



British  
Cardiovascular  
Society



# Resources for cardiology trainees and consultants returning to work after a period of absence

Produced by the British Cardiovascular Society Working Group on:  
Improving resources for cardiology trainees and consultants returning  
to work after a period of absence.

**Chair: Dr Rebecca Dobson**

Group members: Dr Clare Bannister, Dr Sarah Bowater, Dr Petra Jenkins, Dr Vanessa Kandoole, Dr Ayisha Khan-Kheil, Mr Bilal Kirmani, Dr Shveta Monga, Dr John Morris, Dr Brinda Thillainathan, Dr David Warriner.

Created: May 2022

Resources for **cardiology trainees**  
**and consultants returning to work**  
**after a period of absence.**

## Contents:

---

- 1 Background
- 2 Case studies
- 3 Supported return to training: SuppoRTT
- 4 Cardiology Curriculum
- 5 Cardiology Procedures
- 6 Additional considerations for consultants returning to work
- 7 Supervising and working with a colleague returning to work
- 8 Where to go for more information

# Resources for cardiology trainees and consultants returning to work after a period of absence.

## 1. Background

At any time, 10% of trainee doctors in England are taking approved time out of training<sup>1</sup>. This can be for a variety of reasons including research, educational activity, ill health or parental leave. Consultants may also have a period of absence for similar reasons.

Returning to work after a period of prolonged absence comes with both technical and non-technical challenges. Confidence, knowledge and practical skills can fall behind and it can take some time to get back to the fast pace of cardiology. In addition, some returning doctors may be facing new personal pressures such as adjusting to childcare responsibilities, recovering or managing ongoing health issues, etc.

Managing a successful return to work is easier with the right support and guidance. Designated bodies and their Responsible Officers, doctors, employers, contractors and regulators all have a responsibility to ensure that an appropriate process is in place and is followed for a doctor's return to practice to safeguard patient safety.

### Scale of issue

A recent survey carried out by the British Cardiovascular Society Returning to Work After a Period of Absence Working Group revealed that 31% of participants (cardiology trainees and consultants) felt unsupported and unprepared when returning to work after a prolonged period (>12 months of absence). Approximately 50% of respondents experienced undermining behaviour from colleagues or felt obliged to resume full on-call commitments immediately.

Whilst there is return-to-work guidance and support available from Health Education England, in reality there is poor awareness of these resources (63% of participants in the survey were unaware). This highlights the need for dedicated guidance specific to cardiology which not only supports the individual returning to work but also educates colleagues, educational supervisors and training programme directors (TPDs) on the role they play in facilitating an effective return to work.

### Aim of this guidance

This guidance provides cardiology trainees and consultants with both general and cardiology-specific advice on returning to work after a period of absence. It details important resources and support available to returning doctors, as well as highlighting cardiology-specific challenges and mitigations that could help make the process easier. Notably, it also aims to improve awareness amongst colleagues about the potential challenges faced by doctors returning from a period of absence.

## 2. Case Studies

### Case 1 – Parental Leave

Cardiologists and cardiac surgeons apparently share much of the same DNA, and certainly several phenotypic characteristics so perhaps some of my experience may be familiar or useful. My (also surgical) wife and I delayed starting our family until we were both consultants to avoid the difficulties of full-shift pattern childcare. This had pros (not having to contend with frequent resident on-calls) and cons (ageing, reluctant gametes and the absence of Health Education England's excellent trainee protection for Support following Return to Training). I was the first cardiac surgery consultant in the country to take Shared Parental Leave

## Resources for cardiology trainees and consultants returning to work after a period of absence.

and it was met with exactly the sort of enthusiasm you would expect. I worried about the effect it would have on my career progression: how I would manage my professional and family responsibilities; whether I would deskill from procedural competence; if I would remember how to manage complex patients... but, selfishly, most often, what people would think of me. Not all of these were unfounded concerns, but none seem to have prevented my career progression.

