

## Claire McLaughlan

Now an independent consultant Claire McLaughlan is a former Associate Director of the National Clinical Assessment Service (NCAS) with a particular interest in remediation, re-skilling and rehabilitation of healthcare professionals and revalidation. As a registered (intensive care) nurse, educationalist and non-practising barrister Claire developed NCAS Back on Track Services for doctors, dentists and pharmacists. Over the last six years Claire has worked with approximately three hundred organisations and practitioners to 'make a difference' before irreparable damage was done to patients and the public, the practitioner and to organisations. In addition Claire contributed to national policies in related areas including the [Academy of Medical Royal Colleges Return to Practice Guidance 2012](#)

Claire has extensive experience of working within *Maintaining High Professional Standards* and the *Performers List Regulations* as well as working alongside the health Regulators. Before joining NCAS Claire was Head of Fitness to Practise at the Nursing and Midwifery Council.

Claire provides a range of bespoke, holistic services and access to resources relating to revalidation, remediation, re-skilling and rehabilitation for all health professionals and organizations.

**Development | Support**

**Co-ordination | Management**

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**C C McLaughlan  
Associates Ltd**

**Return to Clinical Practice  
Safely and Confidently**

**Expert Preparation and Support  
for Individual Practitioners**

**Development | Support**

**Co-ordination | Management**

## Overview

There are a number of reasons why healthcare practitioners take a break from clinical practice. The reasons will include most commonly maternity, but also other carer or other statutory leave, a career break or ill health and may also follow suspension/exclusion, or restriction. The common feature will be there have been no clinical concerns.

Please note: If there are also concerns identified about clinical knowledge, skills or behaviours then this approach may not be suitable. Using the SMARTER<sup>1</sup> Approach<sup>®</sup>, the 2XSMARTER<sup>2</sup> Approach<sup>®</sup> or other methodology may be more appropriate.

Re-skilling is the process followed when there are no concerns about capability or performance. Instead the practitioner will have gaps in knowledge, skills and/or behaviours resulting from a significant period of absence (>6/12) from clinical work.

Even a short period away from clinical practice can cause anxieties, slowed thought processes and dexterity and a loss of confidence. This is normal.

If this is the situation then C C McLaughlan Associates Ltd can help prepare and support practitioners to safely and confidently return to clinical practice. Tailored advice, a bespoke, proportionate return to work programme (if necessary) and ongoing virtual, telephone or face-to-face support can be provided.

Patient safety and public protection is paramount. It is important that all parties recognise that not every practitioner is able to return to the same role as the one they left.

## Preparing to return to clinical practice

While acknowledging that it is not always possible to do so, the best time to start preparing to return to practice is before leaving. Realistically, however, C C McLaughlan Associates Ltd would wish to meet, ideally face to face (but possible 'virtually') with a practitioner at least six weeks before the expected return date. This puts the practitioner at the heart of the process and provides time to explore the background to the absence and the context to which the practitioner is returning, undertake a learning needs analysis and risk assessment, unpick individual concerns, anxieties or trepidation and identify potential participants in any ongoing processes. Outputs and actions from the meeting could include a developing an action plan, meetings with the practitioner's employing or contracting organisation to negotiate how re-entry occurs (phased return, supernumerary, flexible working, reasonable adjustments etc), agreeing the action plan if one is required including identification of a portfolio of evidence to support completion of the process, arranging induction and orientation, continuing professional development, vocational rehabilitation, or refresher training, setting up mentoring arrangements, reviewing job plans etc. If the process is successful the practitioner's portfolio of evidence will meet the requirements of the GMC's medical revalidation's 'six strands of evidence'<sup>3</sup>.

Of course the first meeting may be sufficient to reassure the practitioner and their employing or contracting body that they have everything in place to facilitate a safe return to practice.



## Support

Once the return to clinical practice process has been agreed C C McLaughlan Associates Ltd can remain involved to provide independent third party oversight.

This includes for example; drafting action plans, supporting implementation (including supporting negotiation meetings at each stage, brokering interventions, participants and if necessary a placement) and monitoring (including reviewing and analysing third party feedback and portfolio evidence) and advising, through the life of the programme, about progress and exit strategies.

## Summary

C C McLaughlan Associates Ltd is offering a robust and independently co-ordinated/managed approach to the return to practice process. The practitioner is at the centre of a process which recognises that patient safety and public protection is paramount.

**Please call for further information:**

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<sup>1</sup> Specific, Measurable, Achievable, Relevant, Time bound, Encompassing, Reviewed

<sup>2</sup> Specific, Measurable, Achievable, Relevant, Time bound, Encompassing, Reviewed x Structured, Monitored, Assessed, Robust, Triangulated, Evaluated, Resourced

<sup>3</sup> *Ready for revalidation – Supporting information for appraisal and revalidation (GMC 2012)*