

## GUIDELINES

<b>Portfolio</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>GDL-3173</b>
<b>Department</b>	<b>Fellowship Services</b>		
<b>Title</b>	<b>Returning to Work after a Period of Leave</b>		

### 1. PURPOSE AND SCOPE

This guideline outlines consideration for support as trainees, Fellows and Specialist International Medical Graduates (SIMGs) return to work from a period of leave. This guideline aims to support those returning to work after a period of prolonged leave, and to highlight areas of best practice. For this guideline, prolonged leave is defined as eight continuous weeks or more. Feedback from Fellows, trainees and SIMGs suggest they can experience a temporary lapse of proficiency and would appreciate some support to regain their previous level of expertise. This guideline does not cover those requiring restoration to the medical register which may involve other specific processes that are outside the scope of this guideline.

### 2. KEYWORDS

Training, interruption, flexible, absence

### 3. GUIDELINES

#### 3.1. Background

Returning to work in surgery after a period of prolonged leave has both technical and professional challenges. Confidence, knowledge and skills can all be affected by time away from practice, return can be daunting and is a point where trainee attrition can occur<sup>1,2</sup>.

Taking time out of the surgical environment for various reasons is common. 5-6% of SET trainees take approved time out of the program at any time. RACS Fellows and SIMGs also take a period of leave. Some of the reasons for prolonged leave include:

- Parental leave/caring responsibilities
- Illness or trauma
- Further study/research
- Burnout
- Discrimination, bullying or sexual harassment
- Personal development
- Long Service Leave

Improving the health of others must not come at the cost of our own. The World Health Organisation states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” RACS recognises the existence of a culture of presenteeism in the surgical workplace which can act as a barrier for trainees and Fellows returning to training and/or work after a period of prolonged leave.

Training boards, supervisors, health employers and Fellows, trainees and SIMGs are encouraged to create a culture of wellbeing in surgery by operating with respect at all times and supporting the Wellbeing Charter for Doctors.

RACS will continue to work to create a positive culture of wellbeing in surgery by normalising leave as part of a surgical career so surgeons can achieve a healthier work/life balance.

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### 3.2. Scope of guideline

- 3.2.1. For this guideline, prolonged leave is defined as eight continuous weeks or more.
- 3.2.2. Return to practice – Both the Medical Council of New Zealand and Medical Board of Australia have policies and regulation regarding returning to practice after a period of absence. Fellows, trainees, SIMGs and supervisors should familiarise themselves with these requirements, which vary depending on reason for leave, length of time away and country of practice.
- 3.2.3. This guideline does not cover those requiring restoration to the medical register which may involve other specific processes that are outside the scope of this guideline
- 3.2.4. This guideline should be read in conjunction with POL\_3039, Re-skilling and Re-entry Program Guidelines. Policy 3039 primarily addresses Fellows who have had an extended period of absence from clinical practice and wish to return.
- 3.2.5. This guideline should be read in conjunction with REG-2038 Assessing a Specialist International Medical Graduate's Comparability to Australian and Aotearoa New Zealand Trained Surgical Specialists, particularly in relation to assessment timelines, noting the overall time restrictions placed on SIMGs meeting prescribed requirements to achieve FRACS.

### 3.3. Objectives

- 3.3.1. Assist Fellows, trainees and SIMGs to safely return to training and work
- 3.3.2. Encourage behaviour and culture that is in the best interests of patients, surgeons, trainees, SIMGs and their families. Normalise taking time off as a standard event in a surgical career.
- 3.3.3. Create a culture promoting health and wellbeing in the surgical profession
- 3.3.4. Comply with relevant legislation and requirements of regulatory bodies.

### 3.4. Guidelines

RACS is committed to supporting trainees, SIMGs and Fellows taking time out of the workforce at any stage of their career and facilitating smooth re-entry into the workforce.

