The ROYAL COLLEGE of OPHTHALMOLOGISTS focus

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Returning to work

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None of us could have predicted the impact COVID-19 has had, not only on daily life, but also on work patterns, especially with many ophthalmologists being redeployed to support colleagues in other areas of the NHS, and other members of staff requiring prolonged absence due to shielding. Conventionally, returning to work following a hiatus would have been experienced by doctors following maternity/paternity leave, periods working abroad, sickness, research, and out of training/experience etc. However, due to the pandemic, many more of us now have experience of returning to work after a hiatus, and even those who were not redeployed, may have had extended periods without regular surgery. It is important that employers, colleagues, and staff returning to work are provided appropriate guidance and support.

It has been well documented by 'The Way Forward' document and the 'Getting It Right First Time' report that over the next 15 to 20 years there will be an increased demand within ophthalmology services.[1,2] With the strains on NHS funding, limited trainee intake and doctors choosing to take early retirement, it is vital to develop new efficient pathways to deliver eyecare services and it is imperative to maintain the precious staff we have.

This article aims to increase awareness of guidance and support available for staff returning to work in order to empower ophthalmologists to deliver safe patient care.

Guidance and checklist

The Academy of Medical Royal Colleges (the Academy) has expressed concern about the lack of support given to doctors returning to practice after a period of absence and produced guidance, which was updated in 2017[3]. Patient safety is the guiding principle and was put first, above all other considerations.

Doctors who have a break from work for more than 3 months are recommended to conduct a checklist assessment before and after absence (in Academy of Medical Royal Colleges guidance document[3]) to evaluate the doctor returning to practice and set a practice action plan. This allows the opportunity to identify issues, support and potential training required by the returning doctor.

Each doctor will have different needs when returning to practice reflecting their experiences and circumstances and not simply by their length of time out of practice. Designated bodies and their Responsible Officers should use the checklists as part of the appraisal process when doctors return to practice. They will need to take into account the doctor's revalidation dates and their need to gather supporting documents, including any participation in continuing professional development (CPD) while out of practice and any appropriate future CPD required[3].

Communication with organisation

Good communication between organisations, managers, colleagues and staff at work is essential for a smooth transitional return. It is essential to make contact with managers, as early as possible which will allow early risk assessment and return to work discussions to take place. Managers should then have time to implement any changes or adjustments, seek additional advice/guidance on specific issues and give individuals time to prepare to return[4].

Return to practice action plan

An action plan is an agreement set by a doctor with the organisation with realistic targets and time frame in order to support and ensure a successful return to work. When setting the action plan, it is imperative to allow enough time for discussions with managers and colleagues to assist in the plan where possible. Action plans may include: remote learning, simulation, a period of observation (by doctor, organisation or both), supernumerary arrangements if necessary, mentoring, staged/phased return to work, flexible hours or other flexible arrangements.

It is important that the responsible officer (who has discussed action plans with the doctor for return to practice) is given regular updates on progress (ie 3 or 6 months) and of their successful completion of returning to work.

Remote learning, simulation, and surgery

Keeping up to date and relevant can be a concern when returning to work. Fortunately, in this age of technology, boosted by the pandemic, more educational teaching can be attended on-line, virtually or on-demand. This can provide a mechanism for doctors to maintain learning when on hiatus and on return to work.

Many surgeons also feel anxious when restarting surgery following a hiatus, with a recent study highlighting this with a break of as little as less than 8 weeks.[5] To mitigate performance related anxiety, simulation has proven to be beneficial. EyeSi simulation has been implemented in all UK deaneries. Anterior vitrectomy drills and wet labs can all augment surgical skills and prepare for the return to work.

On returning to operating, it may be beneficial to arrange shared operating lists with colleagues or negotiating support with senior colleagues to instil confidence.

Mentoring, wellbeing, and resilience

A mentor can be hugely beneficial when returning to work by offering pastoral support and talking through concerns or issues to ensure a smooth transition.

It is also important to appreciate external factors, which added to anxieties about returning to work, can become overwhelming. Wellbeing, counselling and peer support services are offered in many NHS organisations[6] and also through organisations such as the British Medical Association (BMA).[7]

Keeping in Touch days/Shared Parental leave in touch days (KIT/SPLIT)

KIT/SPLIT days are voluntary for staff on maternity/shared parental leave and their employers.[8] KIT days allows employees to work up to 10 days during their maternity or adoption leave without bringing the leave period to an end. Couples taking shared parental leave are entitled to 20 shared parental leave in touch days in addition to 10 KIT days. For doctors, they can be a positive way to keep up-to-date with developments within a speciality or department while they are away.

