



Less than full-time training

A guide for training programme directors in anaesthesia and intensive care medicine

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Less than full-time (LTFT) training in anaesthesia and intensive care medicine (ICM) is becoming more popular. At first, this training pathway can seem complicated. This document will help guide you through some of the key points and frequently asked questions. It aims to help you avoid some common pitfalls and enable you to provide a great training experience for all of your less than full-time trainees.

The underlying principle of LTFT training is clearly defined in the [Gold Guide](#):

'Those in LTFT training must meet the same requirements in specialty and general practice training as those in full-time training, from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked per week'

LTFT training is available to enable doctors to continue training whilst caring for dependents, managing long-term health issues or in specific circumstances to pursue other non-work-related commitments. It is important that all training programme directors (TPD) are well informed of the implications of LTFT training and their own responsibilities in facilitating it. The TPD should work together with their LTFT trainees, educational supervisors, tutors and school LTFT leads to provide the same breadth and depth of training that the full-time trainees undertake.

This guide was written by trainees from the Northern School of Anaesthesia and Intensive Care Medicine in conjunction with the Association of Anaesthetists Trainee Committee and the Royal College of Anaesthetists Bernard Johnson Advisor on LTFT Training.

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Contents

Useful resources for LTFT training 3

Section 1 Applying for LTFT training

- Eligibility 4
- LTFT for health reasons 4
- The application process 4
- Working arrangements 4
- LTFT pay 5
- Preparing for planned leave 6
- Returning to work 6
- KIT and SPLIT days 7
- Return to work courses 7

Section 2 Rota organisation

- Hours of work, out of hours and weekend working 8
- Annual leave, study leave and bank holidays 9
- Locum work 10

Section 3 Training and education

- Length of training adjustments 11
- New starters 11
- Length of hospital rotations 11
- Annual Review Competency Progression (ARCP) 12
- Advanced modules 12
- Intensive care medicine trainees 12
- Out of programme (OOP) for LTFT trainees 12
- Acting up and consultant post application 12
- CCT date 13

Useful resources for LTFT training

The Gold Guide

[The Gold Guide](#) includes information about eligibility for LTFT training and is frequently updated.

Association of Anaesthetists

[Career support](#) available from the Association of Anaesthetists.

Royal College of Anaesthetists

Provides an [overview of LTFT training](#).

Less than full-time training in anaesthesia and intensive care medicine: an A to Z guide

A booklet written by trainees for trainees, full of useful tips and practical advice for anyone involved in LTFT training. This booklet is currently being updated and will be available on the College and Association of Anaesthetists websites in due course.

General Medical Council (GMC) position statement: conditions for less than full-time training

Sets out the way [LTFT training should be arranged](#).

Rostering guidance – design recommendations for LTFT doctors

How to write rotas [for those training LTFT](#), includes examples.

Section 1

Applying for LTFT training

Eligibility

Who is eligible to apply for less than full-time training?

To apply for LTFT the trainee needs to hold a national training number (it is possible to apply during the recruitment process) and be able to demonstrate that full-time training is not practical for them for a well-founded individual reason. Priority is given to those in category one:

Category 1

- Disability/ill health.
- Carer responsibilities (children, other dependants, unwell/disabled partner or relative).

Category 2

- A unique opportunity for personal/professional development.
- Non-medical professional development courses.
- Religious commitments, eg training for a particular religious role.

LTFT for health reasons

Is there anything particular which needs to be considered for trainees requesting to be LTFT for health reasons?

If trainees need to work less than full-time for health reasons, occupational health (OH) review is essential.

When a trainee presents with a health problem that is affecting their work they may meet with their educational supervisor or college tutor in the first instance. They should then be referred to the hospital OH service for support and assessment. Any necessary changes to work hours or training will be discussed with the trainee and reported to the trainee's supervisor for implementation.

If a period of prolonged leave is required for health reasons, then those returning to work require a lot of support and an individually tailored return to work programme should be arranged. OH will advise on how this could be managed (which may involve a phased return to work) and as TPD you will need to allocate/continue a placement for the trainee in the appropriate hospital or unit of training.

