Royal College of Anaesthetists

FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

Returning to work after a period of absence

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Introduction

The Academy of Medical Royal Colleges (AoMRC) guidance[1] stipulates that any doctor away from clinical practice for three months or more will require a period of individualised support on their return, whatever the reason for their absence. It also states that '*a clear and supportive process for the return to practice should be in place in all organisations employing or contracting doctors*'.

Within a department, a supportive culture is crucial to making any return to clinical work after a period of absence a success, as recognised in Guidelines for the Provision of Anaesthesia Services (GPAS).[2]

It is advisable to have a nominated individual or individuals with an interest in this area as a point of contact for those taking a break from practice. The person responsible for supporting an anaesthetist's return to work may be the nominated return to work (RTW) lead, a clinical lead, the clinical director or head of service. For the anaesthetist in training (AiT), this will be with their College/ Faculty tutor, educational supervisor or both.

The nature and duration of the support required varies, depending on the individual circumstances of the returning anaesthetist, as well as the reason for their absence. However, managing a successful return to work is always a collaborative process between the individual and their department. This document aims to provide clinicians *and* departments with a framework to facilitate this, and to thereby improve patient safety. This guidance should be referred to alongside existing trust and national guidelines on the subject.

Background

There is clear evidence that skills fade during an absence from clinical practice. The two most relevant factors extending the length of time to regaining skills on return to work are the length of time away from clinical practice and increasing age of the doctor.[3] In a craft-based specialty with experiential learning such as anaesthesia, the amount of time in training or practice before any time out may also affect the rate at which the doctor returns to their previous levels of confidence, competence and knowledge.[4]

Absence may be a consequence of statutory leave such as parental or sick leave, career breaks, or as a result of work in a non-anaesthetic role, such as research or time in other fields of medical practice.

Where a clinician is returning from illness or injury, any phased return directed by occupational health is the priority when planning a clinician's return, although many of the recommendations here may be additionally useful.

Absence secondary to conduct or capability issues should be addressed primarily by the relevant trust and remediation bodies, although this guidance should be considered to be an adjunct to those interventions.

Whatever the reason for absence, returning clinicians and their employers have a responsibility to ensure they are safe to resume all their duties. Their line managers should ensure they are fully aware of the structures, legislation, and support available to them, and should encourage a kind and supportive departmental environment.

Principles for effective RTW support

- Absences of greater than three months require a plan for return to work support; anecdotal experience suggests that a minimum of ten supernumerary (supervised) sessions is helpful for all grades of staff. The nature of the supervision should be mutually agreed between the returner and the person responsible for supporting their return.
- RTW plans should be reviewed to ensure they are neither excessive nor inadequate. Ten accompanied sessions *may not be enough*, especially if the absence is prolonged.
- Planned absences require pre-absence preparation.
- All absences (planned or unplanned) require pre-return preparation. It is strongly recommended to keep a record of all meetings, discussions and activities relating to return to work.
- AiTs have further considerations to be managed – see section later in this document.

Planned absence – pre-absence planning

- A pre-absence meeting in the form of an appraisal meeting, ARCP or supervisors meeting should take place so that any outstanding portfolio issues can be completed. This is a good time to discuss how to practically optimise their return whilst addressing potential concerns.
- The approximate planned duration of absence should be established.
- Revalidation and CPD requirements should be up-to-date before departure.
- Clinicians going on parental leave should be made aware of the availability of keep in touch (KIT) days and how to access them. KIT days are a contractual requirement of all trusts and health boards, with an entitlement of a maximum of ten days. If shared parental leave is taken, an additional 20 shared parental leave in touch (SPLIT) days are available. British Medical Association guidance on Returning to work and your rights as a working parent[5] explains KIT and SPLIT day arrangements in more detail.
- Some professional memberships can be suspended for the duration of absence.

Unplanned absences from work

Despite not being able to plan, the department has the responsibility to keep lines of communication open for the absent individual to use at their discretion and to identify the support they may require upon their return.[6] A return to work lead within the department is ideally placed to be a primary point of contact. Where appropriate pastoral support should continue to be offered or signposted.

Pre-return planning

- At least six to eight weeks before the planned date of return, a discussion should take place between the doctor returning to work and their manager/supervisor to identify their requirements and any concerns.
- A supernumerary period should be anticipated and planned for by all those returning to work.
- There should be a consistent approach for all doctors who have been away from the workplace and the following questions are suggested as a framework for discussion between the anaesthetist and the person responsible for supporting their return to work.
  - How long has the doctor been away? Were there any significant events whilst away from work that may require extra support and or/longer phased return?
  - Is there any information that should be shared with the department? Sensitive communication within the department should be discussed with the individual.

