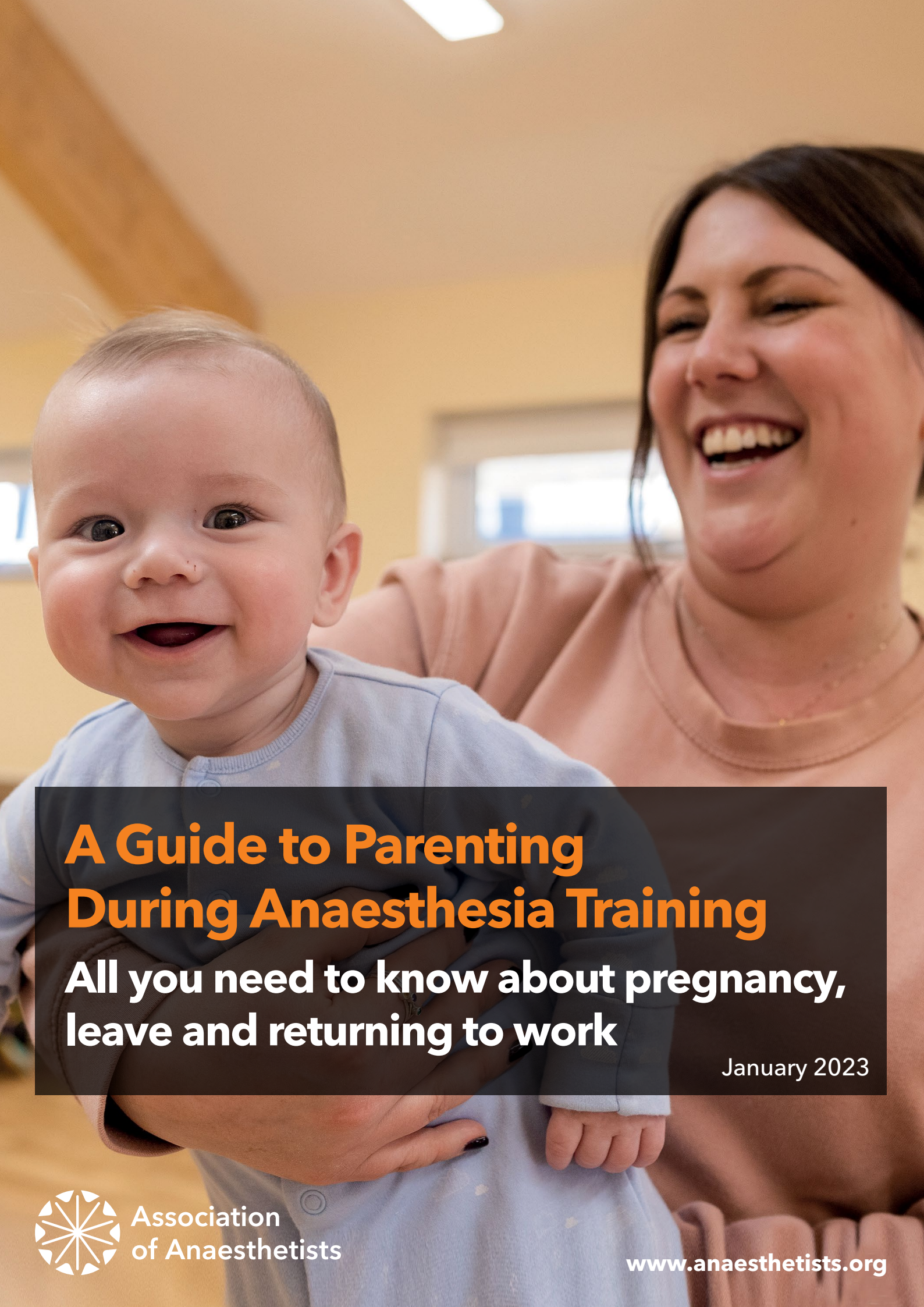

A Guide to Parenting During Anaesthesia Training

All you need to know about pregnancy, leave and returning to work

January 2023

Association of Anaesthetists

www.anaesthetists.org

Introduction

This document started out as local guidance for the Birmingham School of Anaesthesia. It has been extensively revised to make it applicable on a national basis.

Every pregnancy, period of parental leave and return to work is a personal experience with differing challenges. In this document we have endeavoured to provide you with all the current guidance and information you need during this time, alongside some useful tips. It is not intended to be prescriptive.

If you have any comments or suggestions about this document please do get in touch with us at trainees@anaesthetists.org.

All information is correct at time of writing. Information for the Republic of Ireland is based on government data and does not relate to specific hospitals or employers.

The authors would like to thank the Birmingham School of Anaesthesia and the original authors, Dr Emma Plunkett and Dr Kerry Cullis, for allowing us to adapt their document.

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Association of Anaesthetists Trainee Committee

Contents

Click arrows below to view sections

Pregnancy

Who to tell and when

The early stages of pregnancy can be exhilarating but also challenging, both physically and mentally. You may feel extremely nauseous and tired or have no symptoms at all. It is natural to feel anxious about the wellbeing of the pregnancy and navigating the challenges of working whilst pregnant can feel tricky. However, we hope that the information here will help allay any anxieties you may have.

When you decide to tell people you are pregnant is your decision, but by 25 weeks (at least 15 weeks before your due date) you must have officially let the Medical Staffing/Human Resources Department know when you want to start your maternity leave. The other people you must inform are listed below. There is no set time when you must inform any of them, other than your employer, but it is helpful to give your Training Programme Director (TPD) as much notice as possible; ideally let them know by 14 weeks.