The application process

How do trainees apply for LTFT and what is my role in the application process?

A trainee wishing to apply for LTFT should discuss this with both their educational supervisor and you as training programme director (TPD). Once the trainee has decided to apply for LTFT training the application process starts with the Deanery (LETB). The LETB confirms eligibility then passes on to the TPD to accommodate the request in the rotation. Of course, the training programme must suit the trainee's requirements at the particular stage of training. In practice the application and arrangements with the TPD generally happen in parallel as the trainee does the 'paperwork' with the LETB but talks to the TPD directly about their request and how it can be planned into the rotation. Remember that the anaesthetic departments and rota writers appreciate as much notice as possible so that they can ensure the service is covered and rotas are written correctly. The trainee, educational supervisor, college tutor or you can do this, but please check it is done.

Working arrangements

What are the possible LTFT working arrangements?

The percentage of full-time hours that trainees can work is variable and needs to be decided with the LETB and yourself taking into account the trainee's preference. In practice this often depends on how full the posts are. For example, if you have all your training posts full and two people want to be LTFT the best option is for them to share one slot on the programme. If you have empty slots, then one person taking up 70% (0.7) or 80% (0.8) sits in the gap easily. So, in general empty slots allow more options and higher percentages whereas full rotas require more matching into pairs (60% each) or threes (70% each).

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The College advises that trainees work at least 60% as this best supports career progression. Additionally, the GMC stipulates that trainees work no less than 50% of full-time working hours unless in exceptional circumstances when a period of no less than 20% for a maximum of one year might be allowed.

Below are the possible options for trainees working less than full-time.

Slot share

- This refers to LTFT trainees appearing on your forward planner in the full-time posts you have, but with more than one trainee in one slot. For example, two trainees working at 50% (or 0.5) share a slot on the rota using one whole time equivalent (WTE) post.
- Most hospitals will agree to two trainees working 60% (0.6) to share one FT slot (although obviously this adds up to 1.2 WTE). Slot shares can be between more than two trainees, eg three trainees working 0.7 in two full-time slots (2.1 WTE). They can work the same sessions and do not need to be in the same training year, but it is much easier for the hospital rota writers if LTFT trainees can be matched and work across the week and in similar roles. As TPD you can facilitate this – it is a jigsaw! It will be popular in the departments where the trainees can offer better rota cover and gain better experience if they are not all tripping over each other one day and leaving other days bare.

Supernumerary

- This is a slot in addition to the normal numbers of trainees. This allows flexibility in hours worked and on-call commitment. This is dependent on there being funding for an additional post and is currently rare. If it does occur, remember that prospective GMC approval of the post is required as it will not be labelled as a training post. It must be within the training capacity of the department for the GMC to approve it on a temporary basis for this trainee. This is done through the LETB.
- In all other cases it is assumed that the full-time post in which the trainee sits as a LTFT or which they share with another LTFT is already approved by the GMC as a training post and no further request is necessary.

Trainee in full-time slot

- When the rota does not have the full complement of trainees a trainee can work reduced hours within a full-time slot. The trainee can reduce hours in their job so that they become a LTFT trainee in a full-time post. This can leave the rota short so, as TPD, you need to consider how many LTFT trainees you have in any hospital at one time – more jigsaw!

Job share

The roles and work of a single full-time post are split between two trainees. It is not usually used in medical training.

Let the College tutor know early

Please remember that the educational supervisors and college tutors find it very helpful to know when LTFT trainees are coming to their unit with as much notice as possible. They can contact the trainees to arrange rotas, match up working days, allocate on-calls etc. The inflexibility of nursery care frequently hampers trainees' flexibility, but advanced notice can make a massive difference.

LTFT pay

How much do LTFT trainees get paid?

Since the 2016 Junior Doctor Contract, pay for LTFT trainees has been pro rata. It is clearly explained on the [NHS Employers website](#).

As TPD this is not primarily your concern, but of course having an idea of how it should work is helpful in understanding trainees' concerns.

If you are asked about pay issues you should direct the trainee to their employer, generally the HR department. The British Medical Association (BMA) can help when pay issues cannot be resolved through HR.

