THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

GAT AAGBI
GROUP OF ANAESTHETISTS IN TRAINING

GAT Response to Health Education England Accelerated Return to Training (ARTT) Call for Ideas.

The Group of Anaesthetists in Training (GAT) represents the views and interests of trainee members of the Association of Anaesthetists of Great Britain and Ireland (AAGBI). We promote training, the practice of anaesthesia, and communication amongst trainee anaesthetists

What are the current issues faced by junior doctors when they return to training?

In your opinion, how do you think this issue could be mitigated?

1. **Category:** Organisational culture
   Issue applies to: Whole/wider workforce

   Human resources (HR) departments vary considerably between trusts and organisations. Upon commencing less than full time training there are forms to be completed by the trainee themselves, supervisors and HR for the deanery. A lack of a provision of a rota; delays in answering emails; and failure to provide information for the forms prevent completion and undue concerns about being unpaid.

   Requiring trainees to attend the place of work to verify documents and / or complete checks requires commuting before commencing a return to work. As a result, this is often completed whilst on annual leave, maternity leave or sick leave. Placements may be some considerable distance from the trainees and this combined with often travelling whilst not fully recovered (sick leave) or with children (maternity leave) further complicates the situation.

   All Trusts require induction and when returning to work 'out of sync' with the main body of trainees there are timing issues with induction (both Trust and departmental). This results in some Trusts requiring trainees to attend prior to returning to work or increased difficulty on returning to work.

In your opinion, how do you think this issue could be mitigated?

   Good communication with HR is invaluable to permit timely completion of the Less than Full Time training forms and submission to the Deanery to ensure the trainee is paid correctly.

   Induction is frequently generic and parts can be completed remotely to the place of return. Generic induction has already been implemented in the West Midlands[1]. Using 'Keeping in touch' days to complete induction remotely would minimise stress to the trainee whilst providing an electronic record of completion of the modules. This allows a shorter, structured Trust and departmental induction. Document checks could be completed either with verified copies / copies checked on the day the trainee commences back to work. Enough time needs to be allotted to the trainee to complete forms, induction and orientation to facilitate work.

2. **Category:** Clinical competence
   Issue applies to: Doctors generally

   A lack of communication with the hospital and department prior to return will result in a trainee that is uncertain of what is expected of them.

   Returning to work with clinical supervision cannot be underestimated. Unfortunately, due to the current degree of rota shortages there is frequently pressure to return to the 'on call' rota or solo lists (anaesthesia). A reduction in supervision may result in undue stress and fatigue

for the trainee. Supervision is essential to re-establish clinical working both with examinations and procedures and the cognition that is required for patient treatment. By not allowing a trainee enough time to transition back to work there is a risk of a prolonged period being required or additional time off.

The need to analyse and propose treatments for patients when a trainee is already fatigued will exaggerate the latter particularly if pushed to unsupervised work to early.

In your opinion, how do you think this issue could be mitigated?

If the trainee is returning from a planned period of leave then a meeting with a Training Director, College Tutor or Educational Supervisor before commencing leave allows the trainee to be thinking about the plans for their return. This already occurs in many schools of anaesthesia. This person becomes the point of contact for the trainee and returning to the same hospital that the trainee left facilitates this further. There is then a greater degree of familiarity decreasing the stress and fatigue of returning to a new hospital.

A structured return to work needs to be planned with the trainee. As above it should be possible to plan this in advance (maternity leave) and follow a more structured sessional return to work with check points along the way to ensure that the trainee is returning successfully. A return to work that is not planned still requires tailoring to the trainee and may often require a degree of phased return to ensure that the first return to work is successful. The trainee needs to understand that the supervision is there for as long as required and that until ready there is no requirement to undertake on call commitments / solo lists (anaesthesia).

3. **Category:** Other – case study
   Issue applies to: Speciality

   As a national committee representing anaesthetic trainees we have both been made aware, and have personal experience, of the issues about returning to work. The case study provided to us below succinctly demonstrates the problems and suggested ways to mitigate them.
   'I'm speaking from personal experience for this response. I was off work for a month last year following emergency surgery. When I came back to work I have a period of phased return for 4 weeks with a gradual increase in my time spent at work and then my training clock restarted when I was back to full time working and able to take part in an on-call rota. I'm slightly hesitant at the term of 'accelerated return to work' that is used by HEE throughout this consultation call for ideas document. When I returned to work I was stunned at the effect fatigue had on me. When you've had time off work, particularly for ill health it's amazing how long it takes to get back into the physical and mental mind-set that is required to function competently as is expected for your level of training.'

In your opinion, how do you think this issue could be mitigated?