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

Checklist of who to inform of your pregnancy/maternity leave	
Educational Supervisor	
College Tutor	
Clinical Director	
Human resources/payroll (by 25 weeks at latest) o Have you submitted your MATB1/MB2 form? o Has your partner applied for leave?	
Rota Co-ordinator	
Training Programme Director (ideally by 14 weeks)	
Medical indemnity organisation	
Association of Anaesthetists	
Royal College of Anaesthetists	

Working whilst pregnant

It is helpful to have someone at work who knows your situation and can help you avoid the risks and cope with the early symptoms of pregnancy, which themselves can impact on your job. Consider confiding in a close colleague; most people are understanding and sympathetic once they know. You should be aware of the health and safety issues to consider whilst you are pregnant, especially in the first trimester (see below). There are also non-clinical aspects to consider, which are outlined in this section.

Mitigating risk
The members of the department you are working in cannot assist in reducing your exposure to potential risk for you and your baby until you inform them of your pregnancy. Once you have informed them, they should complete a risk assessment with you to ensure you are working safely.

The risks to you and the baby include:

- **Anaesthetic gases:** Exposure to these is not thought to present a significant risk to the fetus, providing the gases are adequately scavenged [1–3]. If you are doing a paediatric module, this is likely to involve frequent gas inductions. Discussion with your module supervisor about ways to reduce risks may be helpful, e.g. breathing circuits with scavenging.

- **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, ionising radiation regulations require that the dose to a fetus be unlikely to exceed 1 millisievert (mSv) during the pregnancy [4]. As a guide, 98% of staff working in departments routinely do not exceed this in a year, so if you take appropriate precautions then there is no increased risk. Make sure you wear a 0.5 mm lead apron (0.25 mm overlapping) 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. Further advice can be found from the Health and Safety Executive [5] and guidance on practices was published in *Anaesthesia News* in January 2020 [6].
- **Infectious diseases:** As with all pregnant women, there are certain infections that are known to cause problems in the fetus, e.g. cytomegalovirus, toxoplasmosis, chicken pox and rubella, which you should avoid exposure to. Your immune system is slightly less effective in pregnancy so you are at increased risk of viral illnesses, urinary tract infections and gastroenteritis. Make sure you get enough rest, follow government guidance around vaccination in pregnancy, follow the usual infection control precautions and, where possible, limit your exposure to infectious diseases.
- **COVID-19** During your clinical duties you may work closely with patients with COVID-19 and be exposed to aerosol-generating procedures. This area of practice is constantly evolving. At the time of writing guidance from the Royal College of Obstetricians and Gynaecologists, states: *"Women who are less than 28 weeks pregnant should practise social distancing but can continue working in a patient-facing role, provided the necessary precautions are taken. Women who are more than 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact."* [7]. The Joint Committee on Vaccination and Immunisation has advised that pregnant women should be offered the COVID-19 vaccine based on their age and clinical risk group [8]. The Royal College of Obstetricians and Gynaecologists strongly recommends *"vaccination in pregnancy against COVID-19.... and pregnant women are a priority group for vaccination."* [9]. Your individual risk should be discussed with and assessed by your clinical manager and occupational health to make appropriate (and mutually agreed) adjustments to working patterns and job plans.
- **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 Royal College of Physicians national guideline concludes that there is extensive evidence linking prolonged standing with pre-term delivery [10].

This list is not exhaustive, so please consult the useful links and reading section at the end of this document.

As anaesthesia requires you to be able to get close to the patient, consider the size of your bump! It can become quite difficult to get close enough to do procedures later in the third trimester so be aware of this potential impact on your clinical performance and, consequently, patient safety.

Non-clinical commitments

Pregnancy can physically and mentally affect you; sickness, tiredness, heartburn, feeling big and not being as mobile as you used to be can prove difficult. It can be 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. Try not to 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. Looking after a child whilst working provides different challenges and we would highly recommend you try to make the most of your time whilst pregnant.

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 or hand them over to someone who will complete them for you. Ensure your logbook and training paperwork are up to date when you finish.

It is essential that you have an appraisal and 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** (see Appendix 1) 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.

Shift work and on-calls

You may be concerned about the effect of your working patterns on your pregnancy.

A meta-analysis published in the *British Journal of Obstetrics and Gynaecology* in 2011 [11] 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"*. Conversely, a paper published in 2019 in the American literature does suggest that preterm delivery and miscarriage may be linked to night-shift working, with further risks for rotating shift patterns including pre-eclampsia, gestational hypertension and small for gestational age [12].

However, the Royal College of Physicians published the national guideline *Physical and shift work in pregnancy* [13], which concludes that there is insufficient evidence to make recommendations to restrict shift work during pregnancy, though it may be an area of change in the future [14].

Every pregnancy is different, but it is likely to impact on your ability to work at some point. In the third trimester, some people stop working night shifts and others stop out-of-hours work altogether. You are not mandated to do this, there is no specified time, and some people feel comfortable working through until their maternity leave begins.

If you decide you want to stop on-calls altogether, this will normally require involvement of an occupational physician. Even if you stop out-of-hours working, you will still need to fulfil your weekly contracted hours. This can be more demanding than working out-of-hours, as you would lose compensatory rest days.

Stopping 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. It may have implications for your CCT date and this should be discussed with your TPD. You may need to provide the hospital with a letter from your obstetrician or GP 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 if or when you are stopping as it will need to arrange cover for your out-of-hours work.

