

# Return to work support

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Her other interests are improving end of life care for patients in ICU, work-life 'co-ordination' and promoting gender balance in intensive care medicine.

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Returning to clinical practice after an extended period of absence can be daunting. There appears to be an increasing trend for clinicians to voluntarily take prolonged leave from clinical work. This can be for a multitude of reasons such as parental leave, carer responsibilities, research opportunities, further study opportunities, or a career break. These periods of leave should be regarded as a normal part of a clinician's [career pathway](#).

## Difficulty returning to clinical practice

However, many clinicians experience difficulty [re-entering clinical practice](#). There is little evidence to specify the duration of absence from clinical practice before notable diminution of clinician skills [2]. But, it is generally agreed that the longer the absence from clinical practice, the harder it is to return. This can affect a person in a multiple of ways both personally and professionally. The key areas affected are competence (cognitive knowledge and procedural proficiency) and confidence [2].

*'Returning to work safely involves making sure you feel prepared and supported' [1].*

Absence from clinical practice can also affect your professional registration, recognition of active college Fellowship and program requirements for trainees. It is important to be abreast of the relevant regulations as it may influence how you take your leave.

Outlined below are a number of resources that can assist your preparation.

## 'The Physician Reentry Inventory'

For a smooth transition back to work, it is best if preparations can be made in anticipation of leave. The US-based 'Physician Reentry into the Workforce Project' has produced a highly practical guide, '[The Physician Reentry Inventory](#)'. This guide provides clinicians with strategies to facilitate maintaining practice skills. Further, it

helps clinicians consider and prepare other areas such as personal circumstances, regulatory issues, medical liability coverage, funding, and financial options. The guide is structured into sections: preparing for leave, what to do during leave, and what to do on reentry. More information can be found at [www.physicianreentry.org](http://www.physicianreentry.org)

## Return to Practice Guidance

The Academy of Medical Royal Colleges in the UK has a '[Return to Practice Guidance](#)' document. It has useful general suggestions on how a health service can support the clinician to get back to work. For example, how to formulate a return to practice action plan.

## Tips for how your health service might help

- Seek advice from the Welfare advocate/hospital staff advisor
- Explore the possibility of 'keeping in touch' days during leave
- Explore work options for return to practice
  - Period of shadowing/ observing/ mentoring
  - Part-time hours
  - Graded after- hours/weekend duties
  - Phased return to work such as graded on-call responsibilities with second on call back up

## Licensing Boards

The medical licensing bodies in Australia and New Zealand have minimum requirements for recency of practice when renewing registration. The specifics of the requirements depend on certain conditions. For example, the number of years absent from clinical practice and years of clinical experience as a registered medical practitioner. There is also information on discounted fees for the duration of being a non-practicing clinician. You can visit their websites for more information:

- [Medical Board of Australia - Registration Standards](#)
- [Medical Council of New Zealand](#)

## College guidelines and policies for returning to clinical practice

Refer to your specialty college websites for guidelines and policies on extended leave for Fellows and trainees. You might find information on the duration of leave you can take before your fellowship and training time are affected. For instance, requirements for additional training. Some colleges also provide specific guidelines on how the college can support a transition back to work. In addition, some offer discounted college fees.

## Courses to support returning to work

Conferences and courses are a useful resource to help refresh and revise knowledge and skills. Refer to your specialist colleges and/or societies for more information on upcoming events. Some provide discounts for clinicians who are not in current practice, e.g. on parental leave.

There are also courses which are designed specifically to support return to work. For example, the CRASH course. It is based on the UK's GASagain program to support anaesthetists returning to practice after an extended absence. Those working in ED and ICU have attended and also found this course useful.

For more information, go to The Royal Melbourne Hospital - [CRASH Course](#).

For information on similar courses relevant to your area of practice, refer to your college and/or society websites.

## Tips for Self

- **Acknowledge your limitations**
  - Be open and honest. When you return to work let colleagues know you are 'rusty', ask them for support, and let them know you will be 'slow'.
  - Be kind to yourself and acknowledge that recommencing work will be hard but it will get better.
- **Find support**
  - Find a mentor who has been through the same experience.
  - Look for a support group, e.g. Facebook groups of medical parents.
- **Keep up to date when on leave**
  - Courses and conferences are helpful for keeping up to date and maintaining networks.
  - Hands-on courses are useful for maintaining procedural skills.
  - Subscribe and read journals and reviews.
  - Subscribe to relevant podcast sites.
- **Keep in touch when on leave**
  - You can look for opportunities to be involved in the medical community in other ways. For example, you can participate in committees or volunteer on courses.
  - Try to keep in touch with activities in your unit by attending meetings or continuing work email contact for departmental updates.

You can still feel 'rusty' and have difficulty returning to clinical practice after lesser amounts of leave in the order of months rather than years. Elements of these resources are still helpful for these cases.

***“Being safe involves being aware of one’s limitations and having support when needed. It’s okay to ask for help, however senior you are.” [1]***

## References

1. Rimmer Abi. How can I safely return to work after maternity leave? *BMJ* 2018; 360:k1053
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4. Registration standard: Recency of Practice. Medical Board of Australia. 1 October 2016.
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**Tags:** #Academy of Medical Royal Colleges,#clinical practice,#Medical Board of Australia,#medical careers,#Medical Council of New Zealand, #medical training,#Medical Workforce,#return to work