“The Pregnancy Pack”

All you need to know about pregnancy, maternity leave and returning to work in the West Midlands Anaesthetic Deanery.

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Introduction

Firstly, congratulations!

Between the two of us, we have had 6 periods of maternity leave, and Emma has recently returned from her 3rd. We both decided to work less than full time after the birth of our first child. Kerry first wrote this article in 2010 and it was published in Anaesthesia News in 2011. However some of the information was already out of date, so we felt it was time for an update to reflect changes that have occurred in national and regional guidance.

Every pregnancy, period of maternity leave and return to work is an individual experience with different challenges. In this document we have endeavored to provide you with all the current guidance and information you need during this time, as well some useful tips from our personal experiences.

Pregnancy

- ***Who & when to tell you are pregnant***

***Key point**: You must tell your employer of your intention to take maternity leave by 25 weeks*

Finding out that you are pregnant is an exciting time. However, the early stages of pregnancy can be difficult. You may feel extremely nauseous and tired as well as being anxious about the wellbeing of the pregnancy and the consequent responsibilities that come with having a child. Many people are apprehensive about sharing the news with people before they have had an ultrasound scan to confirm all is well or have reached the second trimester when the risk of miscarriage reduces.

Even if you do not wish to share your news, you should still be aware of the health and safety issues to consider whilst you are pregnant, especially in the first trimester (see below). When you decide to tell people that you are pregnant is your decision, but the department you are working in cannot assist in reducing your exposure to these risks until you inform them of your pregnancy. It is useful to have someone who knows your situation and can help you both avoid the risks and cope with the early symptoms of pregnancy, which can impact on work. This may be someone senior or junior to you. It can be difficult to hide the early symptoms of pregnancy from close colleagues at times and most people are understanding and sympathetic once they know.

By 25 weeks pregnant, you must have officially let the Medical Staffing / Human Resources Department in your Trust know that you are pregnant and when you want to start your maternity leave. The other people you must inform of your pregnancy and plan to take maternity leave are listed in the checklist below. There is no set time when you must inform any of them, other than the Trust, but it is helpful to give your Training Programme Director (TPD) as much notice as possible, and ideally let them know by 14 weeks. <u>You will not be asked to rotate hospitals after you are 27 weeks pregnant</u>. Therefore, in order to plan rotations effectively, TPDs need 3 months notice of changes.

• **Checklist of who to inform of your pregnancy / maternity leave**	
Educational Supervisor	Yes / No
College Tutor	Yes / No
Clinical Director	Yes / No
Human Resources / Payroll (by 25 weeks at latest) **Have you submitted your MATB1 form?**	Yes / No Yes / No
Rota Co-ordinator	Yes / No
Training Programme Director (ideally by 14 weeks)	Yes / No
Medical Indemnity Organisation	Yes / No
RCoA	Yes / No

- ***Working whilst pregnant***

Once you have informed the department of your pregnancy they should complete a risk assessment with you to ensure you are working safely.

The risks to you and the baby include:

1. Anaesthetic gases: Exposure to these is not thought to present a significant risk to the fetus providing that the gases are adequately scavenged[1, 2]. If you are doing a paediatric module at BCH, and therefore lots of gas inductions then you can get breathing circuits for gas inductions that can be attached to scavenging – just ask the department.
2. Ionising Radiation: This is teratogenic, with the greatest risk in the first trimester, especially the first 8 weeks. For staff working in an X-Ray department, the ionising radiation regulations 1999 require that the dose to a fetus be unlikely to exceed 1 millisievert (mSv) during the pregnancy.[3] As a guide 98% of staff working in departments routinely do not exceed this in a year, so as long as you take appropriate precautions then there is no increased risk. Make sure you wear a 5mm lead apron which is properly wrapped around you and limit exposure where possible. Pregnant staff working in MRI are advised not to remain in the scan room whilst scanning is underway because of concerns of acoustic noise and risks to the fetus. Positioning of patients and injecting contrast can continue, so again, it is sensible to avoid if possible if there is a chance you will need to be in the scan room with the patient.
3. Infectious diseases: As with all pregnant women, there are certain infections that are known to cause problems in the fetus, for e.g. CMV, toxoplasma, chicken pox and rubella, that you should avoid exposure to. Your immune system is also slightly less effective in pregnancy so you are at increased risk of viral illnesses, UTIs and gastroenteritis. Make sure you get enough rest, follow the usual infection control precautions and where possible limit your exposure to infectious diseases.
4. Shift work: There is no definite evidence linking shift work with adverse pregnancy outcomes. A meta-analysis published in the British Journal of Obstetrics and Gynaecology in 2011[4] concluded that "overall, any risk of pre-term delivery, low birth weight or small for gestational age arising from shift work in pregnancy is small". A national guideline published by the Royal College of Physicians (RCP) entitled "Physical and shift work in pregnancy"[5] concludes that there is insufficient evidence to make recommendations to restrict shift work.
5. Musculoskeletal problems: Pregnancy hormones can make you more susceptible to these, particularly in later pregnancy. It is advisable to avoid lifting patients throughout pregnancy and to avoid prolonged standing as much as possible. The RCP national guideline concludes that there is extensive evidence linking prolonged standing with pre-term delivery.

For more information about the risks, please see the references and useful links and reading section at the end of this document.

It is permissible to give up your on call commitments at a certain point in your pregnancy, usually in the 3rd trimester but it can be any time. Once you stop, you will need to fulfil your weekly hours during standard daytime hours (7am to 7pm), which can be more demanding than working on calls with some time off during the week. Your banding supplement is protected as long as you work the same number of hours. When you stop your on calls is very much an individual decision, and should be discussed with your Educational Supervisor or College Tutor, as well as the Rota Co-ordinator in your department. If you stop before your third trimester, then it may have implications for your CCT date and this should be discussed with your Training Programme Director.

In our experience many trainees decide to stop on calls around 28 weeks pregnant. However, there was a recent survey done on this of London trainees which would suggest it is slightly later[6]. They found that the median time for stopping nights on call was 30 weeks (IQR 28-32) and day time on calls 32.5 weeks (IQR 30-36). Whenever you stop, you will need to provide the hospital with a letter from your obstetrician recommending that you stop on calls. A good time to discuss and request this is at your 20 week hospital appointment. Try to give the department as much notice as possible about when you are stopping as they will need to arrange cover for your out-of-hours work.

You are allowed reasonable time off work to attend antenatal appointments but remember that your absence may need to be covered by another trainee so be considerate and give plenty of notice and try to arrange appointments when you are not on call and early or late in the day to minimise disruption.

Classically the second trimester is the easiest time in pregnancy, when the nausea and exhaustion have lessened and your bump is not too large. Use this time to start finishing off any ongoing audits / research projects / publications you have ongoing. In the third trimester you are likely to be more tired and uncomfortable and we have both found that it is useful to save some annual leave to take in the last few weeks to allow yourself time to rest. This is equally important in your first pregnancy when you are most likely to be working full time, but also in subsequent pregnancies when your days "off", mean running round after a small child instead!

