Pregnancy & Parenting Pack

By Dr Emma Plunkett & Dr Kerry Cullis

Updated by Dr Claire Scanlon & Dr Lucinda Williams 2023

A Guide to Pregnancy, Parental Leave and Returning to Work in the West Midlands Anaesthetic Deanery

Introduction

Each pregnancy, period of parental leave and return to work is unique. Navigating the process can be daunting and this pack aims to provide information and signpost useful resources to try and make the process smooth and clear.

Included is a wide range of information relevant to many groups: from the newly pregnant anaesthetists or the partners considering LTFT working, to those going through the process of adoption.

This pack covers topics such as:

- working whilst pregnant
- maternity/paternity leave
- shared parental leave
- adoption
- return to work
- less that full time working

Between the authors we have had extensive experience of maternity leave and returning to work, be it working in a pandemic, complex pregnancies and pregnancy with twins. We have worked across multiple trusts in the West Midlands and are keen to help and support others.

We are happy to be contacted and our email addresses are:

Claire Scanlon: chscanlon@doctors.org.uk

Lucinda Williams : lucinda.williams6@nhs.net

Contents

Contents **2**

Congratulations on your pregnancy! **6**

Risk Assessment **7**

Informing Medical Staffing **9**

On Call Commitments **10**

Maternity Leave **12**

Definitions: 12

What are you entitled to? 12

When to start your maternity leave 14

How long to take off for your maternity leave 14

Adoption leave **15**

Adoption Pay 15

Surrogacy 16

Leave for Partners **17**

Paternity Leave 17

Paternity Leave Pay 18

Shared Parental Leave (SPL) 18

Shared Parental Leave Pay 20

Unpaid Parental Leave 20

Same-sex / Gender diverse couples **22**

Implications for your CCT date **22**

Maternity Leave Summary Table **23**

How to prepare for maternity or shared parental leave **26**

Planning Your Leave SuppoRTT Form 27

Maternity leave - before baby is born 27

Whilst on maternity/shared parental leave 27

Try to keep some interest in anaesthesia 27

Professional Subscriptions 28

Child Benefits 28

Junior ISA (previously Child Trust Fund) 29

Returning to Work **30**

Before you come back… 30

Pre-return SuppoRTT Form 30

Arranging Childcare 30

Tax-Free Childcare 30

Contact your employing NHS Trust 31

Preparing For Your Return **31**

Keeping in Touch (KIT) Days 31

Shared Parental Leave in Touch (SPLIT) Days 32

Useful texts 32

Return to work courses 32

Maintaining / updating your CPD 33

Plan Your Reintroduction Period **34**

When Things Don't Go To Plan **35**

Miscarriage 35

Still birth 35

Terminations for Medical Reasons 36

Complex pregnancies 37

Premature Babies 38

Working LTFT **40**

Applying for LTFT training 40

Inform your Training Programme Director and the RCoA 42

Pros and Cons of working LTFT 43

Fatigue And Burnout **45**

Useful links and further reading **46**

Pregnancy 46

Maternity, Paternity and Adoption leave 46

Financial considerations 46

Returning to work 47

LTFT information 47

Appendix: **49**

Working Whilst Pregnant Form 49

Risk assessment - topics to cover 53

Modified Record of Re-introduction Form 59

List of supervised sessions 59

Guidance 60

For Educational Supervisors / Clinical Supervisors during the re-introduction period 60

Congratulations on your pregnancy!

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

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

Risk Assessment

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

The risks to you and the baby include:

1. Anaesthetic gases: Exposure to these is not thought to present a significant risk to the fetus, providing that the gases are adequately scavenged. If you are doing a paediatric module at BCH, this is likely to involve frequent gas inductions. Breathing circuits for gas inductions can be obtained that can be attached to scavenging – just ask the department. Many staff and trainees fall pregnant while at BCH and have no issues, however if you are concerned about going to BCH then please discuss your concerns with the BCH College Tutor and your TPD.

2. Ionising Radiation: This is teratogenic, with the greatest risk in the first trimester, especially the first 8 weeks. For staff working in an X-Ray department, the ionising radiation regulations 1999 require that the dose to a fetus should be unlikely to exceed 1 millisievert (mSv) during the pregnancy. 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 always wear a 5mm lead apron which is properly wrapped around you and limit exposure where possible. Pregnant staff working in MRI are advised not to remain in the scan room whilst scanning is underway because of concerns of acoustic noise and risks to the fetus.

3. Infectious diseases, including COVID-19: As with all pregnant women, there are certain infections that are known to cause problems in the fetus (e.g. CMV, toxoplasma, chicken pox, rubella and COVID-19) that you should avoid exposure to. Your immune system is also slightly less effective in pregnancy so you are at increased risk of viral illnesses, UTIs and gastroenteritis. Make sure you get enough rest, follow the usual infection control precautions and where possible limit your exposure to infectious diseases. The COVID-19 policies in each trust have changed frequently during the pandemic and it will be necessary to familiarise yourself with local protocols once you find out you are pregnant. These can be found by contacting Occupational Health. It may not be appropriate to stay in

your module and / or your on-call commitments may need to be altered. Such changes should be addressed at your risk assessment. Make sure that you are up to date with all vaccinations to protect yourself and your baby as much as possible.

4. Shift work: There is no definite evidence linking shift work with adverse pregnancy outcomes. A meta-analysis published in the British Journal of Obstetrics and Gynaecology in 2011 concluded that "overall, any risk of pre-term delivery, low birth weight or small for gestational age arising from shift work in pregnancy is small". A national guideline published by the Royal College of Physicians (RCP) entitled "Advising women with a healthy, uncomplicated, singleton pregnancy on: shift work and the risk of miscarriage and preterm delivery" concludes that there is insufficient evidence to make recommendations to restrict shift work. However, each pregnancy is different and if you feel that shift work is affecting you adversely this must be discussed at your Risk Assessment and if necessary with Occupational Health, at any point in your pregnancy.

5. Musculoskeletal problems: Pregnancy hormones can make you more susceptible to these, particularly in later pregnancy. It is advisable to avoid lifting patients throughout pregnancy and to avoid prolonged standing as much as possible. The RCP national guideline concludes that there is extensive evidence linking prolonged standing with pre-term delivery.

