



The Royal College of
Emergency Medicine

EM-POWER: A Wellness Compendium for EM

Emergency

Medicine

Positivity

Opportunity

Wellbeing

Engagement

Retainment

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Introduction

This document has been developed as part of the RCEM's ongoing commitment to creating successful, satisfying and sustainable careers in Emergency Medicine and is part of a range of new guidance produced by the Sustainable Working Practices Committee.

We believe that the contents will have something for everyone, at every stage of a career in Emergency Medicine, with its various transitions, changes, and challenges.

Some of us will also face personal or professional difficulties. In challenging times, we might need some support.

If you, or a colleague, are looking for help, this document explores a range of topics and provides information on organisations, services and websites which can offer advice and assistance.

We hope you find these resources useful and feel free to share.

Miss Susie Hewitt MBE
Dr Una Kennedy

September 2020

1. Bullying and rudeness, it's not OK

Emergency Medicine (EM) is a high stress, high contact specialty and how we behave towards each other largely determines outcomes on an individual and collective level. Much has been written on the impact of bullying and undermining in medicine, to raise awareness, offer support and to encourage us to call it out when we see it.

We all have a role to play in taking a more positive proactive approach and we (to a pretty large extent) can control the environment and what is permissible in it, in order to empower staff.

Bullying can significantly decrease job satisfaction and increase job-induced stress; it also leads to low confidence, depression and anxiety and a desire to leave employment. Bullying contributes to high rates of staff turnover, high rates of sickness absence, impaired performance, lower productivity, poor team spirit and loss of trained staff.

The [GMC](#) has a clear view on bullying, stating that doctors should not bully colleagues, and should treat them with respect. Those in positions of responsibility should create a positive working environment where bullying, harassment and discrimination do not exist.

The Australasian College for Emergency Medicine produced [an action plan](#) after investigating discrimination, bullying and sexual harassment in EM. It reminds us of the mantra "the standard you walk past is the standard you accept".

Take a look at the *Life in the Fast Lane* blog [Bully for You](#) which describes the ways we all participate in bullying. Even though you may not be the bully or victim, find out if you are a bystander (an assistant, reinforcer, outsider or defender). No matter what role you may find yourself in, the Royal College of Obstetricians and Gynaecologist's [individual interventions](#) section of their [undermining toolkit](#) has some practical advice on what to do about it.

The Royal College of Surgeons of Edinburgh's excellent [Anti-bullying and undermining campaign](#) (#LetsRemoveIt) has information on the [facts and the law](#) and the [evidence](#) on the impact of bullying on patient safety, the prevalence of bullying, the associated legal definitions and issues, as well as links to website of other organisations for support. It also shows [how destructive behaviour can affect the team](#).

Read [Are you being bullied?](#) and [Are you a bully?](#) to help to learn how to identify bullying behaviours.

[What can you do](#) provides supportive advice and [self-reflection](#) supports maintaining healthy working behaviours together with tips for resilience. For positive practical advice see [how to be assertive without being a bully](#), [negotiation](#) and [managing criticism](#).

All of us have a responsibility to understand and raised awareness of the power of civility in medicine.

[Civility saves lives](#) is self-funded, collaborative project with a mission to promote positive behaviours and share the evidence base around positive and negative behaviours. We know from the work of Civility Saves Lives that 38% of employees who are recipients of rudeness reduce the quality of their work and 25% will take it out on their patients. There is a 20% reduction in the performance of staff who are witnesses to rudeness, and 66% of patients will feel anxious dealing with the staff when they have witnessed rudeness. The Civility Saves Lives website has some great [infographics](#) which you can download to share in your Department, to remind ourselves about the origins and impact of incivility on staff, patients and families.

Emergency Medicine provides those of us fortunate to work in it many opportunities to interface with a variety of people on a daily basis. We know that incivility and bullying compromises patient safety. It also impacts on the mental health and job satisfaction for those who experience it. Each of us has a responsibility to foster a work environment where all staff feel respected.

Let's say "no more!" to bullying and rudeness.

Infographic reproduced with permission of civilitysaveslives.com



2. Sleep

Getting sufficient high quality sleep is essential in order for our minds and bodies to function well. Because of the 24/7 nature of Emergency Medicine, shift work is an unavoidable part of the job. While we know that unsocial hours take their toll on health, having a basic understanding of sleep physiology and getting some tips on how to improve sleep hygiene, particularly around working night shifts, may empower us and help mitigate against some of the adverse effects of fatigue.

Improving your sleep - advice for EM doctors

Before considering how to improve your sleep when working night shifts, establishing good sleep habits **every** night is key to improving long-term sleep quality. The following advice has been adapted from articles by Dr Michael Farquhar, Consultant in Sleep Medicine at the Evelina London's Children's Hospital, who has also made an excellent educational video for doctors about sleep and shift working.

Most adults need 7-8 hours of sleep per night. If you regularly need to catch up sleep on days off, or if you have symptoms of sleep deprivation, this implies that you are not getting enough sleep each night. Addressing this should be your first priority.

Sleep environment

Sleep environment is important. Make your bedroom as dark as possible - consider the use of blackout blinds or curtains, do not switch on the main bright lights if you need to get up during the night and consider a good quality eye mask for daytime sleeping. Minimise external noise as much as possible - consider the use of "white noise" (e.g. a fan, quiet relaxing music) or earplugs. Bedrooms should be cool (18 - 20° C). Having a warm bath or wearing bed socks can encourage peripheral vasodilatation before sleep which optimises core body temperature.

Sleep routine

Good quality sleep is maintained by regular routine. The following may help you to establish good sleep routine:

- Try to be exposed to as much natural daylight as possible.
- Regular exercise, but not too close to bedtime, supports sleep.
- Eat regular meals. Do not eat your main meal within 2 hours of bedtime. A light pre-bed snack 30 minutes before bed can prevent disruption from night-time hunger; but avoid evening grazing.

- Minimise use of alcohol, caffeine and nicotine, particularly in the evenings.
- Aim to go to bed and get up at roughly the same time each day. Set sleep and wake times that permit the amount of sleep that is right for you.
- Minimise the use of electronics for 30 - 60 minutes before bed. Avoid using screens in the bedroom. If this isn't possible, set brightness settings on devices as low as possible. Do not use your phone as your alarm clock and avoid charging your phone in your bedroom while you sleep.
- Consider relaxation strategies to wind down before bed.
- Avoid spending long periods of time awake in bed. Your bed should only be for sleep or sex.
- If you are unable to sleep, get out of bed and do a quiet / relaxing activity for 15 minutes, then return to bed and try to sleep again.

Preparing for night shifts

Before starting night shifts, it's important to maintain a good sleep routine. Bank sleep in the 24 hours before starting nights - have a lie in or a nap in the early afternoon. Exercising in the morning may help your ability to nap in the early afternoon. Ensure you are well fed and well hydrated.

During the night shift

- Aim to stick to a consistent routine during each shift.
- Work as a team to provide cover for breaks.
- Try to maintain your normal eating patterns / times as much as possible when working nights.
- Aim to minimise eating between midnight and 06:00 am and when you do eat choose healthier satisfying options (soup / wholegrain sandwiches / yoghurt / fruit / salads / nuts etc).
- Avoid high calorie / high fat / high carbohydrate foods.
- Keep well hydrated - carry a water bottle and drink regularly.
- Maximise your exposure to bright light in non-clinical areas. In clinical areas, remember that some patients may be trying to sleep so try to minimise noise and light where possible.

- During breaks take short (15 - 20 minute) naps where possible.
- Use caffeine carefully. Remember that its effects can last up to 12 hours! Aim to use it mainly in the earlier part of your night shift. Consider caffeine before a nap - it takes 15 - 20 minutes to take effect which means it kicks in just as you are waking up.
- Watch the 4 am dip. This is when you are at your lowest physiological ebb. Take time to double check all critical calculations in particular.

After the shift

- If you are too tired to drive, DO NOT. Consider using public transport to get home.
- If possible, wear sunglasses on your way home to avoid exposure to daylight and help prepare for sleep.
- Aim to get to bed as quickly as possible after your shift ends.
- Avoid using electronic devices - this includes watching TV.
- Have a light meal or snack 30 minutes before going to bed.
- Avoid alcohol, nicotine and caffeine.
- Charge your phone in another room - ideally on airplane mode.
- After waking up expose yourself to bright light for the first 20 minutes after waking.
- Try to do some light exercise.

