A Life Less Ordinary

"Ladies and Gentlemen, we will shortly be beginning our descent to the airport... hang on a minute…now how do we do this again? Sorry, I've just come back from Maternity leave and I seem to have forgotten a few things". A comparison between anaesthesia and aviation is often made but you would hope never to hear this announced when jetting off on your annual summer holiday....

Returning to work after a period of time off and/or choosing to work part-time can mark a complex but interesting stage in the career of an anaesthetist. Many factors are at play, which have different effects on professional life. Here we explore and question some of those aspects both in our own region and nationally.

Anaesthesia has the second highest number of part time trainees, previously termed 'flexible' but now "less than full time" (LTFT) trainees. In 2007 9% of anaesthetic Specialist Registrars were training flexibly [1]. The national average across Medical specialities is 6.6% [2]. Anaesthesia has a well-deserved reputation as a 'family friendly' speciality - 10% of the Consultant workforce practice part-time - this may explain why anaesthesia attracts more trainees seeking LTFT opportunities.

Currently, around 40% of anaesthetic trainees are female, and this is likely to increase since there are now more female medical students than males. In 2008, the ratio of females to males at the University of Bristol's Faculty of Medicine and Dentistry was 1.6 [3].

There are wide regional variations in the numbers training flexibly, for reasons which may relate to accessibility to funding, or how well individual Deaneries manage their programmes locally. The highest total number of LTFT trainees is found in London, but in proportion to size, our own Severn Deanery comes top [2] with 13% training flexibly [4]. Locally Bristol is known as being supportive of LTFT training, and trainees find the application process to be a well trodden path. Historically the Southwest has always had large numbers of LTFT trainees which may date back to the introduction of Calman training since regions with higher numbers of existing part-timers were better placed to continue funding for their numbers.

Returning to work

The Association of Anaesthetists has published a Welfare Resource Pack [5] giving guidance on returning to work after a period of time off, for example after a period of ill-health, personal reasons, or suspension. It is not specific to maternity leave. Doctors who have been away for a "prolonged period" should undergo a formal, structured, return to work programme, tailored to their individual needs. It should incorporate all aspects of clinical practice such as reacquiring clinical skills, knowledge and demonstrating appropriate behaviour and team working. A summative assessment process can then be used to help decide whether the doctor is safe, or needs to undertake a period of retraining. The Resource Pack does not specify how long a "prolonged period" is but it can be argued that most periods of maternity leave would fall into this category.

The Medical Women's Federation undertook research into part-time working, funded by the Government Equalities Office. The "Making Part-time Work" report [6] recommends that employers, medical directors and Deaneries should adopt a formal approach for the reacquisition of clinical skills after a career break and period of extended leave.

The Group of Anaesthetists in Training (GAT) have published details of "Keeping in Touch" days – up to 10 days which can be arranged on a mutually agreeable (to employee and employer) basis [7] in order to smooth the return to work. In practice, the reality on the shop floor is

considerably different. Freshly returned from maternity leave some find themselves on a couple of doubled-up lists, then straight back on the on-call rota, supervising junior colleagues and managing solo lists. There is the expectation that one returns to work "intact" professionally and just as skilled, knowledgeable and safe as one was before the period of leave (or life-changing event in the case of maternity leave).

In industry, as might be expected, the approach is slightly different. Corporate Mothers, a consultancy firm, recognises that welcoming women back into the workplace after a life-changing event requires a more businesslike approach. Since many companies invest heavily in "change management" this should be included in that process [8]. The Exemplar Employers project was commissioned by the Government in response to work published to address the gender gap [9]. Employers who undertake innovative work in this area are signed up to the scheme, to share their expertise with others.

One such firm is British Airways who have put in place seminars and structured support processes specifically for cabin crew staff returning from maternity leave; this has increased the rate of staff returning to work in the space of one year. In a similar fashion the Armed Forces retrain their staff as a matter of course – RAF staff are not allowed to handle weapons, or recommence flying until they have been retrained. Civil Aviation pilots would undergo "Sim Check" or Licence Skill Testing every six months also as a matter of course [10].

The Exemplar Employers Report makes recommendations based on what they have identified as best practice. Some seem unlikely ever to make their way into the public sector (a company gift on the birth of each child and a celebratory returner's lunch), however induction programmes, tailored developmental objectives and self-appraisal toolkits perhaps should.

How far this should be taken into the anaesthetic workplace can be debated. Certainly our training emphasises calling for help when needed, and a significant amount of self-policing and self-reliance. One colleague has described her return to work as a "crash landing", while another detailed her trepidation at being on a senior on-call rota supervising her colleagues within days of returning after a year off. Self-reliant qualities are a good thing, but it might not be unreasonable to consider whether this could be done better or more safely.

