



The Royal College of
Emergency Medicine

**EM-POWER: Returning to EM Clinical Practice,
Skills Maintenance, Future Professional and
Personal Development**

Emergency

Medicine

Positivity

Opportunity

Wellbeing

Engagement

Retainment

October 2019



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Introduction: Purpose & Scope

A career in EM is an exciting and rewarding choice. Few specialities have the privilege of caring for such a wide variety of patients with such wide-ranging acute pathology. It is increasingly recognised that working in such an intensive environment can prove emotionally and physically tiring. RCEM would like to encourage EM physicians of all grades to develop and maintain careers which are sustainable, balanced and supported with robust ongoing professional development as a priority.

The purpose of this document is to highlight the various strategies available for ongoing professional development and to increase awareness of the portfolio job plan. It includes personal experiences from EM physicians who have adopted this career approach successfully.

The document then goes on to provide advice and resources for those doctors returning to EM after a period of absence from clinical practice, be this for professional or personal reasons. RCEM recognises that a return to clinical practice in EM should be supported, safe and should promote sustainable working practices.

Generic Professional Development Guidance

There is a wealth of formal guidance available on the definition of CPD, the regulations related to the amount and type of CPD recommended by professional bodies. This includes guidance already published by RCEM in August 2017 and resources linked on the college website within the CPD section.

RCEM has an easily accessible online CPD diary accessed via RCEMLearning which is linked below. In addition, there are now some useful Apps that you can use to record your own CPD activities and twitter handles with current CPD updates.



Key resources

- [General Medical Council CPD Guidance](#)
- [Get the GMC My CPD App](#)
- [Academy of Medical Royal Colleges CPD Guidance](#)
- [Non-Clinical Work and Revalidation Guidance from the AOMRC](#)
- [RCEM CPD Guidance August 2017](#)
- [RCEM CPD Diary webpage](#)
- [RCEM CPD Guidance links recommended documents](#)
- [Log into your RCEM CPD diary through RCEMLearning](#)

Key Twitter handles

- [RCEM @RCollEM](#)
- [@RCEM_CPD](#)
- [@RCEMevents](#)
- [@RCEMLearning](#)

Guidance on Local CPD Events

EM CPD Events that focus on maintaining and enhancing 'core' EM skills should be tailored to suit Consultants, Staff Grade, Associate Specialist and Specialty Grade (SAS) Doctors. It remains the responsibility of the individual Emergency Physician to determine their own specific CPD needs in discussion with their appraiser. Further advice can be sought from peers, senior colleagues or indeed a coach or mentor.

Trusts must recognise that maintaining skills in Advanced Life Support, Advanced Trauma Life Support and Advanced Paediatric Life Support are essential for Emergency Physicians and as such adequate time and funding is required to engage in these courses regularly as participant, faculty member or course director. There should be the option for locally coordinated one day Life Support Skill revalidation courses as well as a two- or three-day full course if required. The RCEM position statement regarding advanced Life Support CPD is published on the website and accessed [here](#).

In addition, CPD events should be available that focus on senior and established Emergency Physician's educational needs. These might include practical educational courses focussed upon advanced skills within certain curriculum areas, for example advanced musculoskeletal and trauma skills, advanced obstetric emergency skills or advanced diagnostic skills in performing ultrasound or the interpretation of radiological investigations.

In a recent EMJ commentary entitled *What skills, when and how often?*

Dr Ruth Brown, describes how:

"The practice of emergency medicine requires a range of knowledge, skills, behaviours and attributes. The breadth of case mix presenting to the average department encompasses all ages and acuities and demands highly sophisticated critical thinking to determine diagnosis and optimal treatment, and a portfolio of procedural skills for immediate and time-dependent interventions."

This article is certainly worth reviewing prior to planning CPD events that contain practical EM skills.

Further to this, EM CPD may include that which is required to fulfil specific additional roles such as medical and multidisciplinary education, mentoring, coaching, quality improvement, clinical governance, leadership, research and development.

Evidently, adequate job planning, and SPA allocation is essential for the maintenance of essential Emergency Medicine CPD.



Key resources

- [BMA Job Planning Advice for Consultants](#)
- [RCEM SPA activity and duration exemplar](#)

Staff Grade, Associate Specialist and Specialty Grade Doctors

Many emergency departments (EDs) have established specialty doctors. It is crucial that the same principles of continued professional development and sustainable working practices also apply to this important group of doctors.

