that participating in activities provided them with the opportunity to network with other educators, share best practice and *"exchange challenges"*.

As shown by the figure below, 29% **had not taken part in any activities** in Year 3 (2021). This marks an increase in uptake from Years 1 and 2, where 58% and 33% of educators respectively indicated that they had not taken part in any SuppoRTT related activities.

²³ The Year 2 (2020) survey only allowed educators to select one activity they participated in. Educators in Year 3 (2021) were able to select multiple options.

Figure 4.11: Uptake of SuppoRTT activities by educators in Year 3 (2021)²⁴



Source: Educator survey, N= 456

88% of respondents in Year 3 who participated in activities indicated that these activities were useful for their role as an educator. Educators reported that these activities:

- **enabled them to better understand SuppoRTT processes (including timelines and required documentation);**
- **renewed their knowledge of the programme; and**
- **increased their awareness of available resources.**

Notably, educators in the 2021 (Year 3) survey reported that activities improved their confidence when guiding a trainee through the SuppoRTT process with one educator reporting *"they helped me have the confidence to put the programme into practice with trainees who were returning"*.

2% of respondents to the Year 3 (2021) educator survey indicated that SuppoRTT activities for educators were not useful, compared to 1% in Year 2 (2020). Respondents who did not consider SuppoRTT activities in Year 3 to be useful indicated that this was because the activities did not provide them with any new information; *"I knew quite a lot of the information already"*. When Year 3 (2021) respondents were asked if they would be interested in taking part in SuppoRTT activities in the future, 70% indicated that they would, compared to 72% in Year 2 (2020).

Throughout the Covid-19 pandemic, Year 3 (2021) educators found the Educator Update Programme from HEE to be particularly useful. One respondent noted *"virtual update courses and online training opportunities were very helpful and convenient to keep me up to date with the current information and trends"*. Educators were positive about the virtual delivery of activities and reported that it improved accessibility. Respondents also noted that the

²⁴ Educators in Year 2 (2020) were only able to select one option, the Year 2 (2021) survey allowed multiple options to be selected. As a result, comparisons from Year 2 (2020) could not be charted.

continuation of SuppoRTT meetings virtually throughout the pandemic enabled them to remain connected to relevant trainees.

Overall, educators in Year 3 (2021) had a high level of awareness of trainee needs and the resources available to support trainees. As illustrated by the figure below, 85% of educators were confident that they know how to access training and resources to support learners and 85% were confident that they are cognisant of returners' learning and support needs. This is broadly in line with the findings from Year 2 (2020).

During the Covid-19 pandemic, 37% of educators indicated that some of their trainees had been out of training due to shielding. Just over half (56%) of these educators reported during the 2021 (Year 3) survey that they were able to support their trainee's professional development whilst shielding, 27% were unsure.

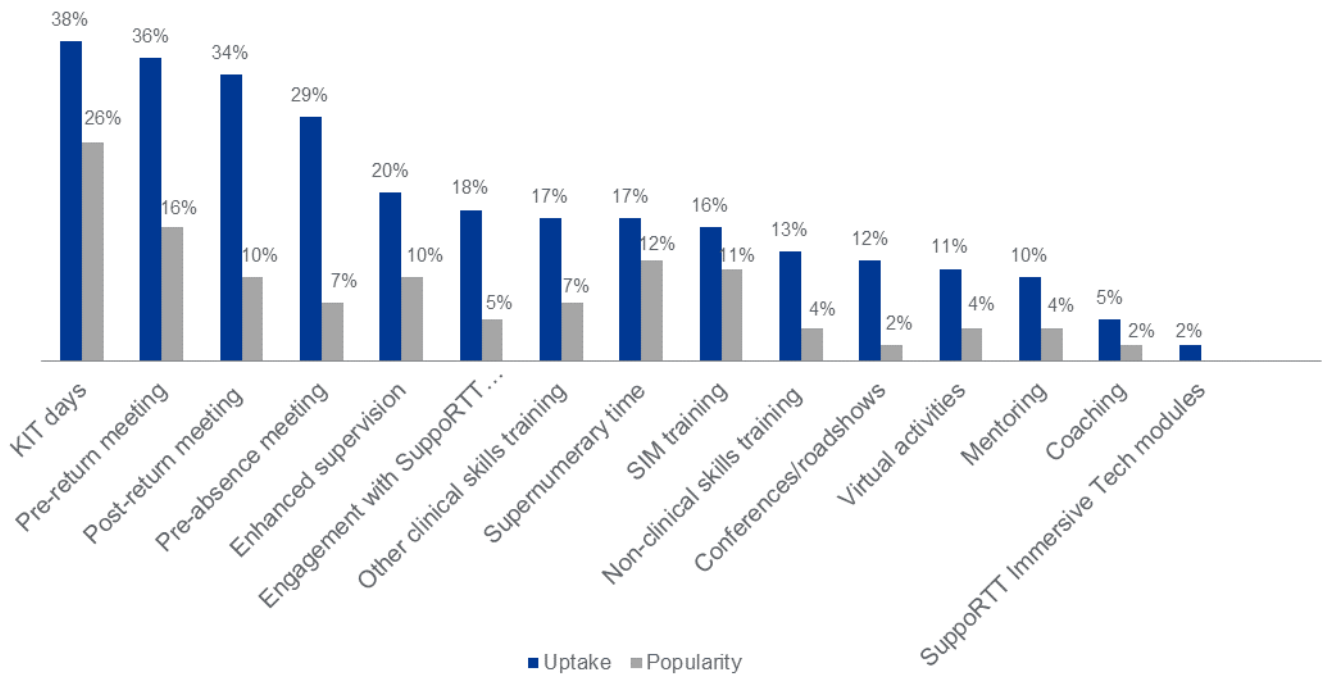
Educator views on the impact of the programme on trainees