What follows is a distillation of the most important lessons I learned from my and others' experiences:

- 1) Do not expect others to know the rules for you. Know your rights and insist on ensuring they are implemented for you – they are there to safeguard your patients
- 2) People have short memories and opportunities come and go in cycles. Let a few go if you need to and others will come along
- 3) In the unlikely event that your job is not safe if you take time off, it was never safe
- 4) Slavish devotion to the grindstone does not make you a better doctor.

While my infant sons will not remember the time I spent with them, I will. And it's made me a better parent, a better surgeon and a better human being to have been able to take time out of the medical rat race for my family, to return with humility, to recognise that I would have to ask for – to demand! – help getting back up to speed.... but especially to learn how to turn a blind eye to those who would criticise me for doing the same job as them, in fewer hours, and still being ready for nursery pick up.

### **Case 2 – Return from OOOPE**

I'd just spent 12 months in London as a Leadership Fellow, between ST5 and ST6, and upon returning had moved my training to a different region, different teaching hospital and entirely new sub-specialty. During my time in London I had done no clinical work at all and so not only was I clinically rusty in general cardiology but I was completely unfamiliar with this new sub-specialty and what was to be expected of me. I'd spent 2 weeks in ST5 learning about this sub-specialty, which had cemented my plan to move deaneries and become an ACHD specialist but that was 20 months since. The team could not have been more supportive those first few months; I wasn't expected to be doing general cardiology on-calls initially which helped a great deal, but attended consultant-led ward rounds and also shadowed in clinic. For me, this was exactly what was required those first couple of months to find my clinical feet again and also learn the culture and norms of the department, which were quite different from acquired cardiology, rather more aligned with paediatric cardiology. Not to mention tolerating me spending a lot of time on my phone googling many terms I had never come across before.

### **Case 3 – Return from maternity leave**

I returned to a tertiary centre after 11 months of maternity leave, having done my first year of cardiology at a district general hospital. This hospital was a familiar environment to me from my SHO years; yet after time away from a job that I previously loved; I felt anxious, tearful and reluctant to leave my baby to go back to busy shifts, e-portfolio requirements and 24 hour on calls.

I worried about not knowing how to echo, how to interpret ECGs correctly, how to manage multiple emergencies on call, as well as the practical skills of pacing and angiography. People kept saying these things would come back to me but I did not find this reassuring. I had not slept for months, not managed to shift all my baby weight and was breast feeding and wondered how I would be able to continue this once



## Resources for cardiology trainees and consultants returning to work after a period of absence.

back at work. I did not feel like the efficient and confident trainee that I used to be and I also felt that nobody would be able to relate to these concerns, especially in cardiology.

The positive aspects of my return to work were that I had a supernumerary period and I had access to a simulation course. I also returned less than full time, which significantly helped my mental health and wellbeing. What also made a difference were the nurses who could empathise with my situation and the particular consultants who were kind, considerate and happy to check my clinical work, without passing undermining comments or making me feel incompetent. The ones who, at a time when I felt overwhelmed and on the brink of reconsidering being a cardiology registrar, knew that I would bounce back and be myself again with time, nurturing and constructive feedback.

*'Kindness begins with understanding that we all struggle'.*

### 3. Supported Return To Training: SuppoRTT

SuppoRTT is a Health Education England initiative available to all trainees returning to clinical practice following any time out of training; this can include out of programme (OOP) experience, parental or carers' leave or time off sick. It aims to provide a safe and supported return to work and should offer a flexible and individualised approach to the trainee's specific needs.

#### Available Resources

Resources include a period of funded enhanced supervision, supernumerary time, refresher courses, access to simulation-based training, coaching and mentoring, conferences, workshops and webinars. These are funded separately to the trainee's study leave budget. What is offered in different deaneries may differ across England, highlighting the importance that any support is individualised for that trainee.