Careful consideration should be given to rota planning considering both short- and long-term sustainability to enable a successful and enjoyable career in EM. Those who wish to complete RCEM examinations and/or consider the CESR route onto the specialist register should be supported and offered appropriate training. This might include secondments to other specialties, advanced life support courses, RCEM and FASSGEM annual conferences, study leave and local/national training advice.

It is essential that specialty doctors should feel valued by their consultant colleagues, have adequate SPA time and be engaged in all departmental activities. These Emergency Physicians should not be overburdened by the clinical demands of the ED to the detriment of their own continued professional development.



Key resources

- [BMA Job Planning Advice for SAS doctors](#)
- [FASSGEM - Forum for Associate Specialist and Staff Grade Doctors in EM](#)
- [FASSGEM @FASSGEM Forum for Associate Specialist and Staff Grade Doctors in Emergency Medicine](#)

A 'Portfolio' Job Plan: Developing Specific Roles

With experience and seniority can come a new or changing emphasis within an individual Emergency Physician's job plan. This may be driven by multiple factors; departmental clinical and non-clinical needs, personal interest and enthusiasm, health and family life, and towards the latter part of their career the potential desire to reduce the intensity or frequency of working hours. EM Consultants and Senior Doctors should be encouraged to develop these interests in a formal way throughout their careers enabling joy in work, longevity in clinical working and lifetime career satisfaction.

Education

Formal roles exist in both undergraduate and postgraduate education such as College Tutor, Lead for Undergraduate Education, Simulation Centre Educational Coordinator, Director of Medical Education and many others. In order to undertake these there may be a need to acquire a formal qualification in medical education. Completing further qualifications will require both financial support and adequate time factored into career planning. Further opportunities exist within online education forums and FOAMed.

Key resources

- [BMJ Article - Selecting the right postgraduate course in medical education](#)
- [Example course - MSc Medical Education through RCP London](#)
- [Contribute to RCEMlearning; cases, learning sessions and SAQ examples](#)
- [Example - St. Emlyn's Emergency Medicine FOAMED](#)
- [Example - St. Mungo's Emergency Department Education](#)

Research

Developing research within EM is crucial. Research drives positive change. In order to be successful, this requires organisations to recognise the need for support, to ensure appropriate training for those leading research and time to undertake research projects.

Key resources

- [EMJ The Role of Research in Emergency Medicine](#)
- [RCEM Top 30 Emergency Medicine Research Priorities](#)
- [TERN - Trainee Emergency Research Network](#)
- [EMERGE - Emergency Medicine Research Group of Edinburgh](#)
- [Manchester EMERGING - Emergency Medicine and Intensive Care Research Group](#)

Coaching and mentoring

Organisations that have measured the impact of mentoring initiatives have found a reduction in turnover among new staff, leading to savings in recruitment costs. In hospital care, mentoring has been shown to also reduce the incidence of errors among inexperienced staff by nearly 50%, leading to shorter hospital stays for patients.

In the ED, mentors can provide support and direction to aid in the development of their colleagues. This might be particularly suited to those with greater experience, skills, knowledge and understanding who have the ability to facilitate the development of more junior colleagues. There are formal qualifications and training in this regard that may be useful to senior EM doctors in supporting others.



Key resources

- [BMA Progress Your Career - Mentoring](#)
- [Article - Mentoring in Emergency Medicine: the art and the evidence](#)
- [EMTA - mentoring and bullying](#)

Leading in Quality and Safety

Clinical Director, Medical Director and Associate Medical Director roles require developing skills in leadership and management beyond the day-to-day running of the ED. Taking a leading role within your own hospital site or NHS Trust may be appealing to those Emergency Physicians keen to further develop the strong leadership skills that are fundamental to our initial choice of career path.



Key resources

- [RCEM Leadership Programme](#)
- [Project Lift Leadership Development](#)

Being valued

Organisations should recognise the pressures on established ED staff and ensure that mechanisms are in place to support staff and demonstrate that they are valued. Wellbeing should be embedded in organisation and departmental culture.

An EM Wellbeing week includes multiple themes, such as:

- Fatigue, shift-work and rotas
- Stress, burn-out and 'resilience'
- Making training work
- Healthy work < life balance

- Mentoring and bullying



Key resources

- [RCEM - Wellness and Exercise](#)
- [Civility Saves Lives](#)
- [The Joyful Doctor](#)
- [Emergency Medicine Trainees Association Wellbeing Week 2017](#)
- [NHS Staff and Learners' Mental Wellbeing Commission Report 2019](#)

Sharing our wisdom and experience with our colleagues

According to the RCEM CPD Guidance published in August 2017:

"Traditionally, CPD has been considered to consist of attendance at planned formal courses. However, not all CPD opportunities will be planned or formal but may arise spontaneously from your day-to-day practice. This can be one of the most valuable forms of CPD as it links directly to your everyday work. The College encourages you to identify, capture, and reflect on informal learning gained in this way."

