1. Introduction

Returning to training in anaesthesia after a period of absence can be a stressful and potentially higher risk time for a trainee or fellow. Optimal performance depends on recency of practice and ANZCA has acknowledged that performance deteriorates with interruption to clinical practice and is dependent on factors such as the duration of absence, duration of training time prior to taking leave and cognitive changes with ageing, injury or illness (PS50 Guidelines on Return to Anaesthesia Practice for Anaesthetists). The inter-individual variation on the effect of interruption to clinical practice is large and re-entry to training must be an individualised process.

Parental leave is a common reason for trainees to take leave, and managing a return from parental leave uncovers specific concerns and challenges (Raising Children Network, 2017). This can be an unpredictable time in which there is a large shift in circumstances and priorities, which can add to the already demanding training period. Currently there are few resources to guide and support the trainee during the journey of returning to work after a period of absence. This is a missed opportunity, not only for trainees but also for supervisors and welfare advocates to offer practical assistance with the goal of enabling anaesthetic trainees to return to work safely, maintaining patient safety and promoting clinician welfare.

1.1 Purpose

This document aims to provide guidance to trainees, supervisors, mentors and welfare advocates to practically assist the trainee during this transition. The limitations of supervisors, mentors and welfare officers must be acknowledged and an underlying premise of this document is that a trainee’s fitness to practice is at their own discretion.

Additional goals of this document are to advocate for a cultural shift towards a more evidence-based approach to managing return-to-work and to ensure inclusivity, acknowledging that parental leave encompasses non-traditional models including but not limited to stay-at-home fathers, foster parents and LGBTIQ+ colleagues.

1.2 Scope

This document pertains to trainees primarily but is intended to be a useful aid to support all anaesthetists. It can also be applied to trainees taking leave for any reason. It should be recognised that parental leave is a very common reason for a trainee to take extended leave, and that return from this leave has specific challenges. Return-to-work refers to the re-entry to the professional activity/clinical practice for which one has been trained, certified or licensed after an extended period. ANZCA defines ‘prolonged leave’ as 3 weeks in Introductory Training, 26 weeks in Basic Training and 52 weeks in Advanced Training, Provisional Fellowship or Fellowship (PS50 Guidelines on Return to Anaesthesia Practice for Anaesthetists).

Current evidence suggests that an absence of less than 3 months appears less likely to cause significant problems, but may still affect confidence and skill levels (Academy of Royal Medical Colleges, 2017). The majority of doctors in these cases should be able to return to work safely and successfully however if support is required this document may be applicable.

This document provides background and practical advice on all stages of returning to work after absence including the period immediately prior to taking leave ('Before Leave'), the period encompassing the leave from clinical practise ('During Leave') and the period of re-commencement of clinical work ('Return to Work').
1.3 Background

Increased balance in the gender mix of the workforce, alongside the increasing incidence of fathers and non-biological mothers wishing to access parental leave has led to an increase in trainees and anaesthetists taking leave from clinical practice (Watterson L, 2018). This is well recognised in other areas of medicine. One example is the American Academy of Paediatrics which has developed the ‘Physician Re-entry into the Workforce Project’ which states that leaving and re-entering the workforce should be considered a normal part of a career trajectory (American Academy of Paediatrics, 2013). A survey of RANZCOG trainees published in 2013 showed that 13.1% reported experiencing difficulties when returning to work after parental leave (de Costa et al, 2013). Although the same data has not been collected from ANZCA trainees and fellows it could be extrapolated that their experiences would be similar.

Several key bodies are investigating return-to-work of the medical clinician, but there is a paucity of evidence regarding the effect that a well-facilitated return-to-work can have on clinician welfare, clinical performance or patient safety. Additionally, there is little evidence to support the concept that a specific time away from practice is associated with a demonstrable reduction of clinical skill. Some recent, albeit limited data suggests that years out of practice and increasing age may be contributing factors to poorer performance for re-entry physicians (Grace et al, 2010).

Return to work guidelines by the UK Academy of Royal Medical Colleges (2017) and the afore-mentioned American Academy of Paediatrics (2013) are significant examples of structured and supportive return to work programs. While not specific to critical care, both provide international examples of guidance and templates illustrating that this issue is global and probably experienced by all medical specialities to varying degrees.