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

Informing Medical Staffing

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

Checklist of who to inform of your pregnancy / maternity leave	
Educational Supervisor	Yes / No
College Tutor	Yes / No
Clinical Director	Yes / No
Human Resources / Payroll (by 25 weeks at latest) Have you submitted your MATB1 form? Has your partner applied for paternity leave?	Yes / No Yes / No Yes / No
Rota Co-ordinator	Yes / No

Training Programme Director (ideally by 14 weeks)	Yes / No
Medical Indemnity Organisation	Yes / No
RCoA	Yes / No

On Call Commitments

It is permissible to give up your on-call commitments at a certain point in your pregnancy. This is often around the start of the 3rd trimester, but it can be any time. Once you stop, you will need to fulfil your weekly hours during standard daytime hours, which can be more demanding than working on-calls with some time off during the week. In our experience, many trainees decide to stop on calls around 28 weeks' pregnant, however it can be very variable depending on your pregnancy and is very much an individual decision.

Your anticipated time to stop on-calls should be discussed with your Educational Supervisor / College Tutor, as well as the Rota Co-ordinator in your department and you may also need to contact Occupational Health to discuss this. Try to give the department as much notice as possible about when you are stopping as they will need to arrange cover for your out-of-hours work. Your pay should be protected.

You are allowed time off work to attend antenatal appointments but please remember that your absence may need to be covered by another trainee so be considerate and give the department plenty of notice.

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

To help aid the discussions between you and the anaesthetic department you are working in, we have developed the "Working whilst pregnant form". Although there is no longer a requirement to complete this form it can be used to remind you who you should tell you are pregnant and it covers various training issues which may or may not arise. It also summarises what a risk assessment should cover and helps you start to plan your leave. A copy of this form can be found in the Appendix.

Maternity Leave

Definitions:

EWC: Expected week of childbirth - from the Sunday before to the Saturday after your predicted due date

EDD: Expected date of delivery - the date your baby is due

SMP: Statutory Maternity Pay - paid by your trust. You must have worked in your trust for 26 weeks by the 15th week before your EWC

MA: Maternity Allowance - alternative to SMP paid by Dept Work & Pensions if you are new to a trust. This is the same monetary amount as SMP. Requires MA1 form to be completed.

OMP: Occupational maternity pay - maternity pay paid to those with at least 1 year continuous NHS service by 11th week before EWC

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

What are you entitled to?

If you are employed and pregnant you are entitled to up to 52 weeks of maternity leave, no matter how long you have been employed by the NHS. However the maternity pay will depend on:

- 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 who will be paying your maternity pay

If you have 12 months continuous service with the NHS by the 11th week before your expected week of childbirth (approx. 29/40) you are entitled to Occupational Maternity Pay from the NHS and will receive:

- 8 weeks full pay

- 18 weeks half pay + SMP (statutory maternity pay) / MA (maternity allowance)
- 13 weeks SMP / MA
- Weeks 39-52 are unpaid

If you have been working at the Trust who will be paying your maternity leave for less than 26 weeks then you will need to claim Maternity Allowance (MA) instead of SMP but this will be a payment of the same value. If you need to claim MA rather than SMP you will need to get an SMP1 form from your employer to submit along with your MA1 form.

You must return to work in the NHS to claim OMP and if you do not return to work within 15 months of beginning maternity leave you may have to repay OMP.

If you have worked for the NHS for 6 months (26 weeks) before the 15th week before EWC (Approx. 25/40) or you have worked for the NHS for longer but do not intend to return to work, you are entitled to only Statutory Maternity Pay:

- 90% average weekly earnings for 6 weeks
- Then SMP / 90% average weekly earnings (whichever is lower) for 33 weeks
- Weeks 39-52 are unpaid

If you do not qualify for SMP you may be able to claim MA depending on your previous employment and National Insurance contributions.

Some 'breaks' in employment are disregarded when calculating continuous services. It is worth viewing the BMA guidance/seeking further advice on this if you have a more complex employment history e.g. OOPT abroad and honorary contracts.

Some trusts allow OMP to be averaged over the entire anticipated period of maternity leave, providing you with the same total amount of OMP but with a payment each month rather than dropping to just SMP at 33 weeks or receiving no pay from week 39.

When to start your maternity leave

- Must be after you are 29 weeks' pregnant (or the beginning of the 11th week before the expected week of childbirth (EWC), i.e. the week you are due)
- Once you have passed 36 weeks, any pregnancy-related sick leave will mean you will automatically start your maternity leave
- If your baby arrives early, maternity leave will start the day after the birth
- Inform your Trust when you want to start your leave by the end of your 25th week of pregnancy - you will need to get a MAT1B form from midwife
- Inform Anaesthetics Department and your TPD

Before 36/40 any periods of sick leave will be subject to your usual sick leave conditions and entitlement.

How long to take off for your maternity leave

The maximum time you can take is 52 weeks (except in exceptional circumstances).

There are several factors to consider, but often financial implications carry the most weight:

- You can currently receive income for the first nine months of maternity leave; it is then unpaid
- 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 and will be paid.

Adoption leave

The leave entitlements for adoption 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. They must be newly matched with a child for adoption by an approved adoption agency.

Statutory adoption leave is 52 weeks: 26 weeks of ordinary adoption leave (OAL) and 26 weeks of additional adoption leave (AAL). If 2 people are adopting (whether same sex couple or heterosexual couple), only 1 person may take adoption leave; the other may take paternity leave and shared parental leave (see below). The leave may start up to 14 days before the date of placement or within 28 days of this date for overseas adoptions. If you have used a surrogate to have a child, your leave starts the day the child is born or the day after. You should notify your employer of the placement date at least 28 days or as soon as is reasonably practicable beforehand.

For more information about adoption leave and pay please see the link below.

gov.uk/adoption-pay-leave/leave

Many of the other considerations discussed regarding maternity leave will also be relevant to parents adopting.