There are some trainees still on the transition pay protection from the old pay system which was more complicated. Again, the BMA can help.

The rota is generally written in the hospital or unit and is therefore not a TPD task. For interest and general understanding on rota writing you could look at the booklet written jointly by [NHS Employers and the BMA](#) which your local tutors and supervisors might want to read.

Preparing for planned leave

What do trainees need to do prior to a period of planned leave?

Often LTFT training follows a period of planned leave or LTFT trainees may require a period of planned leave. This may be maternity, paternity, parental, adoption or sick leave.

- Contact their HR department to complete the appropriate forms, eg maternity leave.
- Meet educational supervisor and complete educational supervisor's structured report (ESSR) on the Lifelong Learning Platform as well as making a return to training/work plan.
- Contact the training department at the College with planned dates of leave.
- Contact their medical indemnity and other societies they are members of as it may be possible to benefit from reduced membership rates during the period of leave.
- Ensure the annual review of competency progression (ARCP) panel have been contacted about the planned leave and an ARCP has been scheduled if necessary.

Returning to work

Prior to returning to work if doing so as a new LTFT trainee, a trainee might benefit from a list of LTFT contacts who are happy to be contacted for advice and support. A buddy system where returning trainees can be paired with already LTFT trainees may be beneficial.

For trainees and trainers to plan educational requirements on returning to work, it is important that trainees are informed well in advance about which department they have been allocated to on their return. As TPD you can make a big difference by allocating them to return to the department they went on leave from. This solves all problems related to leave and pay as well as providing much better educational and personal support. Keeping the same educational supervisor throughout the period of leave and for the return to work period is most beneficial.

Early allocation enables trainees to make contact with the department to discuss their working days around the requirements of the department and the educational needs of the trainee, eg specific theatre lists, teaching sessions.

Trainees should be encouraged to contact their educational supervisor to discuss a return to work plan early. This should include supervised practice prior to solo on-call work. The following resources give further guidance:

- [Association of Anaesthetists](#)
- [Royal College of Anaesthetists](#)
- [Academy of Medical Royal Colleges](#).

The use of a mentor can be helpful for trainees returning to work after a period of absence and the Association of Anaesthetists [has a list of nationally trained mentors](#).

As with prior to taking leave, when planning their return to work, trainees should be advised to:

- complete LTFT forms for HR if wanting to return LTFT (well in advance)
- contact the training department at the College with a date of return and, if going back LTFT, the percentage worked so their Certificate of Completion of Training (CCT) can be recalculated
- contact their medical indemnity and other societies to reinstate membership.

KIT and SPLIT days

Trainees can have up to ten keep in touch (KIT) days whilst on maternity or adoption leave. Trainees taking shared parental leave are also entitled to shared parental leave in touch (SPLIT) days and up to 20 can be taken by each partner. These are paid for according to the local HR policy.

These days can be used to observe, do normal supervised clinical work on a supernumerary basis, or alternatively to attend meetings, courses and simulation sessions which form part of the normal CPD activity or individual's return to training package.

Return to work courses

One simulation course is run at the College for those returning to work after a break and details [can be found on their website](#). Many schools of anaesthesia run similar local (therefore less cost) courses for their trainees, as TPD you should know about these. Your school should have a consultant who is the LTFT lead as well as LTFT trainee representatives who will have details. Keeping a list of courses which other LTFT trainees have found useful, can be beneficial to trainees when planning their KIT days.

Section 2

Rota organisation

It is important to establish as early as possible a LTFT trainee's specific requirements when it comes to rota organization. Knowing this early on can help prevent issues arising once they have commenced in post.

Hours of work, out of hours and weekend working

How many hours should LTFT trainees work per week?

Most full-time trainees work close to an average of 48 hours per week, so 0.6 whole time equivalent (WTE) trainees should work 28.8 hours ($0.6 \times 48 = 28.8$) and 0.8 WTE trainees should work 38.4 ($0.8 \times 48 = 38.4$) average hours per week. If full-time trainees in a particular rotation work less the 48 hours per week, the LTFT trainees should work proportionally 0.6, 0.7 or 0.8 of this number.