Current ANZCA resources include Professional Standard 50 (PS 50) ‘Guideline on Return to Anaesthesia Practice for Anaesthetists’ (2017) and a support document ‘Guidelines on re-entry to training in clinical anaesthesia for trainees following an absence from anaesthesia practice’ (2017). PS 50 pertains to fellows rather than trainees but does provide guidance to the trainee returning to work. Both documents recognise the need for a formal re-entry program for trainees after a 26 week absence in basic training and 52 weeks in advanced training or fellowship and supports a formalised return to work program with increased levels of supervision defined by the Stage 1-4 process. These documents currently exist as support resources and their completion by the trainee returning to work is not mandated. It is stated however that ‘re-entry to training programs may be mandated by jurisdictional authorities, employers, or institutions’ and ‘in the absence of such a mandate, compliance with this guideline for any re-entry to training is compulsory’ (Guidelines on re-entry to training in clinical anaesthesia for trainees following an absence from anaesthesia practice, 2017).

In the sections below, practical suggestions compiled from several published guidelines are outlined with the view to better equip the clinician, but also their supervisors, mentors or welfare advocate, to navigate this challenging period.

2. Before Leave

The decision to disclose a pregnancy and intention to take parental leave or leave for another reason such as illness is personal and unique to any given situation. It would be prudent for the trainee to check their employment contract regarding their obligations.

Before embarking on a period of extended leave, it is important for the trainee to start planning their return to work. If a trainee is considering returning to part time training, they will need to investigate how to arrange this in their area. Some hospitals will expect the trainee to find a job share partner, whereas other hospitals may be more accommodating of a single part time trainee. The rotational coordinator (if relevant), head of department (HOD), supervisor of training (SOT) or welfare advocate will be familiar with local protocols. If returning from parental leave, it is vital to think about childcare options early as whether you use family members, a nanny, family day-care or a
day-care centre, the wait to attain a position can be long. There are often mentors within a department who have experience of this process and can be approached for advice.

Trainees should negotiate time off and return to work with their HOD and SOT, keeping in mind that some smaller departments may struggle to accommodate leave and part-time requests. If a mutually agreeable arrangement is unable to be found, the local welfare advocate should be approached to assist with negotiation and to help find a mutually agreeable solution.

2.1 Needs Analysis

It is useful to perform a needs analysis prior to taking leave so that the trainee or fellow can identify the existing deficits in training requirements (VOP, WBA, rotations, scholar-role, exams, courses) or CPD requirements. The earlier this step is undertaken, the more likely it is that there may be sufficient time to address and fulfil certain requirements prior to embarking on leave, which may lead to a less stressful return to work. It must be acknowledged that these steps are only possible if the reason for leave was planned and not unexpected such as in the event of illness or antenatal complications.

The needs analysis process might be useful to help the trainee negotiate to complete certain subspecialty terms prior to embarking on leave with the view to ensuring certain more demanding or less flexible terms are completed without the added complexity of returning from a period of absence. It would be sensible for a department to avoid placing a trainee returning from leave directly back into a subspecialty term to which they are unfamiliar (such as paediatrics) or one with a heavy after-hours burden (such as obstetrics or cardiothoracics).

Trainees do not have access to their TPS during interrupted training so it is important that they are encouraged to enter all time, VOP and WBAs and get them signed off by their SOT prior to embarking on leave. A trainee on interrupted training is able to complete scholar role activities while on leave (Regulation 37.5.6.4), and it would be important to liaise with the college about how to record these activities without access to TPS. There is also the ability to sit anaesthetic exams while on interrupted training (Regulation 37.5.6.3) as long as the trainee has been in approved vocational training within 52 weeks of the commencement date of the written exam.

Trainees should also take an opportunity to become familiar with the resources available from the college including PS 50 ‘Guideline on Return to Anaesthesia Practice for Anaesthetists’ (2017), ‘Guidelines on re-entry to training in clinical anaesthesia for trainees following an absence from anaesthesia practice’ (2017) and ‘Re-entry into anaesthesia training program plan for ANZCA trainees’ (2017).

2.2 Administration/Documentation

Certain documentation must be completed prior to taking prolonged leave which can be another contributor to stress for the trainee or fellow.