98% of respondents to the Heads of School, TPD and Educational Supervisor survey in Year 3 (2021) currently oversee or have contact with trainees. 55% were **aware that their trainees had taken part in SuppoRTT**; and 15% were not aware or did not know. This marks an increase in awareness since Year 2 (2020) where 41% were aware that their trainees had taken part in SuppoRTT and 27% were not aware or did not know.

The figure below illustrates that the activities that educators were most aware of their trainees taking part in were:

- **KIT days** (38%);
- **pre-return meetings** (36%); and
- **post-return meetings** (34%).

Figure 4.12: Educator awareness of SuppoRTT activity uptake and popularity amongst trainees



Source: Educator survey, N= 456

42% of educators in Year 3 (2021) received feedback from their trainees regarding the SuppoRTT activities they had taken part in. Feedback provided to educators included:

Figure 4.13: Examples of feedback provided from trainees to educators on SuppoRTT activities

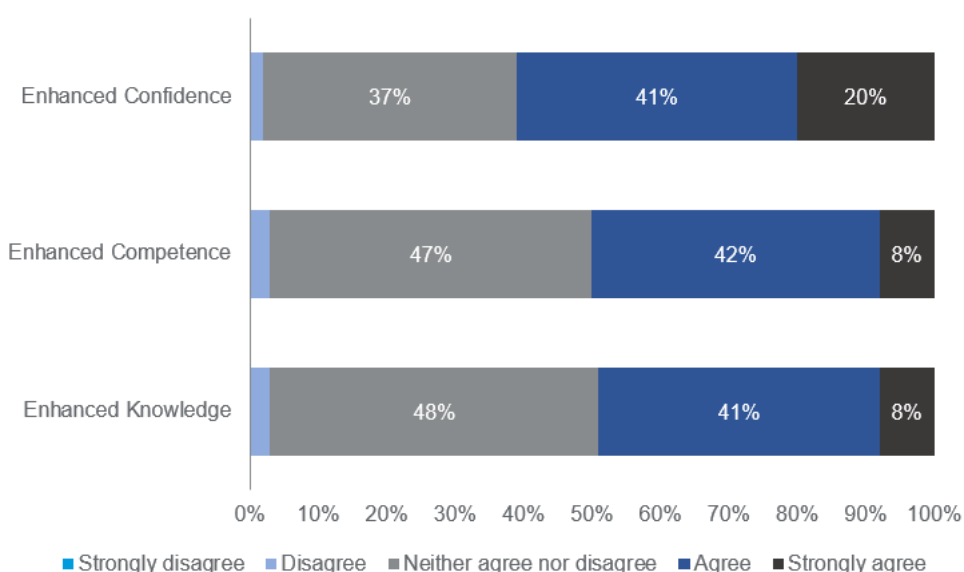
- | | |
|---|---|
| <p>1 “The KIT days allowed my trainee to feel she was not entirely removed from hospital life and training. This prompted the [Suppo]RTT pre-return meetings”.</p> | <p>4 “Very positive re[garding] simulation and KIT, positive re[garding] pre-absence and return meets, very appreciative of phased return to training”.</p> |
| <p>2 “Initially dubious about needing the regional RRT days..actually found them very useful..reduced anxiety about returning to training with both the administrative and clinical perspectives”.</p> | <p>5 “Positive feedback for the SuppoRTT process in general, felt enhanced supervision arranged has helped ease back into training”.</p> |
| <p>3 “Coaching schemes and contact provided has been beneficial. KIT days have been undertaken by some as a way of maintaining a level of contact. Resilience training has been appreciated”.</p> | <p>6 “The trainee valued the supernumerary time and enhanced supervision. They were very anxious before starting clinical duties..these two really improved their confidence”.</p> |

65% of educators in 2021 (Year 3) agreed/strongly agreed that the SuppoRTT programme **met the needs of their trainees**, compared to 86% in 2020 (Year 2). Respondents were asked the extent to which SuppoRTT had enhanced the confidence, competence and knowledge of trainees. As shown by the figure below:

- 60% agreed/strongly agreed that SuppoRTT had enhanced their **trainees' confidence**; (a decrease of 26% from Year 2)
- 50% agreed/strongly agreed that SuppoRTT had enhanced their **trainees' competence**; (a decrease of 21% from Year 2) and
- 50% agreed/strongly agreed that SuppoRTT had enhanced their **trainees' knowledge** (a decrease of 18% from Year 2).