Remember the principle: those in LTFT training must meet the same requirements as those in full-time training from which it will differ only in the possibility of limiting participation in medical activities by the number of hours worked (on average) per week.

There are no rules that allow the trainee to choose or fix days of work but in practice it can be difficult to arrange flexible days. Good, early communication is essential to making the LTFT slot work for the trainee, their peers and trainers. Carefully arranged slot shares offer the individual the training they need and the department full rota cover. Most LTFT trainees will have preferred working days often due to childcare or carer responsibilities, or for health reasons. Communication should occur between the department and trainee well in advance of their rotation to establish if these days provide adequate rota cover. In specific circumstances for example Christmas, there may be a need for some flexibility. Whilst, with enough notice, a trainee can be asked to change their working days, changing can be difficult, especially if it is requested repeatedly for different rotations. Support for maintaining consistency of working days across rotations might be very much appreciated and make juggling work and caring more straightforward. Of course, the opposite can occur if an important clinical experience can only be gained on certain days of the week, in which case plenty of notice might make it possible to swap days for a period.

How do I calculate the LTFT on-call commitment?

The frequency of a LTFT trainee's on-call shifts and weekends should be calculated as the percentage of their full-time contemporaries on the same rota. A 0.8 WTE trainee should work 80% of the weekends and on-calls that a full-time trainee works on that rota, a 0.6 WTE trainee works 60%, and so on. It is up to the rota maker to ensure these calculations are as accurate as possible.

It will often fall that a LTFT trainee should work a non-whole number of weekends, for example 4.5 weekends in a six-month period. Clearly that means the trainee should work either four or five weekends, with a pragmatic adjustment of the week days on-call to account for the difference. Similarly, with night shifts the LTFT trainee should work the required percentage of nights compared to the full-time trainees on the same rota. Again, often an adjustment for the practicalities of a complex rota will be required to make the rota fair and workable.

Each hospital has a Guardian of Safe Working (GoSW) who oversees exception reporting and may be able to offer advice on rotas.

There may also be a Champion of Flexible Working. This is a strategic role, described in the Junior Doctor Contract 2016 after the dispute negotiations, and was devised to support flexible training in all specialties across a hospital. The Champion will support a culture where flexibility in training is supported and can offer help to those trying to access it. In some hospitals this role is taken on by the GoSW or the Director of Medical Education.

How do we plan rotas for trainees who do not generally work Fridays but are scheduled for a weekend on-call?

There needs to be early agreement between the department and trainee if the trainee is able to work Friday daytime being mindful that there is no requirement for departments to give set days off. Due to increasing numbers of LTFT trainees, departments are likely to appreciate it if trainees can work Fridays on-call. If they are able to, then they can be allocated the on-call as standard with the number of hours worked factored to the weekly hours. If they are unable to work Friday during the day the options include:

- not allocating the trainee a Friday daytime on-call
- trainees working the Friday only when they form part of the weekend being worked (possible for some trainees if the rotas are organised with enough notice)
- allocating the on-call portion of the day to the trainee, eg starting at 5pm.

The key thing is for the trainee and the department to which they are allocated to communicate prior to their starting, and to come to an agreement which is mutually workable.

It is important that the zero hour days a LTFT trainee receives before or after a weekend of work takes into account their normal days of work; trainees should receive their zero hour days on their normal days of work in addition to their normal days they don't work for other reasons. Failure to take this into account may result in the trainee working over and above their hours. Trainees should be encouraged to monitor their own hours and if on the new contract escalate to their Guardian of Safe Working if not resolved with the rota-maker.

Friday nights: note that any shift finishing after midnight on Friday is a weekend shift and should be worked pro rata by all trainees.

How do LTFT trainees get allocated night shifts?

Most LTFT trainees will work the night shift of their usual working day but consideration needs to be given for finishing nights on a normal non-working day. For example LTFT trainees who do not work Fridays will likely find it difficult to work Thursday night shift and may opt to work Monday and Tuesday nights wherever possible.

It should be recognised by trainees who work non-consecutive days that some flexibility may be required on their part. For example it may be difficult to roster a trainee who does not work Tuesday or Thursday for night shifts in a pattern that is fair to the department and their colleagues.