Adoption Pay

The pay scheme for adoption pay is similar to that for maternity pay, although the criteria in terms of service are slightly different, as is the paperwork. Statutory Adoption Pay is paid for up to 39 weeks. The weekly amount is:

- 90% of your average weekly earnings for the first 6 weeks
- £156.66 or 90% of your average weekly earnings (whichever is lower) for the next 33 weeks

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 as SMP (currently £156.66). If you are a trainee in continuous NHS employment of 26 weeks that has rotated and not been working in the current trust for the required period of time, that trust is obliged to pay statutory adoption pay. (NHS employers T&Cs 15.86).

There is no equivalent to Maternity Allowance for those that have not worked in the NHS for less than 26 weeks but there may be an adoption allowance available from the local authority.

If you're adopting from overseas with a partner you must also sign form SC6 (found at gov.uk).

Surrogacy

Employees using a surrogate have the right to take unpaid leave to attend two antenatal appointments with the birth mother. The intended parents will then need to obtain legal parenthood. If you are genetically related to the baby e.g. egg or sperm donor you should apply for a Parental Order. If you are not genetically related you should apply for an Adoption Order.

If you are eligible, and apply for an adoption/parental order then you will be able to organise adoption and paternity leave/pay.

Further information can be found from NHS Employers:

nhsemployers.org/publications/tchandbook#part-3-terms-and-conditions-of-service

Leave for Partners

There are two types of leave that can be taken: Paternity Leave and Shared Parental Leave.

Paternity Leave

Paternity Leave is available to fathers (biological and adoptive), husbands, civil partners and partners of either sex who live with the mother or adopter in an enduring relationship.

New fathers who are employees are entitled to take Paternity Leave: two weeks' leave within 56 days of the birth. These may be non-consecutive weeks but must be taken as full weeks. For details of paternity pay please see the financial considerations section below.

To apply for 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 the Trust's equivalent.

gov.uk/paternity-pay-leave/how-to-claim

The paperwork, as well as the start and end dates, are slightly different for adoptions but information can be found here:

gov.uk/paternity-pay-leave/adoption

Paternity Leave 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 the paternity leave.

If they have not done this (for example if you have recently returned from abroad), but they have done 26 weeks continuous NHS service by the 15th week before your EWC, then they can claim Statutory Paternity Pay instead (currently £156.66). You must apply for paternity pay at least 28 days before you want the pay to start.

Paternity Leave must be taken within 56 days of the birth of the child or when the child was placed for adoption.

Shared Parental Leave (SPL)

This allows both parents to share the 52 week leave entitlement of an employed mother after the birth of a baby or adoption of a baby or child. In the 52 week period, the first 2 weeks are compulsory maternity leave. Eligible parents are then able to split the remaining leave and pay.

You can take the leave at the same time or take it in turns to have periods off. Each employee can submit up to 3 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 SPL, the following conditions must be met:

1. The mother must qualify for maternity or adoption leave and end their entitlement or give advance notice to curtail the leave. If enough advance notice is given, this can enable both parents to be on leave together.

2. The partner must share the main responsibility for caring for the child
3. The partner must be an employee and have worked for that employer for at least 26 weeks at the end of the 15th week before the week in which the baby is due (or the matching week for adoption). The partner must still be employed in the first week that SPL would be taken. This is the "Continuity of Employment Test".
4. The other parent must meet the "Employment and Earnings test": To have worked for at least 26 weeks in the 66 weeks leading to the due date and to have earned above the maternity allowance threshold (£30 per week in 13 of the 66 weeks).
5. The leave request must be submitted with at least 8 weeks' notice before the start date of the leave.

If both parents meet point 3 and 4 then they can share the leave. If one partner is self-employed and therefore does not meet the Continuity of Employment test, they may still meet the employer and earnings test, allowing their partner to qualify for SPL. So, for example, if the mother was self-employed and earned above the threshold, but the father worked for the NHS, the father could still qualify for SPL.

This is still relatively new legislation and organisations are still working out how to implement it. There is some information on the NHS Employers website which also refers readers on to the ACAS website, from which the above information is adapted.

Here are the links:

nhsemployers.org/publications/shared-parental-leave-guidance

acas.org.uk/index.aspx?articleid=4911

If in doubt, you need to discuss your wish to take SPL with your employer early on.

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.

Shared Parental Leave 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. One question over the introduction of Shared Parental Pay is whether there should be Occupational Shared Parental Pay, so that if the mother / adopter goes back to work earlier than 26 weeks and forgoes some of their occupational maternity or adoption pay, the partner would be eligible for some enhanced pay. The NHS employers' website states that there are no immediate plans to amend the NHS Terms and Conditions of Service to offer this but it is conceivable that this potential inequity could be challenged in the future and further changes made.

nhsemployers.org/publications/shared-parental-leave-guidance

Unpaid Parental Leave

Please note that Shared Parental Leave after the birth or adoption of a child (covered above) is not the same as Unpaid Parental Leave that nominated carers are entitled to. This is usually unpaid leave and is for up to 18 weeks for each child up to their 14th birthday (18th birthday for adopted or disabled children).

nhsemployers.org/sites/default/files/2021-06/tcs-handbook-version-27.pdf

Same-sex / Gender diverse couples

Maternity Leave or Adoption Leave can be taken by one person and their partner of either sex can take Paternity Leave. If eligible, same sex and gender diverse couples are entitled to Shared Parental Leave (see above).

Implications for your CCT date

You are required to inform the RCoA of any period of Time out of Training such as maternity/paternity/shared parental leave. They will calculate your new CCT date, taking into consideration maternity leave and LTFT working.

Maternity Leave Summary Table

	Fixed points	General considerations
1st Trimester		· Risk assessment to be performed
2nd Trimester	· 14/40 Inform your TPD · 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 · Complete the Planning Your Leave SuppoRTT form

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	· Confirm maternity pay arrangements with Trust · Apply for maternity allowance if necessary · Ensure RCoA and Medical Indemnity Society are aware of leave · Complete an ESSR
On leave	· Apply for LTFT training at least 3 months before return to work if not done previously · Plan your reintroduction period at least 1 month before your return · Complete Pre-Return SuppoRTT Form	· Consider ways to maintain CPD and plan for return to work, e.g. KIT days, Return to work courses
Return to Work	· Complete Return Review Form within 2 weeks of returning to work · Appraisal after re-introduction before commencing on-calls	

How to prepare for maternity or shared parental leave

Pregnancy is an enjoyable time for some, but for others it most definitely is not! It is tempting to just do the minimum at work to get by and decide to catch up on audits and presentations when you get back to work after maternity leave. However, looking after a child whilst working provides different challenges for both parents and we would highly recommend that you try to make the most of your time whilst awaiting the arrival of your child.