To help aid the discussions between you and the anaesthetic department you are working in, we have developed the "**Working whilst pregnant form**". A copy of this form can be found in the Appendix, and as well as reminding you who you should tell you are pregnant, it covers various training issues which may or may not arise. It also summarises what a risk assessment should cover and helps you start to plan your leave.

Maternity leave

There are several decisions to make regarding your maternity leave.

1. When to start your maternity leave

Key point: You can start your maternity leave any time after 29 weeks

This is an individual decision but from an occupational point of view it must be after you are 29 weeks pregnant (or the beginning of the 11th week before the expected week of confinement (EWC), i.e. the week you are due). Once you have passed 36 weeks, any pregnancy-related sick leave will mean you will automatically start your maternity leave. Before this time, any periods of sick leave will be subject to your usual sick leave conditions and entitlement. As mentioned above, you need to inform your Trust when you want to start your leave by the end of your 25th week of pregnancy.

When planning when you want to start your leave, there are several factors to consider. Think about the module or placement you are currently in. Some placements are more demanding than others. Are you in a hospital close to home or are you commuting long distances every day? Also take into account any problems you may have had in the pregnancy with either your or the baby's health. As anaesthesia requires you to be able to get close to the patient, then you need to take into account the size of your bump! It can become quite difficult to get close enough to do procedures from around 35 weeks and so you may potentially be putting the patient at risk if you continue to work much later than this. Once you have decided when to commence your maternity leave you need to inform the Trust you are working for, the anaesthetic department and your TPD. Each Trust will have a Maternity Leave Policy that you should read and there is usually some paperwork to complete and submit to Human Resources. They will also need your MATB1 form (which your midwife will give you) to allow them to process your maternity pay. If you need to claim Maternity Allowance (MA) instead of Statutory Maternity Pay (SMP) you will also need to submit this to the Benefits Agency so you will need to get your Trust to send it back to you. They will also need to provide you with an SMP1 form to submit with your MA claim. Please see below for more information about financial matters.

If you are a member of the BMA, they have a useful maternity calculator that you can use to work out all the important dates based on your EDD.

2. How long to take off for your maternity leave

Again this is an individual decision and something to discuss with your partner. Whatever your employment history, the maximum time you can take is 52 weeks. There are several factors to take into account, the most important of which for many people is financial. You can currently receive income for the first nine months of maternity leave (see financial considerations below). Whilst on maternity leave, you accrue annual leave as if you were at work i.e. for 6 months maternity leave you will accrue 6 months worth of annual leave (16 days if full time). This is usually taken at the end of your maternity leave, before you return to work.

3. *Whether to return to work full time or less than full time (LTFT)*

This is again a decision that you need to make for yourself. With the reduction of hours to a 48 hour week some people would argue that working full time is more compatible with family life than it use to be. However, other people say that children grow up much too fast and this time is precious and LTFT training allows more time to be spent with them. There are currently mums working both full time and LTFT in anaesthetics so if you are unsure of what you want to do then there are plenty of people to talk too.

If you have any specific queries then contact either the current LTFT lead trainee or the LTFT Consultant Specialty Advisor both of whom will be happy to answer any questions you may have. If you are considering returning as a LTFT trainee then it is advisable to contact the LTFT training department and start the application process as soon as you make that decision (see later).

- ### *How to prepare professionally for maternity leave*

Pregnancy for some people is a very enjoyable time, but for others it most definitely is not with sickness, tiredness, heartburn, feeling fat and frustration at not being as mobile as you used to be. It is tempting to just do the minimum at work to get by and decide to catch up on audits and presentations when you get back to work after maternity leave. However, looking after a child whilst working provides different challenges and we would highly recommend that you try to make the most of your time whilst pregnant.

Ensure that your log book and training paperwork are up to date when you finish. If you have started any audits or other research work then make sure these are completed and written up or handed over to someone who will complete them for you. Do not leave things open-ended assuming that you will be able to complete them when you are on leave. This may be possible, but you cannot count on it – you will certainly be sleep deprived for the first few months and your priorities inevitably change when a new baby arrives.

It is essential that you have an appraisal with the college tutor to complete a hospital placement educational report and your appraisal paperwork before you finish. At this point you should also complete an **Absence from Training Form**, which will make you aware of the ways you can keep in touch with work whilst away and make your return to work as straightforward as possible when the time comes. It may seem ridiculous to think about your return to work before you have even left, but just a little consideration of what you will need to do to prepare for your return to work at this point will make a lot of difference later.

On our numerous returns to work we both found that the practical procedures that we had done lots of before leaving, such as cannula insertions, central line insertions, epidurals, spinals and intubations returned quickly but specifics such as what analgesia to give for a particular case did not return as easily. A useful tip to help with this is to write 'how to' notes both on standard anaesthetic cases in a range of specialties e.g. laparotomy for acute abdomen, total hip replacement, caesarean section, and summary instructions for putting in lines and epidurals including what to prepare e.g. which syringes, needles, dressings etc. You might also consider making notes on what to ask / consider when pre-operatively assessing a patient or a crib sheet of drug doses or anything that you would want to remember in an emergency situation. Carrying these notes in your pocket or on your phone for the first few weeks back can help to give you more confidence when you return to work after your maternity leave. You will soon find that you don't need to refer to them - but when you are feeling a bit rusty, they will help.

- ### *Maternity leave before baby is born*

Hopefully you will have a short period of time between finishing work and when the baby arrives. Use this time to rest and prepare for your new arrival. As mentioned above, make sure your paperwork is all complete and you may wish to identify articles that you would like to read in the run up to your return to work. You may find yourself nesting and cleaning during this time – make sure you remember where you put your stethoscope and ID badges!

You may also wish to consider visiting some nurseries or childminders at this point. It may seem a long time away but many of them have long waiting lists. When choosing childcare consider whether you wish the nursery to be close to home or close to work. Close to home has the advantage that if you wish to use the nursery on your days off or before a night shift, you do not have far to travel. Close to work means that you have less distance to travel to collect them if you finish late. Many nurseries have slightly restricted hours, only opening from 8am to 6pm. If you & your partner both start work at 8am your choice of nursery may be limited and it is therefore even more advisable to start looking early or consider a childminder or nanny who will probably be more flexible and accommodate early starts and late finishes with less penalties. Ask around to see what childcare colleagues use and also check the Ofsted website that will give the latest reports on all registered childcare providers.

- ### *Whilst on maternity leave*

Once your baby arrives work will probably be the last thing on your mind and you may not care to know what the latest developments in your field are. However, it is advisable to try and keep some interest in what is going on in the world round you. Ask the department secretary to keep you on the emailing list. You do not have to read these emails as they are sent out but you could store them in a separate folder and then read them prior to returning to work. If you are planning to return LTFT then give your email address to the LTFT lead trainee so that you can be included in any relevant emails.

If you decide at any stage that you want to change your return to work date then discuss this with the programme director urgently as you will need to give a period of notice to them and to the Trust you are returning to – usually at least 8 weeks.

- ### *Implications for your CCT date*

You are required to inform the RCoA of any period of Time out of Training such as maternity leave. This may occur via the RITA or ARCP process or you may need to do it separately. Previously a period of up to 3 months leave could be counted towards a CCT date provided you could demonstrate maintenance of CPD during that time. Most people had this agreed by the RCoA and then counted it at the end of their training, if they wished to. However, a recent position statement issues by the GMC[7] states that from April 2013 this is no longer going to be acceptable.