The BMA offer guidance on roster design for LTFT trainees stating 'working patterns should look to maintain as close as possible the agreed working days of the doctor' and suggests that a run of nights should at most include one non-working day.

LTFT trainees generally work a weekend of nights as any other trainee would.

Annual leave, study leave and bank holidays

How much study leave and annual leave are LTFT trainees entitled to?

Leave entitlement is calculated based on the number of hours worked per week and the trainee's position on the NHS pay scale. Annual leave entitlement for LTFT trainees is calculated on a pro rata basis. A trainee on the same pay scale and rota as their full-time contemporaries will receive a percentage of the full-time leave equivalent to the percentage of whole time equivalent they are working.

Study leave will also be calculated on a pro rata basis. Study leave funding will usually be adjusted in a similar way. If the study day is on a day the trainee normally does not work, then a day off in lieu can be arranged. NHS employers state that if a LTFT trainee is required by the curriculum to complete a course that exceeds their pro rata entitlement to study leave, the employer will make additional arrangements for additional study leave to be taken, providing safe delivery of services can still be delivered.

What happens on bank holidays?

There are normally eight public holidays within the year which trainees, whatever their working days, may be on the rota to work. Accordingly, a LTFT trainee will be entitled to a pro rata proportion of the bank holiday time back, as per the table below.

Average hours of work (compared to 48h average for full-time)	Bank holiday days pro rata for the year
24 (0.5 WTE)	4
28.5 (0.6 WTE)	5
33.5 (0.7 WTE)	5.5
38.5 (0.8 WTE)	6.5
48	8

Note that if a leave year is worked out from April to April, there will be a different number of bank holidays depending on where in the year the Easter bank holidays fall. Essentially however, the pro rata calculations remain the same.

Practically, it often works that if a trainee's normal days of work include all bank holidays, ie they work Monday, Tuesday, Wednesday and Friday, then they will not work them unless on-call, and if working will be able to get time back in lieu, just as any trainee would. If a LTFT trainee's normal working days do not include all bank holidays, then they will be able to get the equivalent bank holiday time as leave, according to the pro rata calculation. This will include however any bank holiday days that they would normally work which they are not on-call for. The easiest way to calculate this is by adding the bank holiday entitlement to the annual leave entitlement and then any bank holidays the trainee does not work is taken from the combined allowance of annual leave and bank holidays.

Locum work

Are LTFT trainees able to cover locum shifts?

New guidance has been issued by the Conference of Postgraduate Medical Deans (UK) (COPMeD) for all trainees undertaking extra work in addition to an already demanding postgraduate training curriculum. LTFT trainees are able to work extra shifts in the same way that full-time trainees are but the guidance does specify that repetitive additional work should lead to a LTFT schedule review and that LTFT for health reasons is unlikely to support additional working. All trainees must ensure any extra work is included on their Form R or alternative IT solution in Scotland and that they have indemnity cover for the additional work. The full guidance [can be found here](#).

Section 3

Training and education

Length of training adjustments

How working LTFT affects length of training

The length of training and modular units increases proportionally depending on the percentage of training. For example a 60% LTFT trainee doing a three-month ICU placement is calculated $3/0.6 = \text{five months}$.

Below is a table demonstrating the above.

Percentage worked	Rotation length	LTFT equivalent
60%	3 months	5 months
	6 months	10 months
	12 months	20 months
70%	3 months	4.3 months
	6 months	8.5 months
	12 months	17 months
80%	3 months	4 months
	6 months	7.5 months
	12 months	15 months

If a trainee changes to LTFT during a year of training it is essential that the correct time remaining is calculated. For example, if a full-time trainee does 3.8 months before changing to work at 60% LTFT you calculate when they rotate to their next training year as follows:

- $12 - 3.8 = 8.2$ full-time months remaining
- $8.2/0.6 = 13.7$ LTFT months at 60% to end of training year
- When swapping from full-time to LTFT, the length of training time remaining = Full-time divided by LTFT percentage/100
- When swapping from LTFT to full-time, the length of training time remaining = LTFT multiplied by LTFT percentage/100.