- Has their length of time away from work had any impact on their license to practice and revalidation? For permanent anaesthetic staff, advice should be sought from the local responsible officer.
- Do they wish to discuss adjustments to their hours of work or working pattern? For those in substantive posts, this may form the focus of job plan meetings.
- What areas of practice do they need to re-familiarise themselves with?
- If the anaesthetist held non-clinical responsibilities within the department prior to absence, how should these be factored into the return-to-work plan?
- Anaesthetists who spend a proportion of their time in a separate sub-specialty, eg pain, should have this factored into their return-to-work plan, which may take longer than returning to a single specialty.
- What does the anaesthetist feel the challenges are likely to be and what would help them manage these?
- Have there been any significant changes around leadership and management within the department?
- Have any new policies or equipment changes been introduced during their period of absence?
- Does the individual require access to health and wellbeing, psychology support, mentoring or a coaching scheme?[7]
- Is the anaesthetist aware of the opportunity for keeping in touch (KIT/SPLIT) or supported return to training (SuppoRTT) days?
- Does the anaesthetist require signposting to any CPD or educational activity specific to RTW, ie simulation training, knowledge-based lectures or resuscitation update?

Considerations where absence is due to physical or mental health

- If health issues are ongoing, occupational health advice must be sought.[6]
- Any specific recommendations made by occupational health must be accommodated by the department.

Considerations for new parents

- The Association of Anaesthetists' A guide to parenting during anaesthesia training provides advice on returning to work considerations, many of which are applicable to all anaesthetists who are new parents.
- Individuals who wish to continue breastfeeding require particular consideration and all efforts should be made to support this. Every trust/board should have a breastfeeding policy. Guidance is available from the Health and Safety Executive.

A plan for a successful RTW

A structured plan should be developed that addresses the individual's personal circumstances, as well as their learning needs. It should also address any patient safety concerns, and include:

- An agreed, but flexible period of supernumerary work, with no out of hours responsibility.
  - Clinicians ideally should not be financially disadvantaged during this period.
  - Senior anaesthetists should be offered a peer of the same or higher grade to accompany them during their supernumerary time, and not asked to teach or supervise. During their first few on calls, a named backup on call consultant or a buddy should be available.
  - More junior anaesthetists, and those in training may be able to start at a favourable part of the rota cycle, provided there is suitable notice.
- Agreement over how to identify the right time to resume full duties. This may involve the use of RCoA assessment tools, eg anaesthesia list management assessment tool (ALMAT) or other supervised learning events (SLE), and should include subjective evaluation of confidence by the individual. Patient safety remains the priority of all concerned parties.
- Discussion over the timing of resumption of non-clinical or managerial responsibilities, which may need to come after the resumption of clinical duties.
- A follow up meeting to ensure that the support plan is effective, and to make adjustments if not.

Additional considerations for AiTs

In addition to the above recommendations, AiTs and their supervisors must consider some other areas.

Before departure

- The College/Faculty tutor, training programme director (TPD), head of school and programmes team should be notified of an absence, and any relevant paperwork pertinent to each school of anaesthesia should be completed.
- It is good practice for AiTs to return to the same department that they left, and TPDs should try to facilitate this.
- AiTs must have an educational supervisor, who is involved in planning for their return, along with their College tutor, and TPD. TPDs must be kept updated with regard to the training timeline.
- AiTs frequently plan their return around training rotation dates, allowing access to the planned induction, in addition to their bespoke RTW package. If new to a department, an individual induction must be provided as part of the RTW package.
- AiTs in England should be advised to access their local SuppoRTT programme – where possible before they depart. They should complete the SuppoRTT pre-absence form with their senior educator, ie educational supervisor, College tutor etc.
- AiTs in Wales should be advised to access HEIW Medical Deanery Guidance on Planning Return to Work for Doctors in Training, which has details of local support available.
- AiTs in Scotland (Return to clinical practice – guidance for trainers and trainees) and Northern Ireland (Hospital specialty – guidance and policies) should be directed to their respective deanery resources, which have details of local support available.

On return

- In addition to supernumerary sessions, consider the following:
  - Working with a limited number of named supervising consultants with responsibilities for both clearly defined can facilitate a smooth return.
  - There should be agreement of:
    - milestones to be achieved and timelines for their completion
    - how assessment of progress is to be monitored, reviewed and signed off. The Initial Assessment of Competence (IAC) may provide a useful framework, particularly for anaesthetists in training with less than 12 months anaesthetic experience.
  - Resumption of on call should be with mutual agreement:
    - the tier of planned on call and supervision should be determined. Return to a more junior rota may be helpful for more senior AiTs in restoring confidence.