Recovery

- After your final night aim for a short morning nap (1 - 2 hours) ideally before midday, then get up and do as many normal activities as possible.
- Re-establish normal eating and exercise patterns.
- Aim for as close to your normal bedtime as possible and for a short lie-in only on the following morning.
- You are likely to need two normal nights to re-establish your normal sleep pattern.

Emergency Medicine Trainees Association #RestEM Campaign

EMTA launched a Rest and Sleep Campaign [#RestEM](#) in early 2018. This campaign sits in alignment with ongoing work by colleagues in other specialties and organisations (AAGBI, RCoA, FICM, BMA) and is supported by the Royal College of Emergency Medicine. Their webpage includes links to a variety of resources, including factsheets, posters and evidence regarding the importance of sleep.

Conclusion

Sleep disruption for the shift worker can be detrimental to one's physical, mental, and emotional health. However, having a basic understanding of sleep physiology and establishing good sleep routines, not just when working night shifts, may help to mitigate against the short- and long-term negative effects of shift work.

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3. Nutrition - food for thought

Be honest; how often do you get through a shift fuelled on coffee and a few biscuits? Do you plan **what** and **when** you eat on shift and especially on nights?

One of the most important physiological problems associated with shift work and the night shift, is that working, eating and sleeping phases are changed.

Bodily functions often have a natural rhythmicity and in humans many of these circadian rhythms operate on a 25-hour cycle. Such free running cycles, including body temperature, respiratory rate, urinary excretion, cell division and hormone production can be modulated by exogenous factors such as light-dark cycle, social climate, and of course, work schedules.

For example, under normal living conditions, body temperature peaks in the late afternoon with its lowest point occurring in the early hours of the morning. Conversely blood glucose and fats are higher in the evenings and night time.

Individuals will vary in how they cope with shift work depending on health, fitness, age, lifestyle and domestic responsibilities – some adapt well, others less so. We can't change our physiology, but it is possible to alter behaviour or make lifestyle changes to support a healthier adaptation to shift work.

It is worth thinking about the impact that working shifts has on health in the long term. According to [The Health Survey for England 2013](#) shift workers are more likely to report general ill-health, have a higher body mass index and increased incidence of chronic diseases such as diabetes.

The Health and Safety Executive has [hints and tips for shift workers](#) on diet for shift workers and also on getting to and from work, sleep (schedule, environment and promotion), the use stimulants and sedatives, physical fitness, lifestyle and ways to improve alertness at work.

The European Food Information Council looks at the evidence and gives [broad guiding principles](#) to employees and employers on the impact of shift work on health and nutrition.

Shift workers often turn to stimulants such as caffeine (a mild stimulant present in coffee, tea and cola as well as in tablet form and in special 'energy' drinks) or cigarettes to keep them awake. Caffeine can improve reaction time and feelings of alertness for short periods but don't rely on it to keep you awake. If you do decide to take caffeine or other stimulants, you should consider what might happen when the effects wear off e.g. when you are performing a complex skill or driving and the impact on getting to sleep.

Shift workers also turn to sedatives such as alcohol or sleeping pills to help them sleep. Avoid stimulants and sedatives as they only have short-term effects and tolerance develops. Persistent use may also increase the risk of dependence.

- Develop a nutrition strategy in the workplace that ensures that healthy choices of foods and beverages are offered in a relaxed eating environment.
- Design shift schedules to give adequate time between shifts to allow the maintenance of a healthy lifestyle – to have regular meal times, exercise and sleeping patterns.
- Stick as closely as possible to a normal day-and-night pattern of food intake. Avoid eating, or at least restrict energy intake, between midnight and 6 am, and attempt to eat at the beginning and end of the shift. For example, afternoon workers should have their main meal in the middle of the day, rather than middle of their shift. Night workers should eat their main meal before the start of the shift, at regular dinnertime.
- Eating breakfast after a night shift before day time sleep will help to avoid wakening due to hunger. However, it is advisable for this meal to be small; a large meal (1–2 hours before sleep) could cause difficulty in falling asleep.
- Drink fluids, regularly, to help prevent dehydration which can increase tiredness but avoid drinking too much fluid before sleep after a night shift as this may overload the bladder.
- Regular light meals/snacks e.g. nuts and seeds are less likely to affect alertness or cause drowsiness than a single heavy meal.
- Choose foods that are easy to digest such as pasta, rice, bread, salad, fruit, vegetables and milk products.
- Avoid fatty, spicy and/or heavy meals as these are more difficult to digest. They can make you feel drowsy when you need to be alert. They may also disturb sleep when you need to rest.
- Avoid sugary foods, such as chocolate – this may provide a short-term energy boost but likely to be followed by a slump and rollercoaster blood sugars.
- Fruit and vegetables are good snacks as their sugar is converted into energy relatively slowly and they also provide vitamins, minerals and fibre.

4. Small step, not giant leap - supporting the transition from trainee to consultant

Are you about to take up your first consultant post or just finding your feet? You are not alone in approaching the progression from a highly structured, supervised and supported training programme to autonomous practice as a consultant with some fear and trepidation!

First of all, CONGRATULATIONS! And now here are a few tips to support you in the transition and for the first year or so. A new consultant today may be embarking on a career of up to 30 years and so it might be useful to think about your career in blocks of ten years: the “three trimesters of a consultant career”. It’s a marathon, not a sprint, so pace yourself!

While this chapter has been written with new consultants in mind, you might find some useful tips for other transitions in a career in EM such as when a specialty, CESR or locally employed doctor or a trainee is about to step up to be the “bleep holder” or when embarking on a leadership role.

At the point you take up your post, in some ways you are at the top of your game, in other ways you have a lot to learn... but you can’t know everything, so ask for help when you need it. Be kind to your colleagues who have been in the job some years, they may not know the latest literature inside out but can give you wise counsel and be a welcome sounding board.

Take a moment to think about what kind of consultant you want to be and how you would want your team (and your patients) to see you. As a consultant you set the tone as the shift leader and you are the “face” of the department.

Be the role model for your ethics, professionalism, behaviour and appearance. You may have a badge with “Consultant” on it but it’s not about titles; you will get respect by how you behave.

It is not possible to be a great leader without conflict and challenge. When things get heated, and they will, remember:

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands in times of challenge and controversy.” Martin Luther King

So, absolutely no whining, no flapping and no shouting. Don't be a cynic - it's a poison that brings everyone down. Be kind and humble – but not over deferential. Don't forget you are on show all the time:

“Every breath a lesson learned.” Neil Whitman

You have the opportunity to mentor, inspire, challenge, teach, motivate and empower:

*“Come to the edge, he said
We can't, we're afraid, they responded
Come to the edge, he said
We can't, we will fall, they responded
Come to the edge, he said.
And so they came
And he pushed them
And they flew” Guillaume Apollinaire*

Be generous with credit and opportunities, and make your team feel appreciated rather than taken for granted. Be a good listener, you have two ears and one mouth for a reason.

Look after yourself and the things that are important to you – find a balance. Learn when to say yes wisely (and how to say no – you cannot do everything). Find someone you trust so that you can offload safely and think about finding a mentor.

Get out and about, meet people and communicate well: beware “reply all” and pressing “send” on email in haste.

There will come a time in the future when you will be welcoming a new consultant colleague:

“A lit candle loses no brightness by lighting another.” Anon

Here are 3 do's and don'ts when welcoming a new consultant:

Do

- Remember how you felt when you just started.
- Plan as a consultant team to support a new colleague.
- Offer support explicitly in and out of hours especially those first few on calls.

Don't

- Dump unpopular jobs on new colleagues.
- Introduce a new colleague as a “junior consultant”.
- Be resentful if a new colleague achieves something you have been trying to do for years: it's all in the timing.

5. Mentoring

"It's surprising what you can accomplish if you don't care who gets the credit."

- Abraham Lincoln

In Greek mythology, Odysseus placed his old friend Mentor in charge of his son when he left to fight the Trojan War. The subsequent spiritual and pragmatic guidance that Mentor provided became associated with his name and the term 'mentor' emerged to describe someone who shares wisdom with and provides advice and guidance to a less experienced colleague.