Educators did not provide rationale as to these changes in confidence, competence and knowledge.

Figure 4.14: Educator's perception of the impact of SuppoRTT on trainee's confidence, competence and knowledge



Source: Educator survey, N= 456

In open text responses for the Year 3 (2021) educator survey, **supernumerary time, KIT days, enhanced supervision and SIM training** were regarded by educators as having the greatest impact on enhancing trainees' confidence, competence and knowledge. This aligns with the findings from Year 2.

92% of DMEs and Deans in Year 3 (2021) agreed/strongly agreed that trainees were **better prepared to return to training** as a result of SuppoRTT and 90% agreed/strongly agreed that trainees were better prepared to return to clinical responsibilities, compared to 86% and 86% respectively in Year 2 (2020). However, respondents were unsure how beneficial SuppoRTT was for trainees returning during the Covid-19 pandemic.

Respondents to the 2021 (Year 3) survey perceived the SuppoRTT programme as better at preparing a trainee for returning to training, rather than preparing a trainee to take time out of training. 90% of DMEs and Deans and, 80% of HoS, TPDs and ES agreed or strongly agreed

that SuppoRTT prepared a trainee to return to training, compared to 53% and 54% respectively perceiving SuppoRTT to improve the process of preparing a trainee to take time out of training.

Future Recommendations

Educators from both the 2021 (Year 3) HoS, ES and TPD survey and the 2021 (Year 3) DMEs and Deans survey were asked to provide recommendations to improve the SuppoRTT programme as it transitions to BAU. The following recommendations were made:

- **Increase the trainee-led component of the programme;** *“Ask trainees to write their own reports on what worked well for them. This may reduce stigma in other trainees who return after a gap and realise how successful many trainees are in progressing their careers after a gap”.*
- **Maintain virtual delivery of activities (eg. KIT days) as an option to increase accessibility;** *“it is very helpful for trainees to be able to access resources from home and we are now all used to interacting online”.*
- **Facilitate face-to-face networking opportunities for SuppoRTT beneficiaries;** *“the loss of social networking due to Covid-19 has been devastating”.*
- **Continue to raise awareness amongst educators by integrating SuppoRTT into the Educational Supervisor programme;** *“[there is a] need to educate all trainers about the programme”.*
- **Improve the availability of information relating to trainees taking time out of training and returning to training;** *“an effective local database held by the Deanery is missing and would prevent trainees slipping through the SuppoRTT net”.*

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

In July 2021, telephone interviews were conducted with Associate Deans, staff from all ten local offices and Assurance Board members to understand their perceptions of impacts to date, the transition to BAU and any changes required to the design of the programme. Interviews were offered to local offices either on a group or individual basis, depending on the preferences and availability of interviewees. The interviews covered:

- Developments since 2020 (Year 2) (including embedding Covid-19 activities);
- future of the SuppoRTT network following the end of formal national team involvement; and
- Recommendations for the future design and delivery of SuppoRTT.

Clinical Fellows

Clinical fellows indicated that as the SuppoRTT programme moves to business as usual, there has been an increasing focus on the development of national communications, activities and resources; *“more so than any other year it’s really been a focus on what we can do nationally to support and this final phase of the support program, before it moves to business as usual”.* Particular focus has been placed on the development of innovative, national resources such as the clinical (eg. remote consultation) and non-

clinical (eg. teamworking) Immersive Technology modules which have been *"informed by the pandemic and the move to remote working"*. Clinical fellows indicated that these activities would run alongside the re-introduction of face-to-face courses and training days.

Activities undertaken in 2021 (Year 3) (including those introduced during the Covid-19 response period)

The activities undertaken in 2021 (Year 3) were again adapted to the Covid-19 pandemic, with online activities which received favourable feedback from trainees retained. Examples included:

- **Online courses were more convenient and accessible due to a reduced need for travel and personal arrangements:** *"100% of our courses have moved online, and so that's been the sort of way to engage with trainees and trainers"*;
- **webinars:** *"lots of webinars so on resilience, wellbeing, impostor syndrome"*;
- **podcasts:** *"there were lots of podcasts and stuff for shielding trainees"*; and
- **virtual group coaching.**

The majority of local offices indicated that in Year 3 there has been a focus on coaching and mentoring which is *"really taking off"*. One local office noted that coaching and mentoring is *"becoming more and more part of getting people back [into training]"*.

