



# Preparing to return to clinical practice



Many clinicians worry about their clinical skills when returning to clinical practice after a period of research (MD/PhD), whether they will be able to cope with clinical work, and especially around practical skills. This is mostly a concern for surgeons, and those undertaking practical procedures, but many physicians also feel anxious about their ability to manage busy clinics, wards, etc. Some will have been undertaking clinical work throughout the MD/PhD e.g. a clinic or operating, doing locum work or occasional shifts, but others do no clinical work at all.

This is a common anxiety, you are not unique. Most clinicians in fact do not have any problems at all, although it can take some weeks to settle back into clinical routines, and recognise you are not in complete control of your life/time/work as you may have been during the research period! And you will remember you are excellent clinicians!

## Where to seek support:

- Talk to your clinical Training Programme Director **before** returning to clinical work
- Talk to the Academic Training Lead for your specialty – some specialties/departments offer their own workshops and sessions to help you prepare for your return to practice e.g., Dept of Surgery and Cancer
- NHSE (the “Deanery”) offer significant support: There is money to support supernumerary training, skills courses, etc... and NHSE offer a ‘Supported Return to Training Programme’ (SuppoRTT) which is a structured and systematic process for planned exit and re-entry to training and maintaining contact whilst out of programme. All returning trainees are expected to receive enhanced clinical supervision including regular meetings with their supervisor until the trainee and trainer agree that no further input is required. SuppoRTT Champions have been appointed at each Trust, by Directors of Medical Education, and at the School of Medicine, as experienced trainers to offer additional help to returning trainees <https://london.hee.nhs.uk/professional-development/supported-return-training>.
- At ICHT Dr Sadie Syed (contactable via the Trust Education Team) has a number of schemes in simulation, and all Trusts have simulation or skills centres where you can often practice various skills.
- Talk to the Postgraduate Education Centre in the Trust you will be starting clinical work. Various Trusts offer return to work “bootcamps” e.g. [Maudsley Slam Dunk Return to work training](#).
- Arrange to meet your new educational supervisor either before you start or immediately you do so and talk this through: ensure you are aware of your limitations, and where you think you may need more support e.g. practical procedures. This is not a sign of weakness and avoids putting you in a potentially difficult situation.
- As soon as you start back in clinical work, where appropriate talk to your clinical colleagues at your level of training to see what you can learn from them, ask to watch them with procedures to remind yourself of the tips and tricks, and always seek guidance and help.



## Ensuring the research has reached a suitable point!

- Write up as much of your thesis as you can before you go back, ideally have it fully completed and submitted, perhaps just awaiting the viva - undertaking full time clinical work (including on-calls) along with thesis writing is not easy.
- Inevitably many people still have some writing to do, so set yourself clear and achievable timescales.
- It will be near impossible to do further experimental work or analysis once back in a clinical job.
- Ideally you should have organised your PhD viva dates before returning to clinical practice, or this too gets lost. The University will have a clear timescale within which you must have submitted and completed the PhD.

## Thoughts from previous clinicians returning to clinical work after PhDs

1) Recognise that the priority of your supervisors and yourself may be different. Your supervisors need and want publications and that is what they will push you for - this is not entirely selfish as publications are required to give you credibility with your thesis for the PhD viva, and for longer term career opportunities. Your primary requirement must be (initially) to achieve completion of the PhD degree by composing and defending a PhD thesis. Set out clear timelines with your supervisors early on about when thesis chapters should be completed by, how long the supervisors will need to review the work and when corrections should be completed.

2) Aim to write PhD chapters first, from which you will receive supervisor review and corrections and then publish a paper with the consolidated data and text from the finished chapter. This method should have the benefit of ensuring publications by the end of your PhD time as well as a near complete thesis.

3) You will need to focus extra hard on returning and exceeding your clinical skills to pre-research levels on return to clinical practice, but actually this happens fairly quickly and should not be stressed about during your research.

**Trainee A**

1) Clinical work has very rigid schedules e.g. times of ward rounds, clinics etc. Having spent 3 years in research where I could design my own schedule meant I found going back to a rigid clinical timetable quite didactic and something I had to get used to very quickly.

2) If you have not written up your thesis, at the very least make sure you have all your data analysed before returning to clinical work as carrying out statistical analysis in the evenings after a long shift is extremely difficult!

3) If you are still writing when you go back, set yourself hard deadlines to complete certain sections - agree these with your research supervisor so that you are accountable to them to get the work done. The 1-year deadline might seem a long time to write up but it comes round very fast.

4) If you can, try to have ongoing face-to-face meetings with your research supervisor, even if you are training outside London - this keeps your momentum and motivation going.

5) As tempting as it is to publish as many papers as you can, you should prioritise writing your thesis chapters rather than papers. Paper writing can come later.

**Trainee B**

### Notes:

- This guidance has been prepared with Doctors in mind, however many of the principles would also apply to Healthcare Professionals undertaking PhDs
- Clinical staff based in the Imperial College AHSC but not registered for PhDs at Imperial College London should seek guidance from the equivalent departments at the HEI where they are registered.
- AHSC staff registered at other HEIs are welcome to use services provided by the CATO team, but are not eligible to use other Imperial College services such as the Graduate School and PostDoc and Fellows Development Centre