Informal mentoring has long been a feature of postgraduate medical education and many established specialists can identify individuals they considered mentors during their formative years. The General Medical Council recognises that mentoring skills are important for ensuring doctors deliver safe, effective and efficient care as soon as they start a new job. The GMC's [Good Medical Practice](#) guidelines identify mentoring as essential to supporting and developing good practice.

Why have a mentor?

Mentoring provides an informal and confidential environment where opportunities, dilemmas and problems can be addressed. It is particularly useful at times of change, such as settling into a new post or taking on a new role. Mentoring is not about offering advice and sharing experiences. It's about helping someone to become more effective at developing opportunities and resources, managing problems and to become better at helping themselves.

Overview of the mentor relationship

The characteristics of effective mentors and mentees are listed in the literature and emphasise confidentiality, listening, trust and an ability to reflect and change. Among the factors that facilitate successful mentoring are reciprocity, clear expectations, mutual respect, personal connection, providing a wider perspective and opportunity for reflection, demonstrating a willingness to take risks and a commitment to resolve conflict.

What a mentoring program should look like

It is recommended that engagement in mentoring is voluntary as this is more likely to lead to greater engagement by doctors and more positive experiences. While mentees should be matched to mentors who meet the needs of the mentee, available literature suggests that mentors should not be line managers or educational supervisors.

Mentors must understand the concept of mentoring and should ideally receive appropriate and ongoing training and support in knowledge, skills and behaviours they need to apply in their roles as mentors.

Mentors need support in order to deal effectively with possible challenges of the role. Mentees should receive adequate preparation and support to ensure their understanding and expectations of the mentoring process. Once established, mentoring programs should be evaluated regularly and appropriately.

Established mentoring programmes

While the Academy of Medical Royal Colleges acknowledges that newly qualified consultants and GPs should be mentored in their new role, it also recommends that mentoring schemes should be accessible to all doctors, at any stage of their career.

The Association of Anaesthetists of Great Britain & Ireland (AAGBI) [mentoring scheme](#) enables members interested in having a mentor or receiving coaching to access a team of trained AAGBI mentors. In more recent years, some postgraduate training bodies have introduced formal mentoring programs.

In the Emergency Medicine context, the Irish Committee for Emergency Medicine Training (ICEMT) launched its [mentoring program](#) for advanced trainees in Emergency Medicine in July 2018.

The mentoring relationship can benefit both mentor and mentee. Even if you are not part of a formal mentoring program, considering developing a mentoring relationship - you may find it hugely rewarding!

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6. Mind your head - looking after your mental health

Compared to the general population and other professional groups, doctors have higher rates of mental illness, and in the UK, between 10% and 20% of doctors become depressed at some point in their career (although this figure is likely to be an underestimate).

Doctors are not immune from illness or life's stresses, but they are a difficult group to reach with respect to their own healthcare, preferring corridor conversations and self-medication, rather than accessing their own GP.

When it comes to mental illness the personal, professional or institutional stigma or shame means that doctors face unique barriers in accessing care. We all need to play our part in showing compassion, kindness and understanding, both to ourselves and our colleagues and do our bit to break down these barriers.

Cognitive distortions

When thinking about your own mental wellbeing it is worth being able to recognise cognitive distortions. These are inaccurate thoughts that reinforce negative thinking patterns or emotions and can plague even the most balanced thinker at times. When we are stressed, low, tired or fearful, the distortions play in to the narrative we tell ourselves about who we are and the world around us. Cognitive distortions are faulty ways of thinking that convince us of a reality that is simply not true.

Here are a few to watch out for. Just noticing these (and recognising them for what they are) either in your own or a colleague's thinking may help as a first step towards challenging and reframing negative thinking. Remember thoughts are not facts.

- **Filtering** - ignoring all the positive and good things in your day or life and dwelling on a single negative.
- **Polarised or "Black and White" thinking** - with no shades of grey and not allowing yourself room for complexity or nuance.
- **Overgeneralisation** - taking a single incident or point in time and using it as the only piece of evidence and then making a general conclusion.
- **Jumping to conclusions** – a tendency to be sure of something will happen without any evidence at all or with only the flimsiest of proof.

- **Catastrophising or minimising** – expecting the worst will happen or has happened, alternatively, you might minimise the importance of positive things.
- **Personalisation** – you believe that everything you do has an impact on external events or other people, no matter how irrational the link, you may feel that you have an unreasonably important role when bad things happen around you.
- **“Should’s”** – these are the implicit or explicit rules you have about how you and others should behave. When others break your rules, you are upset. When you break your own rules, you feel guilty.
- **Emotional reasoning** - if you feel a certain way, it must be true. For example, if you feel unattractive or uninteresting at this moment, then you must be unattractive or uninteresting.

Improving your mental wellbeing

The [NHS Moodzone](#) has information on five evidence based steps you can take to improve your mental wellbeing. Give them a try:

- **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships. Learn more in [Connect for mental wellbeing](#).
- **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life. Learn more in [Get active for mental wellbeing](#).
- **Keep learning** – learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike? Find out more in [Learn for mental wellbeing](#).
- **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks. Learn more in [Give for mental wellbeing](#).
- **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges. Learn more in [Mindfulness for mental wellbeing](#).

Resources

For advice and support for mental health concerns please see [Support in challenging times – a directory of resources](#). Some organisations provide specific and exclusive support for doctors.

7. Drug and alcohol use

The vast majority of doctors working in emergency medicine will not become addicted to drugs or alcohol, but for those who do, the consequences can be devastating for them, their families and their patients. Data from the US indicate that emergency physicians are up to three times more likely to access specialist treatment facilities for substance abuse disorders than other speciality groups.

However, the good news is that emergency physicians have lower rates of relapse, and higher rates of successful completion of monitoring and return to clinical practice than other specialists.

Doctors may hide their problems for fear of the impact on their professional future. Quite apart from the lack of insight or denial inherent to the addiction problem, are their feelings of shame, their experience of how other colleagues have been treated (if they have been treated badly) and an insufficient knowledge of services. There is a fear that referral to a psychiatrist will result in the loss of their job.

Colleagues can also be slow to act on suspicions about a doctor's problems with addiction. They may have a misplaced loyalty and worry about 'victimising' the doctor if there is insufficient evidence. They may identify inappropriately with the individual on the one hand, while on the other hand shying away from the emotional burden and its very complexity. Too often, action is delayed because of uncertainty of what to do.

Identification and management

The first clues that a doctor may have a drug and/or alcohol problem are often nonspecific and not immediately obvious. Particular attention should be paid to locum doctors, particularly to long-term locums who have been moving around the country. Doctors with mental health problems may be at particular risk as some will turn to alcohol or drugs as a coping strategy.

The Association of Anaesthetists of Great Britain and Ireland (AAGBI) has published [Drug and Alcohol Abuse amongst Anaesthetists - Guidance on Identification and Management](#) which outlines warning signs of drug and alcohol abuse, and provides good advice on how to raise concerns about a colleague and intervene. The GMC provides advice on [managing your own health](#) and how to raise [concerns](#) about a doctor.

The National Clinical Assessment Service (NCAS) has produced guidance for managers on [Handling Concerns about a Practitioners Health](#) which includes an identification/recognition checklist and advice on management, as well as protecting patients and return to work.

A doctor's perspective

Some doctors who have recovered from alcohol and/or drug addiction have written some very honest accounts of experiences as an impaired doctor in the hope that it will help someone else to realise that they are not alone and to seek help.

The MPS website has an article by consultant anaesthetist Dr Rachel Black: [Coping with Alcoholism](#), about her struggles with alcoholism and attempts to stop drinking. In his article [Drug and Alcohol Use in Emergency Medicine Residency: An Impaired Resident's Perspective](#) in the Annals of Emergency Medicine, Dr Truman Milling tells the story of an Emergency Medicine resident who became addicted to alcohol and drugs. It also outlines ACEP's Policy on Impaired Physicians.

In [The Loneliness of an Alcoholic Doctor](#), an Emergency Medicine junior doctor tells the story of the journey from addiction, through rehabilitation and to recovery.