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

You should meet your Educational Supervisor and ensure an ESSR is completed before maternity/shared parental leave.

You may also like to think about whether you or your partner would like to return to work LTFT. It's worth applying before going off (see below) so it doesn't get forgotten as there is a minimum notice period of 3 months that needs to be given.

Making some reference notes before you finish may be helpful. You are likely to feel rusty on your return to work and perhaps a little under-confident. Being able to refer to 'how to' notes on standard anaesthetic cases and summary instructions for putting in lines and epidurals etc., along with crib sheets for pre-operative assessment and drug doses in the first few days can boost your confidence.

Planning Your Leave SuppoRTT Form

This should be completed approximately three months prior to your anticipated leave date and can be found on the BSA website. This form is usually completed with the TPD.

healtheducationyh.onlinesurveys.ac.uk/pre-absence-meeting-form-1

Maternity leave - before baby is born

Hopefully you will have a short period of time between finishing work and the baby arriving to rest, or nest. You ideally should have a bag packed, but if not, now is the time. Check you have significant purchases such as the car seat and pushchair.

You may also consider visiting some nurseries or childminders (or schools!) at this point, as many of them have long waiting lists. When choosing childcare, consider whether you wish the nursery to be close to home or close to work. Being close to home has the advantage that if you wish to use the nursery on your days off or before a night shift, you do not have far to travel. Close to work means that you have less distance to travel to collect them if you finish late. A childminder or nanny may be more flexible and accommodate early starts and late finishes with less penalties. Ask around to see what childcare colleagues use and check the Ofsted website that will give the latest reports on all registered childcare providers.

Whilst on maternity/shared parental leave

Try to keep some interest in anaesthesia

Once your baby arrives, work will probably be the last thing on your mind. However, as you will be returning to work at some point, it is worth considering how you can keep some interest in what is going on in the world of anaesthesia. For example, think about whether you would like the department secretary to keep you on the emailing list, even if you don't check the emails often. If you are planning to return LTFT ensure you have completed paperwork and then give your email address to the LTFT lead

trainee so that you can be included in any relevant emails. Toward the end of your maternity leave you may wish to consider KIT days (see below).

Professional Subscriptions

Some of your professional memberships can be suspended to save money whilst you are on maternity or shared parental 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 commence your episode of leave. It is advisable to contact societies to inform them of your change in status and see what their policy is. Some may have reduced rates whilst on maternity leave and if you come back to work LTFT.

Child Benefits

Child benefit is not worth claiming financially if one of the household earns over £60,000 *per annum* as you are required to complete a tax return and pay tax equivalent to the amount of benefit received. If the highest earner earns between £50000 and £60000 then you will also have to complete a tax return and pay a tax charge of 1% of the child benefit paid for every £100 between £50000 and £60000 earned. So for e.g. if they earn £57000 then they will have to repay 70% of the child benefit amount back in tax. Earnings are "adjusted net income" which means your taxable income minus pension and charity contributions.

NOTE: You can choose not to get Child Benefit payments, but you might wish to fill in the claim form because:

- It will help you get National Insurance credits which count towards your state pension and other contributory benefits such as bereavement benefits
- It will ensure your child is registered to get a National Insurance number when they're 16 years old

If you wish to claim Child Benefit, there should be a claim form in the 'Bounty pack' you receive in hospital following the birth of your baby or you can download a form online. This needs to be completed and sent off with the baby's birth certificate – therefore you cannot claim until you have registered the birth. Child benefit is currently paid at £21.80 a week for the first child and £14.45 for second and subsequent children and is paid directly into your bank account. Child benefit can only be backdated 3 months so do not leave it too long before you claim. Further information can be found at:

hmrc.gov.uk/childbenefit/index.htm

Junior ISA (previously Child Trust Fund)

These are long term, tax-free savings accounts for children, and the money cannot be removed until the child is 18, in a similar way to a Trust fund. For more information look on the direct.gov.uk website.

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

Returning to Work

Before you come back…

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

Pre-return SuppoRTT Form

This can be found on the BSA website and should be completed three months prior to your anticipated return date. This is best completed with your educational supervisor or return to work lead in the anaesthetic department you are returning to.

healtheducationyh.onlinesurveys.ac.uk/form-2-supportt-wm-pre-return-form-copy

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 their parents looking after them from an early age by sending them to childcare early on. This can make the transition back to work easier but does have a financial cost. 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. Some trainees have studied for exams towards the end of their maternity leave with their children in nursery.

Tax-Free Childcare

You can get up to £500 every 3 months (up to £2,000 a year) for each of your children to help with the costs of childcare. This goes up to £1,000 every 3 months if a child is disabled (up to £4,000 a year). If you get Tax-Free Childcare, you'll set up an online childcare account for your child. For every £8 you pay into this account, the government will pay in £2 to use to pay your provider. You can get Tax-Free Childcare at the same time as 30 hours free

childcare if you're eligible for both. You/your partner's net income must be under £100,000 for tax free childcare.

Contact your employing NHS Trust

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

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

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 agree a plan for your clinical (and non-clinical) training.

Keeping in Touch (KIT) Days

You are entitled to take up to 10 KIT days during your maternity leave to enable you to keep up to date with work, without ending your period of leave and maternity pay. These can be taken at any point of your maternity leave after the first 2 weeks (which is compulsory) and should be on the mutual agreement of you and your employer. You might like to use them to do courses or to just re-acquaint yourself with work. If you work any part of 1 day it counts as a whole day. You can negotiate pay for these days,

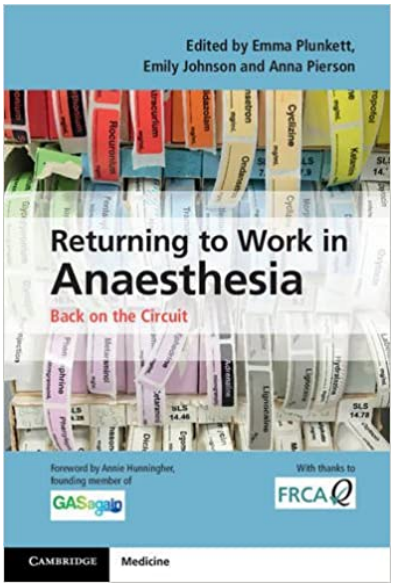
depending on what you will be doing. Recently trainees have used them to attend the departmental induction day closest to their return to work, if their return does not coincide with the usual rotation dates, to get their appraisal paperwork done, or just to observe a theatre list.

