

# RETURNING TO WORK



## AFTER A PERIOD OF ABSENCE

### INTRODUCTION ■■■

Anaesthetists may be away from their normal working environment for many reasons and these periods of absence can extend from months to years. This guidance is directed at anaesthetists returning to anaesthesia after a career break and not for those who are exploring a change of specialty after a career break. Managing a successful return to practice is ultimately a customised journey, led by the individual and supported by their employer, with patient safety the key factor to be addressed by both parties. It is the duty of all doctors to ensure they are safe to return to practice.

There is very little evidence around how long a doctor has to be away from their workplace before consideration needs to be given to supporting the individual's return to work (RTW). There is plenty of anecdotal evidence and limited published data suggesting that the two most important factors are length of time away from clinical practice and age.<sup>1</sup> In a craft based speciality with experiential learning, the amount of time in training or practice before taking a career break may affect the rate at which the anaesthetist returns to their previous levels of confidence, competence and knowledge.

For the majority of anaesthetists returning to work (maternity leave form the largest group) there is an expectation of a return to normal practice in a short period of time.

Guidance for returning to work:

- 3–6 months expect a rapid return to practice
- 6–12 months require some support
- > 1 year a more structured approach
- > 3 years, anticipate a significant supervised period with robust assessment of progress

Examples of reasons for absence from the workplace include:

- maternity/paternity leave
- a period of full time research
- approved leave of absence in support of national/international activity

- secondment to another body
- carers leave
- charitable work overseas
- approved career break
- health – physical and mental
- conduct or capability concerns

Concerns around health, conduct or capability must be addressed (occupational health, HR management, remediation) before the anaesthetist starts their return to clinical practice.

The Academy of Medical Royal Colleges report 'Return to Practice – Guidance' March 2012<sup>2</sup> forms the framework for the following recommendations on how to manage a successful return to work.

### 1. PLANNING AND PREPARATION FOR AN ABSENCE FROM WORK ■■■

For the doctor who knows in advance that they are going to take a break from clinical work, the answers to these questions may be helpful in predicting support required later:

- How long are they anticipating being off work?
- How much anaesthetic experience do they have i.e. CT1 or consultant?
- Are they going to be able to link with their department and access some training via KIT (Keep in Touch) days while they are absent from the workplace? KIT days are a contractual requirement of all Trusts, with an entitlement of a maximum of 10 days.<sup>3</sup>
- Are they up to date with their continuing professional development (CPD)?
- Have they considered the effect of this break from clinical practice on their revalidation?
- Have they managed to address any identified training needs before going on leave?
- If a trainee, have they informed all the relevant individuals – College Tutor, Programme Director, Head of School?

# RETURNING TO WORK



## AFTER A PERIOD OF ABSENCE

### 2. RETURNING TO WORK ■■■

To ensure a consistent approach for all doctors who have been away from the workplace, the following questions are suggested as a framework for discussion between the anaesthetist and their Clinical Lead, Clinical Director or Head of Service. For the trainee, this will be with their College Tutor or Educational Supervisor. Their Programme Director should be kept informed of RTW timelines.

HR involvement is recommended if a phased return or a change in working pattern is anticipated.

A structured plan should emerge around the individual's learning needs and addressing patient safety concerns.

- How long has the doctor been away?
- What was their level of expertise – trainee, specialty grade or consultant?
- Are they planning to return to work full-time or less than full-time? If LTFT, expect confidence and competence levels to take slightly longer to return to previous levels.
- Are they returning to the same post?
- For the trainee, do they have an educational supervisor?
- Are there any health issues and has occupational health advice been sought?
- Does the Trust offer access to a mentoring scheme?<sup>4</sup> Returning to work, particularly as a senior anaesthetist, can be a stressful experience.
- Has the anaesthetist accessed any KIT days?
- Has the anaesthetist undertaken any CPD or educational activity specific to RTW – i.e. simulation training, knowledge based lectures or resuscitation update?
- Have any new policies or equipment changes been introduced during their period of absence?
- Have there been any significant changes around leadership and management within the department?
- Are there any funding issues that need to be explored before a RTW can commence? This might be a

supernumerary placement for a trainee, with funding to be agreed by the Deanery or a change between FT and LTFT for a permanent member of staff or around agreeing a phased return to work.

- 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.
- How does the anaesthetist plan to demonstrate progress with RTW and addressing patient safety concerns?

From the responses to these questions it should be possible to design a RTW plan for the individual anaesthetist which should enable agreement of:

- when their RTW is to commence
- amount of individual CPD to be undertaken
- degree of supervision required in the workplace – theatre, ICU, delivery suite, outpatient clinic.
- identification of a limited number of supervising consultants with responsibilities clearly defined
- agree milestones to be achieved and timelines for their completion
- how assessment of progress is to be monitored\*
- timing of review meeting(s)
- a signing off process
- when out-of-hours (OOH) work is to be resumed, if appropriate.