If night shifts are not included in your revised working pattern, then emergency work should be done differently to ensure training is not compromised. This usually means doing more long days or weekend days instead of nights. Unless your total hours are changed (for example you elect to reduce your hours or apply for less than full time training) your pay is not affected. If your employer is unable to provide suitable alternative working patterns and you are unable to continue your post due to this, another option is to be suspended on full pay until your maternity leave begins [15]. This is not the same as sick leave, and you cannot be forced to take your maternity leave early.

You are allowed paid time off work to attend antenatal appointments but remember that your absence may need to be covered by another trainee. Be considerate, give as much notice as you can and if possible, try to arrange appointments when you are not on-call and early/ late in the day to minimise disruption.

To help aid the discussions between you and your anaesthetic department a **Working whilst pregnant form** can be found in Appendix 2. As well as reminding you who you should tell you are pregnant, it covers various training issues which may arise. It also summarises what a risk assessment should cover and helps you start to plan your leave.

Leave

This section covers the different types of leave including maternity, paternity, adoption and shared parental leave.

Leave entitlement summary

	Maternity	Paternity	Shared	Adoption
Max no. weeks	52	2	52 total	52
Republic of Ireland	42	2		40

NB: Maternity leave entitlements also apply if you are a surrogate.

When to start maternity leave

This is an individual decision but from an occupational point of view it must be after the beginning of the 11th week before the expected week of childbirth (EWC), i.e. the week you are due, and you must inform your employer when you want to start your leave by the end of your 25th week of pregnancy. In the Republic of Ireland you must take at least 2 weeks maternity leave before your baby is due, and at least 4 weeks after the baby is born [16].

When planning when to start your leave, there are several factors to consider.

- Your current placement: some are more demanding than others. Are you in a hospital close to home or does work involve a long commute? Are you able to complete a block of training before you leave?
- Take into account any problems you may have had in the pregnancy with either your or the baby's health. This may require you to take leave earlier than you might otherwise have done.
- In the third trimester, you are likely to be more tired and uncomfortable. You may wish to save some annual leave to take in the last few weeks to allow yourself time to rest before officially starting your maternity leave. 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' can mean running round after a small child instead!

Pregnancy-related sickness at or after 36 weeks pregnancy may result in commencement of maternity leave. Before this time, any periods of sick leave will be subject to your usual sick leave conditions and entitlement; leave does not need to start with the occasional pregnancy-related sickness day.

Once you have decided when to commence your maternity leave you need to inform the human resources department, the anaesthetic department and your TPD. Each employer will have a Maternity Leave Policy that you should read and there is usually some paperwork to complete and submit to the human resources department. They will also need your MATB1 form (which your midwife should give you) or MB2 in the Republic of Ireland. This allows your employer to process your maternity pay. If you need to claim maternity allowance instead of statutory maternity pay (SMP) you will also need to submit this to the Benefits Agency, so you will need to get your employer to send it back to you. They will also need to provide you with an SMP1 form to submit with your maternity allowance claim.

The British Medical Association has a useful maternity calculator that you can use to work out all the important dates based on your estimated date of delivery.

How long to take

Whatever your employment history, the maximum time you can take is 52 weeks in England, Wales, Scotland and Northern Ireland and 42 weeks in the Republic of Ireland. You must take 2 weeks following the birth of your child (4 in the Republic of Ireland), even if you decide not to take further maternity leave. There are several factors to consider, but often financial implications carry the most weight. You may currently receive income for the first 9 months of maternity leave (26 weeks in the Republic of Ireland). 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. This is usually taken at the end of your maternity leave, before you return to work. If the return to work date following maternity leave is going to be altered, your employer requires 28 days notice [17]. Appendix 3 contains information specific to the Republic of Ireland.

Returning less than full-time (LTFT)
This is a personal decision that requires thought. Within anaesthetics, there are parents working full-time and LTFT, therefore if you need advice there are plenty of people to talk to. See the LTFT section of this document for more information.

Adoption leave and surrogacy

Non-birth parents have identical statutory rights as birth parents. Adoption leave applies whether the child is born via a surrogate or matched through an adoption agency. You are entitled to five adoption appointments to facilitate the process, and the leave entitlements and pay are similar to those for maternity pay. To be eligible, employees must have 12 months continuous NHS service, ending with the week they are notified of being matched.

You should give your employer the following information within 7 days of the notification of the match:

- The date the child will come to live with you.
- The intended date to commence adoption leave. This may be up to 14 days prior to the child's arrival.

You may also need to provide a parental order or a matching certificate from an approved adoption agency. Statutory adoption leave is 52 weeks: 26 weeks of ordinary adoption leave and 26 weeks of additional adoption leave. Only the nominated adopter may take adoption leave, the other may take paternity leave and shared parental leave (see below) [17]. For more information about adoption leave and pay visit: https://www.gov.uk/adoption-pay-leave.

In the Republic of Ireland, adoptive leave gives 24 weeks leave from work to one parent of the adopting couple (or a parent who is adopting alone), starting from the date the child is placed in your care. Your employer does not have to pay you during adoptive leave, unless stated in your contract. If you have enough pay-related social insurance contributions, you can get Adoptive Benefit from the Department of Social Protection. You can take up to 16 additional weeks' unpaid adoptive leave but you cannot claim Adoptive Benefit for these extra weeks. You must give your employer 4 weeks notice in writing of your intention to take adoptive leave. In addition to this, each adoptive parent can take 5 weeks' parent's leave during the first two years of adoption, though your employer does not have to pay you for this. You may be eligible for Parent's Benefit from the Department of Social Protection. For more information visit: https://www.citizensinformation.ie/en/employment/employment_rights_and_conditions/leave_and_holidays/paternity_leave

If you are a surrogate for someone else, you are entitled to the same rights as any pregnant employee, including 52 weeks maternity leave. What you do after the child is born (for example, if the child is subsequently adopted) does not affect your right to maternity leave.

