

Supplementary material S1

Case 1 a:

Greg is an ST5 in medical oncology. You are his supervisor.

You receive this email.

Dear supervisor,

The Supported Return to Training team at HEE emailed me today saying that we must have a meeting before I go on OOPR for my PhD. As you know this will start in 3 months' time.

When can you meet me?

Thanks,

Greg.

What will you tell Greg to think about before the meeting?

What will you think about/ do before the meeting?

Case 1b:

You have your pre-absence meeting with Greg and you have discussed:

- He would like to have some clinical contact during his PhD.
- He will continue to attend regional teaching days throughout his OOPR.
- He will attend an update course (Springboard) before he returns to practice.
- He would like a mentor or coach.

Greg finishes his clinical work next week to start his OOPR.

Will you keep in touch with him? How?

Is continuing clinical contact important/ should this be required? How might this be organised & funded?

Whose responsibility is it to keep in contact while OOP? – Trainee or you?

How will coaching/mentoring be facilitated?

Case 1c:

Greg is due to return to training in 8 weeks having completed his OOPR. He still has some writing up to finish but is looking forward to being back in clinical medicine and in his training programme. You receive another email.

Dear supervisor,

I will be coming back to training in 8 weeks and am looking forward to it. I've had an email from HEE SupportTT team and they say we have to have a meeting to plan my return.

Best wishes,

Greg.

What are you/him going to do now?

What would be different if this were:

- A new registrar (i.e. doing PhD after core medical training, never previously having been a registrar)?
- A trainee who was in difficulty before their absence?

Case 2:

Jessica is a respiratory ST4 who is pregnant with her first child. She is planning on taking 13 months of maternity leave and returning LTFT (less than full-time) at 60%, with a slot share that has been arranged. She will be returning out of sync with rotations and to a trust she does not know.

What are the differences between this case and the previous one?

What would change in your pre-absence planning and staying in touch while OOP?

What does the ideal OOP look like and how would you negotiate this?

What are the additional issues on return with parental leave?

Case 3:

Catherine is an infectious disease ST8. She has been signed off work by her GP for anxiety/depression. She is now OOP but this was unplanned.

With no chance to do pre-absence planning, what would you do?

How would you approach contacting and staying in touch with this trainee?

What does the ideal OOP look like, and how would you negotiate this?

What are the other issues raised with unplanned leave and sickness?

What issues might this raise on return?