The NHS Scheme states that to facilitate the process of keeping in touch, it is important that the employer and employee have early discussions to make arrangements for KIT days before leave takes place. For doctors not covered by the NHS Scheme, they will be covered by whatever contractual leave scheme exists within their employment.

You cannot be forced to work a KIT day and you must not be treated unfairly for refusing. If you have arranged to work a KIT/Shared Parental Leave in Touch day but you are unable to do so because of sickness or childcare difficulties your employer should not penalise you.

Trainees

Trainees are an invaluable part of the workforce and arguably more susceptible to difficulties due to lack of experience and frequently changing work patterns. Fortunately, this is recognised by Health Education England which have developed a national intuitive, the 'Support Return to Training' scheme (SuppoRTT).[9] This initiative is offered to support trainees in England who have been out of training for more than 3 months and is arranged by local Health Education England deaneries. SuppoRTT can offer a period of enhanced supervision, refresher courses and simulation training, mentoring or professional coaching, conferences and workshops, funding for other courses or development, as individually required.

Conclusion

In conclusion, when returning to work after a hiatus, it is essential to work collaboratively with your organisation, responsible officer and colleagues. In doing so patient safety will not be compromised and return to work transition will be smooth and predictable.

Pre-absence checklist questions

1. How long is the doctor expected to be absent? (Is there any likelihood of an extension to this?)
2. Are there any training programmes (including mandatory training) or installation of new equipment due to take place in the doctor's workplace in the period of absence? If so, how should the doctor become familiar with this on return?
3. How long has the doctor been in their current role? Is this relevant in determining their needs?
4. Will the doctor be able to participate in CPD or e-learning to keep up to date?
5. Will the doctor be able to participate in any keep in touch days or other means of keeping in touch with the workplace? If so, how will this be organised? This should also address how KIT days will be organised if the returner is returning to a different Trust.
6. Does the doctor have any additional educational goals during their absence?
7. What sort of CPD, training or support will be needed on the doctor's return to practice?
8. Are there any funding issues related to question 6 which need to be considered?
9. Will the doctor be able to retain their licence to practise and to fulfil the requirements for revalidation?
10. Are there any issues relating to the doctor's next appraisal which need to be considered? If so, the Responsible Officer/ representative may need to be informed.
11. If the doctor is a trainee, how do they plan to return to learning?
12. What will be the doctor's full scope of practice on their return?
13. If the doctor will be returning to a new role, what support relating to this will be needed, and how can the doctor prepare?

Post-absence checklist questions

1. Was a planning an absence checklist completed? (If so, this should be reviewed.)
2. How long has the doctor been away?
3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important)
4. How long had the doctor been practising in the role they are returning to prior to their absence?
5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?
6. How does the doctor feel about their confidence and skills levels? Would a period of shadowing or mentoring be beneficial?
7. What is the doctor's full scope of practice to be (on their return)?
8. If the doctor is returning to practice but in a new role, what induction support will they require and will they require any specific support due to the fact that they have been out of practice? What can the doctor do to prepare themselves?
9. What support would the doctor find most useful in returning to practice?
10. Has the doctor had relevant contact with work and/or practice during absence eg 'Keep In Touch' days?
11. Have there been any changes since the doctor was last in post? For example:

    - The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or any mandatory training missed.

    - Changes to common conditions or current patient population information.

    - Significant developments or new practices within their specialty.

    - Service reconfiguration.

    - Changes to procedures as a result of learning from significant events.

    - Changes in management or role expectations. What time will the doctor have for patient care?

    - Are there any teaching, research, management or leadership roles required?
12. Has the absence had any impact on the doctor's licence to practise and revalidation? What help might they need to fulfil the requirements for revalidation?
13. Have any new issues (negative or positive) arisen for the doctor since the doctor was last in practice which may affect the doctor's confidence or abilities?
14. Has the doctor been able to keep up to date with their CPD whilst they were away from practice?
15. If the doctor is a trainee, what are the plans for a return to learning?
16. Is the doctor having a staged return to work on the advice of Occupational Health?
17. Are there any issues regarding the doctor's next appraisal which need to be considered?
18. Is the revalidation date affected? (If either applies, the Responsible Officer/appraiser should be informed)
19. Are there other factors affecting the return to practice or does the doctor have issues to raise?
20. Is a period of observation of other doctors' practice is required and/or does the doctor need to be observed before beginning to practise independently again?
21. Will the doctor need training, special support or mentoring on return to practice? If so, are there any funding issues related to this which need to be considered?

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