Ordinary paternity leave

There are several types of paternity leave that can be taken. Most commonly, partners who are employees are entitled to take ordinary paternity leave: up to 2 weeks leave within 56 days of the birth. Same-sex parents can take paternity leave provided that the other parent is the spouse, civil partner or partner of the mother/primary carer and they have the main responsibility for the upbringing of the child. They will also be entitled to take unpaid time off to attend two antenatal appointments with the mother/primary carer.

To apply for ordinary paternity leave, your partner must tell your employer the following information by the end of the 25th week of pregnancy:

- The baby's due date.
- When you want the leave to start (this can usually be amended if necessary).
- If you want 1 or 2 weeks leave.

Your partner will normally be asked to provide this information in writing and can claim for paternity pay at the same time, using HMRC form SC3 or their employer's equivalent. https://www.gov.uk/paternity-pay-leave/how-to-claim

The forms and start and end dates are slightly different for adoptions but information can be found here: https://www.gov.uk/paternity-pay-leave/adoption

Shared parental leave

Shared parental leave was introduced in 2015. This allows both parents to share up to 50 weeks leave entitlement (the first 2 weeks are compulsory maternity leave) after the birth of a baby or adoption of a baby or child, and 37 weeks of pay. Eligible parents are then able to split the remaining leave and pay (statutory shared parental pay). In order for your partner to commence shared parental leave you have to have returned to work or given your employer binding notice of your return date.

The leave has to be taken in the first year of the child being born or placed with you. You can take the leave at the same time or take it in turns to have periods off. Each employee can submit up to three notices to book leave (i.e. the leave can be in discontinuous blocks), but the employer has the right to insist that the leave is taken as one continuous block and can convert the total amount of leave requested into one block. Leave must be taken in complete weeks.

To qualify for shared parental leave and statutory shared parental pay the eligibility criteria are different for each of the following:

- Birth parents.
- Adoptive parents.
- Both parents sharing shared parental leave and statutory shared parental pay.
- The mother/primary carer's partner wants to take shared parental leave and statutory shared parental pay.
- The mother/primary carer wants to take the shared parental leave and statutory shared parental pay.

This website: https://www.gov.uk/shared-parental-leave-and-pay – takes you through the eligibility.

Partners are entitled to Keeping in Touch days when preparing to return to work after shared parental leave. Please see the Returning to Work section below for more information about Keeping in Touch days.

Please note that shared parental leave after the birth or adoption of a child is not the same as unpaid parental leave that nominated carers are entitled to. This is usually unpaid leave and is for at least 18 weeks for each child up to their 14th birthday (18th birthday for adopted or disabled children). More information is available via this link: https://www.gov.uk/parental-leave/entitlement

Implications for your CCT date

You are required to inform the Royal College of Anaesthetists (RCoA) of any period of time out of training such as maternity leave. This may occur via the ARCP process or you may need to do it separately. The RCoA recommends that the Regional Advisor, TPD, College Tutor and the Chair of the Training Committee decide whether the essential core clinical outcomes can be achieved or whether additional time is required when on-calls are removed from the trainee's training. The CCT date is usually recalculated when the trainee is in ST5 or as required thereafter [18].

How to prepare professionally

On returning to work many people find the practical procedures they 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 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 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. You will soon find you don't need to refer to them – but when you are feeling a bit rusty, they will help. You may wish to identify articles to read or courses to attend in the run up to your return to work.

If you 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. You may find yourself nesting and cleaning during this time – make sure you remember where you put your stethoscope and ID badges!

Whilst on 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 around you. Consider asking 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 read them prior to returning to work.

If you decide at any stage that you want to change your return to work date, discuss this with the TPD urgently as you will need to give a period of notice to them and the Trust or Health Board you are returning to (a minimum of 28 days).

You may want to think about childcare options for when you return to work. There are lots of options out there such as nurseries, nannies, childminders, family and friends. It may seem a long time away but many settings have long waiting lists. When choosing childcare, consider its location, opening hours and whether you wish it to be close to home or close to work. Both have advantages and it is a personal decision. Many nurseries have slightly restricted hours, only opening from 8am to 6pm. If you and your partner both start work at 8am your choice of childcare 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 colleagues use and check the Ofsted website which will give the latest reports on all registered childcare providers.

Financial considerations

There are a range of benefits and tax reliefs that may be applicable to your situation discussed below. This information seems to change frequently but is correct as of June 2022.

Maternity pay

This can seem really complicated at first glance! We hope the information in this section will help, but if you are in doubt ask your human resources department – it is used to dealing with maternity pay and should be able to advise you.

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

- How long you have been employed by the NHS (important if you have worked abroad recently).
- How long have you been employed by the Trust or Health Board which will be paying your maternity pay.
- Whether or not you intend to return to work.

There are three main potential sources of income: occupational maternity pay, SMP and maternity allowance. The rate of maternity pay is calculated from your salary between 17 and 25 weeks gestation. If you have been working for the NHS for more than a year continuously, and intend to return to work for at least 3 months, you will qualify for occupational maternity pay. You can then add in SMP or maternity allowance to that – see below. The main difference is where that money comes from, e.g. SMP from your employer or maternity allowance from the Department for Work and Pensions via the Job Centre. Hence why it matters how long you have been working for your employer.