Resources

If you find yourself, a family member or a colleague in need of treatment or support for addiction or related issues, there are many organisations who will provide confidential and non-judgemental help and advice, often for little cost. Please see [Support in challenging times – a directory of resources](#). Some organisations provide specific and exclusive support for doctors.

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8. Pregnancy and parenthood

Emergency Medicine and parenthood are both incredibly demanding yet rewarding jobs. Combining them can be a challenge, whether you are a medical student, doctor in training or a consultant. Sometimes it helps to hear about someone else's experience to help you believe that it is possible after all!

Pregnant doctors can feel isolated at work, particularly in the early stages of pregnancy. Having access to necessary information may make things easier. Gathering information to enable you to understand your rights as an employee and your responsibilities to your employer can be time-consuming. Many organisations provide a wealth of information and advice for parents and carers, from pregnancy to maternity leave and the return to work. We hope that these resources help you along your own individual journey.

The RCP have a Concise Guideline entitled [Occupational Aspects of Management of Pregnancy \(2013\)](#). It is accompanied by summary leaflets on heavy physical workload, long working hours, prolonged standing and shift work. They have also published a National Guideline on the [Occupational Aspects of Management of Physical and Shift Work in Pregnancy \(2009\)](#). While there is some overlap between the two documents, this is a more comprehensive document.

The [RCOG](#) website has a comprehensive page dedicated to advice for trainees on working during pregnancy. This includes general information about your rights and responsibilities to your employer, guidance on carrying out your normal duties during pregnancy, information about special considerations (assisted conception treatments, adoption, premature birth, miscarriage, stillbirth and loss of a baby), information about maternity leave, paternity leave and maternity pay, and guidance on returning to work after pregnancy. There are also links to other organisations and useful publications, some of which are also listed below.

NHS Employers have produced a [factsheet](#) specifically for doctors in training who need to plan maternity leave. There is also a [webpage dedicated to parents and carers](#). This provides links to information about maternity leave and pay, maternity support (paternity) leave and pay, parental leave, adoption leave and pay, employment break scheme and shared parental leave.

The BMA has a page dedicated to [Advice for Working Parents](#). This outlines the different maternity schemes, advice on your rights as a pregnant woman, shared parental leave and a maternity leave calculator and checklist. It also provides advice on returning to work and life as a working parent.

The [Medical Women's Federation](#) promotes the personal and professional development of women in medicine. Their 'Advice & Support' section includes guidance on maternity, childcare, returning to work and less than fulltime training.

The Health and Safety Executive provides specific guidance for new and expectant [mothers](#). There includes the law, risk assessments, notifying your employer about your pregnancy, exposure to ionising radiation, infections at work, musculoskeletal disorders, stress and breastfeeding, as well as other topics, some of which are covered in the [FAQ section](#).

[Working Families](#) is a charity which promotes work-life balance. Its Legal Helpline provides advice to parents and carers on employment rights such as maternity and paternity leave, rights to time off in an emergency, shared parental leave and parental leave, as well as helping them to negotiate the flexible hours they want. They also give basic advice on the benefits and tax credits that working parents can claim, as well as advice on maternity discrimination and pregnancy discrimination.

The Gov.uk website provides [guidance](#) on calculating statutory leave for both employers and employees. This includes adoption pay and leave, maternity pay and leave, paternity pay and leave, shared parental leave and unpaid parental leave

[The Equality and Human Rights Commission](#) website has information and advice on rights in the workplace and covers various topics relating to many aspects of pregnancy and parenthood. [Power to the Bump](#) has information to enable happy and healthy pregnancies in the workplace and particularly geared towards young working mums.

[WRaP EM](#) is a group of clinicians and medical educators who want to promote Wellness, Resilience and Performance in Emergency Medicine. In their parenting blogs, two doctors share their stories of how they successfully combine parenting with working in EM, and how their perspectives about their work changed as they became parents.

Anna Bowen's [Building a positive mindset – the parent-trainee](#) honestly describes the challenges of becoming a mum while working as a registrar, and the challenges of returning to work after a break for maternity leave.

In [Course collision - and learning to work smarter to achieve training success](#), Sanjay Valand describes his struggles with combining studying for a Fellowship exam with the demands of family life. He met with his trainer and planned how best to minimise the disruption combining work and study caused him and his family.

The BMA's [My Working Life](#) blog has some great pieces written by doctors sharing their experiences of pregnancy as a trainee, maternity leave, childcare, and less than full time training.

[So You Want to be a Medical Mum?](#) By Emma Hill, Oxford University Press. 2008
This book is a guide for Mum to be and Mums, written for doctors. It provides practical information, advice and a FAQ section. (Tip: the Google Preview on the publisher's webpage allows you to read a significant portion of the book)

Resources

Please also see [Back from the break - returning to clinical practice](#) for some advice for how to best prepare yourself to return after a break from work and [Support in challenging times – a directory of resources](#) for more information for individuals, families, pregnancy and work.

9. The menopause

A women's relationship with the menopause is complicated; and mythology and differences of opinion don't help. Women need clear, evidence-based information to break through the conflicts and confusion about the menopause.

The menopause refers to the biological stage in a woman's life when her periods stop and ovarian function reduces. This usually occurs between the ages of 45 and 55 but can occur in younger women. So, for a professional woman in Emergency Medicine this is the time when she is likely to be at the top of her game.

Most women will experience physical and/or emotional symptoms around the menopause. The duration and severity vary from woman to woman. Some women may not make the connection with how they are feeling and the menopause. With life expectancy now at around 83 years, many women are living in this post-menopausal phase for one third, or even half their life, and their symptoms can have a major impact on health, work, relationships and quality of life.

Symptoms usually start a few months or years before periods stop, known as the perimenopause, and can persist for some time afterwards. On average, most last around four years from the last period. However, around 1 in 10 women experience symptoms for up to 12 years. If you experience the menopause suddenly rather than gradually – for example, as a result of cancer treatment – symptoms may be worse.

The first sign of the menopause is usually a change in the normal pattern of periods which may be unusually light or heavy or may change in frequency before stopping.

Around 8 in every 10 women will have additional symptoms during this time such as hot flushes, night sweats, difficulty sleeping, reduced sex drive, problems with irritability, memory and concentration, vaginal dryness, aches and pains and recurrent cystitis. The menopause can also increase the risk of developing osteoporosis.

In 2017, [British Menopause Society](#) (a specialist society affiliated to the Royal College of Obstetricians and Gynaecologists and the Faculty of Sexual and Reproductive Healthcare) published an [infographic](#) based on online interviews showing three quarters of women in the UK says that the menopause has caused them to change their life and more than half say it has had a negative impact on their lives.

[Women's Health Concern](#) is the patient arm of the British Menopause Society. They provide an independent service to advise, reassure and educate women of all ages about their gynaecological and sexual health, wellbeing and lifestyle concerns offering unbiased information – including [factsheets](#), [FAQs](#), [useful links](#) and [bookshelf](#). They also hold seminars and workshops “Living and loving well beyond 40...!”

Many women go through the menopause, managing their symptoms without wishing to take treatment. Others choose to use [HRT or alternatives](#) such as exercise, cognitive behavioural therapy, relaxation techniques, black cohosh, isoflavones (plant oestrogens) or St John's wort.

HRT is controversial and for years, its use has gone in and out of favour, which has not helped women seeking guidance about whether or not to take it. [NICE](#) guidance "Menopause: diagnosis and management" aims to raise awareness of all menopausal symptoms, encourage women to consider lifestyle changes to improve later health, and will clarify uncertainty around both prescribed and non-prescribed treatment options. Ultimately, the aim is to empower women and healthcare professionals to make informed choices about menopause management.

The RCOG has useful information about:

[Menopause a life stage](#)

[Treatment for symptoms of the menopause](#)

[Menopause and women's health in later life](#)

[Sex and relationships after the menopause](#)

[CBT and mindfulness can help manage menopausal symptoms](#)

[Mood changes and depression](#)

[Menopause Matters](#) is an award winning, independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options. Here you will find information on what happens leading up to, during and after the menopause, what the consequences can be, what you can do to help and what treatments are available.