Phased return
Vital where there has been a prolonged absence from work; should be the rule rather than the exception

Supernumerary and clinical supervision
Confidence as well as physical/mental reserve often take time to return to baseline levels.

A good GP
Another safety net to aid return to work at an appropriate time. *'Until seeing my GP I was convinced that I should have been recovering more quickly than I was. She gave me a realistic timescale for returning to work'*

Support and understanding of consultant colleagues and peers
An appraisal shortly after return can be really useful. *'It helped to prioritise my health. I felt like I was such a burden to the fellow trainees on my rota; they weren't bothered & were just concerned that I was better & if I was ready to come back'*

Good support network
At work & at home. Other commitments affect how you function at work & need to be borne in mind.

Minimising commuting time
Fatigue plays a big part in returning to work. If returning with long commute times, having somewhere to rest on site near to work between consecutive shift will aid the return to work process

Going back to somewhere familiar
'Being somewhere that I knew & where they knew me meant I knew how all the processes etc. worked & when I was having an off moment. I knew that my peers & seniors were aware this wasn't my norm & they could help me'

Check in appointments
Vital to ensuring that the return to work is going at the right pace for you. If you're still under follow-up or awaiting investigations or appointments to come through when you've already returned to work these meetings allow a formal time to discuss ways to move forward

Meeting with Training Programme Director (TPD) for trainees with differing needs to discuss return to work options
'We discussed a variety of options - going less than full time, taking a career break, having more time off etc. & came up with a solution together that was right for me at that time'

What existing examples of good practice are there for supporting junior doctors who return to training?

1. **Category:** Accelerated learning
   Issue applies to: Speciality
   National

   Simulation and additional courses

   Giving Anaesthesia Safely Again (GASagain)[2] is a one-day course designed for anaesthetists who are planning on returning to work. Simulation provides a non-threatening environment to practice prior to / whilst returning to work.

   The Northern School of Anaesthesia run a local return to work simulation day, free of charge. Bristol and Wales alternate the return to work course that they hold.

   The ability to attend courses whilst on 'Keeping in touch' days facilitates the return to work whilst ensuing minimal financial impact on the trainee. These can include difficult airway courses and life support courses (as faculty or candidate).

2. **Category:** Enhanced induction
   Issue applies to: Speciality
   Local/regional

   Many Schools of Anaesthesia (Birmingham, Northern, Wessex and London) have structured return to work procedures. A meeting prior to leave begins the planning process for a return to work (allows planning about how to return, what percentage to return at, and timings). A meeting then occurs in the time immediately prior to returning to work to tailor the return to the trainee. Each of these Schools has a documented return to work process for the trainee. Further information is coordinated via the GAT Trainee Handbook[3].

   In the West Midlands[4] and London[5] a total of 10 sessions are programmed in during a return to work with regular contact with the Educational Supervisor. These sessions need to be completed prior to returning to the on call rota. Planning and completion of supervised sessions enhance and facilitate the return to work.

Continuing with the same Educational Supervisor whilst on a break from training (e.g. Northern and Birmingham Schools) gives continuity to the trainee and facilitates return to work at the same hospital that the trainee was before the break.

What other innovative ideas could you suggest for delivering improvements to the current support system/s for doctors who return to training?

1. **Category:** Pastoral support (mentoring/keeping in touch days)
   Issue applies to: Speciality
   National

   Mentoring scheme
   The AAGBI has a network of trained mentors throughout the county and access to them for trainees returning to work will facilitate the return[6]. Access to a mentor provides the trainee with the opportunity to be actively listened to and provides the trainee with a framework to work through their own training needs.

2. **Category:** Pastoral support (mentoring/keeping in touch days)
   Issue applies to: Speciality
   National

   National recognition of the importance of a TPD for trainees with differing needs with support and funding for this role. The TPD is able to assist the trainee by offering different ways forward to individualise the solution for the trainee involved. Trainees need to be supported to return to the speciality.

3. **Category:** Pastoral support (mentoring/keeping in touch days)
   Issue applies to: Speciality
   National

   GAT understands that when a trainee has been affected by a bereavement and/or grief the support required may need to be increased at different times. For example, a parent that has lost a child may require more support if returning to the hospital where their child was cared for or on a paediatric placement. This could be overseen by the deanery support unit and formalised.

References

1. http://www.e-lfh.org.uk/programmes/wm-doctors-in-training-online-generic-induction-2017-(ditogi)/
2. https://www.rcoa.ac.uk/GASAgain
3. http://www.aagbi.org/GAThandbook
4. http://www.imperial-anaesthesia.org.uk/uploads/files/RTW%20form%20December%202014.pdf
5. https://www.aagbi.org/professionals/welfare/mentoring