- ### *Paternity leave*

A document with advice about how to take paternity leave for fathers-to-be has been produced. A copy is in the appendix and also on the BSA website.

Financial considerations

There are a range of benefits and tax reliefs that may be applicable to your situations, which are discussed below. This information seems to change frequently but is correct as of January 2013.

a) Maternity pay

It is now possible to receive some level of pay for up to 39 weeks, but the amount you receive will depend upon the following:

1. How long you have been employed by the NHS (important if you have worked abroad recently).
2. How long have you been employed by the Trust who will be paying your maternity pay.
3. Whether you intend to return to work or not.

The exact amounts and timings of pay may vary from trust to trust so we would recommend checking your hospitals policy.

If you intend to return to work following maternity leave you are entitled to 8 weeks full pay (which includes SMP at £138.18 per week) and then 18 weeks half pay plus low rate SMP. After this time you are entitled to 13 weeks low rate SMP. If you have been working at the Trust who will be paying your maternity leave for less than 26 weeks then you will need to claim Maternity Allowance (MA) instead of SMP. This is for exactly the same amount, but you have to do it via the Benefits Agency / Job Centre Plus (it can be done on line).

There can occasionally be a problem receiving maternity pay if you rotate to a different NHS Trust during your pregnancy. Your Trust should recognise all continuous NHS service (which includes periods of maternity leave) when determining your entitlement to maternity pay and it is worth checking your contract to make sure they have the correct dates.
There is a government website that can give you further advice on maternity pay rights - http://www.direct.gov.uk/en/moneytaxandbenefits.

• **Summary of maternity pay**	
Weeks 1-8	Full pay (which includes SMP or MA)
Weeks 9-26	Half pay + SMP / MA
Weeks 26–39	SMP or MA only
Weeks 39-52	Unpaid

You can then add your accrued annual leave onto the end of this period, for which you will be paid (see below).

If you do not intend to return to work you are entitled to 6 weeks high rate statutory maternity pay (SMP) followed by 33 weeks low rate SMP. High rate SMP is paid at 90% of your full pay earned in 8 weeks prior to commencing maternity leave. Low rate SMP is paid at the standard rate set by the government – currently £138.18.

• **Abbreviations / Definitions**		
OMP	Occupational Maternity Pay	Paid if you have had 12 months continuous NHS service by your 29th week and you intend to return to work for at least 3 months
SMP	Statutory Maternity Pay	Paid by your employer for 39 weeks if you have worked for them for 26 weeks continuous service. Amount depends on whether you intend to return to work or not.
MA	Maternity Allowance	Paid by the Benefits Agency if you cannot claim SMP. The amount is identical to SMP.

b) *Childcare vouchers*

Key point: If you already receive childcare vouchers, consider stopping them between 17 and 25 weeks to maximize your maternity pay

Most NHS trusts support one of the childcare voucher schemes. This is a salary sacrifice scheme whereby you can opt to receive childcare vouchers from your pre-tax salary which means you do not pay tax or national insurance on the voucher amount. Currently you can sacrifice up to £243 per month (£55 per week) if you are a basic rate tax payer, or £124 per month (£28 per week) if you pay higher rate tax). These vouchers can be used towards many forms of childcare including nurseries or registered childminders. Both working parents can receive childcare vouchers amounting to a benefit of at least £150 a month. You do not need to use the vouchers up each month, but can save them up to use later, for e.g. in school holidays, when your childcare costs may increase.

It is worth pointing out that if you are in your second pregnancy and already receive childcare vouchers you need to consider stopping them during your pregnancy. This is because you maternity pay is calculated according to your pay after childcare vouchers are taken off between weeks 17 to 25 of your pregnancy so you may want to stop them during this point to increase your maternity pay. Also participating in any salary sacrifice scheme such as childcare vouchers will affect your pension calculation as it is now a final salary scheme. More information can be found on the HMRC leaflet: http://www.hmrc.gov.uk/leaflets/ir115.pdf

c) *Child benefit*

Child benefit is now not worth claiming if one of the household earns over £60000 per annum as you are required to complete a tax return and pay tax equivalent to the amount of benefit received. If the highest earner earns between £50000 and £60000 then you will also have to complete a tax return and pay a tax charge of 1% of the child benefit paid for every £100 between £50000 and £60000 earned. So for e.g. if they earn £57000 then they will have to repay 70% of the child benefit amount back in tax. Earnings are "adjusted net income" which means your taxable income minus pension and charity contributions.

If you wish to claim Child Benefit, there should be a claim form in the 'Bounty pack' you receive in hospital following the birth of your baby or you can download a form online. This needs to be completed and sent off with the baby's birth certificate – therefore you cannot claim until you have registered the birth. Child benefit is currently paid at £20.50 a week for the first child and £13.55 for second and subsequent children and is paid directly into your bank account. Child benefit can only be backdated 3

months so do not leave it too long before you claim. Again there is a website where you can find more information: http://www.hmrc.gov.uk/childbenefit/index.htm

d) *Junior ISA (previously Child Trust Fund)*

From January 2011 Child Trust Funds (CTFs) have been replaced by Junior ISAs as a tax free way of saving for your child's future. They are long term, tax-free savings accounts for children, and the money cannot be removed until the child is 18, in a similar way to a Trust fund. However, there are no government contributions, compared with the CTFs. For more information about both, look on the www.direct.gov.uk website.

e) *Professional Subscriptions*

Some of your professional memberships can be suspended to save money whilst you are on maternity leave. The medical indemnity organisations will suspend your cover from your last day of work. You will still be covered for any Good Samaritan acts and any complaints about work before you commenced maternity leave. It is advisable to contact societies to inform them of your change in status and see what their policy is.

Returning to Work

- ***Before your return to work***

You may need to meet with your Training Programme Director to discuss your educational needs and consider what placements you need to complete. You will also need to consider the following:

1. Arranging Childcare

You will need to organise childcare and consider when you wish that care to commence. Some people advocate that you introduce the child to the concept of someone other than mummy looking after them from an early age by sending them to your childcare of choice for a day a week. This can make the transition to you going back to work easier but does cost money. Other people do not want anyone else looking after their child until it is absolutely necessary and their first day at nursery will coincide with your first day back at work. Most nurseries offer some form of induction period however so the child is not thrown in completely at the deep end. All 3 of Kerry's children have had their first full day at nursery the same day as her first day back at work and have settled in very nicely but every child is different and you may wish to make this decision once your child's personality begins to develop.

2. Contact your employing NHS Trust

You will need to confirm your return to work date with the department at least 8 weeks before your maternity leave finishes. It is automatically assumed that you will take 52 weeks leave, unless you inform the Trust otherwise. Don't forget that you accrue annual leave when you are on maternity leave. Usually this is taken as a block at the end of your maternity leave, before you return to work. It is worth reminding the department of this and confirming that payroll is aware too.