[The Daisy Network](#) is a registered charity dedicated to providing free information and support to women with Premature Ovarian Insufficiency (POI), also known as Premature Menopause. Their aim is to provide a support network of people to talk to, allow members to share information about their personal experience of POI, provide information on treatments and research within the fields of HRT and assisted conception and raise awareness of the condition among doctors and the broader medical community.

Read what broadcaster [Kirsty Wark](#) has to say on how the mythology of the menopause and whether it should be considered a liberation, and watch her in conversation with [Jennifer Saunders](#).

10. Back pain

Back pain is common in healthcare workers. A 2015 NHS staff survey reported that, on average, 25 per cent of NHS staff had experienced musculoskeletal issues due to work related activities in the last 12 months. This can be a particular challenge for Emergency Department staff, as most of us spend long periods of time each day on our feet at work.

Back in work back pack

The [Back in work back pack](#) was produced by the Health, Safety and Wellbeing Partnership Group (HSWPG) of NHS Employers. The resource is divided into six parts and outlines the measures [line managers](#), [safety representatives](#) and [employees](#) need to take in order to reduce the incidence of work-related back and musculoskeletal disorders.

It includes a guide to undertaking [workplace and individual assessments](#) with regard to musculoskeletal health. The [quick link](#) section at the end provides links to relevant legislation, NHS Employers and Health and Safety Executive publications. It also provides links to a variety of organisations which provide information and support for healthcare professionals and patients.

If you are suffering from daily back pain at work, there are some simple things you can do to manage it:

Strengthen your lower back

Use some of your free time to strengthen your lower back. This portion of your body is typically quite weak and susceptible to injury, which is not good news for healthcare workers who put regular strain on this area.

Exercises you can do at home include:

1. [Bottom to heels stretch](#)
2. [Knee rolls](#)
3. [Back extensions](#)
4. [Deep abdominal strengthening](#)
5. [Pelvic tilts](#)

The NHS website provides [instructions with pictures](#) to help you ensure you are doing these exercises correctly. Stretching is important - try the cat/cow stretch or child's pose for a great lower back release.

Sleep your way to strength

Your muscles rely on great quality rest time to recover from a hard day at work. How well are you sleeping at night? Consider changing your mattress or pillows for a more supportive alternative.

Keep moving

If you've injured your back, don't stop moving! Your spine needs to move in order to recover so go for a light walk. Other activities such as swimming, yoga and Pilates may also be helpful. Avoid heavy exercise until you have fully recovered.

Chill out

During your rest time, chill your back with an ice pack. After 48 hours, you can switch to a heat pad instead.

Assess your posture

Bad posture is a major contributor to back pain. Avoid slumping to give yourself better support. If you're lifting anything heavy, make sure you lift from the knees and never from your back. Check your chair and desk height and the position of your computer.

Watch your weight

Try to maintain a healthy weight. The more extra weight you're carrying, the more strain you put on your body.

Check your shoes

Your footwear has a big impact on your posture. If you're on your feet all day, make sure your footwear is the correct size and stays comfortable throughout your entire shift. Consider having an assessment of your footwear by a chartered physiotherapist.

Treat yourself

You may find that your muscles need some TLC after multiple long shifts. Book yourself a professional massage on a day off to work any knots out of your back.

Buy over the counter pain relief

Anti-inflammatory medication can be purchased over the counter for temporary pain relief.

Don't ignore persistent back pain

If your back pain doesn't seem to be easing after a couple of weeks, book an appointment to visit your GP or chartered physiotherapist.

Adapted from: <https://www.yourworldhealthcare.com/ie/news/10-tips-for-reducing-backpain-during-your-shift>

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1. K. Middleton. Myths are a pain in the back, let's bust them. NHS Employers. <http://www.nhsemployers.org/blog/2016/10/myths-are-a-pain-in-the-back-lets-bust-them> (last accessed 19th October 2018)

11. Long term health conditions

Working in Emergency Medicine can be both physically and emotionally demanding for those of us who are lucky enough to be in good physical and mental health. Adding a chronic illness into the mix may provide significant challenges for the doctor involved.

Changes to workplace policies, such as ending the default retirement age, mean people will live and work for longer, but not necessarily in good health. People with chronic illnesses may have periods of stability or remission during which they may be able to have a relatively “normal” work life, while other conditions are more severe or are associated with ongoing significant morbidity.

If you are a doctor with a long-term illness, odds on you already know a large amount about your condition. It is important to establish strict professional boundaries around your own treatment and to avoid “corridor consultations” with colleagues about your condition. You may decide to undergo your medical treatment in a different institution altogether in order to keep your own personal medical history completely separate from where you work.

Rest assured if visiting your own occupational health physician that a very strict code of ethics underpins occupational health practice. Occupational health practitioners have a particular skill in communicating effectively with employers and managers on fitness for work issues without disclosing confidential health details.

Some doctors have published blogs about their experience of living and working with a long term conditions. You can get a great insight into some of the unique challenges faced by Dr Harriet Edwards as an EM trainee in her St Emlyns guest blog [Working in Emergency Medicine with Rheumatoid Arthritis](#).

If you have a colleague who you know has a long term illness, you can make a difference to them by learning about their condition. The symptoms of a chronic illness can be very complex and they may also be experiencing feelings of grief and isolation. While you don't need to understand all the nuances of their illness, you can help by lending a kind ear and providing them with compassion and support.

When it comes to living and working with a long term condition, there's no such thing as one size fits all. Don't be afraid to get the support you need to navigate your own path.

While you have a responsibility to look after your own health as best you can, your employers role is to support you in doing so. Our staff are our greatest asset, and that includes you.

Resources

Please see [Support in challenging times – a directory of resources](#) for more information on disability, long term conditions and episodes of ill health.

12. Neurodiversity – we all think differently

Neurodiversity describes the infinite variety in the human brain. Autism Spectrum Disorder (autism), dyslexia, dyspraxia, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) and others, once seen as medical conditions to be cured, are now seen as natural forms of neurocognitive variation, or neurodiversity. Neuro-minorities represent about 10% of the population and all are present in the medical workforce. While prevalence in Emergency Medicine is not known, one survey identified 1% of GPs in the UK as autistic, which reflects the prevalence of autism in the general population.

Medicine selects for autistic traits. You may wish your treating doctor (and yourself as a healthcare professional) to be diligent, conscientious, meticulous, with a highly developed ability to interrogate and excellent memory. All of these are traits of autism. Autistic people are often creative thinkers and problem solvers, and contrary to popular assumptions have been shown to exhibit high degrees of empathy.

Whilst autistic individuals have many strengths, they may find some elements of social interaction challenging. It may take more mental effort to socially function at the same level as people without autism, resulting in fatigue and impaired performance. Sensitivity to noise and light can make a “regular” day at work exhausting. Communication differences are often masked by learned coping strategies or accepted as quirks. Because of potential challenges with eye contact, tone of voice, shyness and social anxiety, some autistic people may appear to colleagues as aloof, unfriendly, or even incompetent. However, autistic people often want to socialise and be included but may just be anxious and unsure of how to proceed. Each autistic individual is different to the next, making the aphorism true: *if you've met one person with autism, then you have met one person with autism.*

Studies have consistently shown that autistic individuals have more medical and mental health issues compared with the general population. Autistic people can have a shortened life expectancy, in part due to not being able to access healthcare in the usual ways. The extra pressures for autistic people to navigate a world shaped for neurotypicals seem likely to contribute to a greater likelihood of a negative impact on mental health. Anxiety and depression occur in up to 80% of autistic people, and suicide rates in autistic adults are nine times greater than the general population.

A diagnosis can be made in childhood or may come later, at any stage of a doctor's career.

Increased recognition means more students are entering medical school with an existing autism diagnosis. For others, it is only when the demands of postgraduate training or independent practice, perhaps coupled with adverse life events, overwhelm existing coping strategies that diagnosis, support and adjustments become essential.

Change of career or early retirement is common, yet with specific support many of these difficulties are remediable, and timely support can lead to increased retention of highly skilled colleagues.

Receiving a diagnosis as a doctor can be a double-edged sword. Although it may give a new perspective on some lifelong difficulties and challenges in faced during a career, it may be perceived as having the potential for stigma and prejudice. A diagnosis can have unfavourable consequences if autistic individuals are met with denial or discrimination from colleagues, family or friends. Receiving a label is only helpful if it leads to improvements.

