

# Career Refresh for Medicine (CaReforMe)

## Guidance document



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## Section 1: Introduction

The aim of the HEE Career Refresh for Medicine programme (CaReforMe) is to help support doctors who have had a break in practice either return to the NHS or to start work in the NHS more easily and safely. This will also help prospective employers support these doctors.

In the long term it is proposed that CaReforMe is the umbrella programme for providing the core educational and psychological support for these doctors. This would allow any collaborative work, innovative posts, regional initiatives or group developments to come under the programme's aegis as and when they come online.

The CaReforMe Guidance has been designed to be flexible, taking into account the differing nature and length of absence, as well as the speciality and experience of the doctor, to ensure that the individual can safely and confidently return and practice.

It is recommended that the principles outlined within this guidance are adopted by all Health Education England (HEE) Local Offices.

## Section 2: Overview of the guidance

This guidance provides an outline of the CaReforMe programme including:

- Eligibility and application
- Funding
- The three phases and what these include
- HEE responsibilities

## Section 3: Eligibility

This programme is for doctors who have had a break in practice or are new to the NHS. This programme aims to compliment other existing return to practice programmes for other doctors such as the below:

- GPs - GP Induction and Refresher [gprecruitment.hee.nhs.uk](http://gprecruitment.hee.nhs.uk)
- Trainees and foundation doctors with an NTN/FPN - Supported Return to Training (SupportTT); [hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out](http://hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out)

To be eligible for the Supportive phases of CaReforMe programme the doctor must:

- Be a doctor, fully registered with the GMC with a licence to practice
- Have been resident in UK for three months
- Have right to remain and/or appropriate visa

Not have been employed by NHS funded services in a role requiring GMC registration for a minimum of 3 months preceding application. This length of time is based on the AOMRC Return to Practice Guidelines.

Those eligible will also include doctors who have recently undertaken locum work or COVID support work such as Track and Trace or supporting the vaccination programme.

The request for this information will be derived from the application form.

Subject to these eligibility criteria, examples of eligible doctors could include:

- Doctors who have taken a career break
- Doctors taking time out after Foundation (F3s)
- International Medical Graduates
- Doctors working in alternative non-clinical careers
- Senior consultants (salary for supernumerary days to be based on accepted post)
- Refugee doctors

## Section 4: Application Process

In order to apply for the programme, doctors will need to submit an application form which will be available on the HEE website.

The application will ask for an overview of the doctors' personal details and background such as clinical experience to date.

This will be used to assess the doctor's eligibility for the programme. Once approved by HEE for access onto the programme, the doctor will be signposted to resources available on the programme and the appropriate phase.

Readily available courses which are available via HEE's SuppoRTT programme will be listed on each HEE local office webpage. Access to these courses should be free at point of access for the doctor, however where needed the local office may request a funding request application is submitted by the doctor to reimburse for course attendance e.g specialty specific courses.

HEE will provide a funding request application form which will be signed off by the applicable Associate Dean for CaReforMe.

From April 2021 there will be two application windows a year during Spring and Autumn and deadlines will be set via the HEE local office. The doctor may only apply to one local office.

## Section 5: Funding

As stated above, the doctor may be required to submit a funding request form for particular activities. As part of this HEE will provide a required form for completion and approval by the applicable CaReforMe Associate Dean.

As a guideline a provisional figure of approx. £3,000 per doctor has been given which will include access to activities and funding for 3 days supernumerary time.

In some cases there may be flexibility on this where there is specific need e.g cost intensive specialty specific course, which will be at the discretion of the local office.

## Section 6: Ready Phase

Ready phase – For initial supportive resources which are readily available at no extra cost, available to all interested doctors, providing information and e-learning. Access to this phase is unrestricted.