This annual leave should be paid at the same level you were being paid prior to starting maternity leave e.g. full time pay if working full time when pregnant. You may encounter difficulties if you are returning to a different hospital to the one you were employed by prior to your maternity leave. If you think this may happen it is important to speak to the medical staffing department and decide whether to take some of your accrued annual leave at the beginning of your maternity leave or have in writing their agreement to pay your accrued annual leave at the end of your maternity leave prior to your return to work date.

We are aware of cases recently, where the banding supplement has not been paid on the accrued annual leave period. The Trust involved stated that they would pay the banding supplement if the trainees in questions re-paid their on calls at a later date – i.e. effectively swapping on calls. The BMA were initially involved but for various reasons the case was dropped. However, most Trusts do pay the banding supplement on accrued annual leave, presumably because they feel that the banding is protected in a similar way to when you stop on calls when pregnant. If you have any questions regarding this you should contact your local Specialty Advisor for LTFT training who is likely to have the most experience in these issues.

3. Preparing for your return

Once you know what hospital you are returning to, you should contact the College Tutor to find out who will be your Educational Supervisor and to determine which modules you need to complete. If you completed an **Absence from Training Form**, you should review this and the possible ways you can keep up to date with practice whilst on leave.

a. Keeping in Touch Days

You are entitled to take up to 10 Keeping in Touch (KIT) days during your maternity leave to enable you to keep up to date with work, without ending your period of leave and maternity pay. These can be taken at any point after the first 2 weeks of maternity leave (which is compulsory) and should be on the mutual agreement of you and your employer. You might like to use them to do courses or to just re-acquaint yourself with work. If you work any part of 1 day it counts as a whole day. You can negotiate pay for these days, depending on what you will be doing. Recently trainees have used them to attend the departmental induction day closest to their return to work, if their return does not coincide with the usual rotation dates, or to get their appraisal paperwork done, or just to observe a theatre list.

b. Return to work courses

There are a couple of return to work courses run specifically for Anaesthetists. The Giving Anaesthetics Safely Again (www.gasagain.com) group run friendly simulation days designed to improve your confidence on returning to work. The AAGBI run return to work seminars which are a good opportunity to update yourself on recent developments. The OAA also run a Refresher Day which may be useful if you are returning to an Obstetric Anaesthesia block.

c. Maintaining / updating your CPD

You should try to keep up to date with developments in the field whilst you are on leave. Even a browse through an Anaesthetic Journal will help. If you wish to count 3 months of your leave towards your training, you may be required to have a more formal record of your CPD during this time. At the very least you should revise the management of anaesthetic emergencies and also read the "Professionalism in Medical Practice" section in the RCoA Aug 2010 CCT in Anaesthesia before you return to work.

d. Plan your re-introduction period

On your return to work, different specialties give differing levels of supervision. In anaesthetics, current evidence suggests that 10 supervised clinical sessions (days) should be completed before you begin unsupervised work. This will vary according to your level of experience and length of time away but is a good guide. You should discuss with your Educational Supervisor, ideally in person, the plan for your supervised sessions at least a month before your return to work. You should complete the **Preparation for Return Form** available on your School of Anaesthesia website and send a copy to the department where you will be working so they can allocate you to the appropriate supervised sessions for your re-introduction period.

e. Other tips

In the last few weeks of your maternity leave try and read through those department emails that you have been receiving. Locate your stethoscope and ID badges. Contact the department and see what the practical arrangements are for your return to work especially if you are not returning in the usual August or February rotational dates. Try and read over the 'how to' notes you made before you went on maternity leave or read a simple textbook to try and get those dormant brain cells working again.

- ***Your return to work***

Key point: Use the Return to Work paperwork attached to this document to plan your leave and re-introduction period

There have been several documents published recently regarding Returning to Work after a break. Both the Royal College of Anaesthetists (www.rcoa.ac.uk) and the Academy of Medical Royal Colleges (www.aomrc.org) have guidance documents. The Health Education West Midlands Returning to Training policy has been developed in line with this guidance and also a survey of recent Return to Work experiences of local anaesthetic trainees. It can be found on the deanery website at http://www.westmidlandsdeanery.nhs.uk/Portals/0/Key%20Doc%20for%20Homepage/Return_to_Training_approved%20May%202013.pdf and copies of the forms are in the appendix of this document.

As mentioned previously, your return to work should start with 10 supervised clinical sessions (days) before you begin unsupervised work. During this time you should be re-exposed to the different sub-specialties at that hospital in preparation for on calls. Make it clear to anyone supervising you that you have just returned to work and what you hope to achieve from that session. You should ask them to sign your **Record of Re-Introduction Form** at the end of the session to provide a record of the sessions you have completed. By the end of these sessions you should hopefully feel ready to take on your normal level of responsibility and on calls. Do not be afraid to highlight any extra areas you need exposure to or additional experience you feel you need before starting on calls. Remember that patient safety is paramount and you have a duty as a doctor to ensure you practice safely. If you have less than 12 months experience in anaesthesia it is recommended that you re-do the Initial Assessment of Competence as part of your return to work process. Other trainees may like to complete an Anaesthesia List Management Assessment Tool or Acute Care Assessment Tool during this time.

As you will not be starting on calls immediately, you should try to arrange the rota so that you are not due to do any on calls during this time. This can mean that for the second month you are back at work you have disproportionately more on calls but it should be a one off and most of us are able to juggle family arrangements around to make this do-able! How comfortable you feel with returning to on call duties will probably be reflected by your level of training – a more experienced trainee may become confident with out of hours work before a more junior colleague. Although sometimes the opposite is true: as a more senior trainee you are expected to work more independently and initially may not feel as confident doing this. The best advice is just to ask for help, even if it seems ridiculous. Most people will understand if you explain that it has been a while since you have dealt with a particular situation and would rather you asked for help early rather than getting into difficulties.

The West Midlands Returning to Training flowsheet and paperwork can be found in the appendix.

Changing to LTFT training

If you are intending to return to work LTFT then there are several other tasks to complete.

a. Apply for LTFT training (establish your eligibility)

You need to apply for LTFT training by completing the application form and submitting it with a CV to the Post Graduate Dean for LTFT training. The application form and other useful downloads (including the contact details for the current LTFT trainee and consultant representatives) can be found on the website www.westmidlandsdeanery.nhs.uk. Applications are accepted from the end of the first trimester and the latest time applications can be made is three months before you are due to return to work. However if there has been unexpected complications in either your or the baby's health then late applications may be considered.

b. Inform your Training Programme Director and the RCoA

You will need to inform your TPD of your definite decision to return to work as a LTFT trainee so that they can arrange your slot share. Remember that the TPD is responsible for many trainees and therefore the earlier these decisions are made the easier the allocation of trainees and organisation of slot shares will be. Your LTFT training programme will also need to be approved by the Royal College of Anaesthetists and you will also need to notify the College of your maternity leave dates and return to work date so they can recalculate your CCT date.

Wherever possible, two trainees are placed together in a full time slot as a 'slot share'. Where there are odd numbers of trainees or trainees with differing educational needs it is sometimes possible to place three trainees in the same hospital using 2 full time slots , a '3 in 2' slot share. You may also work part time in a full time slot on your own.