#### The SuppoRTT Process

- If the leave is planned, the trainee should meet with their Educational Supervisor (ES) before going OOP. Identify areas of concern that may require extra support early.
- Ahead of their return to practice, the trainee should meet with their ES or TPD and plan what resources are needed.
- A few weeks after their return, the trainee should arrange to meet with their ES to review their progress and ensure there are no outstanding areas of concern.
- Funding for resources is through the local SuppoRTT team at the Deanery. The application process for this will be found on the Deanery website.

#### Useful people and links

- <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>
- Each deanery will have a dedicated SuppoRTT team as well as an associate Dean for SuppoRTT.
- Each NHS trust in England should have a SuppoRTT champion who will be able to sign post you to the local resources available.

## Resources for cardiology trainees and consultants returning to work after a period of absence.

For trainees in devolved nations there is not currently an equivalent to the SuppoRTT initiative. Information regarding returning to work in Scotland, Wales and Northern Ireland can be found at:

**Return to Clinical Practice** ([nhs.scot](https://nhs.scot))

**Return to practice - HEIW** ([nhs.wales](https://nhs.wales))

**Returning To Training Guidance – Northern Ireland Medical & Dental Training Agency** ([nimdta.gov.uk](https://nimdta.gov.uk))

### 4. Cardiology Curriculum

Trainees returning to cardiology training with twelve months or more of whole time equivalent clinical training remaining will normally be expected to transition to the new (2022) curriculum which has replaced the 2010 curriculum. There are exceptions, most notably any trainee who has already secured permission from their Dean to single accredit will continue on the old curriculum. In the event of any doubt, please discuss with your TPD. Trainees returning to programme who were on the 2010 curriculum are advised to contact their TPD to confirm their transition arrangements well in advance of their date of return.

[www.jrcptb.org.uk/training-certification/shape-training-and-physician-training-model/transition-new-curricula-jrcptb](https://www.jrcptb.org.uk/training-certification/shape-training-and-physician-training-model/transition-new-curricula-jrcptb)

The main changes from the 2010 curriculum are:

1. There will no longer be separate accreditation in general internal medicine. All cardiology trainees will also train in internal medicine alongside their cardiology training and get a CCT that includes both cardiology and internal medicine. This means having some commitment to internal medicine at each stage of their cardiology training
2. The curriculum is based on higher level learning outcomes called 'Capabilities in Practice' (CiPs). These are divided into six Generic CiPs (applicable to all doctors), eight Clinical CiPs (all physicians), five Specialty CiPs (all cardiologists) and Specialty (themed for service) CiP's for special interest areas of intervention, cardiac imaging, electrophysiology and devices, congenital heart disease in adults and heart failure. Each cardiology trainee will undertake one of these five advanced themes.

CiPs use the professional judgement of appropriately trained expert assessors as a defensible way of forming global judgements of professional performance. Each CiP contains a set of descriptors of activities or tasks that the trainee is expected to perform, and trainees are expected to progress through the levels from Level 1 (entrusted to observe only) to Level 4 (entrusted to act unsupervised). The assessment of the trainee's level is based on evidence such as the already familiar workplace-based assessments, summative assessments such as Advanced Life Support certification and the European Examination in Core Cardiology (EECC), curriculum delivery tools and supervisor reports.

For a full description of the new curriculum please see:

[www.jrcptb.org.uk/sites/default/files/Cardiology%202022%20curriculum%20FINAL.pdf](https://www.jrcptb.org.uk/sites/default/files/Cardiology%202022%20curriculum%20FINAL.pdf)

## Resources for cardiology trainees and consultants returning to work after a period of absence.

### 5. Cardiology Procedures

This section aims to highlight the procedural elements of cardiology and how the returning trainee or consultant can work towards regaining competencies with support and resources available locally or on-line. As per the latest cardiology curriculum the procedural requirements are stated below in Table 1.