The sharing of activities and resources between local offices was a key theme in 2021 (Year 3), facilitated by closer working relationships between regions. Local offices suggested that they were able to accommodate trainees from other regions at their events and share event feedback with other regions. This was a key recommendation in Year 2 (2020) which has been evidenced.

Going forward, all local offices suggested that they will take a hybrid approach to learning and will maintain a variety of activities online whilst also re-introducing face-to-face activities where appropriate.

Transitioning to BAU

Each Local Office was asked to identify to what extent the running of the SuppoRTT programme had transitioned to BAU in their region. The majority of offices indicated that the running of the SuppoRTT programme was already integrated as BAU; *"I think is very much BAU"*. Two of the Local Offices suggested that the running of SuppoRTT has always been BAU, due to the nature of the programme; *"There's no difference. This wasn't introduced to us as a pilot and so we haven't treated it like a pilot"*.

Where Local Offices did not consider the running of the SuppoRTT programme to have transitioned to BAU, they reported that progress was being made; *"We always said about five years to roll it [the programme] out completely and we are on year three, so we are getting there"*. Two Local Offices highlighted *"pockets of trainees who are still unaware of SuppoRTT"* as one of the key reasons why the programme has not fully transitioned to BAU within their region, with representatives from one office specifying that a full transition to BAU can't be achieved *"until [SuppoRTT] is the norm and the trainees know it is the norm"*. Another Local Office highlighted the need to educate Programme Directors and

Educational Supervisors within their region to improve their awareness of returning trainees who are eligible for SuppoRTT and so, maximise awareness and uptake.

SuppoRTT Champions were identified by Local Offices as playing a *"pivotal"* role in the transition of the programme to BAU by raising awareness amongst trainees and educational supervisors; *"the close working relationship that we have with the trust champions is really helpful because they do an awful lot of work on the ground in their units to make this the norm"*. One Local Office highlighted that even if trainees are not fully aware of SuppoRTT activities, they are likely to be aware of their SuppoRTT Champion.

What has worked well/less well in 2021 (Year 3?)

Local offices identified the following factors as having worked particularly well in 2021 (Year 3):

National SuppoRTT Network: Local Offices valued the national SuppoRTT network which has been developed and nurtured throughout the implementation of the programme. Particularly throughout the Covid-19 pandemic response, local offices have benefited from the support of colleagues in other regions; *"over the last year with the pandemic, administrators talk to each other an awful lot to bounce ideas off each other"*. One local office highlighted how the national network provides an opportunity to *"learn from things people are doing in other regions"*, this sharing of best practice ultimately improves the SuppoRTT programme.

Sharing of activities between local offices: Alignment between offices has led to the sharing of resources and activities which has proven to be beneficial in challenging circumstances. For example, one local office highlighted how they were able to invite trainees from another local office to their events when the office was short staffed and unable to facilitate activities at the same level; *"they were short staffed, so we invited their trainees to our events"*.

Close relationships between local offices have enabled best practice to be shared amongst regions; *"a lot of courses are replicated around the regions because once somebody tries one, they all try it, they'll say this is a really good one, you need to try and get this in your region"*. Clinical fellows emphasised that *"more and more the offices are taking what is happening in other areas and really kind of using that, learning from other people's great ideas and practice and trying to use it themselves. You can really see that exchange of ideas through the network"*.

Role of champions in identifying trainees returning to practice and providing practical on the ground support: Champions were described by local offices as *"key links"* between local offices, schools, trusts and trainees. One local office suggested that although they struggle to access HR data to identify returning trainees, School and Trust Champions work in tandem to ensure the process runs smoothly and returning trainees are captured; *"the schools [champions], they are the ones who identify where trainees are going back to and they need to link into the trust champions, so they know which trainees are coming back to the organisation"*.

Local offices reported that trainees benefit from the specialist knowledge and guidance provided by School Champions; *"school champions know what's happening with their*

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schools, they're happy to engage with trainees in their specialty and they know what trainees should be doing within that specialty". It was also reported that Trust Champions are able to effectively engage with trainees and provide practical guidance as and when required; "we have got some really good trust champions particularly in our two largest trusts who engage with trainees when we ask them to and are always on hand with any queries we have".