New starters

Novice anaesthetists who wish to be LTFT are advised and encouraged by the College to complete the [Initial Assessment of Competence](#) as a full-time trainee before becoming LTFT. This generally takes three to four months. This period is quite intense for the acquisition of new practical skills as well as knowledge and it is common for trainees working LTFT from the start to fail to gain their initial competencies within six months, as well as finding this period very stressful.

Length of hospital rotations

How long should LTFT trainees spend in each hospital?

Trainees should spend the same total time in each unit of training as their full-time counterparts, but this can be arranged by a longer stay or by returning for a second period. It does need to be remembered that if a trainee is rotated prior to their WTE duration of training, they will have less time getting to know members of the department, more time may be required to attend inductions and frequently moving training units can be disruptive.

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Annual Review Competency Progression (ARCP)

How frequently do LTFT trainees require ARCP?

Trainees will be required to attend an ARCP on a (calendar) yearly basis. They are expected to have completed a logbook, workplace based assessments and professional progression pro rata. Local guidance for the ARCP process for LTFT trainees should be made available to assist with the process.

When issuing an Outcome 3 the extension time may differ due to the reason. Outcome 3 for exam failure generally results in an extension in calendar months, unless in exceptional circumstances where the LETB could make it pro rata. An Outcome 3 for incomplete units of training results in an extension pro rata.

Advanced modules

How do advanced modules work for LTFT trainees?

Trainees undertake one to two advanced modules of sub-specialisation during ST6/7, either as two six-month blocks or a year. LTFT trainees must be offered the same opportunities on a pro rata basis.

LTFT should be encouraged to liaise early with their TPD as there may need to be tailoring of rotations to accommodate requests. In order to gain the most from an advanced module it is useful for units to have a guide as to what training opportunities occur on which days, eg interesting theatre lists, so the trainee's working days can be modified if possible. It is helpful if TPDs are aware and have guidance of what departments are offering in terms of their advanced modules. It might be useful to compile a guide stating what departments offer and days that major or interesting lists occur so that the trainees can make informed decisions. This would be useful for all trainees.

Trainees should contact the appropriate lead sub-specialty consultant and rota maker early to discuss training days, lists (particularly if limited number of highly specialised per week) and non-clinical work so that a plan can be made which best fits the department and trainee.

Intensive care medicine trainees

ICM trainees during stage 2 and 3 training have specific requirements as to the type of specialist experience and the duration of certain modules to meet ICM curriculum requirements. It is recommended that LTFT and TPDs from ICM and anaesthesia (if necessary) plan their rotations well in advance to ensure access to the required training blocks is at an appropriate time to meet LTFT, and other trainees accessing the same blocks, training requirements.

Out of programme (OOP) for LTFT trainees

The rules are the same for all trainees, only the duration varies. A one-year OOP may fit easily into a programme, but a one-year-equivalent post will take 20 months for a 60% trainee to complete so some thought must be given to return dates back into the training programme. Time out of programme may result in loss of employment benefits and it is advisable for trainees to contact their HR to check.

Acting up and consultant post application

As for all trainees LTFT trainees may apply for a period of acting up as a consultant up to a maximum of three months. For LTFT trainees the period will be three months pro rata.

Trainees can apply for a consultant post and be interviewed up to six months prior to their anticipated CCT date. This is a fixed term, six calendar months for LTFT trainees and all others.

Less than full-time training guide 2019

CCT date

With all the dates provided by the trainee and the ARCP outcomes from the school/LETB the College calculates the CCT date for every trainee. It is calculated when the trainee receives the Intermediate Level Training Certificate (ILTC) and has a date to start higher and advanced training. For full-timers this signals three more years of training if satisfactory outcomes, and for LTFT trainees it is the same pro rata, ie training 50% will take six calendar years to complete CCT.

Note that annual leave accrued during maternity leave counts towards training, but maternity leave itself does not. This is the reason why the college asks for a detailed list of dates from the trainee. Of course, the ARCP panel may add time to training and the College will add that to the CCT date.

After the CCT date the Grace period is six calendar months for everyone.

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