



RETURN TO WORK SUPPORT

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 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.

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 skills², 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 multiple ways both personally and professionally with the key areas being competence (cognitive knowledge and procedural proficiency) and confidence².

'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 CICM 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 Re-entry into the Workforce Project' have produced a highly practical guide, 'The Physician Reentry Inventory' which provides clinicians with strategies to facilitate maintaining practice skills, as well as 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.

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, such as 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. Further information is found on their websites.

- <http://www.medicalboard.gov.au/Registration-Standards.aspx>
- <https://www.mcnz.org.nz/assets/Policies/Returning-to-practice-after-3-years.pdf>

CICM – IC-15 Guidelines on Practice Re-Entry, Re-Training and Remediation

This guideline describes the formal re-entry program that must be followed if there has been an absence from practice that is three years or longer. However, the guideline can also be used for those fellows who have identified themselves for retraining, or have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining. The key components of the re-entry program are:

- Supervised experience in an ICU for four weeks for each year of absence from ICU clinical practice
- Return to work plan constructed with the aid of a mentor and consideration of the College document, 'Competencies, Learning Opportunities, Teaching and Assessments for General Intensive Care'
- Consideration of the methods and intervals of assessment
- Acceptance of the return to work plan by the Chair of the Fellowship Affairs Committee
- Submission of a final report by the supervisor to the Chair of the Fellowship Affairs Committee at the end of the supervised practice period for endorsement of satisfactory completion of the Practice Re-entry Program.

For more information, go to: <https://www.cicm.org.au/Resources/Professional-Documents#Guidelines>

CICM Trainees – Regulations (March 2017): Sections 5.7 Leave, 5.8 Deferred training, 5.9 Interrupted training

CICM requires prospective application for any interruption to training and there are limits to the amount of time that can be taken. There may be requirements for additional training if more than one year of leave is taken, including Parental Leave. For more information, go to: https://www.cicm.org.au/CICM_Media/CICMSite/CICM-Website/About/Regulations%20and%20Constitution/C-Gen_Regulations_1.pdf

CRASH course

This course is based on the UK's GASagain program to support anaesthetists returning to practice after an extended absence. It is comprised of practical skill workshops and simulated critical events to help build confidence to return to work with individualised practical advice. ED and ICU clinicians who have attended this course have found it useful.

For more information, go to: <https://www.thermh.org.au/health-professionals/continuing-education/anaesthesia-and-pain-management-courses/crash-course>

Tips for Self

- *Acknowledge your limitations*
 - *Be open and honest – when returning 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.*
 - *Find a support group, e.g. Facebook groups of medical parents.*
- *Keep up to date when on leave:*
 - *Critical care related conferences are helpful for keeping up to date and maintaining networks.*
 - *Hands on courses are useful for maintaining procedural skills.*
 - *Subscribe and read critical care related journals and reviews such as Critical Care & Resuscitation, Crit-IQ, The Bottom Line.*
 - *Subscribe to critical care related news and presentation hubs such as the Intensive Care Network.*
- *Keep in touch when on leave:*
 - *Seek opportunities to be involved in the critical care medicine domain in other ways, such as participating in committees or volunteering 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
2. American Academy of Pediatrics. A Physician Reentry into the Workforce Inventory. 2010, revised 2014. Elk Grove Village: American Academy of Pediatrics.
3. Return to Practice Guidance 2017 Revision. Academy of Medical Royal Colleges. June 2017.
4. Registration standard: Recency of Practice. Medical Board of Australia. 1 October 2016.
5. Policy on applications for practising certificates where applicant has not practised medicine within the last 3 years. Medical Council of New Zealand. January 2018.
6. Regulations. College of Intensive Care Medicine of Australia and New Zealand. March 2017.
7. Guidelines on Practice Re-Entry, Re-Training and Remediation for Intensive Care Specialists. College of Intensive Care Medicine of Australia and New Zealand. 2012.