All flexible trainees are encouraged to work 60%. This allows for the two trainees to overlap on the teaching day for your specialty however with there being no specific post fellowship teaching in anaesthetics some trainees have been allowed to work at 50%. With the reduction in hours due to the EWTD some trainees wish to work at increased percentages e.g. 70% or 80%. This has been feasible in some cases but is reviewed on an individual basis and with each placement change.

ARCPs and RITAs continue as you complete the necessary full time equivalent training. In addition you will receive a yearly review when a RITA/ARCP is not due to ensure any shortcomings in training are detected and can be rectified.

c. Applying for funding and writing your rota

Once you know which hospital you will be working at and who your slot share partner is you will need to complete a Flexible Training Programme Form (FTPF) to secure your funding. This can be found on the LTFT section of the deanery website, or contact the Lead LTFT trainee who can send you one of their forms to edit. This form is time consuming to complete and can cause a degree of frustration, but is compulsory so we advise completing it early to reduce the stress involved. It has to be signed by five people as well as yourself, before your funding approval letter can be released. Always remember to photocopy your documents as they can get lost in the post. The LTFT department will accept signatures on different pieces of paper so that delay is minimised. The form needs to be submitted with a copy of the rota you will be working.

In order to complete the form you will first you need to calculate your hours and devise a weekly timetable. The full time hours and rota template should be obtainable from the human resources department at the hospital. Use this to calculate your LTFT hours and on call requirements. To do this, you need to work out how many on call and normal working day shifts the full timers do and then calculate your percentage of this. This should lead to you working the appropriate percentage of the full time hours. For specialties where there are set clinics and ward rounds then a weekly timetable can be devised. In anaesthetics we are allocated to a range of theatres on a week to week basis and so our weekly timetable consists only of how many days each week we will work not what we will do on those days. This process can seem really daunting so it is worth contacting your LTFT Lead Trainee for advice or one of the LTFT trainees already working in that Trust for help.

Once you have received your 'slot' of the on call rota you will need to divide this between yourself and your slot share partner so that you are working 50% each. You will then need to take any additional on calls to make up your percentage (e.g. 10% if working at 60%) from another slot which is usually identified by the rota person (usually a vacant slot). Once you have allocated your on calls you need to add in your normal working days.

The division of the rota can be difficult especially if your childcare arrangements do not mirror those of your slot share partner. Between you and your slot share partner you should cover all the on call shifts in the working week. Ideally also all the "normal working days" would be covered too. However as you are often rotating every six months your slot share partner can change frequently and it can be very difficult to match up your childcare arrangements. Childcare is expensive and so paying for a full time place at nursery is often not feasible, especially if you have more than one child at nursery. Most departments, especially in the larger hospitals have a degree of flexibility to accommodate this if you both work the same days. Strictly speaking, a slot share differs from a job share in that the 2 doctors involved may overlap their sessions, so this should be accepted by the anaesthetic department.

Once you have written your rota, your FTPF needs to be signed by your supervising consultant, TPD and LTFT training consultant specialty advisor. We would recommend you email your completed form and rota to each of these and copy in the LTFT department at the Deanery. Each of them will sign on page 3 and return to you. Once you have all 3 signatures (it is fine for them to each be on a different piece of paper), then send them all to the medical staffing department to sign on behalf of the trust. **Remember to keep a copy yourself and also to sign it yourself on page 4**. Once medical staffing have approved your rota and signed your form they will send it off to the Deanery, who need it one month before you start work to give them time to authorise it. As you can imagine, this whole process can take a few weeks and your funding letter cannot be released until they are all received. If you do not have a funding letter you may not be able to start work, hence the need to start the process as early as possible. In practice we have found that, particularly around the August changeover date, the funding letter comes through during the first few weeks of the post and this has not caused any problems with pay.

- ***Pros and Cons of working LTFT***

Working LTFT can take a period of adjustment as you learn to balance your new role as a mother with your previous role as a doctor. Some people find only being at work part of the week difficult – they just get to know the patients and then their working week finishes and by the time they are back at work again all the patients have changed. This is more of a problem when working in intensive care, compared with anaesthetics when you are responsible for different patients each day.

You will find there are new challenges – working a full day when you have been up most of the night with a teething child, what to do when your child vomits all over your last set of clean clothes as you are about to leave for work, who stays home and looks after the children if they are sick.

You may also find that some full time colleagues will not consider you an equal as you are 'just a part timer'. This may lead to you feeling like you constantly need to prove your worthiness and dedication to you career. There are a number of LTFT trainees in anaesthetics now so fortunately this attitude is rare.

It can be difficult to attend courses and study days. Unless you have a flexible nursery or a family member who can help you will need to find courses that are on days when you have childcare and will probably end up financing them at least in part yourself which can be very costly. We only receive our working percentage of the study budget (i.e. work 60% you get 60% of full time budget) which unfortunately does not even cover the cost of an ALS course. However, Postgraduate Clinical tutors can be approached to see if it is possible for the entire course to be funded.

LTFT trainees are required to do the same number of audits, presentations etc as the full time trainees during our training but obviously we have longer to do it – if an audit is required every year of training then we need to complete one every two years of LTFT training. Our advice is to explain these principles to your educational supervisor and complete a fair educational contract at the start of each placement to ensure that educational objectives are completed over an appropriate time scale.

Finishing on time to collect your child can be difficult. We all know that the best planned day still has potential to go wrong at the last minute. It is important if you are working on your own to do your best to ensure that you will finish in time to collect your child and inform colleagues early if you envisage a problem. If you are in the position that both you and your partner may not finish work in time to collect your child then it is advisable to have a friend or family member who can collect them for you in an emergency.

It may seem like we have listed many negatives above attributed to being a LTFT working mum but there are some advantages. Working LTFT means that you can attempt to get the best of both worlds. You get more time with your child to watch them grow up than if you worked full time and you get to continue your career. Many children enjoy the days spent at nursery and all the activities and opportunities that are offered there. It will take longer to reach your CCT date but you will be continuing on your career ladder as well as having the financial benefits of working. It is hard work balancing the two roles but for both of us that massive smile you get at the end of the day when you arrive home makes it all worthwhile.

Summary Table

	Fixed points	General considerations
1st Trimester		• Risk assessment to be performed
2nd Trimester	• 14/40 Inform your TPD • 17/40 Consider stopping childcare vouchers or other salary sacrifice schemes • 20/40 Submit MATB1 form • 25/40 Latest date to inform employer of pregnancy	• Plan for changes to on call commitments and start date for maternity leave • Ensure appraisal schedule and portfolio up to date
3rd Trimester	• 29/40 Maternity leave can start any time from now • 36/40 Maternity leave is compulsory if off work with pregnancy related illness from now • Complete Absence from Training Form with Educational Supervisor	• Confirm maternity pay arrangements with Trust • Apply for maternity allowance if necessary • Ensure RCoA and Medical Indemnity Society are aware of leave
On leave	• Apply for LTFT training at least 3 months before return to work if not done previously • Plan your re-introduction period at least 1 month before your return and complete Preparation for Return Form	• Consider ways to maintain CPD and plan for return to work, e.g. KIT days, Return to work courses
Return to Work	• Complete Record of Re-introduction during your supervised period • Appraisal after re-introduction before commencing on calls	

Useful links and further reading

Pregnancy

- The Health and Safety Executive Guidance for new and expectant mothers
  http://www.hse.gov.uk/mothers/