Shared Parental Leave in Touch (SPLIT) Days

Up to 20 SPLIT days can be taken between you and your partner (in addition to KIT days) without ending the SPL.

Useful texts

"Returning to Work in Anaesthesia: Back on the Circuit" is a text book written by a group of consultants in the region following their experiences of maternity leave and returning to work. The book offers information and advice about the practicalities of returning to work, clinical scenarios and a collection of useful guidelines and checklists for the first days and weeks back.



Return to work courses

SuppoRTT is an initiative run by Health Education England which supports doctors returning to training after time out. They offer a wide range of

learning and support resources. There are a couple of return to work courses run specifically for Anaesthetists. Returning to Work in Anaesthesia is run by the RCoA and has been developed since the pandemic.

rcoa.ac.uk/events/returning-work-anaesthesia

There are also local return to work courses in the West Midlands. Your TPD will have information on who to contact regarding local courses.

Maintaining / updating your CPD

You should try to keep up to date with developments in the field whilst you are on leave. Even a browse through an anaesthetic journal or some topics from the BJA Educations will help.

Plan Your Reintroduction Period

On your return to work, different specialties give differing levels of supervision. In anaesthetics, If you are a CT1 it is suggested that you should repeat your Initial Assessment of Competency. For more senior trainees, current evidence suggests that 10 supervised days should be completed before you begin unsupervised work. This may vary according to your level of experience and length of time away. You should discuss with your Educational Supervisor the plan for your supervised sessions at least a month before your return to work. Many people organise a variety of sessions, from obstetrics to ICU, to refresh their memories before returning to the on-call rota. Ensure the rota manager or departmental secretary has a copy of this plan.

Other things to think about:

- 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 on the usual August or February rotational dates.
- Try and read over the 'how to' notes you made before you went on maternity leave or
- Consider reading a simple textbook

Complete the SuppoRTT Return Review Form within 2 weeks of returning to work and ensure that you are happy and safe to return to on-call. If you are concerned please discuss this with your department.

When Things Don't Go To Plan

Unfortunately, things don't always go to plan and pregnancies can cause illness, be complex, or, devastatingly, be lost.

Miscarriage

Miscarriage refers to the loss of a baby up to 24 weeks gestation- and unfortunately is quite common with 1:5 pregnancies sadly ending this way. Most miscarriages occur in the first trimester before many women choose to be public about being pregnant, but 1-2 in 100 women experience a pregnancy loss in the 2nd trimester. Around 11 in 1,000 pregnancies are ectopic.

If you experience a miscarriage you are entitled to sick leave. The management of a miscarriage may vary from expectant management, medical management or surgical management, plus any required follow up.

This can be a deeply upsetting and emotional time and you may need several weeks off work to grieve. Some people find talking helps and there maybe someone you feel you can open up to in your department, or if you or your partner need support this can be accessed via:

- Your GP
- The Miscarriage Association (miscarriageassociation.org.uk)
- Cruse Bereavement Care (cruse.org.uk)
- Baby Loss (babyloss-awareness.org)

Still birth

A stillbirth is defined as a baby born after 24 weeks gestation with no signs of life and tragically, this accounts for 1 in 200 births in England. If your baby is stillborn you are entitled to the full amount of maternity leave and pay. You can decide how long you need to be off for which will be very individual. There is no rush to return to work and if you need to take the year of maternity leave you are entitled to that time.

Support in this difficult situation can be accessed:

- GP or midwife
- Practitioner Health (practitionerhealth.nhs.uk)
- The Stillbirth and Neonatal Death Charity (SANDS) (sands.org.uk)
- Tommys (tommys.org)
- Child Bereavement UK (childbereavementuk.org)
- Edward's Trust (edwardstrust.org.uk)
- Twins Trust, for multiples (twinstrust.org)
- Facebook Support Group for Bereaved Physician Mums

If the stillbirth has a specific cause there are other charities that may be of help:

- Action on Pre-eclampsia (action-on-pre-eclampsia.org.uk)
- ICP support, for obstetric cholestasis (icpsupport.org)
- Group B strep support (gbss.org.uk)

When you feel able to discuss your return to work you may want to discuss rotations and modules with your TPD for example, considering if you can return to work and do ICU rather than obstetrics, if that would be easier, or working in a different trust to the one you delivered your baby in, if that would help. You may want to consider if a prolonged period of being supernumerary would be beneficial as you may find that your confidence has been severely affected. These decisions will be very personal and the TPD and SuppoRTT team will do everything they can to support you. There may also be other colleagues who you feel you can gain additional support from, be that a mentor, an ES or just someone you click with that can help. If you are really struggling to return to work, a referral to PSW (professional support and well-being unit) may be beneficial with access to specific coaching, mentoring and counselling.

Terminations for Medical Reasons

This is a very unique and isolating situation where your baby has a severe congenital condition and you have made the heart-breaking decision to

terminate the pregnancy. In-depth discussion about this scenario is beyond the scope of this document but the same principles of what you are legally entitled to are the same as miscarriage (before 24 weeks) and stillbirth (after 24 weeks).

Specific support available:

- Antenatal Results and Choices (arc-uk.org)
- SANDS (Stillbirth and Neonatal Death Society)

Complex pregnancies

Pregnancies can be complex for a number of reasons, from hyperemesis, multiples, medical conditions, to concerns about the baby.

You are entitled to paid time off for antenatal care, even if this is over and above what would be normally anticipated in pregnancy; as long as it is recommended by a midwife or doctor, any appointments can be attended.