There are some *Facebook* peer support groups for neurodivergent doctors (see resources below). Doctors do not need to have a formal diagnosis to access these groups. The groups will support anyone who thinks they may be neurodivergent and is looking for advice and support. Neurodivergent workers are likely to meet the legal definition of disability under the Equality Act 2010. This provides them with important rights to reasonable adjustments, and protections against discrimination, harassment, and victimisation.

Neurodivergent doctors can be excellent clinicians in all specialties with appropriate adjustment and empathetic trainers and colleagues. However, not all neurodivergent workers will consider themselves to be disabled. Workers have the right to identify (or not identify) with the term as they see fit.

Neurodiversity polarises strengths in a way well beyond the norm, but we all have strengths and weaknesses. Medicine can no longer overlook the potential of autistic doctors purely because these doctors do not conform to existing systems favouring the neurotypical clinician. It is recognised now that most autistic people are adult and are likely to be undiagnosed.

The use of identity first language (e.g. "autistic adult") opposed to first person language ("adult with autism") is preferred by many autistic people (but not all) and their allies. To respect this, we largely use identity-first language in this piece. Have a look around – do you recognise any of these traits in your colleagues? Or perhaps even in yourself? If you think you may need an ASD assessment, speak to your doctor or occupational health team.

Supporting an autistic doctor in the Emergency Department

- Offer a pre-induction to meet everyone and provide photographs and information about job roles.
- Avoid last minute rota changes as this will cause considerable stress and anxiety.
- Encourage breaks but be understanding if the doctor does not want to engage in coffee room chat. Access to a quiet space may be helpful or noise cancelling headphones.
- Give clear, direct and specific instructions in the early stages i.e. "please can you order a CXR for Mrs B", rather than "this patient needs some imaging". With experience the doctor may eventually be one step ahead of everyone.
- Eye contact can be hard so don't expect this as evidence that something has been acknowledged. Looking away may mean that the doctor is listening very hard.
- Give thinking time and allow presentation from notes or "crib sheets". Don't shame the doctor for this, working memory can be poor. Be clear on the level of detail required in notes.
- It can be very difficult to switch thought processes quickly so be careful when suddenly changing discussion from one patient to another without clear warning.
- Hierarchies might be tricky to negotiate especially working in multidisciplinary teams where there is blurring of the roles of doctors and nurses.
- Autistic people are very honest and will always try and do their best. This can sometimes come across as being critical of others, when it is not intended that way. Acceptance and understanding and communication within the team can prevent bad feeling and misunderstanding.
- Identifying a named mentor within the department for support and to be a first port of call to other colleagues who might have concerns or questions about any idiosyncrasies.

Supporting an EM physician with dyslexia, dysgraphia or dyspraxia

- Deanery Professional Support Units can help with educational psychology assessments and provide individual coaching.
- Options and adaptations can include audiobooks, dictation or mind-map software, but note that what works for one individual may not work for another.
- If adaptations cannot be funded by the employer as part of reasonable adjustments then the UK government Access to Work may be able to assist.

- Clinical Educators must be able to adapt their teaching style e.g. “show don’t tell”, be prepared to explain things differently and allow opportunities to practise skills until they are concrete.
- Extra time may be needed in exams. Consider facilitating access to a laptop (with a good-sized keyboard) in written exams instead of expecting handwritten answers and providing a pen and paper in the OSCE may be reassuring if working memory is hindered.
- Presenting information in diagrams or infographics and the use of colour coding can make it more accessible. Access to whiteboards may also be helpful.

Resources

Please see [Support in challenging times – a directory of resources](#) for more information on neurodiversity, autism, and support services.

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13. Back from the break - returning to clinical practice

In any profession, on occasion people need to take a break from work, but those returning to clinical work in an acute facing speciality such as EM have particular challenges. A break from work can happen at any stage of your career and may be planned or completely unexpected.

You may have had time away from your main role for a variety of reasons and length of time; these include maternity and paternity leave, personal or health reasons, carer's leave, taking a career break, military leave, time out of programme (experience, research or training), working abroad and return after practise concerns.

You may be itching to get back to work but for most there will be an element of anxiety and lack of confidence. If you are returning after a physical or mental illness just getting through the door on the first few days back might be a challenge.

[AOMRC Return to practice guidance \(2017 revision\)](#) provides advice for doctors and also designated bodies, responsible officers, employers, contractors and regulators. This includes a checklist of questions and actions when planning an absence from practice and on a doctor's return.

An absence of less than three months appears less likely to cause significant problems but may still affect confidence and skills levels. The majority of doctors should be able to return to work safely and successfully although they may sometimes require support.

Longer absences of three months or more appear more likely to significantly affect skills and knowledge and a more formal review is recommended and support may be needed. In practice, an absence of two years or more seems generally accepted for when formal re-training will more often be required. Individual needs will of course vary, and therefore require a review on a case-by-case basis.

For trainees, HEE has made 10 commitments to support postgraduate trainees in their return to training as part of [supported return to training](#). The challenges faced by trainees will ring true to consultants and specialty, CESR and locally employed doctors who have had a break from work and the suggestions for a successful return are transferable.

The BMA has advice if you are [considering returning to work after a period of ill health](#).

- Talk to your GP or specialist.
- Ensure you have access to occupational health for when additional support or adaptations might be needed to support your return.
- Meet with your clinical lead for a return to work interview. Areas to consider include:
 - What triggered the absence, do you have an ongoing issue, what support would you find helpful?
 - What level of disclosure are you expecting about the reasons for your absence? If your reasons for leave are confidential, this should be respected. If these reasons could have a bearing on your competency, then the clinical director and a limited number of senior colleagues must be made aware.
 - How are your confidence levels, do you think additional training or supervision would be helpful?
 - What has changed in service management and delivery since you have been away; new people, practice, guidance, equipment?
 - What impact has the absence had on your ability to revalidate?
- Are reasonable adjustments to the workplace needed?
- Is a phased return appropriate?
- Would you find some time shadowing helpful or should you be offered/request a mentor?

Watch out for forthcoming RCEM "Return to EM" courses: a one-day course for EM doctors returning to clinical practice, specifically designed to assist in the transition back into the ED environment with a focus on team working, clinical human factors and improved patient safety.

Welcome back, we missed you! Now let's talk about what you need to make your return a success!

14. Look after your team too

Outstanding team management influences job satisfaction, recruitment and retention, and is crucially important to how your Emergency Department runs. The skill set to support your team to be the best that they can be is not that not everyone naturally has but it can be learnt, and everyone can improve.

Successful EM teams are run on 3 principles - flexibility, task and role clarity and kindness.

Successful EM leaders have 3 qualities – they are authentic, compassionate and positive role models. Remember what Cinderella said:

“Have courage and be kind.”

So here are team management tips based on experience, anecdote and evidence:

- **Get in touch early** – with **all** new starters irrespective of role, grade or experience. Also remember some doctors such as Foundation doctors did not choose EM and can be daunted by the prospect of working in an environment they perceive as scary.
- Ensure every induction has an opportunity to talk about **hopes and fears**, how you will help with these, what you expect and what support is in place.
- Within the confines of rota rules try and offer some **autonomy and flexibility with rotas** - accommodating big events and being open to efficient shift swaps will result in a happier team who will offer to assist when the rota is under pressure or short notice swaps are needed.
- Ensure **really effective communication** - maybe someone hasn't replied to your messages because you have the wrong email rather than their inefficiency.
- Learn enough about your **team as individuals** to offer context around their behaviour. Is lateness because of travel complexity or nursery opening hours? Has a partner just had a baby? Someone may be looking after an elderly or sick relative. Do you have an international athlete in your team who would like a part time contract in the future? Do you have someone who would like to become a like to embark on training in EM or become specialty doctor but needs a bit of encouragement?