At a minimum, the college, the HOD and SOT, the hospital or health service human resources team should be notified of the intention to take leave and interruption from training. ANZCA requires documentation of a request for interrupted training via ‘DPA Assessor Request Form’ as outlined in Regulation 37 (2018). This approval allows trainees to suspend their progression through training but remain as a registered trainee, and hence decreases their ANZCA training fees for the period of interruption. There are a number of ANZCA requirements for interrupted training (see regulation 37) – specifically trainees taking parental leave should be aware that if they take more than 52 weeks of leave they will need to complete 52 weeks of FTE with a maximum of 8 weeks leave when returning to work (Regulation 37.5.6.8)
In order to pay reduced fees, it is possible to change from open registration to non-practicing registration with AHPRA/MCNZ. It should be noted that this process can be cumbersome and is often not undertaken. Reducing medical indemnity fees may also be possible and should be discussed with individual providers.

2.3 Parental Leave

Negotiating the financial burden of leave can be an immensely stressful process depending on individual circumstances. For a clinician taking parental leave, there are provisions through government agencies to protect access to leave and to prevent discrimination. It is useful to contact your hospital or health-service human resources team to find out what the entitlements are regarding access to pre-natal leave and parental leave (these vary between states and territories).

Access to paid leave can be problematic if moving between hospitals or health services and in this case, paid leave may be able to be accessed by recognition of prior service. There may also be the opportunity to use recreation leave or professional development leave before or after a period of parental leave. Negotiating with human resources can be cumbersome; consider asking advice from representative bodies such as the ASA/NZSA as required.

Depending on the family finances, it is possible that the trainee may have entitlements to paid parental leave allowance through government services (such as Centrelink in Australia), which is means tested based on the mother’s income. These processes can be arduous so it is wise to investigate this avenue early.

Summary: Before Leave

- Plan your leave; consider the start date, duration and whether you will return to work full-time or part-time.
- Review your current needs assessment if still training and negotiate as required.
- Notify your supervisor of training, head of department, hospital medical workforce unit/human resources and the College (need approval for interrupted training).
- Notify your medical indemnity provider and AHPRA.
- Negotiate access to paid leave; consider Centrelink.
- Investigate access to pre-natal leave if pregnant.

3. During Leave

The focus of this time should be on the trainees’ health, wellbeing and bonding with their baby. However there are a few details worth considering while on leave, as it is likely it will make the transition to work smoother.

3.1 Meetings and Planning

While on leave, the trainee should consider if the scheduled return to work date is still appropriate, and there is no harm in extending leave if that is what suits their personal circumstances. Approach the department as early
as possible to allow for roster planning. Parenting can be unpredictable, and most colleagues will be understanding about this.

3.2 Maintaining Knowledge and Skills

The trainee and SOT should consider what courses may be of benefit to complete when returning to work. The CRASH course, from the Royal Melbourne Hospital is a simulation and lecture-based course which focuses on anaesthetists and trainees returning to work after a period of absence. It runs in various locations around Australia and details can be found here: https://www.thermh.org.au/health-professionals/continuing-education/anaesthesia-and-pain-management-courses/crash-course

The trainee may wish to keep up to date by reading journals from the ANZCA library, attending study groups or education meetings in their department. They may also consider scheduling a ‘keep-in-touch’ day with the department or just maintaining correspondence with their SOT, a mentor or a welfare advocate while on leave. The college acknowledges that keeping in touch with trainees during extended leave is important to prevent isolation and allows maintenance of contact with a peer group and department (PS 50, 2018). Another good way to maintain contact with colleagues is by attending conferences/education meetings.

Prior to returning to work, it is advisable for the trainee to have a quick refresh of the basics of Advanced Life Support and management of anaesthetic crises so they feel more confident back in the theatre environment.

3.3 Breastfeeding Plan

If the trainee intends to continue breastfeeding after returning to work they will need to consider how and when they need to express. The hospital is obliged to provide a private and clean space for expressing, with appropriate facilities to clean equipment and for milk storage. It is worth contacting a colleague to find out what provisions there are for breastfeeding women in the department, and some departments have a breastfeeding guide which can be a useful and practical resource.

Summary: During Leave

- Enjoy your leave!
- Revise your return-to-work plan (be flexible!).
- Keep in touch; attend meetings and education sessions, and maintain contact with your department/supervisor.
- Consider maintaining skills via attendance at courses and conferences.
- Start planning your return-to-work; schedule a meeting with your supervisor and negotiate increased supervision for your return.
- If choosing to continue breast-feeding, plan for the practicalities of feeding/expressing at work.