Sick leave can be taken under normal provisions for ill health during pregnancy. You do not have to start maternity leave before 36 weeks if you are unwell or have mobility problems, for example. You can be off sick under the normal provisions for sick leave, and need only start maternity leave early if you choose to do so. However, if you have a pregnancy related illness in the final 4 weeks before the expected week of childbirth, maternity leave will commence automatically. If it is just an odd day of pregnancy related illness you may choose to remain at work.

Communication with your department and the TPD can allow you to get the support and understanding you need and may help with planning the course of your pregnancy. Speaking to your obstetrician, midwife and Occupational Health Department may also help.

Premature Babies

You are entitled to the same amount of maternity leave if your baby arrives early. This includes babies that are born extremely prematurely with signs of life but before the age of viability where intervention is not deemed to be appropriate.

If your baby arrives before the 11th week before the estimated week of childbirth and you were working that week, maternity leave will start on your first day of absence.

If your baby arrived before the 11th week before the estimated week of childbirth and you were off work on certified sickness, maternity leave will commence the day after the birth.

If your baby is born before the 11th week of estimated childbirth and remains in hospital you are entitled to split your maternity leave and take the 2 weeks mandatory leave immediately and then you can take the rest of the leave after the baby has been discharged, should you wish to.

Kate Blyth is a consultant anaesthetist at Worcester Hospital. She herself has experienced a stillbirth while a trainee in the Birmingham School of Anaesthesia. She has gone on to train as a Befriender for SANDS and works closely with Birmingham SANDS. She is more than happy to be contacted to support you through the loss of your child, offer practical advice related to baby loss and specific to being a healthcare worker experiencing the devastating loss of a child. She can be contacted by email in the first instance: k.blyth@nhs.net

Working LTFT

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

Applying for LTFT training

All doctors in training posts, irrespective of gender, will be eligible for LTFT training. You need to apply for LTFT training by completing a PDF application form and submitting it to Dr Helen Goodyear, who is the Postgraduate Medical Dean for Flexible Training (helen.goodyear@hee.nhs.uk). This should be done well in advance, with a minimum notice period being 3 months.

The form requires electronic signatures from the applicant, their Educational Supervisor and the Training Program Director. This means it needs to be downloaded and completed using Adobe Acrobat, then emailed to various people before it can be submitted.

westmidlandsdeanery.nhs.uk/Portals/0/LTFT%20Application%20form%20EXT%20v5d.pdf

The West Midlands Deanery produces guidance for applying to work LTFT: the Gold Guide. Previously, applicants applied under specific categories of prioritisation, depending on their reasons for working LTFT, but these are no longer part of the application process.

The most recent Gold Guide (9th edition published 26th July 2022) states that:

"All well-founded reasons will be considered. However, support to progress the application may be dependent on the capacity of the programme and available resources as well as compliance with relevant legislation relating to CCT requirements."

Examples of reasons for applying to work LTFT include:

- Disability or ill health
- Caring responsibilities
- Welfare and wellbeing
- Non-medical development
- Religious commitment
- Unique opportunities for their own personal/professional development

Once approved you should receive an eligibility letter. It is no longer necessary for trainees to submit new forms for each placement, but LTFT trainees should send their eligibility letter to their new trusts as soon as their rotations are confirmed to make everyone aware of their LTFT approval.

LTFT trainees, once approved, will be placed in one of four types of post:

- Working reduced hours in a full-time post
- Sharing a post with another LTFT trainee in a slot share (Note: this is not the same as a job share, which does not fall under the remit of LTFT training)
- '3 for 2' which is when three trainees work in two posts
- Supernumerary posts – these are very limited in availability in the West Midlands and are for short time periods only

For those already working LTFT, it is possible to change the percentage hours worked. This is done by completing the following form:

https://www.westmidlandsdeanery.nhs.uk/Portals/0/LTFT%20Change%20form%20EXT%20v2d.pdf

Different trusts choose to implement different types of LTFT posts, so as you rotate through various jobs you may work in various different setups. Regardless of whether you are in a slot share or working reduced hours in your own slot, you should have a personalised work schedule created for you. This rota should be based around the full time rota and should be

collaboratively created, with input from the trainee. The BMA produced guidance relating to LTFT rota design in 2018, which has more details:

nhsemployers.org/publications/good-rostering-guide

There is a LTFT trainee rep for each speciality in the West Midlands and each trust should have a Champion Of Flexible Training and SuppoRTT Champion who can provide guidance and help facilitate the process. Details of trainee reps, SuppoRTT Champions and Champions for Flexible Training can be found on the HEWM website. Some hospitals also have a LTFT trainee lead, for example the QE.

Many LTFT trainees work at 60% of full-time, including pro rata on-call commitments, but it is also possible to work at 70% and 80% of full time. Less than 60% can be approved in exceptional circumstances but will need discussing with Dr Goodyear.

Most LTFT doctors prefer to work on fixed days each week with the same days off each week. This can be particularly important when organising arrangements for childcare. Where fixed working day patterns are agreed, the fixed pattern should be put in place for the duration of a placement. All attempts should be made to facilitate set working day patterns where requested by the doctor in line with the statutory right to request flexible working, provided that service needs can be met. There may be a need for trainees to occasionally work an on-call day on a day that they are usually off. This will need to be negotiated by the trainee and HR when negotiating their rota at the start of the placement. Study Leave, annual leave and bank holidays are pro rata of the full-time entitlement.

LTFT trainees now have the same study budget for each year as their full time counterparts.

The Birmingham School of Anaesthesia website has links to an LTFT calculator, which allows you to input your percentage LTFT and dates for each trust/grade. It will then automatically calculate your full time equivalent and give a summary of your training. This can be used for any trainee and can also incorporate research, OOPE/OOPT etc.

thebsa.info/training-education/pregnancy-ltft/

"Less than Full-Time Training in Anaesthesia and Intensive Care Medicine: An A to Z Guide" is a useful resource produced by the RCoA:

anaesthetists.org/Portals/0/PDFs/Membership/LTFT_AZ_2021.pdf?ver=2021-07-23-095655-810

Inform your Training Programme Director and the RCoA

You will need to inform your TPD of your decision to return to work as a LTFT trainee. The TPD is responsible for many trainees and therefore the earlier these decisions are made and communicated the easier it is for everyone. You will also need to notify the College of your maternity leave dates and return to work date so they can recalculate your CCT date.