- **Prioritise teaching** in the department, both formal and shop floor - remember the teachable moment. Ensure equity of access to education for everyone including specialty doctors, CESR and locally employed doctors and don't forget Advanced Care Practitioners.
- Acknowledge ED shifts are can be challenging even if you have chosen EM as a career. Think about **shift patterns, diurnal variations and decent chunks of time off**.
- Ensure that **everyone takes a break** - beware the consultant martyr and the inefficient junior; they both need to eat!
- Emphasis the need for **good nutrition, excellent sleep and a life outside the department**. It is your hinterland that makes you an empathic doctor.
- Have **efficient handovers** where you emphasise how you wish people to work - do they come to you with a plan, do you go to them? Who organises breaks?
- Ensure that the whole team understands when the ED is under pressure or crowded but that their responsibility is to be **safe, effective, kind doctors**. Using local or national targets as sticks does not work, if you are clever you can use them as carrots.
- Remind everyone to **leave baggage at the door** – we are all here to work, smile and be part of a great team. Equally, encourage your team **not to take worries home from work** and to share any concerns with a senior before leaving; everything from the big to the small.
- The reality of EM is that **bad things sometimes happen. How we support each other in the team will hugely influence how we cope**.

Running a happy team will make you proud, the team loyal and your department more efficient.

15. To the fourth decade and beyond

The ED is well-recognised as having one of the most intense working environments for Senior Decision Makers in a healthcare system. The implementation of working practices that allow time for the body to rest, recover and recuperate is fundamental to a sustainable career over time.

Employers must have this as a high priority when developing workforce plans for the ED. This becomes even more important for the older Emergency Physician (EP) to ensure continuing job satisfaction and fulfilment for the individual EM doctor and for the benefit of their ED.

For the first time, [the College](#) has produced guidance for what an EM consultant career might look like over time as part of recommendations for ensuring sustainable consultant careers in EM.

For older consultants with considerable years and experience of working at that grade options might include:

- A job plan which is altered over time to a greater emphasis on SPA time
- Discontinuation of late shifts/night shifts/on -calls
- Greater opportunities for portfolio careers and less than full time working

This guidance might also be helpful to the older specialty doctor with similar time and experience working at that grade.

We all age differently and have very individual personal circumstances so there is no "one size fits all". Discussions on how your job can evolve in the later years is neither a stigma nor it is obligatory.

One of the anxieties of older EPs is keeping up to date. It is valuable to keep engaged with CPD as there is always something new to learn or to refresh. Your CPD will of course be influenced by your scope of work. In a diverse inclusive multi consultant department the scope of your work may change over the years in any event and in the later years you may wish to focus your skills and play to your strengths.

Speaking of years of experience, you will have to get used to being "wise". Be generous with your wisdom and be part of a culture where wisdom is valued for the benefit of patients and the team as a whole.

Consider ways to use your strengths and experience e.g. mentoring, coaching, teaching, examining, research, medical writing, editorial work, regional or national committees or working with standard setting and regulatory bodies.

Retirement

At some point thoughts will turn to retirement; this is a complex career and life transition likely to be approached with a mixture of anticipation and apprehension.

Here are some of the emotional pitfalls to be aware of:

- **Who am I?** We often identify ourselves by what we do: *"I am an Emergency Physician"*, with all that this means i.e. *"I work in an exciting, stimulating and fulfilling specialty with patients that provide a rich variety of challenges"*. Losing this title or label can be disconcerting for some and can shake our sense of self-esteem.
- **Loss of the work routine.** We have been used to going to work at all times of the day (and night) and interacting with both patients and colleagues (even the challenging ones!). There is a potential to feel a sense of loss of social network and organisational routine.
- **Impact on relationships at home.** This might be as a result of encroachment on what each partner used to consider as their own personal time or space.
- **Sense of mortality.** For some retirement triggers feelings about aging and getting closer to the end of life (no matter how far away that is in the future).

The British Heart Foundation has [20 tips](#) to make the most of your new found free time from keeping fit and healthy to making the mental adjustment to retirement. Thoughts of retirement are inextricably linked to considering what your future lifestyle might be and trying to make sense of your pension. Even if retirement seems a world away, recent changes by the UK government to the annual pension savings allowance for all workers will impact many doctors and could catch some unaware of potential tax liabilities.

To understand this, you will need to become familiar with a whole new vocabulary e.g. total reward statement, annual allowance, carry forward, lifetime allowance, adjusted income, tapering, scheme pays.

Go to [NHS Employers](#) for factsheets on pay and rewards and the NHS Business Service Authority for a guide to the [pension saving statement and annual allowance](#).

16. Support in challenging times: a directory of resources

Addiction

[Addaction](#)

A national drug and alcohol treatment charity in the United Kingdom.

[Alcohol Concern](#)

A national charity working to help reduce the problems that can be caused by alcohol.

[Alcoholics Anonymous](#)

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

[British Doctors and Dentists Group](#)

A service for recovering alcoholic and drug dependent doctors, dentists and students.

[Cocaine Anonymous](#)

A fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from their addiction. The only requirement for membership is a desire to stop using cocaine and all other mind-altering substances.

[Clinicians' Health Intervention, Treatment and Support](#) (click to email)

Promotes a consistent approach to substance misuse problems in clinical staff throughout the UK.

[FRANK](#)

Provides helpful, confidential drugs advice.

[Gamblers Anonymous](#)

A fellowship of men and women who have joined together to do something about their own gambling problem and to help other compulsive gamblers do the same.

[GamCare](#)

Provides support, information and advice to anyone suffering through a gambling problem.

[Medical Council on Alcohol](#)

An organisation of registered medical practitioners with a view to understanding of alcoholism and its prevention and the treatment and after-care of alcoholics.

[Narcotics Anonymous](#)

A non-profit, international, community-based organisation for recovering addicts that's active in over 60 countries. NA members learn from one another how to live drug free and recover from the effects of addiction in their lives.

[Release](#)

Offers a range of specialist services to professionals and the public concerning drugs and the law. It provides advice to drug users, their families, friends, and statutory and voluntary agencies. Advice is free, professional, non-judgmental and confidential.

[Sick Doctors Trust](#)

Provides early intervention and treatment for doctors suffering from addiction to alcohol or other drugs.

[Smart Recovery](#)

The 12-step approach may not be appealing to everyone. SMART Recovery uses psychotherapeutic techniques that are similar to those used in many treatment services in the UK, being more along the lines of CBT.

Bereavement

[Cruse Bereavement Care](#)

A national charity for bereaved people in England, Wales and Northern Ireland. Support, advice and information to adults, children and young people and when someone dies.

[Dealing with grief and loss](#)

A useful NHS guide to coping with grief and loss.

[The Laura Centre](#)

Specialist bereavement counselling in the Midlands to parents whose child has died and to children or young people who have been bereaved of a parent or significant person.

[Winston's wish](#)

Supporting children and young people after the death of a or parent or sibling.

Disability, long term conditions and episodes of ill health

[Action on Hearing Loss](#)

National charity helping people who are confronting life-changing deafness, tinnitus and hearing loss.

[Association of Disabled Professionals](#)

Draws on the expertise of disabled professionals to improve the educational and employment opportunities of disabled people.

[British Dyslexia Association](#)

The voice of dyslexic people whose vision is that of a dyslexia friendly society that enables dyslexic people to reach their potential.

[Carers UK](#)

Advice, information and support for carers throughout the UK.

[Deaf Professionals Network](#)

Provides an opportunity to network to share experiences. The website is primarily for deaf professionals who live in and around London. This website can also be used as a resource for other deaf professionals who cannot attend the network meetings.

[Disabled Living Foundation Helpline](#)

A national charity providing free, impartial advice about all types of disability equipment and mobility products for older and disabled people, their carers and families.

[Dyslexia Action](#)

A national charity and the UK's leading provider of services and support for people with dyslexia and literacy difficulties.

[Hope 4 Medics](#)

A support group for doctors with disabilities.

[Macmillan](#)

Support and information about work and cancer.

[Mencap](#)

The UK's leading learning disability charity working with people with a learning disability and their families and carers.

[National council for palliative care](#)

A members' organisation campaigning to help everyone approaching the end of life have the right to the highest quality care and support.

[NCAS](#)

Allows you to self-refer, if you are returning to work after a period of absence, or you have health problems which may be impacting on your performance, and they will provide expert advice about the steps you can take and where you can go for help.

[RNIB](#) (Royal National Institute for the Blind)

Supports blind and partially sighted people.

[UK Health Professionals with Hearing Loss](#)

A network of deaf and hard of hearing health professionals who share information and support.