Maternity pay (not including the Republic of Ireland)				
	Occupational maternity pay	**Statutory maternity pay**	**Maternity allowance**	**Occupational maternity pay plus SMP/maternity allowance**
Paid by	Employer	Employer	Department for Work and Pensions	Employer
Eligibility	12 months continuous service with NHS by 11th week before EWC Intend to return to work for minimum of 3 months 8 weeks full pay 18 weeks half pay 26 weeks unpaid	26 weeks continuous service with the one (current) employer by the beginning of the 15th week before the EWC 6 weeks at 90% of normal pay 33 weeks £156.66 or 90% of your average weekly earnings (whichever is lower) 13 weeks unpaid	Not eligible for SMP (usually due to lack of continuous service with one employer) £156.66 a week or 90% of your average weekly earnings (whichever is less) for 39 weeks 13 weeks unpaid	Qualify for both SMP and occupational maternity pay 8 weeks full pay (includes and SMP/maternity allowance received) 18 weeks half pay plus the flat rate of SMP (or average weekly earnings, whichever is lower) providing the total does not exceed full pay 13 weeks SMP (or 90% of average weekly earnings, whichever is lower) 13 weeks unpaid

SMP, statutory maternity pay; EWC, expected week of childbirth

If you have been working at the Trust or Board which will be issuing your maternity pay for less than 26 weeks then you will need to claim maternity allowance 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 online). You can claim maternity allowance once you've been pregnant for 26 weeks. Payments can start 11 weeks before your baby is due.

There can occasionally be a problem receiving maternity pay if you rotate to a different NHS Trust or Health Board during your pregnancy. All continuous NHS service (which includes periods of maternity leave) should be recognised when determining your entitlement to maternity pay. It is worth checking your contract to make sure it has the correct dates.

As most anaesthetists will have more than one year of continuous NHS service, the pay will look something like this:

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

You can 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 SMP followed by 33 weeks low rate SMP. High rate SMP is paid at 90% of your average weekly earnings between 17 and 25 weeks gestation. Low rate SMP is paid at the standard rate set by the Government – currently £156.66. (This rate is reviewed annually and can be found at https://www.gov.uk/maternity-pay-leave/pay)

Republic of Ireland
In the Republic of Ireland you are entitled to 26 weeks maternity leave, no matter how long you have been working for your employer. If you have enough pay-related social insurance contributions, you are entitled to maternity benefit. You can take up to 16 weeks additional maternity leave, but it is not covered by maternity benefit (i.e. unpaid).

Adoption pay

The pay scheme for adoption pay is similar to maternity pay, although the criteria in terms of service are slightly different, as is the paperwork. To be eligible for occupational adoption pay you must have had 12 months continuous NHS service ending with the week in which you are notified of being matched. Occupational adoption pay is paid at the same rate as occupational maternity pay (i.e. full pay for 8 weeks and half pay for 18 weeks). Statutory adoption pay is paid if you have had 26 weeks continuous service with one employer by the week you are matched. This is paid at the same rate at SMP. There is no equivalent to maternity allowance that we are aware of, for those people adopting who have moved NHS Trusts in the period before adopting. However, the NHS Employers website states that employees may be entitled to help from their local council instead: https://www.gov.uk/adoption-pay-leave

Ordinary paternity pay

If your partner has had 12 months continuous NHS service by the EWC then they are entitled to full pay for each of the weeks of ordinary paternity leave.

If they have not done this (for example, if you have recently returned from abroad), but they have completed 26 weeks continuous NHS service by the 15th week before the EWC, then they can claim statutory paternity pay instead. You must apply for paternity pay at least 28 days before you want the pay to start.

Shared parental pay

Statutory shared parental pay is paid at the same rate as statutory maternity and adoption pay (currently £156.66). If the mother or adopter ends their entitlement to statutory maternity/adoption pay, then their partner is eligible for any outstanding pay. So for example, if the mother goes back to work after 26 weeks, then the partner can claim 13 weeks of statutory shared parental pay that the mother would have been entitled to as SMP, if she had remained on maternity leave [19].

Tax free childcare

This is the replacement for the childcare voucher scheme. It involves setting up a childcare account at https://www.gov.uk/get-tax-free-childcare. For every 80p you pay into the account the Government will pay 20p, up to a value of £2000 per year, or £4000 per year if your child has a disability. You can then pay your childcare provider from this account.

For more information on childcare schemes, including child benefit and free childcare for toddlers, visit https://www.gov.uk/childcare-calculator to see what you may be eligible for. Note not all schemes are applicable to all devolved nations.

Junior ISAs

From January 2011, Child Trust Funds 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-years-old. However, there are no Government contributions, compared with the Child Trust Funds. For more information about both, visit https://www.gov.uk/junior-individual-savings-accounts and https://www.gov.uk/child-trust-funds

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 should meet with your TPD to discuss your educational needs and consider what placements you need to complete. You should also consider the following:

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 a parent 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 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, so the child is not thrown in completely at the deep end. Some nurseries have very long waiting lists and so your decision about childcare often has to be thought about earlier than you would think (potentially before baby is born).

Breastfeeding
If you choose to breastfeed and do not want to stop just because you are returning to work, you have a number of options. You can choose childcare close to work to nip out and feed, arrange flexible working around feeding times or express milk whilst at work.

Practically the last option is likely to be the easiest to arrange due to the nature of anaesthetic training, but NHS employers should consider flexible working arrangements to allow breastfeeding at work [20]. This can mean changes to your days, shifts, or hours. For example, you can request to move from night to day shifts if this will allow you to continue breastfeeding. Your employer is legally required to give the request serious consideration and refusal must be with good reason and in writing [21].