Maternity leave

- BMA maternity leave calculator
  http://bma.org.uk/practical-support-at-work/working-parents/maternity-leave-calculator
- NHS Choices
  http://www.nhs.uk/conditions/pregnancy-and-baby/pages/maternity-paternity-leave-benefits.aspx#close

Financial considerations

- Department for work and pensions guide to maternity leave.
  http://www.dwp.gov.uk/publications/specialist-guides/technical-guidance/ni17a-a-guide-to-maternity/introduction-to-maternity/
- Government advice on maternity pay
  https://www.gov.uk/statutory-maternity-pay/overview
- HMRC information on childcare
  http://www.hmrc.gov.uk/childcare/
  http://www.hmrc.gov.uk/leaflets/ir115.pdf
- HMRC Child benefit
  http://www.hmrc.gov.uk/childbenefit/index.htm
- Junior ISAs
  https://www.gov.uk/junior-individual-savings-accounts/overview

Returning to work

- KIT days information
  http://www.dwp.gov.uk/publications/specialist-guides/technical-guidance/ni17a-a-guide-to-maternity/statutory-maternity-pay-smp/working-in-your-maternity-pay/
- Return to work simulation courses
  www.gasagain.com
- Royal College of Anaesthetists Guidance on Returning to Work
  http://www.rcoa.ac.uk/document-store/career-breaks-and-returning-work
- Academy of Medical Royal Colleges Return to Practice Guidance
  http://www.aomrc.org.uk/publications/statements/doc_details/9486-return-to-practice-guidance.html
- The HEWM Return to Training policy
  http://www.westmidlandsdeanery.nhs.uk/Portals/0/Key%20Doc%20for%20Homepage/Return_to_Training_approved%20May%202013.pdf

LTFT information

- HEWM information
http://www.westmidlandsdeanery.nhs.uk/Home/LessThanFullTimeTraining(FlexibleTraining).aspx

- Medical careers
http://www.medicalcareers.nhs.uk/postgraduate_doctors/less_than_full.aspx

- AAGBI information
http://www.aagbi.org/professionals/trainees/training-issues/ltft-training

References

1. Bovin JF. Risk of spontaneous abortion in women occupationally exposed to anaesthetic gases: a meta-analysis. *Occup Environ Med* 1997; **54 (8)**: 541-548.

2. Symington IS. Controlling occupational exposure to anaesthetic gases. *BMJ* 1994; **309**: 968-969.

3. Temperton DH. Pregnancy and work in Diagnostic Imaging Departments 2nd Edition. *British Institute of Radiology* 2009. http://www.rcr.ac.uk/docs/radiology/pdf/Pregnancy_Work_Diagnostic_Imaging_2nd.pdf

4. Bonzini M. Shift work and pregnancy outcomes: a systematic review with meta-analysis of currently available epidemiological studies. *BJOG* 2011; **118 (12)**: 1429-37

5. Royal College of Physicians and Faculty of Occupational Medicine. Physical and shift work in pregnancy: occupational aspects of management. 2009. http://www.rcplondon.ac.uk/resources/physical-and-shift-work-pregnancy-guideline

6. Fulton L, Savine R. The pregnant anaesthetist on-call – a survey of trainee experience http://www.aagbi.org/sites/default/files/The%20pregnant%20anaesthetist%20on-call%20%20GAT%20ASM.pdf

7. GMC Position Statement. Time out of Training. November 2012 http://www.gmc-uk.org/20121130_Time_out_of_Training_GMC_position_statement_Nov_2012.pdf.pdf_50666183.pdf

Appendix

1. Working Whilst Pregnant Form
2. Paternity leave
3. Health Education West Midlands Return to Training Flowsheet and Paperwork

Working Whilst Pregnant Form

Name		GMC number	
Year of training		Current CCT date	
EDD		Current gestation	
Current duties			

Have the following been informed of the pregnancy?		If no, date to be done by
Educational Supervisor	Yes / No	
College Tutor	Yes / No	
Clinical Director	Yes / No	
Human Resources / Payroll (by 25 weeks)	Yes / No	
Have you submitted your MATB1 form?	Yes / No	
Rota Co-ordinator	Yes / No	
Training Programme Director (by 14 weeks if possible*)	Yes / No	
Medical Indemnity Organisation	Yes / No	
RCoA	Yes / No	

Training whilst pregnant

Discuss the following	**Notes**	**Done?**
The Pregnancy Pack and Maternity leave policy		☐
Risk assessment		☐
Plan for on calls / out of hours working • Discuss possible change in working pattern, whilst maintaining number of weekly hours • Supporting letter from GP / Obstetrician may be needed • Stopping on calls before 3rd trimester may have implications for CCT date		☐ ☐ ☐
Plan for antenatal appointments		☐
Use of annual leave		☐
Staying healthy (rest / breaks etc)		☐
Training needs to be addressed before leave (Avoid T&O and other screening lists)		☐
CPD projects to complete / handover before leave • Use 2nd trimester to complete projects if possible		☐
Implications for FRCA Exams		☐
Starting to prepare for leave • For e.g. making "how to…" notes		☐

Preparation for leave (to be continued on preparation from leave form)

Trainee aware of return to work guidance and re-introduction process?	Yes / No
If may wish to change to LTFT training, process for application discussed? *http://www.westmidlandsdeanery.nhs.uk/Home/LessThanFullTimeTraining(FlexibleTraining).aspx*	Yes / N/A
Implications for licence to practice, requirements for revalidation and CCT date considered?	Yes / No
Planned start date of maternity leave	
Estimated date of next appraisal (at least 1 month before anticipated start of leave)	

Trainee name: Educational Supervisor name:

Signature: Signature:

Date form completed: *(ideally when approximately 15 weeks pregnant)*

Working Whilst Pregnant Form

Risk assessment to cover

Risk	Details	Action plan
Anaesthetic gases	• Provided adequate scavenging is in place, exposure to these is not thought to be a problem.	• Be aware when using paediatric circuits for gas inductions that scavenging may not be in place • Request circuit that can be attached to scavenging
Ionising radiation	• Greatest risk of teratogenicity in first trimester (especially first 8 weeks)	• Avoid where possible • Wear a 5mm lead apron, properly applied • Avoid being in CT and MRI scanner when scanning is occurring
Infectious diseases	• Fetal problems: CMV, toxoplasma, chicken pox and rubella • Maternal increased risk of viral illnesses, UTIs and gastroenteritis	• Get enough rest • Avoid exposure where possible • Follow infection control precautions
Shift work	• No evidence to link shift work with adverse outcomes • Insufficient evidence to make recommendations to restrict, (as long as appropriate rest / breaks available and pregnancy uncomplicated) • Consult Occupational Health if any queries or concerns	• Acceptable to give up on calls in 3rd trimester (usually without affecting CCT date) • Average weekly hours worked should be maintained • Alternative shift patterns may be considered (for example working 12-8.30pm)
Musculoskeletal problems	• Hormonal changes result in increased susceptibility to these, and the risk of them increases throughout pregnancy. • There is evidence linking prolonged standing and pre-term delivery	• Avoid lifting patients • Avoid prolonged standing

Notes

***** You will not be asked to rotate hospitals after 27 weeks. Therefore, in order to plan rotations effectively, TPDs need 3 months notice of changes. Please could they be notified of the pregnancy asap and preferably by 14 weeks.

