



Organising the London Return to Training Course

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I am an ST6 Interventional Radiology Registrar at Imperial College Hospitals. I currently organise the London School of Radiology's 'Return To Training Course for Radiology Trainees' in conjunction with the Dr Jane Young (Head of London School of Radiology), and Dr Kate Hawtin (London School of Radiology Return to Work Champion).

I have had two 12 month periods of maternity leave since starting my radiology training in 2010. These periods out of programme occurred relatively early in training. In 2014, when I returned to work for the second time, there was relatively little formal support available. Returning to work after a period off, for any reason, can be stressful, and I remember feeling very anxious about how I would fit everything in. At the time I was lucky to work in a very supportive department. My supervisors were very understanding of my situation, and offered plenty of guidance as well as flexibility. I have worked as a Less Than Full Time Trainee since my first child was born in 2011 and, like many trainees, have struggled to juggle sleep deprivation, training, on-calls, exams and home life.

The London School of Radiology's Return to Training Course was initially developed by Dr Young, and a then trainee (now Consultant) Dr Jenny Wakefield, in response to the SuppoRTT initiative set up by Health Education England. The design of the course was based on a questionnaire sent to trainees and the programme and has developed since.

We now run the course three times per year and have an increasing number of trainees attending. This course also offers a chance for others in the same situation to meet and share their anxieties and experiences. This is valuable: a trainee may be the only one in this position in their own workplace.

The course offers guidance for trainees about the practicalities of returning to training including the support available. Based on the suggestions of trainees attending the course previously, we offer a series of lectures covering emergency paediatric and neuroradiology, a practical biopsy and drainage simulation session and interactive emergency radiology cases. In the future, we are hoping to provide a session addressing the psychological aspects of returning to training.

So far we have received excellent feedback from trainees, who reported a reduction in anxiety levels and an increased degree of confidence about returning to training. 100% of those who attended said they would recommend the course to other colleagues, and valued the opportunity to be with others in the same situation as them. The delegates also enjoyed the clinical aspects of the course which served both as a refresher and a reminder that they enjoyed working! We adapt the course to suit the needs of the trainees attending, and listen closely to their ongoing feedback.

I am delighted to be involved in the continued delivery of this valuable course to trainees, and wish that the current Supported Return to Training (SuppoRTT) initiative had been available when I returned to training some time ago.

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