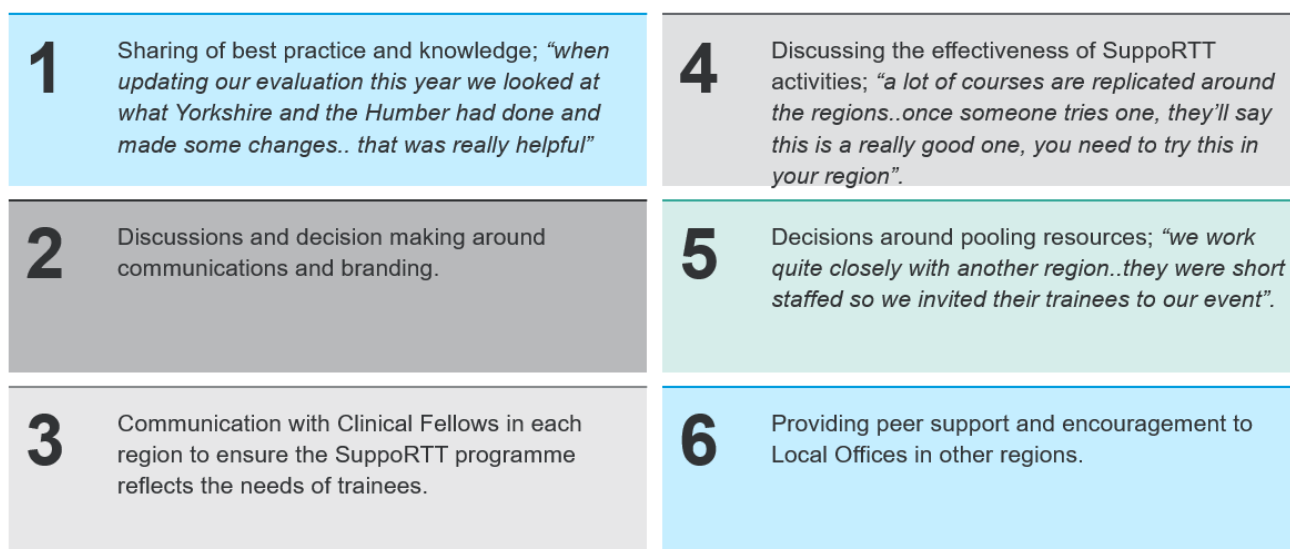
Clinical fellows considered the Champion role to have a positive impact on trainees and described Champions as *"a source of information for trainees and someone that they can call upon to advocate for them if they are having any problems"*.

Future of the SuppoRTT network programme

All Local Offices were enthusiastic about sustaining the SuppoRTT network following the end of formal involvement from the national team, with a representative from one Local Office emphasising that maintaining peer support will be *"essential...I couldn't do this job as well as I have done without the support from my colleagues in other regions"*.

Local Offices described the SuppoRTT network as **active** and **collaborative**. Currently, offices engage and share best practice through a national channel on MS Teams to address minor questions and queries and, to share files and example templates between offices. Local Offices emphasised the dynamic nature of this channel; *"we've got the national [MS] Teams channel...not a week goes by, it's every week, there will be something in there that we will help each other with"*. One Local Office highlighted how *"larger topics"* are addressed at monthly, national meetings. Offices provided examples of where these meetings have been useful:

Figure 4.15: Usefulness of national meetings



Going forward, all Local Offices reported that they would like to see these channels continue to be utilised; *"I would be sad to see that stopped"*. In particular, Local Offices emphasised the importance of continuing with national meetings; *"HEE although it's a national body it's quite fragmented and this is a national programme...I think it would be a shame if we lost*

them". One Local Office highlighted the risk of *"losing direction"* without national meetings, this is especially risky due to personnel changes. Another Local Office indicated that although informal communication via MS Teams can be beneficial, a national meeting with a formal agenda is needed to clear up prevent any **confusion** or **miscommunication**.

The majority of Local Offices indicated that it would be **feasible** to maintain the current SuppoRTT network without formal involvement from the national team, with a representative from one office reporting that the processes needed to operate on a national level are already in place. Clinical fellows also emphasised *"positive links between regions"* and suggested that maintaining these links would be feasible. Two Local Offices indicated that the Professional Support and Wellbeing Service (PSW) have been able to maintain a national network without formal involvement from the national team and there is *"no reason"* why this could not be achieved by SuppoRTT; *"Well, it works for PSW. PSW has been running for years and it is run internally"*.

One Local Office reported that as the SuppoRTT workforce are *"dedicated"*, they would be able to *"build on what is already in place with a little bit of effort"* to maintain the network. However, one local office suggested that a driving force would be needed to ensure the network is maintained, there needs to be a *"forward plan because if it is just ad hoc there is a risk of it dying out"*, particularly in terms of national meetings. Local Offices suggested that having a rolling chair for each monthly meeting would be sufficient to drive engagement and maintain this channel.

Trainee Monitoring

All Local Offices reported that they will continue to monitor trainee data once national reports are no longer a requirement. Local Offices recognised the value of the required highlight reports, with one office reporting *"they serve a huge purpose and are essential to see how you're doing, how the programme is being used, how many trainees you're reaching and who you are reaching"*. However, limitations of the current highlight report format were recognised, with Local Offices reporting that more granular detail would be required at a local level, including detail on:

- Activities and events;
- Attendance at activities and events;
- Experiences of the SuppoRTT programme;
- Reasons for participating/ not participating; and
- Demographic data.