Implications for CCT date: If a change in working pattern is necessary early in pregnancy, or there are multiple days of sick leave taken, then it may be necessary to extend the CCT date. This will depend on how the trainee has progressed with competencies during this period and will be assessed on an individual basis at their next ARCP. This is in line with the recent GMC guidance which prompts consideration of extending CCT date if more than 14 days of additional leave (i.e. not annual leave or sick leave) are taken in a 12 month period.

This form is to be completed when approximately 15 weeks pregnant.
Copies are to be kept by the trainee and the department.

Paternity Leave

Congratulations! Life is soon about to change in a dramatic fashion and as a new father, you are usually entitled to paternity leave. This is a short document to provide advice for fathers-to-be.

Ordinary Paternity Leave

- An employee is entitled to 2 working weeks (based on a pro rata basis on the working week of the member of staff). This is includes weekends so can effectively be seen as 14 days.
- Leave may be taken at the time of the birth, or in the weeks following, whichever is more helpful to the family. All paternity leave must be taken within 8 weeks of the date of birth.
- Leave may be taken as two consecutive weeks, or two non consecutive weeks.
- Your Trust is not under any obligation to provide you with leave for antenatal clinics/scans etc.
- For information on Additional Paternity Leave and Parental Leave, see the HMRC website.

Paternity Pay

- Employees who have 12 months continuous service at the qualifying week (15th week before the expected week of childbirth) will be entitled to receive 2 working weeks with full pay.
- Employees with less than 12 months but more than 26 weeks continuous NHS service by the qualifying week are entitled to receive Statutory Paternity Pay (SPP) at the current rate.

How to apply/claim

- Please complete HMRC form SC3 (available from http://www.hmrc.gov.uk/forms/sc3.pdf).
- There is usually a Trust-specific application form for paternity leave. Speak to your local HR department.
- Your wife's/partner's MATB1 form may be asked for as proof of the pregnancy.
- You must inform your employer at least 15 weeks before the week the baby is expected:
    - the baby's due date

Adrian Jennings, Mike Allan, BSA Trainee Reps, Mar 2013

- when you want your leave to start
- if you want 1 or 2 weeks' leave

In reality, if the birth of your child is delayed or early, it is usually possible to amend the paternity leave accordingly. The dates you provide are a guide for the department to work to.

Childcare vouchers

Most NHS trusts support one of the childcare voucher schemes. This is a salary sacrifice scheme whereby you can opt to receive childcare vouchers from your pre-tax salary which means you do not pay tax or national insurance on the voucher amount. Currently you can sacrifice up to £124 per month if you pay higher rate tax. These vouchers can be used towards many forms of childcare including nurseries or registered childminders. Both working parents can receive childcare vouchers amounting to a benefit of at least £150 a month. You do not need to use the vouchers up each month, but can save them up to use later, for e.g. in school holidays, when your childcare costs may increase.

Less than full-time training

There are some fathers who train LTFT for a while. Please refer to the West Midlands deanery:http://www.westmidlandsdeanery.nhs.uk/Home/LessThanFullTimeTraining(FlexibleTraining).aspx

Useful link

https://www.gov.uk/paternity-pay-leave/overview

Returning to Training in the West Midlands:

The HEWM Return to Training Paperwork follows and comprises of:

1. **Absence from Training Form**
   To be completed before a planned period of leave

2. **Preparation for Return Form**
   To be completed at least 4 weeks before returning to work with your Educational Supervisor. 10 supervised clinical sessions (days) are recommended before undertaking any unsupervised work. This may need to be adapted if a staged return to work is needed for occupational health reasons and the form can be edited if necessary.
   A copy of this form should be sent to the anaesthetic department to which you are returning, in order that they can allocate you to appropriate lists / areas.

3. **Record of Re-introduction Form**
   Each session should be signed off and at the end of the 10 sessions you should meet with your educational supervisor to confirm readiness to undertake unsupervised work.

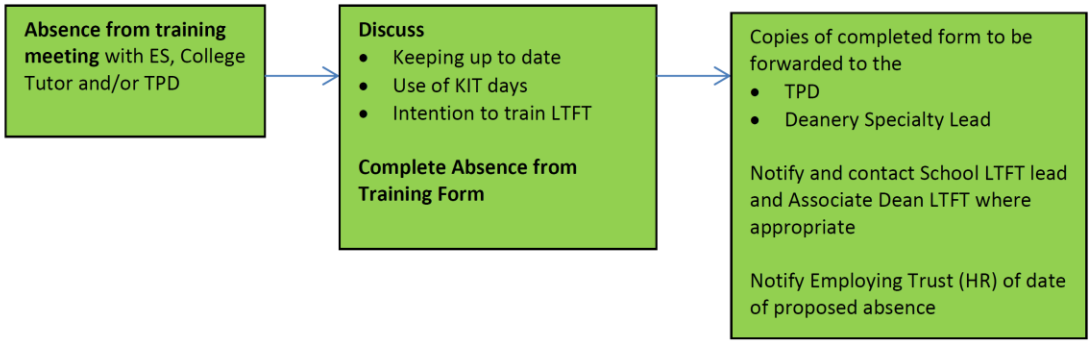
4. **Guidance**
   Notes for Trainees and Educational and Clinical Supervisors

This is summarised in the following flow sheet:

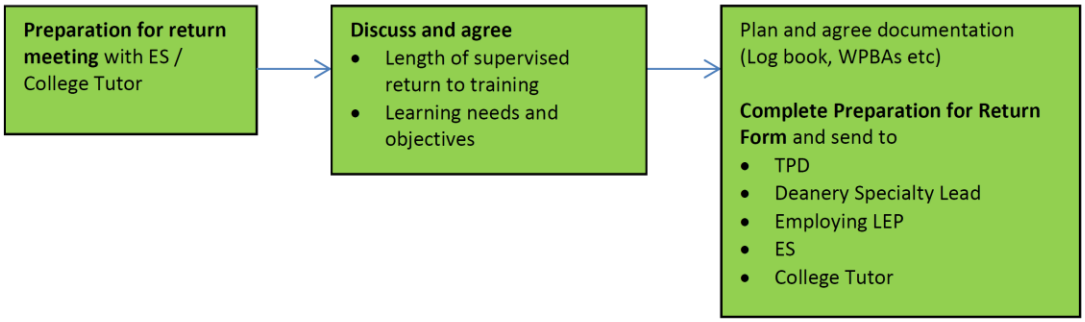
Health Education West Midlands

RETURN TO TRAINING FLOWSHEET

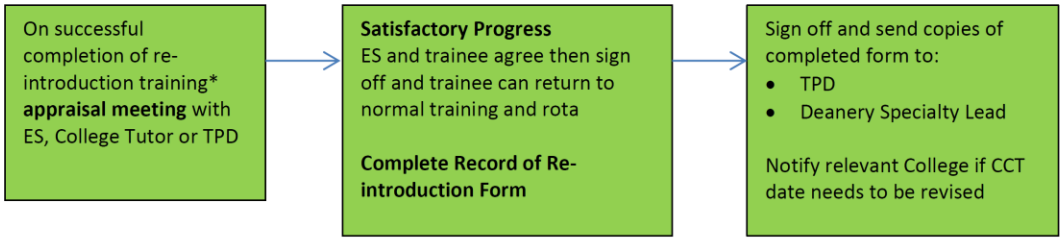
ABSENCE PLANNING



PREPARATION FOR RETURN



RECORD OF RE-INTRODUCTION



Absence from Training Form

Health Education West Midlands

Details of absence

Name		GMC number	
Planned period of leave	From: To:	Reason for leave	
Current job title			
Place of work		Hours	
Time in post		Educational supervisor	
Returning job title			
Place of return to work		Hours	