### Resources

Will provide:

- Information from the CaReforMe website, including;
- Flowchart on how to return to practice
- Contact details for who to approach, including local teams and Colleges
- Signposting to career information resources
- Signposting to other relevant resources
- News on any relevant initiatives
- Signposting to support groups
- Access to free SuppoRTT courses and activities e.g webinars
- HEE E-learning via eLearning for health

## Section 7: Steady Phase

Steady phase - For return preparation, where less cost-intensive resources will be provided. To be eligible for the Steady Phase the applicant must:

- Be a doctor, fully registered with the GMC with a licence to practice
- Not have been employed by NHS funded services in a role requiring GMC registration for a minimum of 3 months preceding application. This length of time is based on the AOMRC Return to Practice Guidelines.
- Be resident in UK
- Have right to remain and/or appropriate visa

## Resources

All successful applicants will have access to:

- Supportive SuppoRTT resources, including virtual, which are cost-neutral/low-cost. These are likely to be particularly focussed on pastoral support, wellbeing, networking, etc.
- Confirmation of eligibility for Go phase programme and associated resources to demonstrate to prospective employer
- Welcome to UK Practice (GMC Course)
- Mentor (the mechanism for this is currently being explored an addition to training mechanisms which will come on line at a later date)

## Section 8: Go Phase

Go phase - For consolidation relevant to accepted post, which will allow access to more cost-intensive resources. To access this phase, the doctor must have:

- Been appointed to an NHS funded post with a requirement for GMC registration in England
- Be able to provide proof of your acceptance of the post

## Resources

Once a doctor has been offered a post and accepted it (proof would be required), they can apply for access to:

- Local HEE SuppoRTT/specialty courses relevant to the accepted post, such as more high value technical resources:
  - Non technical skills simulation – virtual
  - Non technical skills simulation
  - Orientation to place of work e.g. video tour of hospital
  - Specialty specific (including Foundation)
  - Technical skills simulation
  - Generic courses that don't fit into any other category
- External national courses specific to the accepted post (if necessary and unavailable locally)
- Specifically developed CaReforMe courses, once available (if necessary and dedicated funding will be provided) These will be developed by local offices.
- Three mandatory supernumerary orientation days on commencement of post, if the applicant has been out of practice for more than 6 months

A supernumerary period is typically described as a short, intense period where the doctor is considered as an additional member staff that enables the doctor to return to practice in a flexible manner for a set period to help them return to normal duties safely and confidently. During this time, it is expected that the doctor will have no fixed work commitments enabling

them to complete a programme of focused learning and clinical activities which may include shadowing a senior member of staff.

The exact resource allocation will be limited and based on individual need and time out of practice, determined at application. Allocation will be based on clear criteria.

	Resource	Time since last worked	3-6 months	6 - 24 months	24 months+
	Ready phase	Information from CaReforMe website		Yes	Yes
E-learning			Yes	Yes	Yes
Steady phase	Confirmation of Go phase eligibility		Yes	Yes	Yes
	Welcome to UK Practice		Yes (TBC)	Yes (TBC)	Yes (TBC)
	Local deanery supportive SupportTT courses		Yes	Yes	Yes
	Mentoring		Yes	Yes	Yes
	After post offer and acceptance				
Go phase	Local deanery specialty/technical courses relevant to post		Yes	Yes	Yes
	National specialty courses if relevant to post and not available locally		Yes	Yes	Yes
	Specifically developed return courses once available		Yes	Yes	Yes
	Three days supernumerary		No	Yes - mandatory	Yes - mandatory

## Section 9: Health Education England Responsibilities

For their prospective employees to receive support from this programme, employers engaging with the programme must:

- Agree to release doctors to approved courses
- Protect allocated supernumerary days



They must also be aware of the responsibility limitations of the programme's facilitative nature, outlined in this paper.

It is important to differentiate the responsibilities of the employer from the responsibilities of this facilitative programme. Although the programme will provide a limited level of support for returning doctors, it is only an adjunct to safe return and the employer responsibilities remain separate and unaltered.

Specifically:

- Acceptance onto this programme provides no validation of a doctor's suitability for a post - doctors remain appointed and vetted by employer
- Whilst HEE will endeavour to work with any occupational health recommendations in relation to the programme elements, implementation remains the employer's remit
- Employee health and well-being remain the employer's responsibilities
- Ensuring clear and adequate arrangements for supervision and support, both initial and ongoing, are outside the remit of this programme and remain the employer's responsibility

## Case Studies

### International Medical Graduate:

Doctor F moved to England from Pakistan to join her spouse. Her skill set means that she has an ophthalmology post lined up at her local trust, who are keen to have her.