**\*Assessment of progress** is relatively straightforward for the trainee as they will be familiar with the assessment processes integral to their training programme and can identify which would be appropriate for their RTW environment. If this is a trainee with less than 12 months experience before taking a career break, it is suggested they repeat the Initial Assessment of Competence (IAC) as part of their RTW.

The specialty grade doctor and consultant can access the Anaesthetic List Management Assessment Tool (ALMAT)<sup>5</sup> via the College website for their attached theatre sessions and the Acute Care Assessment Tool (ACAT)<sup>6</sup> for intensive care or the emergency setting.

# RETURNING TO WORK



## AFTER A PERIOD OF ABSENCE

The supervising consultant will be familiar with these assessment tools and completed ALMATs/ACATs can be collected as part of the doctor's RTW portfolio of evidence.

For the trainee, a successful RTW period should not affect their prospective CCT date assuming appropriate progression can be demonstrated and there is College Tutor / Educational Supervisor support.

### 3. 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.

- Under 'Essential Knowledge Update' the RCoA has an active educational programme, including regional Core Topic Days, for all levels of anaesthetist.
- The Association of Anaesthetists runs one day RTW refresher seminars covering key topics specifically aimed at anaesthetists who are returning to work
- RTW simulation days: these courses cannot be done in isolation and should not be seen as a 'sign-off' for fitness to return to the workplace. They require on-going support from the anaesthetist's base hospital but do 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 Giving Anaesthesia Safely Again (GAS Again) have run two simulation days to date (London and Bradford) with very positive feedback from the participants.<sup>7</sup>
- Some schools of anaesthesia (e.g. the **Wessex School of Anaesthesia**) have developed local RTW packages for their trainees returning after maternity leave.
- All anaesthetists returning to work should read and ensure they meet, as appropriate for their level of experience, the professional attitudes, behaviour and common competencies as listed in the August 2010 CCT in Anaesthesia 'Professionalism in medical practice'.
- The College **CPD matrix** (level 1 and 2) gives guidance for areas to cover by an assortment of different means

– reading, e-learning, lectures, simulation as well as clinical activity to support the knowledge and skills that are relevant to an individual's whole practice

It is recognised that an anaesthetist's return to clinical practice can be 1–2 weeks duration or extend to six months or more.

In support of the individual, and taking into account patient safety issues, the key questions as described in 'Section 2. Returning to Work' provide a framework for discussion for all anaesthetists prior to them undertaking independent practice, even after a minimum of 6 months away from work.

For the clinician who has been away from practice for an extended time period (> 3 years), the National Clinical Assessment Service publication 'The Back on Track framework for further training' published December 2010, offers valuable generic guidance.<sup>8</sup>

The Association of Anaesthetists 'Welfare Resource Pack' October 2008 provides advice around a number of related issues including returning to work.<sup>9</sup>

### REFERENCES ■■■

- 1 Grace ES, et al Physicians re-entering clinical practice: characteristics and clinical abilities. *Contin Educ Health Prof* 2011;**31**(1):49–55.
- 2 Academy of Medical Royal Colleges. Return to Practice – Guidance. AoMRC, March 2012 ([www.aomrc.org.uk](http://www.aomrc.org.uk)).
- 3 With the introduction of up to 10 'keep in touch' (KIT) days, managers are advised that KIT days may be given in the event of study days, courses, mandatory training or team meetings, if the employee is happy to attend whilst on maternity leave. Also most career break arrangements involve participants coming in to work for a short period each year, say two weeks or a month. This time is paid, and helps an employee to keep in touch with working practice ([www.nhsemployers.org](http://www.nhsemployers.org)).
- 4 BMA/Joint Medical Consultative Council. Mentoring for Consultants. A national framework. BMA, November 2010
- 5 Anaesthesia List Management Assessment Tool (ALMAT). Available on the RCoA website ([www.rcoa.ac.uk/node/2179](http://www.rcoa.ac.uk/node/2179)).
- 6 Acute Care Assessment Tool (ACAT). Available on the FICM website ([www.ficm.ac.uk/training-icm/assessments](http://www.ficm.ac.uk/training-icm/assessments)).
- 7 Giving anaesthesia safely again ([www.gasagain.com](http://www.gasagain.com)).
- 8 The Back on Track framework for further training. Restoring practitioners to safe and valued practice. NPSA/NCAS, 2010 ([www.ncas.nhs.uk/publications/](http://www.ncas.nhs.uk/publications/)).
- 9 Welfare resource pack. AAGBI, London 2008 ([www.aagbi.org/sites/default/files/welfare\\_resource\\_pack\\_2008\\_0.pdf](http://www.aagbi.org/sites/default/files/welfare_resource_pack_2008_0.pdf)).