All trainees (including those who are LTFT) are required to have an ARCP every 12 calendar months, except if you are on leave. This means that even if minimal / no training has occurred (due to a period of maternity / shared parental leave) you will have an ARCP potentially within a few months of returning to work.

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 role as a doctor. Some people find only being at work part of the week difficult - just as they get to know the patients, their working week finishes. By the time they are back at work again, all the patients have changed. This is more of a problem when working in intensive care, compared with anaesthetics when you are responsible for different patients each day.

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

You may feel you need to prove your worthiness and dedication to your career more when comparing yourself to full time trainees, who may have less commitments outside of work. However, times are changing and there are increasingly more LTFT trainees in anaesthetics, both male and female, and most colleagues are very understanding.

It can be difficult to attend courses and study days. Unless you have a flexible nursery or a family member who can help you may need to find courses that are on days when you have childcare.

LTFT trainees are required to do the same number of audits, presentations etc. as the full-time trainees during our training but obviously have longer to do it. If an audit is required every year of training then the LTFT trainee will have longer pro-rata to complete it. Our advice is to explain these principles to your educational supervisor at the start of each placement to ensure that educational objectives are completed over an appropriate time scale.

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

It may seem like we have listed lots of negatives of being a LTFT working parent but there are also many advantages. Working LTFT means that, to a degree, you can get the best of both worlds. Whilst the demands placed on an LTFT trainee are no doubt great, often it is these trainees who rise to the challenge and are most efficient and productive in their time. Working LTFT means you get more time with your child to watch them grow up and more time to develop your CV. It will take longer to reach your CCT date but you will be continuing on your career ladder whilst still having the financial benefits of working. Juggling the two roles can be a challenge and different arrangements work for different families at different points in their lives. LTFT working provides trainees with the option of, hopefully, creating the right balance for them and their families.

When you have worked LTFT during your training an adjustment is made when you commence your consultant post, so that you start on the same pay scale that you would be on had you remained full time. Crucially, this means you will start on a higher pay point.

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 AAGBI document "Fatigue and Anaesthetists" describes fatigue as "the subjective feeling of the need to sleep…drive to fall asleep…decreased alertness". This may be of significant importance to those returning from maternity leave, when caring for a young family with additional reasons for sleep deprivation. So, what can you do to help? Be aware of the implications, recruit help from family & 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 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 BMA and AAGBI can offer help & advice, along with support systems in your region. However, your GP may be a good place to start.

Useful links and further reading

Pregnancy

· The Health and Safety Executive Guidance for new and expectant mothers hse.gov.uk/mothers/

Maternity, Paternity and Adoption leave

· BMA maternity leave calculator

bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption/leave/maternity-leave-calculator

· NHS Choices

nhs.uk/conditions/pregnancy-and-baby/pages/maternity-paternity-leave-benefits.aspx#close

· BMA maternity, paternity and adoption leave advice

bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption

Financial considerations

· Department for work and pensions guide to maternity leave.

gov.uk/government/publications/maternity-benefits-technical-guidance

· Government advice on maternity pay

gov.uk/statutory-maternity-pay/overview

· HMRC information on childcare

gov.uk/browse/childcare-parenting/childcare

· HMRC Child benefit

hmrc.gov.uk/childbenefit/index.htm

· Junior ISAs

gov.uk/junior-individual-savings-accounts/overview

Returning to work

- KIT days information

dwp.gov.uk/publications/specialist-guides/technical-guidance/ni17a-a-guide-to-maternity/statutory-maternity-pay-smp/working-in-your-maternity-pay/

- Royal College of Anaesthetists Guidance on Returning to Work

rcoa.ac.uk/sites/default/files/documents/2019-09/ReturnToWork2015.pdf

- Academy of Medical Royal Colleges Return to Practice Guidance

aomrc.org.uk/wp-content/uploads/2017/06/Return_to_Practice_guidance_2017_Revison_0617-2.pdf

- The HEWM Return to Training policy

westmidlandsdeanery.nhs.uk/Portals/0/Key%20Doc%20for%20Homepage/Return_to_Training_approved%20May%202013.pdf

LTFT information

- HEWM information

westmidlandsdeanery.nhs.uk/Home/LessThanFullTimeTraining(FlexibleTraining).aspx

- Medical careers

medicalcareers.nhs.uk/postgraduate_doctors/less_than_full.aspx

- AAGBI information

anaesthetists.org/Home/Wellbeing-support/Career-support/Less-than-full-time-LTFT-training

Appendix:

We have included some forms that may be useful:

1. Working whilst pregnant form
    - No longer officially used, but this form remains useful to prompt planning and discussion
2. Risk Assessment - topics to cover
3. SuppoRTT Guidance
4. Modified Record of Re-introduction form
    - Useful to assist return to work planning and used along-side the SuppoRTT Pre-return and Return Review Forms.

Working Whilst Pregnant Form

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

Have the following been informed of the pregnancy?	If no, date to be done by

Educational Supervisor	Yes / No	
College Tutor	Yes / No	
Clinical Director	Yes / No	
Human Resources / Payroll (by 25 weeks)	Yes / No	
Have you submitted your MATB1 form?	Yes / No	
Rota Co-ordinator	Yes / No	
Training Programme Director (by 14 weeks if possible*)	Yes / No	
Medical Indemnity Organisation	Yes / No	
RCoA	Yes / No	

Training whilst pregnant

Discuss the following	Notes	Done?

The Pregnancy Pack and Maternity leave policy		□
Risk assessment		□
Plan for on calls / out of hours working · Discuss possible change in working pattern, whilst maintaining number of weekly hours · Supporting letter from GP / Obstetrician may be needed · Stopping on calls before 3rd trimester may have implications for CCT date		□
Plan for antenatal appointments		□
Use of annual leave		□
Staying healthy (rest / breaks etc.)		□
Training needs to be addressed before leave		□

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
Has the process for application been discussed, if applicable?	Yes / N/A
Implications for licence to practice, requirements for revalidation and CCT date considered?	Yes / No
Planned start date of maternity leave	
Estimated date of next appraisal (at least 1 month before anticipated start of leave)	

Trainee name: Educational Supervisor name:

Signature: Signature:

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

Risk assessment - topics 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	· Foetal problems: CMV, toxoplasma, COVID-19, 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, *per se* · Insufficient evidence to restrict shift work as long as appropriate rest breaks / facilities and pregnancy is 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

In some circumstances trainees with an absence of less than 3 months' duration may benefit from accessing SuppoRTT and these should be looked at on a case by case basis.