Support should not be viewed as a negative factor by the Fellow, trainee, SIMG, supervisor, RACS or employing body. Those returning to work or training may have concerns regarding their clinical competence, confidence, current knowledge and colleagues' perceptions. Putting in place a comprehensive return to work and training plan as well as facilitating networks and support from others with similar experience can help to alleviate these concerns.

Any Fellow, trainee or SIMG who has had a period of more than six continuous weeks away from work should have support available before returning to work and/or training depending on need and for several weeks/months afterwards. The participation of Fellows, trainees and SIMGs in a supported return to training/work program is optional, unless mandated by a training board. Support can also be offered at any time if requested by the Fellow, trainee or SIMG or as a requirement of the regulatory body.

In some circumstances, a supervised return to practice may be mandated and overseen by the regulatory bodies.

### 3.5. Key time points

The key timepoints in the return to work and training pathway are:

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- Pre-absence period – if the absence is planned, e.g., parental leave or research, then this is a good time to start discussions regarding planned leave and establish mechanisms for returning to work with the Fellow, trainee or SIMG, including agreements on communication methods during their leave.
- Absence period – it may be useful to have informal catchups or communication, in person or virtually, with the Fellow, trainee or SIMG during their leave. This can help with signposting to resources, maintain connectedness, troubleshooting and starting to plan for return. ‘Keeping in touch days’ can be used for this purpose.
- Preparation period for return to work and/or training – the period immediately before returning to work. Details of the support plan should be finalised with the Fellow, trainee or SIMG. Supervisors or mentors should be allocated.
- Transition period back into training/work
- Return review meeting.

### 3.6. Professional considerations

When a Fellow, trainee or SIMG is returning to work and/or training, RACS suggest employers and supervisors discuss the following considerations which may facilitate a safe transition back into the surgical workplace:

- 3.6.1. The Fellow, trainee or SIMG expectations of same job-size and responsibilities as before leave
- 3.6.2. Opportunity for flexibility – whether temporary or ongoing to adequately reflect the changing needs of the Fellow, trainee or SIMG. This may require proactive planning for increased staffing by the employer to accommodate the changed needs while maintaining service delivery, e.g., temporarily over allocating registrars to a specific unit and approval by the Specialty Training Board or Committee (STB/C) if related to a trainee.
- 3.6.3. A scheduled meeting with the supervisor/clinical director/manager to discuss the plan for supported return-to-work, areas of any concern (e.g., technical skills) and accommodations required.
- 3.6.4. Re-induction/orientation day to familiarise with policies, procedures, digital health software, computer, site access etc.
- 3.6.5. On-call responsibility – consider the following:
  - Avoid scheduling out-of-hours on-call during the initial return period.
  - Roster assigned daytime emergency duties to increase competence and confidence when help and support is readily available.
  - Options of back up or second on-call, reduced on-call frequency to reflect increased commitments outside of work e.g., childcare, medical appointments, rehabilitation program etc. There should be no expectation for those taking extended leave to ‘make up’ for missed time on call.
- 3.6.6. Reassess suitability of workplace to align with changed support requirements during return-to-work transition period.
- 3.6.7. Support attendance at conferences, skills courses (which might include refresher surgical skills, simulation, resuscitation, trauma, laparoscopic and endoscopic courses), or the simulation/clinical skills centre to regain confidence and refresh skills prior to return.
- 3.6.8. Some individuals may benefit from a period of non-assessed re-engagement with clinical duties and informal support prior to formally recommencing in the SET Program. Such transitional arrangements may provide flexibility to assess a trainee’s readiness to return to the SET Program and help to avoid a

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borderline or 'below expected' assessment during the initial period on return to work.

- 3.6.9. Consider accrediting all training time, cases and assessments toward completion requirements even if an entire training rotation is not completed. We appreciate this causes logistical challenges and may be beyond current regulations but as an organisation we need to progress our current systems to promote equity. Surgical trainees and surgeons represent a highly selected, skilled, and invaluable workforce. We cannot afford to lose any of these professionals, particularly when focused, time-limited support during their return to work could effectively prevent such loss.