Employers are required to provide suitable facilities for pregnant and breastfeeding parents to rest [22]. The Health and Safety Executive (HSE) recommends that it is good practice for employers to provide a private, healthy and safe environment for feeding and expressing (a room) and store milk (a fridge) [23]. It is not suitable to use the changing rooms or toilets! Milk should be stored in the fridge (4°C) and a cool bag is great for taking it home. Consider keeping some breast pads in your work bag.

Whether you use a breast pump or hand express, try it out a few weeks before returning to work. Practicing will allow your breasts to get used to 'letting down' when expressing and you can see how long it takes. Building up a store of expressed milk to have in reserve is useful for the first few days back. More information can be found in the NHS *Breastfeeding and work leaflet* [24].

Remember: notify your employer and TPD in writing that you intend to breastfeed (or express) before you return, so the practicalities can be arranged. A risk assessment should also be carried out. Useful resources can be found on the Maternity Action website [25].

Contact your employer
You will need to confirm your return to work date with the department at least 8 weeks before your maternity leave finishes. 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 as you cannot take it before it has been accrued. It is worth reminding the department of this and confirming that payroll is aware too. Check that this is what the Trust is expecting you to do and is not expecting some to have been taken before maternity leave (see below).

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 at before 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 the department's agreement to pay your accrued annual leave at the end of your maternity leave before your return to work date. You also accrue bank holidays whilst on maternity leave in England and Wales – these are often included in your annual leave entitlement in Scotland.

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 (Appendix 1), you should review this and the possible ways you can keep up to date with practice whilst on leave.

Keeping in Touch Days
You are entitled to take up to 10 Keeping in Touch 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 compulsory maternity leave) 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. Payment for these days needs to be discussed with your department and payroll. More information about your rights when on leave can be found at: https://www.gov.uk/employee-rights-when-on-leave

Return to work courses
There are national return to work courses run specifically for anaesthetists. The Giving Anaesthetics Safely Again group run friendly simulation days designed to improve your confidence on returning to work (search on the RCoA's website for the next one). The Obstetric Anaesthetists Association (OAA) runs an Obstetric Update day which may be useful if you are returning to an obstetric anaesthesia block. There is also an online course run by the Association of Anaesthetists and the RCoA. There may be more local/regional courses that have been organised and it is worth discussing this with other trainees who have recently returned to work.

Maintaining/updating your CPD
Though you are under no obligation to do so, you should try to keep up to date with developments in the field. Consider reading and revising the management of anaesthetic emergencies – the Quick Reference Handbook from the Association is a great starting point. Familiarise yourself with the curriculum requirements expected of you on the RCoA website. This will depend on which curriculum (2021 or 2010) you are following.

Plan your re-introduction period
On your return to work, different specialties give differing levels of supervision. The RCoA recognises that a return to clinical work may take as little as 1–2 weeks or extended up to 6 months. 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 a Preparation for Return Form (Appendix 1) 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.

Other tips
In the last few weeks of your 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…

Key point: Use a structured plan to map out your return to work

Returning to work after a break can feel daunting, but there is plenty of support and advice out there.

Both the RCoA and the Academy of Medical Royal Colleges have guidance documents on returning to work after a break. Your region and Deanery may have documents to support your return to work and it is worth asking about these. If there is nothing available locally, you may find this link useful: https://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revison_0617-2.pdf.

Useful forms can be found in Appendix 1 of this document such as a **Preparation for Return Form** and a **Record of Re-introduction Form** which helps document duties undertaken during return to work.

There are no compulsory assessments as part of the return to work process, and the support you need will vary according to level of training and time away. The RCoA suggests that for trainees with less than 12 months anaesthetic experience before a period of leave, they repeat the Initial Assessment of Competence as part of their return to work [26]. Other sources of information include Association of Anaesthetists Return to Work Seminars and RCoA and Association of Anaesthetists 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 example from the Difficult Airway Society., Resuscitation Council, GMC guidance and Association of Anaesthetists publications.

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 subspecialties 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.

You should not be starting on-calls immediately. Talk to your rota supervisor to arrange this if it does not happen automatically. How comfortable you feel with returning to on-call duties will depend on many factors including your level of training, type of job and responsibilities expected of you. 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 than get into difficulty. Most importantly, you need to feel supported , as your confidence may be lower than usual. Reach out to peers and supervisors, and don't be afraid to ask! Many of your colleagues will have been through similar experiences, so please use the experience around you.

Fatigue and burnout

The risk of fatigue is of concern to those preparing to return to work – working as an anaesthetist and the effect of shift work add to this considerably. The Association of Anaesthetists' document *Fatigue and Anaesthetists* [27], describes fatigue as *"the subjective feeling of the need to sleep…drive to fall asleep…decreased alertness"*. This may be of importance to those returning from maternity leave, when caring for a young family provides additional reasons for sleep deprivation. So, what can you do to help? Be aware of the implications, recruit help from family and friends and try to get into good sleeping habits if you can. Remember about the safety of driving home whilst exhausted.

Juggling the pressure of work, young families, exams, etc. may increase the risk of burnout. This is described as emotional exhaustion and is thought to be due to prolonged levels of occupational stress. Returning to work can be a significant source of stress and, if sustained, burnout may follow. If you think you may be at risk, it is vital to get help. The British Medical Association and Association of Anaesthetists can offer help and advice, along with support systems in your region. Your GP is also a good place to start. Don't be afraid to reach out.

Less than full-time (LTFT) training

If you are intending to return to work LTFT then there are several other tasks to complete. 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. Give your email address to the LTFT lead trainee so you can be included in any relevant emails.