Preparation for leave

Is appraisal documentation up to date?			Yes / No
Is Hospital Placement Educational Report complete?			Yes / No
Any outstanding training needs to be addressed on return?			
Any educational goals planned during period of absence?			
Implications for licence to practice and requirements for revalidation considered?			Yes / No
Date of last ARCP		Date of next ARCP	

Return to work plan

Trainee aware of return to work guidance and re-introduction process?	Yes / No
If may wish to change to LTFT training, process for application discussed? *http://www.westmidlandsdeanery.nhs.uk/Home/LessThanFullTimeTraining(FlexibleTraining).aspx*	Yes / No / N/A
Any known updates / guidance to be published during period of leave?	
Planned methods of keeping in touch with work discussed e.g. Keeping in Touch (KIT) days, CPD opportunities, courses.	
Estimated date of next appraisal (at least 1 month before RTW)	

Trainee name:
Signature:
Date form completed:

Educational Supervisor name:
Signature:

Preparation for Return Form

Health Education West Midlands

Details of return

Name		GMC number	
Period of leave	From: To:	Reason for absence	
Job title		Length of time in post before leave	
Place of work			
Duties on return			
Date due to start on calls		Supervisor	
Are there any health issues that need to be considered, and if so has occupational health advice / approval been sought? This should be established before the return to work is planned and if a staged return is necessary, this form may be adapted as required.			Yes / No / N/A

Initial Appraisal (To be completed a month before returning to work) Date:

Details of Trainee Preparation for Return to Work for e.g. KIT Days, RTW courses, other relevant CPD activity (please see attached guidance)			
Planned hospital / departmental induction (including dates)			
Plan for supervised sessions (10 supervised sessions (1 session = 1 day) are recommended based on current evidence but this will depend on the individual trainee and their circumstances.)			
1		6	
2		7	
3		8	
4		9	
5		10	
Other educational objectives for re-introduction period			
Are there any implications on this period of leave for the doctor's licence to practice or revalidation? (For those in a recognised training programme with an annual RITA or ARCP the answer is usually "No")			Yes / No
If returning LTFT has the relevant paperwork to secure funding been completed?			Yes / No

Trainee name:
Signature:

Educational supervisor name:
Signature:

Record of Re-introduction Form

Health Education West Midlands

List of supervised sessions

	Date	Nature of duties	Supervisors signature	Comments
		Hospital induction		
		Departmental induction		
1				
2				
3				
4				
5				
Please contact your educational supervisor at this point if you think you will require additional supervised sessions				
6				
7				
8				
9				
10				

Appraisal after re-introduction

Date

(To confirm readiness to begin on call duties)

Induction completed			Yes / No
Educational objectives of re-introduction met?			Yes / No
Agreed appropriate to re-commence on call duties?			Yes / No
Appraisal paperwork completed for ongoing education and training plan?			Yes / No
Date of next ARCP		Need to revise CCT date?	Yes / No
Any other comments about re-introduction period			

Trainee name:
Signature:

Educational supervisor name:
Signature:

Returning to Training
Guidance

Health Education West Midlands

Returning to Work after a period of leave can be a stressful experience. This aim of these forms is to provide some structure and guidance for the trainee, their supervisor and the anaesthetic department to which they are returning. It is based on the current RCoA and AoMRC guidance, the experience of other regions and a survey of trainees in the West Midlands.

- For anticipated leave, an **Absence from Training** Form should have been completed before the leave period which should be referred to.
- The **Preparation for Return** Form is to be completed a minimum of 1 month before the trainee returns to work to plan how the re-introduction period should be spent and to help prepare the trainee for their return.
- The **Record of Re-introduction** Form is a record of what duties are undertaken during re-introduction.

There are no compulsory assessments as part of the return to work process. However the RCoA suggests that for trainees who have had less than 12 months anaesthetic experience prior to a period of leave, they repeat the Initial Assessment of Competence as part of their return to work. Other grades of doctors may like to use the Anaesthesia List Management Assessment Tool (ALMAT) for theatre lists or the Acute Care Assessment Tool (ACAT) for Intensive Care or the Emergency setting.

For Educational Supervisors / Clinical Supervisors during the re-introduction period

As mentioned above, every trainee will have different needs for their re-introduction period, and should be aware of what they are. In addition to the questions on the pre-leave planning form and included on this form, you may like to consider:

- Has the period of leave been extended beyond that which was originally planned? What was the impact of this?
- How does the doctor feel about their confidence and skills level? Have any new issues arisen since the doctor was last in post which may affect this?
- Have there been any changes since the doctor was last in post, within the department, hospital or specialty?

Most importantly they need to feel supported during this time, as their confidence may be lower than usual.

For Trainees

There are no mandatory requirements that dictate what preparation is necessary before returning to work. However you have a duty to ensure that you are safe to return to practice. You may like to consider the following suggestions based on the guidance from the RCoA and AoMRC:

- You are entitled to take up to 10 Keeping in Touch (KIT) Days without ending a period of maternity leave. These can be used to attend any courses you feel would be beneficial, or you can spend them at work re-orientating yourself. Any payment for these days will need to be negotiated on an individual basis with the anaesthetic department responsible for paying your maternity pay.
- There are several Return to Work Courses available to anaesthetists returning from a break. For e.g.
  - Giving Anaesthetics Safely again simulation courses (see useful links below)
  - AAGBI Return to Work Seminars

  RCoA and AAGBI Regional Core Topics Days are also a useful update in recent advances.
- Your personal CPD to prepare for returning to work should include:
  - Familiarisation with any recent updates to guidelines that have been published during your period of leave. For e.g. Difficult Airway Society Guidelines, Resuscitation Council Guidelines, GMC Guidance, AAGBI publications
  - Reading the "Professionalism in Medical Practice" section in the RCoA Aug 2010 CCT in Anaesthesia
  - Revision of the management of anaesthetic emergencies as necessary.

Useful links / contacts:

Returning to work after a period of absence. RCoA May 2012: http://www.rcoa.ac.uk
Academy of Medical Royal Colleges. Return to Practice – Guidance. AoMRC March 2012: www.aomrc.org.uk
Giving Anaesthetics Safely again: www.gasagain.com
West Midlands Deanery website LTFT pages (including LTFT Speciality Advisor and LTFT Lead Trainees contact details):
http://westmidlandsdeanery.nhs.uk/Home/LessThanFullTimeTraining(FlexibleTraining).aspx