**Table 1: Core procedures – minimum level of competence expected at ARCP**

Procedure	ST4	ST5	ST6	ST7	ST8
<b>Emergency echo (FEEL)</b>	Competent to perform unsupervised	Maintain	Maintain	Maintain	Maintain
<b>Transthoracic echo</b>	Able to perform under direct supervision	Competent to perform unsupervised	Maintain	Maintain	Maintain
<b>Temporary pacing wire</b>	Skills lab certified	Able to perform under direct supervision	Able to perform under direct supervision	Competent to perform unsupervised	Maintain
<b>Permanent Pacemaker*</b>	Skills lab certified	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision
<b>Diagnostic Angiography**</b>	Skills lab certified	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision
<b>Pericardio-centesis</b>	Skills lab certified	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Competent to perform unsupervised
<b>Emergency device interrogation</b>	Skills lab certified	Able to perform under direct supervision	Competent to perform unsupervised	Maintain	Maintain

\*Permanent pacemaker, competent to perform unsupervised required to enter year 4 if in advanced arrhythmia training.

\*\*Diagnostic Angiography, competent to perform unsupervised required to enter year 4 if in advanced coronary intervention training.

Procedures to be maintained as competent to perform unsupervised throughout training: Central venous line insertion, arterial line insertion & DCCV.

## Resources for **cardiology trainees and consultants returning to work after a period of absence.**

### **Emergencies**

Acute cardiology is typically encountered on-call and often out of hours, it may therefore be prudent to shadow a senior trainee out of hours following return to work, and/or start with on-call shifts in hours (ensuring consultant presence). This will help ensure that the common emergency presentations have been covered adequately by the returning trainee and they are satisfied with their own competence. Please see form below to complete with your supervisor if you feel that you require support with this.

### **Return to work form – cardiology procedures/emergencies checklist**

1.What grade will you be on your return to work?

2.Which of the cardiology procedures (see Table 1) do you feel that you require support with according to your grade and expected level of competency? (Please state what level DOPS you had for each procedure at your last ARCP).

3.Have you accessed the applicable refresher videos available on BJCA.tv listed in the resources section of this document? Yes//No

4.Has your timetable/job plan on your return to work been adapted to incorporate supervised sessions in the procedures that you require support with? Yes/No

5.Cardiac imaging – TTE/TOE/Stress echo/CMR/Cardiac CT/Nuclear.

Do you require additional support with regards to the above and if so, have you been assigned an appropriate mentor to support you and adequate sessions in your timetable to help you regain your skills?



## Resources for cardiology trainees and consultants returning to work after a period of absence.

6. Cardiac emergencies – do you feel competent in managing the emergencies below: (If not, please ensure you address this with your supervisor)

Arrhythmia	Pump issues	Resus
Ventricular tachycardia storm	Cardiac tamponade	Cardiac arrest
Supraventricular tachycardia	Cardiogenic shock	
Unstable atrial fibrillation		
Complete heart block		
Device shocks		

### 6. Additional Considerations for Consultants Returning to Work

This will depend on the consultant's sub-specialty, job plan, on-call commitments, length of time and reason for absence but could vary from intraoperative transoesophageal echocardiography, atrial fibrillation ablation, primary percutaneous coronary intervention, complex devices and everything in between. The difference between a consultant and a trainee is that in the former independence in practice is assumed and indeed necessary for the consultant role, whereas in the latter it is neither.

**Job plan:** Where possible there should be allowance for the consultant to reintegrate back into the clinical arena with shadowing of colleagues, appropriate buddying especially when on-call or during procedures and a gradual reintroduction to acute cardiology, not being on-call from day one.

**On-call commitments:** Whilst colleagues will have been covering the consultant during their period of leave, it is vital that this support doesn't immediately stop simply because the consultant has now returned to work. For example, they may need a re-orientating period in the cath lab, with new kit, staff, procedures, techniques etc.