The Association of Anaesthetists has published an A-Z guide for LTFT training [28] which contains a wealth of information on all things LTFT.

Apply for LTFT training (establish your eligibility)
As a carer for a dependent you are automatically eligible for LTFT training under Category 1 of the eligibility criteria. This does not mean you will be granted LTFT training, but it is rare that applications are turned down under this category, particularly in anaesthesia.

You need to apply for LTFT training by completing the Stage 1 Eligibility Assessment, usually a form online, and submitting it to the Postgraduate Dean for LTFT training or other nominated LTFT lead in your region. Applications are accepted from the end of the first trimester and the latest time applications can be made is 3 months before you are due to return to work. However, if there have been unexpected complications in either yours or the baby's health then late applications may be considered.

Who to inform

You will need to inform your TPD of your definite decision to return to work as a LTFT trainee so that they can make arrangements. 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 will be. Your LTFT training programme will need to be approved by the RCoA and you will also need to notify the RCoA of your maternity leave dates and return to work date so it can recalculate your CCT date.

Make contact with the LTFT lead for your region, who can advise on timings and forms to fill in. Talking to other LTFT trainees already doing the job is really helpful too.

How it works
The percentage can range from 50–80% of full-time (48) hours. The percentage that a trainee works needs to be decided upon with the TPD and is an individual decision, though employers are not obliged to grant a particular percentage – 60% and 80% are commonly worked in anaesthesia.

Sometimes 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. Two trainees working at 60% can be in a slot share whereas a trainee working 80% is most likely to be working part time in a full-time slot.

Your employer is not obliged to give you a fixed day(s) off each week, but many do accommodate this. It often makes childcare easier, and can help with writing rotas. Do what is right for you – there is little point going LTFT if it makes your life harder!

ARCPs continue yearly and the expectations are based on the percentage that you are working at the time.

Applying for funding and writing your rota

Once you know which hospital you will be working at, your human resources department should be able to advise you on specific paperwork requirements for your area. The full-time hours and rota template should also 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. 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.

Different regions will have different ways of dividing up the on-call rota. Regardless of how this is done you should be working a pro rata percentage of your full-time colleagues. Once you have your on-calls allocated you may need to add in your normal working days, or this may be done for you depending on where you work.

Often your on-calls will simply be given to you based on the percentage you work and your working days. In some situations, you may find yourself sharing an actual rota slot with another LTFT trainee. 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. Strictly speaking, a slot share differs from a job share in that the two doctors involved may overlap their sessions, so this should be accepted by the anaesthetic department.

We appreciate that this is a complicated process; please ask your LTFT Lead trainee or consultant for advice on matters pertaining to LTFT applications or placement approval form queries.

Pros and cons of working LTFT

Working LTFT can take a period of adjustment as you learn to balance your new role as a parent with your job as a doctor. However, there are many positives about this, including an improved work–life balance and the opportunity to spend more time with your children and family. You may appreciate your work more when you are there, as it is a refreshing change from domesticity. You develop an increased ability to manage and prioritise your workload. There is time away from work to gain a little headspace, and the frequency of on-call shifts lessens. You have more time to complete non-clinical work and plan projects.

There are cons too. Your training will be longer, and your pay less. You have pro rata access to study leave and annual leave. Some people find only being at work part of the week difficult as it leads to lack of continuity, particularly in intensive care. You may also feel that some full-time colleagues will not consider you an equal as you are 'just a part timer'. This can lead to feelings of inadequacy and feeling like you constantly need to prove your worthiness and dedication to you career. This attitude is rare in anaesthetics, but if you are having this kind of experience, please talk to someone. It is not acceptable.

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 which can be very costly.

However, working LTFT means you can attempt to get the best of both worlds. You get more time with your child, and you get to continue your career. It will take longer to reach your CCT date, but you will be progressing professionally as well as having the financial benefits of working. It is hard work balancing the two roles but as you settle in it becomes easier – and the welcome you get when you arrive home makes it all worthwhile!

Summary of what to do and when

	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 • Start planning your return to work with your Educational Supervisor and complete any relevant paperwork. • Contact your ARCP lead – some Schools of Anaesthesia require an ARCP prior to leave or just prior to return.	• 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. Keeping in Touch 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

- Protecting pregnant workers and new mothers: http://www.hse.gov.uk/mothers

Maternity, paternity and adoption leave

- Maternity leave calculator: https://www.bma.org.uk/advice/work-life-support/working-parents/maternity-leave-calculator
- Maternity and paternity benefits and leave: http://www.nhs.uk/conditions/pregnancy-and-baby/pages/maternity-paternity-leave-benefits.aspx#close
- Returning to work and your rights as a working parent: https://www.bma.org.uk/advice/work-life-support/working-parents

Financial considerations

- Department for Work and Pensions. Maternity benefits: detailed guide: https://www.gov.uk/government/publications/maternity-benefits-technical-guidance/maternity-benefits-technical-guidance
- Maternity pay and leave: https://www.gov.uk/statutory-maternity-pay/overview
- Get childcare: step by step: https://www.gov.uk/get-childcare
- Expenses and benefits for directors and employees – a tax guide: http://www.hmrc.gov.uk/leaflets/ir115.pdf
- Child Benefit: detailed information: http://www.hmrc.gov.uk/childbenefit/index.htm
- Junior Individual Savings Accounts (ISA): https://www.gov.uk/junior-individual-savings-accounts/overview