### 3.7. Operating - technical considerations

When a Fellow, trainee or SIMG is returning to work and/or training, RACS suggest employers and supervisors discuss the following considerations to facilitate a safe transition back into the operating theatre, individualising plans based on the nature of their absence and their specific needs:

- 3.7.1. Documentation of caseload and casemix before leave to enable return to similar activity or set attainable training objectives.
- 3.7.2. An individualised graded technical re-introduction of operative complexity
- 3.7.3. Scaffolded support in the operating theatre which may include supervised lists or availability of mentor back up.

### 3.8. Human Resources consideration

When a Fellow, trainee or SIMGs is returning to work and/or training, RACS suggest employers and supervisors discuss the following considerations for work responsibilities and rostering:

- 3.8.1. Administrative workloads and responsibilities. For example, are additional supervisor/leadership roles still appropriate when returning from leave due to burnout at work?
- 3.8.2. Roster patterns and start/finish times (childcare, appointments etc)
- 3.8.3. Breaks (including for breastfeeding, rehabilitation appointments etc)
- 3.8.4. Adjustments to physical environment to accommodate needs e.g., physical disability.
- 3.8.5. Acknowledgement that productivity may be temporarily decreased as a normal part of on-ramping into the workplace. Plan staffing to maintain service delivery during this period.
- 3.8.6. Keeping-in-touch days. RACS encourages employers to provide paid keep-in-touch days for all Fellows, trainees or SIMGs. This may be a legislative requirement for those on parental leave. A Fellow, trainee or SIMG may require up to eight days for maintaining a connection to the workplace, training or other professional skills and activities negotiated on an individual basis to facilitate a smooth return to work and training. There may be difficulty taking keeping-in-touch days until immediately prior to returning to work due to caring or research commitments or due to illness. A bespoke package, suited to individual circumstances and skills will be necessary.

### 3.9. Support mechanisms

RACS recommends that a surgical department will provide the following support to returning Fellows, trainees and SIMGs:

- 3.9.1. Acknowledge potential challenges and provide collegiate support and supervision.

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- 3.9.2. Departmental and hospital level mentorship, including a senior trainee, post-fellowship trainee or consultant, ideally who has had a similar work absence, to guide through the return-to-work challenges. Providing mentorship counts towards CPD points.
- 3.9.3. Multidisciplinary team support if considered appropriate.
- 3.9.4. Confidential independent counselling and mental health support if appropriate. This is also available through Converge International for all RACS Fellows, trainees and SIMGs.
- 3.9.5. Provide a list of surgeons (who are willing to provide advice or mentorship on a voluntary basis) who have returned to work after similar time off and/or circumstances.

### 3.10. RACS responsibilities

RACS is committed to ensuring surgeons are adequately supported to safely return to work and improving surgeon wellbeing. To facilitate this RACS will consider:

- 3.10.1. A defined return to training and work process with centralised co-ordination to ensure individuals can easily access support, as this can be difficult to navigate during this period of transition.
- 3.10.2. An education campaign to normalise taking a break from work, outline common challenges and highlight support mechanisms already available. This may include return-to-work champions and educational modules.
- 3.10.3. Promotion of Return to Training and any necessary upskilling of training programme directors, educational supervisors to ensure a reliable Return to Training process is followed.
- 3.10.4. Fellow, trainee or SIMG involvement throughout the design, implementation, monitoring and evaluation, and continuous improvement of the strategy and delivery.
- 3.10.5. A supportive working environment to help improve equity and diversity.

### References

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#### 4. ASSOCIATED DOCUMENTS

Wellbeing Charter for Doctors

Re-skilling and Re-entry Program Guidelines

Assessing a Specialist International Medical Graduate's Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist

**Approver:** PSFSC

**Authoriser:** Council