**Length of time:** The longer the period away from work, the longer the period of support should be offered. If only a couple of weeks, it is unlikely any support will be required, but if this is a couple of years, clearly this will need to be substantial and structured, allowing them to merge back into their work place.

**Reason for absence:** Whilst in some ways the reason for the absence is immaterial, this may well have a bearing on the returning consultant's aims and objectives for their career moving forward. Changes may include working less than full time, reducing their clinical commitments or possibly even retraining, which clearly will need to be discussed with their line manager, with amendments to their job plan etc.

**Sub-specialty:** The support required will depend on the competence, experience and confidence of the individual and may range from having a peer available at the end of the phone for a complex case to sitting in with a more experienced colleague shadowing them during an imaging list, co-reporting, debriefing and step by step re-attaining their prior level.

## Resources for cardiology trainees and consultants returning to work after a period of absence.

**Revalidation/Appraisal** – Annual appraisal and 5 yearly revalidation will also be important to consider when returning to work, for example the previous PDP may no longer be relevant, achieving the necessary 50 hours of CPD may be a challenge and so it will be important for some leeway to be given during this often daunting and at times, unwieldy process.

### 7. Supervising and Working with a Colleague Returning to Work

As already stated, returning to work after a period of absence can be a daunting process. 61% of respondents in our returning to work survey reported feeling under-confident on returning to their workplace. This may be associated with concerns of having de-skilled, having a lack of up-to-date knowledge or about how colleagues may view their absence.

Ensuring that colleagues return to work in a welcoming, supportive and positive environment is instrumental in helping to alleviate these concerns. Some suggestions for helping support a colleague when returning to work are detailed in Table 2.

**Table 2. Suggestions to help support colleagues returning to work**

Timing	Suggestion
Before the return to work	<ul style="list-style-type: none"><li>■ Reach out to your colleague before they return</li><li>■ A friendly text or phone call may help reduce the anxiety associated with returning to work</li></ul>
First day	<ul style="list-style-type: none"><li>■ Welcome your colleague back</li><li>■ Arrange to have a catch up/take them for a coffee for an informal chat</li></ul>
First week	<ul style="list-style-type: none"><li>■ Make the time to meet with your colleague</li><li>■ Ask how they are and listen</li><li>■ Offer to talk about why they were off (if appropriate)</li><li>■ Show empathy and reassurance that the process of returning to work can be challenging</li><li>■ Make sure your colleague is aware of the suppoRRT programme and has the appropriate supervision/phased return set up</li></ul>
First few weeks-months	<ul style="list-style-type: none"><li>■ Make the time to meet with your colleague again</li><li>■ Acknowledge difficulties they may be having</li><li>■ Offer ongoing support and encouragement</li><li>■ If there are any concerns, support your colleague to escalate this to the appropriate person in your Trust/Deanery</li><li>■ Difficulties that may be faced include; anxiety/depression (including post-natal depression), difficulties managing workload, ongoing low-confidence, difficulty with working relationships, burnout</li></ul>

## Resources for cardiology trainees and consultants returning to work after a period of absence.

### Supervisor Considerations:

The ES should meet with the trainee at set time-points during the process of them returning to work. This includes before the trainee goes on the period of absence, before they are due to return and then as soon as possible after they return to work. Specific topics for discussion may include:

- Arrangements for 'KIT or SPLIT days
- Plans for a phased return/supernumerary placement
- Requirements for additional refresher training
- Flexible working arrangements
- Breastfeeding considerations
- Occupational health involvement
- Buddy support

### Supernumerary Placement/Phased Return to Work

Depending on the circumstances surrounding the absence from work, it may be appropriate to undergo either a phased return to work or to spend a period of time in a supernumerary position. This will allow time to build skills and regain confidence in a safe and supported manner. Trainees should discuss this with their TPD and consultants with their clinical lead/manager.