Working life

The aim of a LTFT training programme is to establish a good work-life balance. Returning to work on a part-time basis can feel like a completely different experience to working full-time however. Many trainees experience a feeling of spreading themselves too thinly, and feel a pressure to keep up with their full-time colleagues. The "Making Part-time Work" research found that across all specialities over 75% of part-timers were working extra hours, whether it be clinical time, CPD (Continuing Professional Development) or research etc. The reason was often extra workload, but also a need to prove themselves as fully committed. In reality working 60% hours does not reduce emails, extracurricular projects and meetings by 60%.

A study in the Netherlands compared allocation of time between part-time and full-time doctors [11]. The balance between in-role (clinical care) and extra-role (admin tasks) was fairly similar, with the number of hours in total being proportionally higher for part-timers. A survey of flexible trainees in the Bristol region was carried out locally and found that the majority did between 4 and 12 hours extra per week. Attending courses on non-working days was a major contributing factor and almost all paid for courses beyond their very limited study budget, the costs of which could be as high as an extra £1000 a year.

Most flexible trainees have thought in depth about the arrangements needed to remain at work, and learn quickly how to juggle the competing aspects of their lives. Many say they feel more focussed at work, and motivated to make the most of the days they are there.

The recent changes with the European Working Time Directive have instigated many changes in the way departments organise their rotas. The balancing act between adequate training time and the need for rest time after on-calls is under even more pressure than before. The working arrangements of a flexible trainee are usually fairly fixed, and as a result so are the corresponding childcare commitments. Many trainees are therefore unable to participate in last minute rota changes, or to slot easily into fixed rota patterns. Reducing hours has the obvious effect of reducing training time, but also reduces opportunities to be involved in research and CPD.

A View for the Future

Traditionally part-time workers are female with young children, but alongside this picture the tide may be turning. In theory, the medical profession is said to be an employer willing to consider granting part-time status to those who do not fulfil the usual eligibility criteria of childcare responsibilities or illness: in practise financial constraints and tightening budgets in today's financial climate mean that funding is heavily restricted.

Consider for a moment a male consultant orthopaedic surgeon who has recently gone part-time to further his jazz piano playing. Having learnt as a child he continued to play a little through University but really took it up again in his postgraduate years. Recently, having felt he would love to take his playing to another level he has, with the support of his colleagues and management staff, reduced his clinical sessions by a third and is doing a Postgraduate Diploma in Jazz Piano Performance at the Birmingham Conservatoire. He also plays in a jazz band with fellow theatre staff. At no point does his 100% conviction that he is doing the right thing falter. He is quite clear why he is doing it - quality of life.

The sharp end of beginning LTFT training is the return to work after time off, and it is this that could be done better. At a local level a "Return to Work" course has been designed and will be in place in the New Year. It is aimed at those on or recently

returned from Maternity leave and will cover a range of clinical areas including a session on Neuro-Linguistic Programming to aid confidence building. Currently it is open to all in neighbouring regions, and if it is a success at a local level we hope it will become a model for re-training nationally.

Across all specialities 22% of medical trainees have said they would like to train flexibly sometime in the future, and the Government has expressed a desire to increase the numbers from the current 6.6% to 20% by 2010. If this change occurs, are we about to see noticeable changes around us? Actively managing, understanding, and applying appropriate resources to aid a smooth re-entry into work will ensure a happier workforce and a less bumpy landing.

Tessa Bailey, Yeli Horswill

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My first night.....

I'm three months into my training now and I think I'm doing alright; my portfolio's thickening up nicely, my cerebral inbox is overflowing with e-learning and finally, finally I have been given a list of my own. Yet despite this, fearful anticipation consumed me as my first on-call on my own approached.

As luck would have it my first patient was a fit gentleman in his sixties and he was having some sort of a finger operation; *should be OK with and LMA, as straightforward as it gets.*

I tried to supress the familiar nervousness in my tummy and to remember all the tips & advice I was given during my 3 induction months.

"Propofol is your best friend!"

"A stands for Airway- it is as simple as that!"

"Don't worry, it is almost impossible to kill a fit person by giving them an anaesthetic".

Right?

The induction went fine, the patient was stable and the electronic beep sounded with reassuring regularity. The patient was starting to breathe…….but something wasn't right; I could sense the bag in my hands but at some point it had stopped moving.

Go back to A!

I could still sense the motionless bag in my hands, and the patient in front of me without any visible respiratory effort. I tried airway manouvers still holding the bag in my hands hoping to sense any movement at all. Still nothing happened.

Shoot, what do I do now?! Stick to A! Jaw thrust…….bag him……sweaty palms……..bag not moving…… very stiff…… chest…… not moving at all. What could be causing this?

Everyone and everything around me was moving in slow motion then the most bizarre feeling of déjà vu. I couldn't focus, the screen was blurred and there was NO friendly beep noise!

Thinking that maybe high ventilation pressures were causing a leak around the LMA I opened the valve slightly, reapplied jaw thrust and squeezed the bag again and … suddenly felt hot liquid all over my scrubs.

The room started spinning, suddenly everything went black… I was sitting in complete darkness in my soaked bed holding an unscrewed hot water bottle in my hands. It was 3am. My first on call the following day went fine!

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