Examples of informal CPD activities include:

- Attendance at departmental audit, governance and multidisciplinary meetings
- Journal Club
- Morbidity and Mortality reviews
- Observing colleagues in their practice or seeking their advice
- Reflecting on complex or challenging patients
- Reflecting on encounters with colleagues, trainees and other specialty doctors

Personal experiences

Be inspired as RCEM Fellows share their own experiences and valuable aspects of their own Continued Professional Development and how they have built both enjoyment and sustainability into their own EM careers:

"My career has ended up going in a direction that I had no idea even existed, let alone was an option for me, when I first took up my Consultant post in 2006. This was only possible through investing in developing my own understanding and practice of leadership.

*This might not seem like traditional CPD activity, but it has been a revelation to me, not only in becoming a more effective clinician and leader of teams, but also as a husband, father, brother, son and person. Leadership is hard, requires a high personal investment, and can seem daunting and exclusive to many. But it is also profoundly rewarding, fulfilling, and can achieve real impact with those that you care for and are there to serve. It is also accessible to everyone! There is a myriad of opportunities for growing your own leadership effectiveness, but perhaps the most straightforward starting point is believing that it starts with **you**. Invest in your own resources, and you might find that the treasure you seek has been within you all along."*

Dr David Caesar / @EM_Doc_Caesar / www.projectlift.scot

Consultant EM

Head of Leadership and Talent Management

Scottish Government Health Workforce

Leadership and Service Transformation Directorate

"I have found that a good way of maintaining a suitable work-life balance is to work in a variety of ways in a 'portfolio' type job plan. For me, that involves enough clinical EM time to retain my skills and confidence, part-time work in prehospital and retrieval medicine, and enough job planned time for teaching and training the next generation of emergency physicians. For others, that may involve some time in Acute Medicine, Intensive Care Medicine, Simulation training or myriad other related specialty interests.

I also truly believe in planning a phased career with different goals and responsibilities in our later consultant careers; for example, in the first decade of a consultant career, that job plan may include more out of hours and potentially overnight working, with a reduction in this in the second career, and an option in the final 10 years of our careers to focus on oversight, leadership, management or teaching, sharing our experience and cumulative knowledge across departments and organisations.

To continue to work under the intense pressures we experience day-to-day is likely to be related to poor morale and occupational burnout throughout our working lives, but with the option for working in a more 'office hours' role in our later careers we will hopefully provide long term sustainable and enriching careers for future generations of Emergency Physicians.

Lastly, keeping up to date and current with new developments can prove challenging. Online resources such as RCEM Learning, St Mungo's Podcast, St Emlyn's online clinical space and many, many more. #FOAMed provide a means for rapidly digesting new evidence, sharing and disseminating high quality peer-reviewed education content and brushing up on those clinical areas we may not have encountered for some time. I heartily recommend them to all consultants, at all stages of their careers!"

Dr John Paul Loughrey / @jploughrey
Consultant EM & Retrieval Medicine
West of Scotland

"For me, it is Educational Supervision because it's a privilege to witness and be part of the professional development of Doctors in training. Also, teaching, for the same reason, but also because I always learn something new!"

Dr Elspeth Pitt / @elspeth_pitt

EM Consultant

"So, what makes my job sustainable? I've noticed recently that most of my wonderful colleagues have what is trendily being called portfolio careers! There are very few who are purely clinically ED that have been a Consultant for more than three years. So, for me, five years in I find there are a few things that help make my job enjoyable, not take over my life, and make me still want to come to work every day. The most important two things are that I work with a selection of great colleagues who I get along with and even socialise outside work with. We all have our strengths. Don't get me wrong, we can argue, but we all pull in the same direction of great clinical care. The second is for me a short commute to work – I want to be home after a long day at work not sitting in traffic for hours.

The other bits for me, are around working pre-hospital for a HEMS service as part of my job planned NHS time, I couldn't work full-time and do it on top. This gives me patient contact and a type of clinical decision making that I don't do in hospital.