Local Offices had mixed views on how often this data should be reviewed. Whilst some Offices reported that they would continue to review data monthly, other offices reported that they would review data bi-annually. As each office will be required to demonstrate how they are spending funding and that they are collecting data on a regular basis, a representative from one office suggested that it will be necessary to ensure *"each local office has the right IT infrastructure to facilitate that data because my sense at the moment is that it will still take quite a lot of work"*.

Future suggestions for the programme

Local offices were asked to identify suggestions for the future development of SuppoRTT:

- Two Local Offices suggested that SuppoRTT should continue to be **tailored to regional needs**; *"you wouldn't want to lose that because it isn't a one size fits all"*.
- The programme should continue to be **bespoke to the needs of individual trainees**.
- All Local Offices recognised the importance of retaining a form of the **national SuppoRTT network** following formal withdrawal of the national team.
- One Local Office recommended that regions should **retain Champions** in their roles for *"at least a period of time"*, to support the transition of the programme to BAU.
- One Local Office recommended part of the SuppoRTT programme should be mandatory for all trainees returning to training to increase uptake.
- Regional successes should be recognised and promoted on a national level to ensure that the purpose and benefits of the programme are clearly communicated to trainees and their wider networks; *"you can clearly see that there are successes, but I don't think that they are communicated to the outside world well enough"*.

5. Key findings and recommendations

RSM was commissioned by HEE in 2019 to conduct a three-year evaluation of the SuppoRTT programme. Based on the findings from our mixed methods research undertaken in 2021 (Year 3), we have collated our key findings under the three "areas" HEE requested we explore within the original research specification. These three areas are:

1. **Area 1:** Assess the impact of the 2017/18 SuppoRTT investment for local office 'call for bids' to support simulation infrastructure and into Trusts to upskill educational supervisors and Directors of Medical Education (*note that findings from this element of research were reported in Year 1 only*)
2. **Area 2:** Evaluate the impact of the SuppoRTT interventions, including through quantitative evaluation (to include success measures, costs/ benefits analysis, returner numbers, reason for absence from training, specialty, absence period, amount spent on returner SuppoRTT package, type of support package provided) and qualitative evaluation (from the perception of trainee returners, trainees working alongside returners, educators, DMEs, local offices and Clinical Fellows). (*note that in line with the introduction of the new role of SuppoRTT Champions in 2020 (Year 2), the perspectives of this group were also explored this year*)
3. **Area 3:** Provide evidence-based advice on any changes required to improve either the design and delivery of the SuppoRTT strategy and/or future investment plan.

We have set out our key findings from 2021 (Year 3) relating to Area 2 and Area 3 below.

Area 2: Impact of SuppoRTT and activities which have been identified as particularly beneficial on knowledge, confidence and clinical skills

Key finding: Awareness of SuppoRTT amongst trainees and educators has increased since 2019 (Year 1)

37% of 2021 (Year 3) non-beneficiaries were aware of the SuppoRTT programme, marking an increase in awareness from 20% in 2019 (Year 1) and 30% in 2020 (Year 2). This is likely due to targeted awareness raising initiatives from local offices, the national team (including clinical fellows) and SuppoRTT Champions, as well as increased word-of-mouth amongst trainees.

This year, 38% of SuppoRTT beneficiaries had heard of SuppoRTT from their Educational Supervisor/TPD, compared to 17% in 2019 (Year 1), suggesting that educators are more aware of the programme and able to share this information with their trainees. Focus groups with trainees suggested that educator awareness was immensely helpful in navigating the return to training process.

This is supported by findings from the educator surveys, in which 100% of DMEs and Deans and 80% of educators in 2021 (Year 3) indicated that they were aware of SuppoRTT

(compared to 97% and 68% respectively in Year 2). Focus groups with Champions suggested that awareness levels are relatively high, but that trainees and educators require periodic updates to ensure that the programme does not get overlooked.

Key finding: the range of activities on offer has increased since 2019 (Year 1), with KIT days and pre-absence meetings remain the most accessed activities

Local office interviews highlighted that the SuppoRTT offer has increased significantly from 2019 (Year 1), including access to coaching, mentoring and webinars. The SuppoRTT local office network has been beneficial in sharing information about well-received activities, and an increasing number of offices are offering activities on a joint office basis to trainees. Based on feedback, this practice should continue as SuppoRTT moves to BAU.

The activities beneficiaries reported accessing have remained fairly consistent between 2019 (Year 1) and 2021 (Year 3) with both pre-absence meeting with supervisors and Keeping in Touch (KIT) days the most widely accessed activities. Last year, increased clinical supervision and support (46%), SuppoRTT refresher webinars (34%) and Trust Formal Inductions (29%) were the most highly utilised resources, indicating that Covid-19 precluded face-to-face return meetings and the availability of staff resource for KIT days.