Trainee Responsibility

SuppoRTT is trainee led. Trainees should ensure that planned leave (parental / Out of Programme / Global Fellowships for example) is arranged in good time and that the required approval process is followed.

During planned leave trainees must keep in regular contact with their Training Programme Director. Well in advance of the expected return date (at least 3 months), trainees must confirm to the Training Programme Director their intended return date so that a suitable training placement can be arranged for them.

In some circumstances trainees may have a period of unplanned leave (sickness / restrictions to practise for example). In these scenarios, trainees should start the SuppoRTT process as soon as it is practical and should notify their Training Programme Director and HEEWM Programmes team (programmes.wm@hee.nhs.uk) of the absence.

SuppoRTT Process

Trainees are encouraged to follow the process when planning time away from training and prior to return. The aim is for a trainee to identify support required upon return in order to step back in without unnecessary difficulties.

The process

1) **Complete 'Planning Your Leave Form'**
   This should be completed approximately 3 months prior to your anticipated planned leave date. If the absence is unplanned you should aim to complete it at the earliest opportunity following the start of your leave period

2) **Complete 'Pre-Return Form'**
   This should be completed approximately 3 months prior to your anticipated return date. If this is not possible, you should aim to complete it at the earliest opportunity

3) **Complete the 'Return Review Form'**
   It is advised that this is completed approximately 2 weeks after your return

All steps in this process should be completed collaboratively between the trainee and their ES/TPD/College Tutor

KIT / SPLIT Days

Trainees on parental leave may be entitled to KIT/SPLIT days. Trainees must follow their employer policy in relation to KIT/SPLIT days and they must be applied for prospectively. Trainees are strongly encourage to review the national guidance in relation to KIT/SPLIT days https://www.gov.uk/employee-rights-when-on-leave

Return to Clinical Practice Days and other SuppoRTT activities

Several Return to Clinical Practice days will be organised by HEEWM for returning trainees to attend.

Examples of topics covered are

- Wellbeing and Self-Awareness
- Human Factors
- Remaining Effective
- Challenging Conversations
- Simulation

In addition to the courses organised by HEEWM, there may be other opportunities for trainees who are planning their return to training such as training events organised by Royal Colleges. It is essential that prospective approval is obtained by the trainee prior to attending any of these additional opportunities and that the intention to attend them is recorded on the 'Pre-return form'.

If a trainee wants to claim expenses in relation to attending SuppoRTT courses / workshops / other activities, they must seek guidance from their employer as to what costs could be reimbursed to them.

Any reimbursement claimed must in accordance with the employer policy; a 'Course Approval Request Form' must be completed and submitted with the claim.

It is recommended that trainees attend Return to Clinical Practice Days no more than 3 months' prior to their return and within 3 months' of their return date.

Enhanced Supervision

It may be appropriate for trainees to participate in a period of enhanced supervision upon their return. This period should allow the trainee to regain confidence, clinical knowledge and skills in a supported environment. This time should not be used to provide service provision alone and should be tailored to individual training needs particularly in relation to duration and exposure to different clinical environments.

HEEWM recommend that as part of the 'pre-return' process, all trainees discuss with their ES/TPD/College Tutor whether or not a period of enhanced supervision would be beneficial and that the outcome of the discussion is recorded on the 'pre-return form'.

Where it is agreed that a period of enhanced supervision is not required, it may be enough for a pairing or buddy system to be in place for the trainee for a few days on their return.

Examples of Enhanced Supervision Arrangements

- Inpatient/Ward work
- Outpatients/Clinic work
- Acute services – Emergency medicine/Assessment Units/Delivery suite as applicable to trainee

- Optimisation of skills/procedures – theatre, procedure lists, simulation, courses as appropriate
- Out of hours work - representative of specialty commitments with a clearly identified colleague and not as "on-call doctor"
- Experience relevant to ongoing work commitments. For example, if a GP trainee was returning to a Paediatric rotation it may be relevant for this time to be utilised in acute paediatrics.

Reimbursement

Trainees must follow their employer's expense process in order to claim reimbursement for SuppoRTT activities; a copy of the 'course approval request form' must be submitted with the claim. Only activities that have been prospectively approved by the ES/TPD/College Tutor are eligible for reimbursement and these should all be documented on the 'pre-return form'.

Through SuppoRTT employers can claim reimbursement. Employers must complete the SuppoRTT Reimbursement Form and email it to Supportt.wm@hee.nhs.uk on a quarterly basis for reimbursement which will be made through the Learning and Development Agreement (LDA) on a quarterly basis. Failure to submit the SuppoRTT Reimbursement Form on a quarterly basis may result in an employer not being eligible for reimbursement

Public Sector Equality Duty

On 5 April 2011, the Public Sector Equality Duty (the equality duty) came into force. The equality duty was created under the Equality Act 2010. The equality duty was developed in order to harmonise a number of pre-existing pieces of equality legislation and to extend protection across what the Act described as "protected characteristics". Protected characteristics is the term used to described groups that may be discriminated against because they possess one of more of these characteristics and the Act identified nine protected characteristics and these are:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual orientation

An Equality Impact Assessment (EqIA) will be carried out on an annual basis and/or following any amendments to ensure that this policy will not have a positive or adverse impact on any trainee groups with protected characteristics.

Modified Record of Re-introduction Form

List of supervised sessions

	Date	Nature of duties	Supervisors signature	Comments
		Hospital induction		
		Dept. 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				

Trainee name: Educational supervisor name:

Signature: Signature:

Guidance

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

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

As mentioned above, every trainee will have different needs for their reintroduction period, and should be aware of what they are. In addition to

the questions on the pre-leave planning form and included on this form, you may like to consider:

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

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