

# London schools return to work paperwork

1. **Absence from Training Form**  
To be completed before a planned period of leave.
  2. **Preparation for Return Form**  
To be completed with your Educational Supervisor at least 4 weeks before returning to work.  
10 supervised clinical days are recommended before undertaking any unsupervised work. However, this may be adapted on an individual basis.  
Situations where this may occur might include:
    - a) Competency & confidence is achieved prior to this
    - b) A staged return to work is needed for occupational health reasonsThe form can be edited as necessary.
  3. **Record of Re-introduction Form**  
Each session should be signed off at the end of the agreed number of supervised sessions and you should meet with your educational supervisor to confirm readiness to undertake unsupervised work.
  4. **Guidance notes**  
Notes for Trainees and Educational and Clinical Supervisors
-

## Returning to Work in Anaesthesia: Absence from Training Form

### Details of absence

Name		GMC number	
Planned period of leave	From: To:	Reason for leave	
Current job title			
Place of work		Hours	
Time in post		Educational supervisor	
Returning job title			
Place of return to work		Hours	

### Preparation for leave

Is appraisal documentation up to date?	Yes / No
Is Hospital End of placement/ Interim Progress Report complete?	Yes / No
List any outstanding training needs to be addressed on return	
List any educational goals planned during period of absence	
Implications for licence to practice and requirements for revalidation considered?	Yes / No
Date of last ARCP	Date of next ARCP

### Return to work plan

Trainee aware of return to work guidance and re-introduction process?	Yes / No
If may wish to change to LTFT training, process for application discussed?	Yes / No / N/A
List below any known updates / guidance to be published during period of leave	
Planned methods of keeping in touch with work discussed e.g. Keeping in Touch (KIT) days, CPD opportunities and courses NB. KIT days CANNOT be taken during A/L (even if this accrued & used at the end of maternity leave)	Yes / No
<i>Estimated date of next appraisal</i> (at least 1 month before RTW)	

Trainee name:  
Signature:  
Date form completed:

Educational Supervisor name:  
Signature:

## Returning to Work in Anaesthesia: Preparation for Return Form

### Details of return

Name		GMC number	
Period of leave	From: To:	Reason for absence	
Job title		Length of time in post before leave	
Place of work			
Duties on return			
Date due to start on calls		Supervisor	
Are there any health issues that need to be considered? If so has occupational health advice / approval been sought? This should be established before the return to work is planned and if a staged return is necessary, this form may be adapted as required.			Yes / No / N/A

### Initial Review (Complete a month before returning to work)

**Date:**

Details of Trainee Preparation for Return to Work for e.g. KIT Days, RTW courses, other relevant CPD activity (please see attached guidance)			
Planned hospital / departmental induction (including dates)			
Plan for supervised sessions 10 supervised days are recommended based on current evidence but this will depend on the individual trainee and their circumstances. Review situation after 5 days			
1		6	
2		7	
3		8	
4		9	
5		10	
Other educational objectives for re-introduction period:			
Are there implications of this period of leave for the doctor's licence to practice or revalidation? If in a recognised training programme with annual RITA or ARCP the answer is usually No			Yes / No
If returning LTFT has the relevant paperwork to secure funding been completed?			Yes / No

Trainee name:  
Signature:

Educational supervisor name:  
Signature:

## Returning to Work in Anaesthesia: Record of Re-introduction Form

### List of supervised sessions

	Date	Nature of duties	Supervisors signature	Comments
		Hospital induction		
		Departmental induction		
1				
2				
3				
4				
5				
Contact your educational supervisor at this point to decide together if you will require additional supervised sessions				
6				
7				
8				
9				
10				

### Review after re-introduction

Date:

(To confirm readiness to begin on call duties)

Induction completed	Yes / No
Educational objectives of re-introduction met?	Yes / No
Plan for when safe to re-commence on call duties made?	Yes / No
Appraisal paperwork completed for trainee's ongoing education and training?	Yes / No
Date of next ARCP	Need to revise CCT date?
Yes / No	
Any other comments about re-introduction period	

Trainee name:

Educational supervisor name:

Signature:

Signature:

## Returning to Work in Anaesthesia: Guidance notes

The **Return to work paperwork** aims to assist training supervisors and trainees achieve a structured and safe return to work after a period of absence. It is based on the current RCoA and AoMRC guidance.

The **Absence from Training Form** should have been completed before any period of anticipated leave and should be referred to as part of preparation for return to work.

The **Preparation for Return Form** is to be completed a minimum of 1 month before the trainee returns to work to plan how the re-introduction period should be spent and to help prepare the trainee for their return.

The **Record of Re-introduction Form** is a record of duties undertaken during re-introduction.

There are no compulsory assessments as part of the return to work process. The RCoA suggests that for trainees who have had less than 12 months anaesthetic experience prior to a period of leave should repeat the Initial Assessment of Competence as part of their return to work. Other grades of doctors may like to use the Anaesthesia List Management Assessment Tool (ALMAT) for theatre lists or the Acute Care Assessment Tool (ACAT) for Intensive Care or the Emergency setting.

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

In addition to the questions covered by the paperwork you may like to consider:

- Has the period of leave been extended beyond that which was originally planned? If so, 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?

### For Trainees

There are no mandatory requirements that dictate what preparation is necessary before returning to work. However, you have a duty to ensure that you are safe to return to practice. It is normal to lack confidence and you can use this period to address any issues, before you may be working solo again.

You may like to consider the following suggestions based on the guidance from the RCoA and AoMRC:

- If you are on maternity leave you are entitled to take up to 10 Keeping in Touch (KIT) Days. These can be used to attend courses you feel would be beneficial, or you can spend them at work re-orientating yourself. Any payment for these days will need to be negotiated on an individual basis with the anaesthetic department responsible for paying your maternity pay. These KIT days cannot be taken during

- annual leave (even if this is accrued during maternity leave & occurs just prior to your return to work) and so dates will need to be carefully organized.
- There are several Return to Work Courses available to anaesthetists returning from a break. These include:
    - Giving Anaesthetics Safely Again simulation courses (see useful links below)
    - AAGBI Return to Work Seminars
    - RCoA and AAGBI Regional Core Topics Days are useful updates in recent advances.
  
  - Your personal CPD to prepare for returning to work should include:
    - Familiarisation with any recent updates to guidelines that have been published during your period of leave. For e.g. Difficult Airway Society Guidelines, Resuscitation Council Guidelines, GMC Guidance, AAGBI publications
    - Reading the “Professionalism in Medical Practice” section in the RCoA Aug 2010 CCT in Anaesthesia
    - Revision of the management of anaesthetic emergencies as necessary.

### **Useful links / contacts:**

Returning to work after a period of absence. RCoA May 2012: <http://www.rcoa.ac.uk>  
Academy of Medical Royal Colleges. Return to Practice – Guidance. AoMRC March 2012: [www.aomrc.org.uk](http://www.aomrc.org.uk)

Giving Anaesthetics Safely again: [www.gasagain.com](http://www.gasagain.com)

Please contact the School Secretary Terri Stewart: [terri.stewart@imperial.nhs.uk](mailto:terri.stewart@imperial.nhs.uk), or look at the website, for contact details of the current LTFT trainee representatives