Key finding: The number of beneficiaries accessing supernumerary time has decreased since 2020 (Year 2), requiring further exploration

In 2021 (Year 3) 37% of beneficiaries accessed a supernumerary period upon their return. This marks a decrease of 19% since 2020 (Year 2), in which 56% of beneficiaries reported accessing supernumerary time.²⁵ Focus groups with beneficiaries suggested that access to supernumerary time was often hampered by service delivery pressures, and that planned supernumerary time often did not happen in practice.

However, for those who accessed supernumerary the duration of supernumerary time has not changed significantly between 2020 (Year 2) and 2021 (Year 3): the most common durations were more than 14 days (20% vs 21% in Year 2) and 3-5 days (18% vs 20% in Year 2).

Key finding: Trainees' concerns about taking time out have decreased since 2019 (Year 1) suggesting that perceptions are changing

53% of 2021 (Year 3) trainees who had never taken time out of training reported that they would have concerns about taking time out of training, lower than 69% of 2019 (Year 1) respondents.

Interestingly, factors for taking time out have also changed over the duration of the evaluation: In 2019 (Year 1), working/volunteering abroad (52%) and parental leave (50%) were the most popular factors,²⁶ while in 2021 (Year 3) career break (37%) and work-life balance (42%) has increased in popularity. This change could be attributed to the changes in perception of taking time out, as well as Covid-19, which has increased pressure on service provision.

²⁵ Supernumerary time was not a focus of the Year 1 report.

²⁶ Respondents could select more than one category in Year 1

Key finding: Impacts of SuppoRTT on beneficiaries' confidence, competency and knowledge have remained consistent between 2019 (Year 1) and 2021 (Year 3)

58% of 2021 (Year 3) beneficiaries agreed/strongly agreed that SuppoRTT had updated/enhanced their ability to carry out safe and high-quality clinical practice (compared to 54% in 2019); 55% of 2021 beneficiaries agreed/strongly agreed that SuppoRTT had updated/enhanced their confidence in making sound clinical decisions (54% in 2019) and 49% of 2021 beneficiaries agreed/strongly agreed that SuppoRTT had updated/enhanced their clinical knowledge (42% in 2019). Levels of competence, confidence and knowledge in 2020 (Year 3) are likely to have been impacted by concerns about returning during the Covid-19 pandemic.

In the absence of SuppoRTT, beneficiaries across all three years reported in open text comments that their levels of anxiety and stress would have been significantly higher, and that they would have felt less resilience and confident to return, as well as less safe to practice.

Key finding: The role of the SuppoRTT Champion has become more embedded since 2020 (Year 2)

68% of Champions in 2021 (Year 3) agreed/strongly agreed that there is now greater clarity around their role than when they first took on the SuppoRTT Champion role (which is to provide leadership within a given Trust/School to ensure full implementation of the SuppoRTT strategy and a high-quality supported return to training for beneficiaries, including promoting access to relevant RTT activities). Local offices suggested that Champions were playing a pivotal role in identifying eligible trainees and raising awareness amongst trainees and educational supervisors.

Awareness of the role amongst trainees has also increased: 76% of 2021 (Year 3) beneficiaries had heard of the SuppoRTT Champion, compared to 61% in 2020 (Year 2). The majority of those beneficiaries in focus groups who had engaged with their Champion reported positive interactions.

Area 3: Provide evidence-based advice on any changes required to improve the design and delivery of the SuppoRTT strategy and future investment plan.

The 2019 and 2020 (Years 1 and 2) reports both made five recommendations, which HEE have actioned:

Table 5.2: Recommendations of the Years One (2019) and Two (2020) reports and HEE actions

| | Recommendation | HEE action |
|-----------------|--|---|
| Year One | 1. Raise awareness of the SuppoRTT programme and offer | Introduction of SuppoRTT Champions, National Fellow initiatives and Local office initiatives |
| | 2. Further improve and standardise data collation process on activities and costs | A national reporting template was introduced in April 2020, capturing returner information (including the demographic profile of trainees) |
| | 3. Gather feedback on, and promote participation in, activities which are most effective for trainees and educators | National Fellows designed a standardised feedback capture form for local office activities |
| | 4. Consider ways in which the programme’s sustainability can be promoted, whilst moving to BAU | Introduction of SuppoRTT Champions and local offices sharing activities |
| | 5. Other considerations: issues specific to International Medical Graduates (IMGs). Link with relevant other organisations such as the GMC and BMA to promote SuppoRTT. | Introduction of local office activities tailored to IMGs |
| Year Two | 1. Develop an updated communications plan | A communications plan with standardised communication templates (eg emails, posters etc) was created for local office usage |
| | 2. Identification of eligible trainees should take place early, so that optimised support can be provided | Trust SuppoRTT Champions have been playing a more active role in identifying trainees |
| | 3. Ongoing work to support high quality programme data | Local offices are continuing to collect quarterly data on returners |
| | 4. Promote shared participation in activities which are most effective | Local offices are offering increased cross-office activities to trainees and educators, and are using the network to share information about courses that receive positive trainee feedback |
| | 5. Other considerations: support for trainees returning during Covid-19, diversity in the uptake of the SuppoRTT programme, including IMGs and those from BAME backgrounds. | Resources were designed for shielding/displaced trainees and IMGs |

The table below sets out six areas for consideration, based on the feedback provided by surveys with trainees (beneficiary and non-beneficiary), SuppoRTT Champions and educators, as well as interviews with local offices and the Assurance Board in Year 3 (2021).