My clinical supervisor role for trainees, for our clinical fellow and ACPs, is also important. I learn from them and hopefully they learn from me – sometimes I could do with less paperwork, but it does give us a chance to get off the shop floor and talk. I also help teach on a surgical skills cadaveric course that is brilliant to teach on; a truly multidisciplinary course with doctors, nurses, and paramedics from all over the country, and from lots of different clinical areas. I learn something every time and my muscle memory for doing these skills also improves. It may not be a significant part of my job time wise – but re-invigorates me every time I go. There isn't a fixed formula for everyone, you need to find what works for you and have the team around you who support this."

Dr Imogen Virgo / @ImogenVirgo

EM Consultant

UHCW

"All the things I do that aim to make patients get as good care whether they see a day 1 F2 or a Consultant. Education, pathways, guidelines, IT FOAM. Seeing patient care get better is just amazing."

Dr Fiona Bowles / @FeeBowles

PEM and EM Consultant

"I'm a dual EM and ICM Consultant. I love Emergency Medicine. However, given ongoing overcrowding pressures, doing multiple clinical shifts in a row can sometimes feel like a bit of a grind.

I find that my clinical shifts in ICM can act as a counterbalance; there's still the same great team approach that we benefit from in the ED but in ICM I get to manage critically unwell patients (the most interesting patients in the hospital for me) over a longer period of time, to get involved in more aspects of their condition, to have the time to see treatment plans take effect and to understand what matters to them, tailoring treatment accordingly. My Intensive Care and Anaesthetic colleagues are also fantastic, and we all benefit from asking each other's opinions in difficult cases.

I benefit from multiple other specialist interests away from the EM shop floor. Intensive Care Medicine, Simulation Training and leading Morbidity & Mortality meetings all allow me to work with colleagues in different forums, and to share learning and practice other skills that compliment my EM work.

I'm lucky to work in a large department where so many of our consultants have additional specialist interests or have dual trained with other specialties. We share our learning; I get to chat through funny, crazy, tough times with colleagues and benefit from their expert views on subspecialist topics. It helps keep things interesting!

As a trainee, I felt that my study leave was used up mainly for ticking boxes: Mandatory ALS / APLS / ATLS courses or attending professional exams. Now that I'm a consultant, I feel like I can finally use my study leave to enhance my own professional development. I choose challenging and interesting courses and conferences - and it's great!"

Dr Craig Walker / @CW_EM_ICM

Consultant EM & ICM

Royal Infirmary Edinburgh

"The highlight for me is my work with RCEM, being part of a different ED team working together to achieve our goal.

Instead of moaning about parts of the curriculum and examinations, it's refreshing to be part of the team that invokes change; hopefully for the better, and ensures our curriculum and exams are fit for purpose. It makes me proud of our specialty and it gives me a break from the sometimes relentlessness of the shop floor. I feel like a valued member of the RCEM team.

I also really enjoy having time to teach on courses, I have insight into being very distracted on the shop floor. The intensity of work in our ED doesn't afford us the time to do anywhere near the amount of on the shop floor teaching I would like to do. Teaching on courses, especially the OSCE prep course, gives me the time to coach our higher specialist trainees."

Dr Fiona Hunter / @feefifofum999

Consultant EM

Deputy Lead Primary FRCEM Exam

"Developing the education programme within the ED for all levels seniors, juniors, nurses and students. Constantly thinking and implementing innovative concepts to see if they work. Sometimes there's success, and sometimes not! It makes it more challenging! Also, I really enjoy quality improvement work."

Dr Kim Kilmurray / @KimKilmurray

Specialty Doctor

Senior Clinical Teaching Fellow & Honorary Clinical Lecturer

"I guess I would say that it is good to be involved in something other than shop floor all the time to help prevent burnout. I think each should consider their motivation for a special interest, variety, career progression, or adding another string to their bow, so possibly being more flexible/adaptable if circumstances change. For me, variety and interaction with other professionals from different branches of practice are important.

I am involved in educational activities; any sort of teaching, but particularly simulation and advanced life support/trauma-for UG/PG/ANP/nurses. Keeps my learning up to date. If I was not at the aged end of my career, I would fancy doing ergonomics/HF certification.

Peer support is increasingly necessary and has given me opportunity to work with similar-minded folk from medicine, chaplaincy, aviation, military, prehospital, and other emergency services.

Being a BMA rep gives insight into the 'big picture' in the organisation and the NHS as a whole and can help advocate for colleagues. It's important to take advantage of available funding e.g. the SAS development fund.

