

## WHAT IS THE EXPERIENCE OF PAEDIATRIC HIGHER SURGICAL TRAINEES RETURNING TO CLINICAL WORK AFTER A PERIOD AWAY FROM TRAINING?

Eleanor Nash<sup>1</sup>, Simon Blackburn<sup>2</sup>, Joe Curry<sup>2</sup>

<sup>1</sup>Imperial College Healthcare NHS Trust, London, UK, <sup>2</sup>Great Ormond Street Hospital, London, UK

**Aim:** There has been an increase in the number of trainees taking a period away from paediatric surgical training. There is no guidance to ensure successful reintegration into training, and this area has not been previously studied.

To develop effective strategies to address this, trainees' experiences were explored.

**Methods:** A qualitative method was used. All trainees in a single consortium who had undergone a period away from surgical training of more than six months were invited to participate. Semi-structured face-to-face interviews were conducted. Anonymised transcripts were analysed using Grounded Theory and themes identified. Participants reviewed preliminary results and provided feedback. Ethical approval was sought but not required.

**Main results:** Seventeen trainees were approached of whom 12 participated. Participants were aged 33-42 years and seniority at interview ranged from ST3 to Consultant. Breaks in training resulted from parental leave, OOPE, ill health and research. Eight participants had more than one break. Eleven participants had worked less than fulltime (LTFT).

Themes identified were: 1) Administrative difficulties with training posts; 2) Fears prior to returning to work; 3) Confidence difficulties; 4) Trainer influences; 5) Identification of potential solutions.

Loss of confidence emerged as a major factor. Returning to work LTFT contributed to this. Consultants appeared to be the greatest influence on whether participants successfully regained confidence and re-integrated into the training programme.

**Conclusion:** Trainees face difficulties returning to work. Some of these could be addressed with simple measures, whilst others require increased support and the bespoke use of supportive solutions.

We recommend:

1. Early prior discussion of training placements
2. A consortium consultant lead for trainees returning to work and working LTFT
3. Signposting of trainees towards existing support structures
4. Proactive identification of potential problems and the offer of bespoke support
5. Specific training for supervisors of trainees returning to work