Table 5.3: Areas for consideration

| Area for consideration | Suggested actions |
|--|--|
| <p>1. Continue the work of the current SuppoRTT co-ordination network through Local offices</p> | <ul style="list-style-type: none"> • This work is regarded as beneficial by local offices for sharing good practice and common problem-solving. This will also likely cement the current strength of the network, and minimise the risk of working in future silos • Consider retaining the local office Teams channel for local offices to share day-to-day queries • A short bimonthly meeting (with the chair rotating between local offices) could be useful for discussing wider issues and best practice and avoid duplication of activities. This could also be an opportunity to explore if particular activities are increasing uptake in less represented trainee groups (eg IMGs or those returning from suspension) and if so, how these could be replicated/shared in other local office areas • Consider the role of the Local Quality and Innovation Fellows in evaluating (and sharing) local activities to explore those with the greatest impact on trainees and educators |
| <p>2. Continue with data monitoring</p> | <ul style="list-style-type: none"> • There is merit in continuing to collect data to monitor the uptake of SuppoRTT (eg by ethnicity), cost per returner as a proxy for value for money and the business case for SuppoRTT • This will clearly demonstrate how SuppoRTT is benefitting trainees returning to training and where resources should best be focused |
| <p>3. Focus on raising awareness of SuppoRTT amongst clinical supervisors and Trust staff</p> | <ul style="list-style-type: none"> • Trainees, educators and Champions all considered awareness of SuppoRTT as relatively high amongst trainees and educational supervisors, but lower amongst clinical supervisors and Trust staff (eg those involved in HR, rota coordination and workforce planning) • Consider the role of the Trust Champions in raising awareness amongst these groups • There could be a particular emphasis on the benefits of supernumerary time and how to provide this for trainees within/recognising the constraints of service delivery, as beneficiaries suggested that this could be overlooked due to service pressures • This is likely to address some of the pervasive perceptions around taking time out, as well as show how the programme can enable confident, competent and knowledgeable trainees return to practice, which is beneficial for the wider clinical team |
| <p>4. Consider developing national resources for different groups of trainees,</p> | <ul style="list-style-type: none"> • Consider developing national resources to support those taking time out for less common reasons, such as illness, personal reasons or suspension, as some trainees expressed that current resources and activities can be overly focused on the larger specialties and/or more common reasons for time out (eg parental leave) • There may be merit in developing specific trainee networking opportunities for these groups, as a number of focus group trainees |

| Area for consideration | Suggested actions |
|---|---|
| recognising their unique needs | <p>suggested that they felt particularly isolated by the return to training process</p> <ul style="list-style-type: none"> • Consider how SuppoRTT can be best promoted and offered to IMGs (eg how SuppoRTT can work alongside Royal Colleges, the GMC, BMA and Home Office to resolve visa issues) • Publicise the latest HEE breastfeeding guidance to those on parental leave, as this was a concern expressed by many beneficiaries in open text comments about returning. |
| 5. Provide greater clarity on funding and available activities for trainees | <ul style="list-style-type: none"> • Again, beneficiaries and non-beneficiaries would welcome greater clarity on the amount of funding they are eligible for, and the types of activities they can access – many suggested that finding this information was arduous and off-putting • There may be merit in creating a checklist of activities available, and a clear step-by-step process of how to access funding, as well as what can/cannot be funded by SuppoRTT (ideally on a consistent basis across local areas to promote equity of access) • There should be consistent/ national agreement on what can and cannot be funded across local offices • Specialty specific case studies outlining SuppoRTT activities were suggested as guidance for trainees in smaller specialities where fewer trainees may take time out |
| 6. Consider retaining the SuppoRTT Champion role for a further one to two years (i.e. when awareness of SuppoRTT should be widespread) | <ul style="list-style-type: none"> • Local offices, educators and trainees were all positive about the role of SuppoRTT Trust Champions in raising awareness and advocating on behalf of trainees • Consider how the role of the School Champion could be further developed, including developing regional resources/specialty specific case studies. This will further help with equality of access amongst trainee groups who may be more reluctant to participate in SuppoRTT • Focus efforts of Trust Champions where impacts are most beneficial – ie further supporting individual trainees with rota challenges and raising awareness amongst clinical supervisors |

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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.

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