On a slightly different tack, I was involved with hospital colleagues as we wrote and produced a panto for the ED staff which was great fun. And we should not forget 'social' teambuilding activities, which may not be strictly educational!!"

Marion McNaught / @marion_mcnaught
Emergency Medicine Staff Grade Doctor
NHS Ayrshire & Arran LNC Chair

"Portfolio careers can be challenging and require thought to maintain and develop clinical skills and knowledge across the width of EM. I have had to think carefully how many DCC I have and how they are used to ensure I continue to add value to each clinical shift and guard against core EM skill degradation.

A huge amount of my informal learning is from offline chats with the group I share an office with, who are thoughtful storytellers, not just discussing just the weird and wonderful but challenges of leadership, communication and team working. Following up patients to reinforce mental models and checking that clinical fact that you weren't sure of is crucial.

I am incredibly fortunate to have roles in simulation, research & innovation as a newly appointed Consultant within a department that supports our groups activity (EmQuire) and sees the benefit of being a research active department.

Education roles demand credibility and simulation delivery/design encourages review of current practices and promotes critical thinking of personal and team performance. Encouraging trainees to ask questions early and together to pick options that help to identify gaps requires confidence to expose potential shortfalls but is hugely valuable. Research and innovation requires curiosity and has the huge benefit of promoting collaboration with motivated experts across specialties.

A major work stream is digital health and AI and spending time out with medicine with tech designers, data scientists, and psychologists challenges your own assumptions.

Portfolio careers can refresh and rejuvenate and crossing borders with other disciplines and specialities provides a different perspective on EM and our role and value. My advice: find colleagues that encourage your development and continue to be curious."

Dr David J Lowe / @djlmed
Consultant EM

Returning to Clinical Practice in EM

The changing population of EM doctors means that there are increasing numbers of doctors taking time out of clinical practice for medical, personal or parental reasons¹. Returning to work in EM after a period of absence presents challenges from clinical, leadership and communication perspectives: confidence in all these areas can be improved with appropriate focus, support and preparation.

RCEM promotes a structured return to clinical practice in EM after a non-clinical absence of greater than three months. The return to clinical practice should be supported, safe and sustainable.

Support

Returning to clinical practice in EM after an absence of greater than three months from clinical work should trigger an assessment of the individual's needs and consideration of potential requirement for support on their return. The evidence base on doctors returning to clinical practice is varied and not extensive. It is clear that both knowledge and skills degrade with time out but the rate of this is dependent on multiple factors, often specific to the individual.

Key factors appear to be:

- Skill and experience level prior to absence
- Individual doctor's age at time of absence
- Length of time away from work

On returning to work, a doctor's clinical confidence is often reduced and may require time and support to be regained. Recognition of the need to discuss this (in advance of return) with the returning doctor and produce an individual plan to enable safe and supported return to clinical practice is extremely important. Doctors should be aware of support resources available (see end of document) and have planned reviews / mentor meetings during their return period. An expectation for doctors to 'crack on and cope' is not appropriate.

¹ British Journal of Hospital Medicine, September 2018, Vol 79, No 9

Safety

It is important that patient and department safety not be compromised due to a temporary mismatch of ability and expected functionality when a doctor returns to clinical practice. The GMC states that it is an individual doctor's responsibility to ensure they are fit to practice, including keeping knowledge and skills current. This may be difficult during time away. Therefore prior to and upon returning to work the clinician should make use of available resources including online learning, RCEM bulletins, return to practice courses and life support updates.

It may be that the returning doctor needs a dedicated amount of SPA time on return to allow for this; this should be discussed with the department with enough notice to allow rota planning.

Some doctors may also benefit from a supernumerary period on return. This should also be discussed with the department. An ED has a responsibility to its patients to ensure their doctors are safe. It also has a responsibility towards its staff to support them with specific development needs to this effect.

Sustainability

Promoting sustainable careers in EM may mean a greater number of doctors taking time out from clinical practice to explore other career and life enhancing opportunities. This is encouraged to compliment a successful sustainable career in EM. A robust, structured and supported return to clinical practice as a standard within EM aims to promote this. It also will help clinicians to experience a successful, smooth supported transition back into work, minimising anxiety and boosting confidence. This will be in the long-term best interests of the ED, the staff and the patients.