4. After Leave

Returning to work can be a demanding time, especially if this is the first experience of parental leave or prolonged absence. Learning to coordinate work commitments and the responsibility of a young family is a challenge. The
The ultimate goal of this period is to support trainees to enable them to be mentally and physically present with their patients in theatre, which will increase both confidence and patient safety. It should also be noted that trainees are likely to be particularly vulnerable to feelings of guilt or accountability in the event of an adverse event or critical incident.

It is strongly recommended the trainee speaks to a trusted colleague, mentor or welfare advocate to raise any concerns they encounter during the transition. Trainees should be reminded that there is no shame in asking for some extra support or understanding during this time. Where possible (or practical), the trainee should consider avoiding additionally stressful or burdensome duties such as sitting exams or completing scholar role projects during this initial return to work phase.

4.1 Wellbeing

Return to work is a particularly vulnerable time and hence the trainee should meet with the department welfare advocate. Many departments will have a mentoring program, and the trainee should be allocated an appropriate mentor or select a mentor who ideally has gone through similar experiences.

Post-natal depression is common and can coincide with return to clinical practice. Trainees as well as welfare officers should be aware of the signs and symptoms of post-natal depression, and regular contact with the trainee’s GP during this time is recommended.

4.2 Meetings and Planning

A meeting with the SOT should be sought as soon as practically possible to allow completion of a planning CPR, and also the ‘Re-entry into anaesthesia training program plan for ANZCA trainees’. In this meeting it is recommended the trainee is allocated a mentor, but it is also a forum for discussion of case mix, supervision, WBAs, VOP and ongoing support during the return to work process. The trainee returning to work should be offered a follow up meeting with the SOT to check completion of the plan but also to adjust the return to work plan as needed.

It is advisable to return to supervised practice during your first few weeks. The duration and level of supervision will be unique to each clinician and should be discussed by the trainee and their SOT. It is advisable for a trainee returning from interrupted training not to be on the afterhours roster until they feel safe to work independently, which is likely to take at least a couple of weeks. They may also consider scheduling specific WBAs (e.g. DOPS) to be completed prior to re-commencing afterhours work to ensure competency and improve confidence.

4.3 Maintaining Knowledge and Skills

The trainee should take advantage of locally provided courses and simulation training, as discussed in their planning CPR with their SOT. A refresher course for ALS and CICO is advisable once trainees have completed the first couple of weeks back. These refreshers can be found at many education meetings if not available in your hospital. See the ANZCA website for details. Courses such as EMAC and EMST require preparation and pre-course reading and may be best attended after a couple of months back at work when the trainee has settled in.

4.4 Breastfeeding Practicalities

If the trainee wishes to express milk at work, they should confirm with their SOT/mentor/welfare advocate what facilities are available. The onus is on the trainee to negotiate breaks with their supervisor and possibly the duty anaesthetist each day. These breaks should be provided in addition to meal breaks, and should allow the trainee to be uninterrupted. Most states have legislative protection for this break which is usually on a pro rata basis dependant on the length of the shift.
5. **Summary**

Taking a period of leave from training can be both a rewarding and a challenging time. Most trainees would benefit from a structured return to work plan that allows them a supportive environment in which to gain confidence, while ensuring patient safety and trainee wellbeing. This document serves as a practical and comprehensive guide to be used by trainees and departments to underpin the return to work process.

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**Summary: After Leave**

- Meet with your supervisor in the first week to complete placement review and ANZCA return-to-work plan.
- Increased supervision initially → assessment → gradually decreased level of supervision.
- Ensure scheduled and regular meetings with mentor and/or welfare advocate.
- Discuss access to specific required facilities (e.g. for breastfeeding or expressing).
- Attend relevant courses e.g. ALS, CICO.
6. Useful Resources

6.1 ANZCA


- Regulation 37 Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum. v1.28 Sept 2018. 

6.2 Post-natal Depression


6.3 Entitlements


  https://www.nzrda.org.nz/meca
7. References


decosta C, Permezel M, Farrell L, Coffey A, Rane, A. 2013. Integrating parental leave into specialist training: experience of trainees and recently graduated RANZCOG fellows. MJA 199 (5)


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8. Appendix

Return to work after parental leave. Trainee guidance template. 2019.

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