For the AiT, the RTW period should not necessarily affect their prospective CCT date assuming appropriate progression can be demonstrated and there is College/Faculty tutor/educational supervisor support. It should also be noted that annual leave is accrued during parental leave, and that this should usually count towards training, as it is paid time. However, flexibility is available if this best supports the progress of the trainee.

For further information, please see Less than full-time training: a guide for training programme directors in anaesthesia and intensive care medicine and information on training time and calculation of CCT dates on the RCoA website.

Additional resources for RTW

In addition to local KIT days and supervised in-theatre activity, the following are available for anaesthetists returning to clinical practice.

Online resources

- The Association of Anaesthetists have published Return to work guidance,[6] which provides useful background information particularly for non-AiT returners.
- The British Medical Association published Returning to clinical practice after absence[8] guidance which provides secondary care doctors with a comprehensive and transparent approach to returning to work.
- Health Education England provides SuppoRTT – digital and online resources[9] including webinars, online learning, podcasts and videos for doctors returning to training after time out.
- NHS England has an e-Learning for Healthcare platform[10] which contains a number of helpful resources for both returners and their supervisors.
- NHS England have a workforce, training and education You Tube platform[11] that contains related content on support for return to training.
- Health Education Improvement Wales and the Welsh School of Anaesthesia have helpful resources on return to training.
- For the clinician who has been away from practice for an extended time period (greater than three years), the National Clinical Assessment Service publication The Back on Track Framework for further training[12] published in December 2010, offers valuable generic guidance.

Parental resources

- The Association of Anaesthetists provide Maternity, paternity and adoption rights[13] information on their website to support parents during pregnancy and parental leave.
- The Association of Anaesthetists published A guide to parenting during anaesthesia training[14] which provides parents with all they need to know about pregnancy, leave and returning to work.

Courses and programmes

- Health Education England runs a career refresh for medicine programme (CaReforMe)[15] to help support doctors who have had a break in practice return to the NHS more easily and safely.
- The RCoA has an active educational programme, including returning to work in anaesthesia online courses run in conjunction with the Association of Anaesthetists. These courses are aimed to build confidence and provide the strategies for managing an effective return to work, regional core topic days, for all levels of anaesthetist, as well as regular face-to-face and online Anaesthetic update events.
- RTW simulation days: these offer a valuable opportunity for an anaesthetist to gain confidence and explore team skills and management decisions, with a group of individuals having similar anxieties, in a safe environment. The GASagain (Giving Anaesthesia Safely Again) and other courses provide simulation based return to work courses.
- Some schools of anaesthesia have developed local RTW packages and courses for their AiTs returning after maternity, paternity and parental leave.

Revalidation

- The RCoA provides a range of guidance and resources to assist with the supporting information requirements for revalidation.

Wellbeing resources

- The Association of Anaesthetists have a wide range of wellbeing and support resources available on their website including career support and mentoring.
- Health Education England have created an infographic providing some tips for taking time out for health reasons.
- The RCoA have a range of resources available designed to help improve wellbeing across anaesthesia which includes signposting to professional support services, resources to support education and training and guidance for embedding wellbeing initiatives within an anaesthetic department.

Conclusions

Return to work programmes should be bespoke to each returning clinician.

The returning anaesthetist and their department are encouraged to engage as early as possible in planning for a successful return.

A kind and supportive approach, coupled with planning and careful evaluation of the effectiveness of the RTW process, is key to a successful return to work for the benefit of the anaesthetist, their department and their patients.

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References

1 Return to Practice (2017 revision). AoMRC, 2017.

2 Guidelines for the Provision of Anaesthesia Services: The Good Department. RCoA, 2024.

3 Skills fade literature review. GMC, 2024.

4 Grace ES et al. Physicians re-entering clinical practice: characteristics and clinical abilities. *Contin Educ Health Prof* 2011;**31(1)**:49–55.

5 Returning to work and your rights as a working parent. BMA, 2024.

6 Return to work. Association of Anaesthetists, 2024.

7 Mentoring for Consultants. A national framework. British Medical Association/Joint Medical Consultative Council. BMA, 2010.

8 Returning to clinical practice after absence. BMA, 2022.

9 SuppoRTT – digital and online resources. HEE, 2024.

10 Providing e-learning to educate and train the health and care workforce. NHSE, 2023.

11 NHS England Workforce, Training and Education. You Tube, 2023.

12 The Back on Track framework for further training. Restoring practitioners to safe and valued practice. NPSA/NCAS, 2010.

13 Maternity, paternity and adoption rights. Association of Anaesthetists, 2023.

14 A guide to parenting during anaesthesia training. Association of Anaesthetists, 2023.

15 Career Refresh for Medicine (CaReforMe) Guidance document. HEE, 2024.

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