### Buddy Programme

Having someone to talk to who has been through a similar experience can be invaluable when returning to work after a period of absence. 30% of respondents in our survey reported that they would value support from a buddy system when returning to work. The British Cardiovascular Society Women in Cardiology group run a return to work buddying scheme whereby any doctor (man or woman) returning to work in cardiology after a period of absence for any reason can be paired with a cardiology trainee or consultant for informal advice and support. For more details please contact [wic@bcs.com](mailto:wic@bcs.com).

## 8. Where to go for More Information – Cardiology Trainees & Consultants

### General (*non-cardiology specific*) resources:

**Academy of Medical Royal Colleges:** Return to Practice Guidance 2017 Revision: A resource for any doctor returning to work after a period of absence. Contains a framework for a return to work action plan and signposts to other useful resources.

<https://www.aomrc.org.uk/reports-guidance/revalidation-reports-and-guidance/return-practice-guidance-2017-revision/>

**British Medical Association: Returning to clinical practice after absence:** A resource for secondary care doctors returning to work.

<https://www.bma.org.uk/advice-and-support/career-progression/applying-for-a-job/returning-to-clinical-practice-after-absence>

**British Medical Association:** A resource for any doctor returning to work, changing hours, flexible working, breastfeeding and parental leave.

<https://www.bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption/return-to-work/returning-to-work-and-your-rights-as-a-working-parent>

## Resources for cardiology trainees and consultants returning to work after a period of absence.

**Medical Protection Society:** A resource to help a doctor understand their role in helping staff to remain in work, managing the return-to-work process and discover what guidance is available

<https://www.medicalprotection.org/uk/articles/supporting-a-return-to-work-after-illness>

**Health & Safety Executive (HSE): Managing sick leave and return to work:** A resource for anyone returning to work after sick leave with signposting to relevant national policies and procedures including ACAS, Equality Act 2010, employment law, CIPD, fit note guidance and EHRC guidance on adjustments for disabled people.

<https://www.hse.gov.uk/sicknessabsence/>

**HSE:** A resource for new and expectant mothers at work.

<https://www.hse.gov.uk/mothers/>

**Keeping in touch (KIT) days:** KIT days or shared parental leave in touch (SPLiT) days are paid working days that can be taken during a period of maternity, adoption or shared parental leave. Ideally they should be discussed with the employer before going on leave. A maximum of 10 KIT days or 20 SPLiT days may be taken. The purpose of these days is to keep in touch with the cardiology team whilst also maintaining knowledge and skills. The type of work to be done on a KIT/SPLiT day should be mutually agreed with the employer before going into work.

<https://maternityaction.org.uk/advice/keeping-in-touch-days/>

### Your local Trust HR Team and Occupational Health Services

#### *Cardiology-specific resources*

There are a variety of webinars and courses that may facilitate the return to work process for both cardiology trainees and consultants. Trainees can access funding to support their attendance at conferences/courses as part of their return to work via the suppoRRT programme. Suggestions include:

**Cardio Webinar;** <https://cardiowebsinar.com/>

A wide variety of videos covering essential cardiology topics.

**BJCA TV;** <https://bjca.tv>

A wide variety of content including practical procedures:

- DCCV, pericardiocentesis & temporary pacing wire insertion <https://bjca.tv/ep-lab/>
- Diagnostic coronary angiography, PCI & graft studies <https://bjca.tv/intervention-lab/>
- Device Programming <https://bjca.tv/video/device-programming/>

**European Society of Cardiology;** E-Learning ([escardio.org](https://www.escardio.org))

**Society for Cardiovascular Magnetic Resonance;** <https://scmr.org/page/Course>

Cardiac MRI training modules.

#### **BCS Courses;**

<https://www.britishcardiovascularsociety.org/education/courses-training-exams>

Variety of courses including National Training Day designed for cardiology trainees covering topics from the current cardiology curriculum and A Year in Cardiology, for trainees and consultants, covering the most relevant topics of the past 12 months

<sup>1</sup> [www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out](http://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out), accessed 2/12.21