[Wales Council for the Blind](#)

Promotes the welfare of blind and partially sighted people and the prevention of blindness. WCB is the umbrella body for visual impairment in Wales. It is an independent organisation for Wales.

[Your Health Matters](#)

Information and advice from the GMC for doctors who have concerns about their own health.

Finance

[BMA Charities](#)

A group of charities established to help all doctors and their families in times of need.

[Help me, I'm a Doctor](#)

5 independent charities that support doctors when they need confidential financial assistance.

[Royal Medical Benevolent Fund](#)

The RMBF can consider financial assistance to doctors, medical students and their families who are facing financial crisis. Depending on individual needs and circumstances, support can be through grants, loans, information and debt management advice. The RMBF can also consider financial assistance with training and childcare with a back-to-work award.

[Royal Medical Foundation](#)

A medical benevolent charity which assists UK medical practitioners and their dependants who find themselves in financial hardship.

[The Money Advice Service](#)

Free and impartial money advice set up by the Government. The site provides advice and guides to help improve your finances, tools and calculators to help you keep track and plan. It also provides support over the phone and online.

Individuals, families, pregnancy and work

[BMA information for working parents](#)

Information about working during pregnancy, maternity leave, returning to work and life as a working parent.

[Equality and Human Rights Commission](#)

Guidance on your rights in the workplace.

[Gladd](#)

Unites and represents LGBT doctors in the UK.

[Health and Safety Executive \(HSE\) – information for new and expectant mothers](#)

Useful information for you and your employer about your rights and responsibilities.

[Health and Safety Executive \(HSE\) – general guidance](#)

Guidance on any health and safety concerns you may have.

[HM Revenue and Customs](#)

Site contains information about statutory maternity pay, child benefit, etc.

[Maternity Action](#)

Guidance on your rights during pregnancy and as a working parent.

[Medical Women's Federation](#)

Promotes the personal and professional development of women in medicine; their 'Advice & Support' section includes guidance on [maternity, childcare, returning to work](#) and [less than full-time training](#).

[UK government advice for working parents](#)

Information about your rights and responsibilities during pregnancy, maternity/paternity leave and life as a working parent.

Legal

[Bar Pro Bono Unit](#)

A charity which helps to find pro bono (free) legal assistance from volunteer barristers.

[BMA Law](#)

Independent, proactive legal advice for BMA members.

[Citizens Advice Bureau](#)

Give free, confidential, impartial and independent advice on a limitless range of subjects, including debt, benefits, housing, legal matters, employment, immigration and consumer issues. Bureaux are open to everyone regardless of race, gender, sexuality or disability.

[IAS services](#)

Legal experts in all types of immigration applications and appeals.

[Medical Defence Union](#) (for MDU members only)

Provides expert help and advice on medico-legal and ethical matters including handling complaints, claims and GMC cases. It is staffed by a team of medicolegal advisers.

[Medical and Dental Defence Union of Scotland](#) (for MDDUS members only)

Supports members with complaints made by patients against them or who are facing disciplinary matters from their employing trust. A highly qualified team of medical and dental professionals gives advice and guidance.

[Medical Protection Society](#) (for MPS members only)

Provides comprehensive professional indemnity and expert advice to doctors, dentists and health professionals around the world.

[Release](#)

Offers a range of specialist services to professionals and the public concerning drugs and the law. It provides advice to drug users, their families, friends, and statutory and voluntary agencies. Advice is free, professional, non-judgmental and confidential.

[Victim Support](#)

An independent charity and helpline if you've been a victim of any crime or have been affected by a crime committed against someone you know. Free and available to everyone.

Mental health

[Anxiety UK](#)

UK charity aiming to promote the relief and rehabilitation of people suffering with anxiety disorders through information and provision of self-help services.

[Bacp](#)

Search for counsellors and psychotherapists in your area.

[Beat](#)

UK charity for people with eating disorders and their families.

[Bipolar UK](#)

National charity dedicated to supporting individuals with the condition of bipolar, their families and carers.

[BMA Counselling and Doctor Advisor Service](#)

Open to all doctors whether BMA members or not and is staffed by professional telephone counsellors 24 hours a day, 7 days a week. They are all members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice. You can even choose to remain anonymous when you call.

[CALM](#)

The Campaign Against Living Miserably (CALM) is leading a movement against male suicide, the single biggest killer of men under 45 in the UK.

[DocHealth](#)

A new, confidential, not for profit, psychotherapeutic consultation service for all doctors.

[Doctors' Support Network \(DSN\)](#)

A fully confidential, friendly, self-help group for doctors with mental health concerns.

[MIND](#)

Charity providing advice and support to anyone experiencing a mental health problem.

[NHS Practitioner Health Programme](#)

A free, confidential service for doctors and dentists who have mental or physical health concerns and or addiction problems, where this may be affecting work. The service covers all doctors and dentists in the London area. There are currently no arrangements in place for other parts of the UK, but the service accepts referrals on a cost per case basis.

[Occupational Mental Health service or PHP HEE London](#)

This service provides doctors and dentists working in the London Deanery area with emotional support and access to brief or longer-term psychotherapy for help with a range of issues including addiction. All referrals to the new service are self referrals. You can refer yourself either by phone or via email.

[Papyrus](#)

National charity dedicated to the prevention of young suicide. Provide confidential support and advice to young people struggling with thoughts of suicide, and anyone worried about a young person through their HOPELINEUK helpline.

[Samaritans](#)

Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

[SANE](#)

Offers practical information, crisis care and emotional support to anybody affected by mental health problems.

[The Mental Health Foundation](#)

Provides the latest news and events on mental health issues, as well as information on problems, treatments and strategies for living with mental distress.

Neurodiversity

Facebook peer support groups for neurodivergent doctors:

Neurodiverse Docs & Neurotypical Allies UK

<https://www.facebook.com/groups/1655478301162035/>

Autistic Doctors International

<https://www.facebook.com/AutisticDoctors/>

Raising concerns

[Concerned about a colleague](#)

Advice from the BMA on worrying signs in a colleague.

[Freedom to speak up/National Guardian](#)

The National Guardian's Office is an independent, non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC, NHS England and NHS Improvement.

[GMC](#)

Raise a concern or refer yourself to the GMC.

[Medical Practitioners Tribunal service](#)

Information and support for doctors who have a hearing as part of a GMC investigation.

[Practitioner Performance Advice \(formerly NCAS\)](#)

This service delivered by NHS Resolution provides impartial advice to healthcare organisations to effectively manage and resolve concerns raised about the practice of individual practitioners. PPA provides a range of core services to NHS organisations and other bodies in England, Wales, and Northern Ireland such as advice, assessment and intervention, training courses and other expert services. Practitioners concerned about some aspect of their clinical performance or health can make contact directly for general advice. Information is available about other avenues of support that may be available to practitioners.

[Whistleblowing](#)

Advice from Citizen's advice on how a staff member can report a problem in the NHS or an adult social care service.

Relationships

[Marriage Care](#)

Supports people through the best and worst of times in their marriages and family relationships.

[National Family Mediation](#)

A network of local not-for-profit Family Mediation Services in England and Wales offering help to couples, married or unmarried, who are in the process of separation and divorce.

[Relate](#)

The UK's largest and most experienced relationship counselling organisation helping people to work through their relationship difficulties and reach their own decisions about the best way forward.

[Women's Aid](#)

A national charity working to end domestic violence against women and children; supporting a network of over 500 domestic and sexual violence services across the UK.

Wellbeing

[ePhysicianHealth.com](#)

A comprehensive online physician health and wellness resource from Canada.

[International Stress Management Association](#)

Promotes sound knowledge and best practice in the prevention and reduction of human stress.

[RMBF - Health and Wellbeing](#)

Advice from the Royal Medical Benevolent Fund on a variety of subjects regarding your health and wellbeing.

[Start 2](#)

Shows you new ways to approach wellbeing, through learning to harness your natural creativity. Explore over a hundred creative activities, together with insights into their wellbeing benefits.

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Authors

Miss Susie Hewitt MBE

Dr Una Kennedy

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Review

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The Royal College of
Emergency Medicine

The Royal College of Emergency Medicine

7-9 Breems Buildings

London

EC4A 1DT

Tel: +44 (0)20 7400 1999

Fax: +44 (0)20 7067 1267

www.rcem.ac.uk

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