Trainees and junior clinicians

Junior doctors and doctors in training are increasingly requesting time out of training for a variety of reasons. They are at potentially increased risk on returning to work as they have a more limited experience in EM. HEE has recognised doctors in training require support on returning from absence and has a funded programme (SuppoRTT) to highlight and address individual trainees' needs on returning to clinical practice. EM doctors in training are encouraged to use the resources available via their local deaneries which include free return to training courses, free coaching and funding for supernumerary period on return. An example of a regional 'Return to Training in EM' guideline can be found in the resource list.

Suggested process for a clinician returning to CP in EM

The expectation is that every doctor returning to CP will require some degree of support.

Pre-Absence

- Consider resources / PPD whilst absent

Pre-Return

- 8 -12 weeks prior to return
- Meet with mentor / supervisor to discuss any needs
- AoMRC 2017 guideline has useful proforma (see resources)
- Consider shift allocation on return:
 - More SPA time
 - Supernumerary shifts
 - When appropriate to manage shop floor
- Consider essential skills update (life support, airway, return to practice courses)
- Appropriate SPA time
- Transparent process allowing colleagues to be aware the doctor is returning from absence
- Review with supervisor or mentor within first two weeks of return

Resources to support an EM doctor returning to clinical practice

There are resources available to guide EM Doctors of any training stage as well as senior staff and Consultants. Some are generic, some geographic and some specific to the reason why you (or a doctor you might educationally supervise) might have had time away from the clinical work of the ED. These include:

- Maternity / Paternity Leave
- Parental Leave
- Career break / Sabbatical
- Working abroad
- Carer's leave
- Military leave
- OOPE (Out of programme experience)
- OOPR (Out of programme research)
- OOPT (Out of programme training)
- Sick leave
- Burnout
- Return after Practice Concerns

Health Education England has committed to supporting trainees to return to training after a period of extended absence (three months or longer). The Supported Return to Training

(SuppoRTT) initiative aims to support trainees with their confidence, skills and knowledge so that they can safely and confidently return to practice within their training programme.

HEE have created a short animated guide to SuppoRTT which can be viewed [here](#).

The Thames Valley School of Emergency Medicine has recently developed some excellent online resources specifically outlining guidance for EM doctors returning to clinical practice that we would highly recommend. These are:



Key resources

- [Thames Valley Return to Training page](#)
- [At a glance summary](#)
- [Full guide including skills checklist](#)

Another useful resource is Practitioner Performance Advice: [NHS Resolution](#). This provides a confidential helpline to give individuals advice on any personal performance concerns you might have - either pre-emptive or current. The service can be used as a sounding board or to formulate action plans and help navigate the system.



Existing Generic Guidance on Returning to Practice (RTP)

- [Academy of Medical Royal Colleges - Return to Practice Guidance \(Revised\) - June 2017](#)
- [Academy of Medical Royal Colleges - Return to Practice Guidance - April 2012](#)
- [BMA - Returning to Clinical Practice - Preparing for a return to work](#)
- [Health Education England - Supported Return to Training](#)
- [SuppoRTT - Supported Return To Training - HEE](#)
- [GMC - Skills Fade Literature Review](#)
- [Physicians re-entering clinical practice: characteristics and clinical abilities - 2011](#)
- [Return to Work Advice from the Medical Women's Federation](#)
- [NHS Resolution - Back on Track - a good practice guide](#)
- [BMJ Careers - Returning to clinical training after maternity leave](#)
- [BMJ Careers - Taking time out of training](#)

Existing Guidance: Other Specialties (Non-EM) & Educational Courses



- [RCPCH Guidance - Taking a career break and returning to work](#)
- [JRCPTB - Guidelines on return to practice \(RTP\) after a period of absence](#)
- [RCOA Course – GAS again \(Giving Anaesthesia Safely again\)](#)
- [RCPCH London School of Paediatrics - PRACP - Paediatric Return to Acute Clinical Practice Course 2019](#)
- [GMC article -Praise for the PRACP course](#)
- [Return to Practice Guidelines for Nursing Staff HEE 2014](#)
- [NHS Health Careers - Returning to Medicine](#)

Examples of Existing Generic Guidance from Specific UK Areas



- [Health Education West Midlands - Returning to Work, Return to Training](#)
- [Wessex Deanery Policy - Return to Training Scheme](#)
- [Scotland Deanery - Return to Clinical Practice Advice for Trainers and Trainees](#)

About this document

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RCEM Sustainable Working Practices Committee

Review

Usually within three years or sooner if important information becomes available.

Conflicts of interest

None.

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None.

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None.

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