Returning to work

- Return to Practice Guidance 2017: http://www.aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revison_0617-2.pdf
- Plunkett E, Johnson E, Pierson A. Returning to Work in Anaesthesia: Back on the Circuit. Cambridge University Press, 2016. https://www.cambridge.org/gb/academic/subjects/medicine/anesthesia-intensive-care-pain-management/returning-work-anaesthesia-back-circuit?format=PB
- GASagain (Giving Anaesthesia Safely Again): https://www.rcoa.ac.uk/events/gasagain-giving-anaesthesia-safely-again-4
- Returning to work in Anaesthesia, online course from Association of Anaesthetists and the RCoA. Book at https://www.rcoa.ac.uk/events

LTFT information

- Less than full-time training for doctors: https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/less-full-time-training-doctors
- Association of Anaesthetists. Less than full-time (LTFT) training: https://anaesthetists.org/Home/Wellbeing-support/Career-support/Less-than-full-time-LTFT-training
- RCoA. Flexibility in training: https://www.rcoa.ac.uk/training-careers/training-anaesthesia/flexibility-training

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Back to contents

Appendices

The following pages contain useful forms and references to help smooth the return to work journey.

Your Trust, Deanery or Board may have their own specific forms to complete, but these are examples you can use to ensure nothing is missed.

With thanks to the Birmingham School of Anaesthesia.

Appendix 1: Returning to training paperwork examples

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.

Health Education West Midlands

RETURN TO TRAINING FLOWSHEET

ABSENCE PLANNING

Absence from training meeting with ES, College Tutor and/or TPD

→

Discuss
- Keeping up to date
- Use of KIT days
- Intention to train LTFT

Complete Absence from Training Form

→

Copies of completed form to be forwarded to the
- TPD
- Deanery Specialty Lead

Notify and contact School LTFT lead and Associate Dean LTFT where appropriate

Notify Employing Trust (HR) of date of proposed absence

PREPARATION FOR RETURN

Preparation for return meeting with ES / College Tutor

→

Discuss and agree
- Length of supervised return to training
- Learning needs and objectives

→

Plan and agree documentation (Log book, WPBAs etc)

Complete Preparation for Return Form and send to
- TPD
- Deanery Specialty Lead
- Employing LEP
- ES
- College Tutor

RECORD OF RE-INTRODUCTION

On successful completion of re-introduction training* **appraisal meeting** with ES, College Tutor or TPD

→

Satisfactory Progress
ES and trainee agree then sign off and trainee can return to normal training and rota

Complete Record of Re-introduction Form

→

Sign off and send copies of completed form to:
- TPD
- Deanery Specialty Lead

Notify relevant College if CCT date needs to be revised

Absence from Training Form

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 license 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 days, CPD opportunities, courses.	
Estimated date of next appraisal (at least 1 month before return to work)	

Trainee name:
Signature:
Date form completed:

Educational Supervisor name:
Signature:

Preparation for Return Form

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. Keeping in Touch days, return to work 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 license 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

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:

Appendix 2: 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/MB2 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
Potential change to LTFT training, process for application discussed?	Yes/n/a
Implications for license 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:
Signature:
Date form completed:

Educational Supervisor name:
Signature:
(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 should not be asked to rotate hospitals after 27 weeks. Therefore, to plan rotations effectively, TPDs need 3 months' notice of changes or as soon as possible.

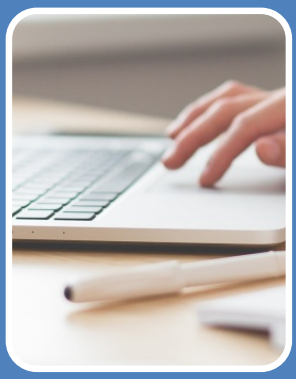
This form is to be completed when approximately 15 weeks pregnant.
Copies are to be kept by the trainee and the department.

Appendix 3: Leave in the Republic of Ireland [16].

Leave	Who gets it?	How long?	Is it paid?
Maternity leave	Female employees	26 weeks and up to 16 unpaid weeks	Yes, maternity benefit is paid for 26 weeks
Adoptive leave	One parent of the adoptive couple, or a parent adopting alone	24 weeks and up to 16 unpaid weeks	Yes, adoptive benefit is paid for 24 weeks
Paternity leave	New parents of children under 6 months of age (usually the father or the partner of the mother, or in the case of adoption, the parent who is not taking adoptive leave)	2 weeks	Yes, paternity benefit is paid for 2 weeks
Parental leave	Parents and guardians of children under 12	26 weeks	No, it's unpaid
Parent's leave	Parents of children under 2 years of age Parents of adopted children in the first 2 years of the placement of the child	5 weeks from April 2021	Yes, parent's benefit is paid for 5 weeks

Appendix 4: Return to work checklist

Organisational

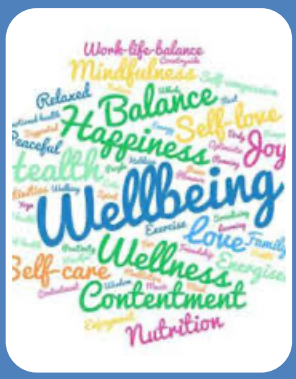


- Decide on a return to work date and inform your deanery/Trust
- Arrange an initial review with your Educational Supervisor
- Consider doing some keeping-in-touch or Supported Return to Training days before you return
- Make sure you have completed your annual and study leave requests

Clinical

- Attend a return to work course if possible
- Make use of online resources that are available
- Discuss an appropriate amount of supervised sessions when you return
- Check you are comfortable with the on-call rota

Wellbeing



- Talk to others who have been through this process
- Ensure you are happy with arrangements at home
- Speak to someone professional if you are feeling overwhelmed
- Be kind to yourself - it will take a while to get back into the swing of things!

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