She learnt about the CaReforMe programme whilst in Pakistan as it was in her initial information from the GMC when she first made enquiries about UK practice.

Whilst in Pakistan, she accessed the CaReforMe website, looked at the careers guidance resources, and started the eLearning modules.

She started the administrative process in Pakistan and gets full registration and license to practice with the GMC soon after arrival in the UK. However, visa issues mean that she has been resident in Britain for 7 months before her official post start date is set. During this time, she continues eLearning and considering her future career plans. She also interacts with the GMC Welcome to UK Practice team and her future Trust, which has a welcome package for international medical graduates.

Once she has her visa permission and start date confirmed, she applies for CaReforMe with proof of her post offer and acceptance. She gets a CaReforMe place and is put in contact with her local team. Her confirmed post means she enters the Go phase immediately.

She is signposted to the local deanery well-being courses, where she meets some of her new colleagues, making her feel much more at home. She is going to specialise in cataract

surgery, and there aren't any local deanery ophthalmology courses, so she gets sign-off to attend a national cataract update simulation course 2 weeks before her start date.

She has 3 CaReforMe paid supernumerary days so when she starts her new post, she can spend time orientating herself, sorting her IT and mandatory requirements, meeting her new colleagues, attending outpatient clinics and observing surgery.

Although her trust then allows her a graduated supported start to settle in, she finds these three unpressured days really useful.

The programme has helped her have a safe and supported start in the NHS.

### Parent:

Doctor L decided to stay at home with his 4 children whilst his partner continued her career as head of a global finance corporation. Before his career break he was a Consultant in A and E, but the combined demands of two careers were too much to juggle for the family. He has now been at home for 11 years and his youngest child is about to start school. He feels he wants to work outside the home again. He assumes his medical career is over and is exploring Open University courses, considering what he could retrain to be. However, one of his former colleagues points out the new CaReforMe initiative. When he visits the website, the example stories make him realise he is not alone in his choice and return is possible after all. He does some of the eLearning and is pleased to discover he is not as rusty as he thought. He contacts his old department to see if there's any interest and is pleasantly surprised that they are keen to support him.

He applies to the CaReforMe Steady phase whilst the department try to organise funding to provide him with a suitably supportive post. He continues the eLearning and attends well-being initiatives. He also goes on the GMC Welcome/Return Course which he found really useful, particularly enjoying the refreshing on ethics and meeting his international colleagues.

Once his post funding is confirmed, he enters the Go phase and is approved to attend the local ATLS course to help refresh. He finds this really tough, but completes it successfully. His post has been arranged by his department to be fully supervised for an initial six month period and he will be 50% LTFT so he takes the 3 supernumerary days as 6 part shifts to fit around childcare. He finds this time really helpful as he negotiates unfamiliar IT, mandatory training, the new department layout and meets new colleagues.

Although the CaReforMe programme is only a small step in his reskilling needs, both he and his department have found the support and funding really helpful. In particular, he found the examples and culture change that the initiative represents really encouraging – it made him feel welcome.

### Post Foundation Break:

Doctor B decided he wanted to take a year out to travel after his foundation programme before continuing his medical career.



He was told about the SuppoRTT programme and CaReforMe during his foundation training. As he was undecided on a specialty he realised CaReforMe would enable access to resources to help him explore this further. He visited the website before he went travelling, which meant he occasionally used the careers links and eLearning whilst he was abroad to keep himself up-to-date.

When he returns to the UK after 9 months backpacking with his partner he applies for the Steady phase and was directed to his local team while he applied for posts. He went on the local well-being courses where he met some prospective colleagues. Whilst he hasn't been out of practice for long, he finds it really helpful able to be able to share some of his worries in a safe environment. He also goes on the GMC Welcome/Return Course which he found really useful. He successfully applies for a clinical fellow post in general medicine at his local Trust and moves to the Steady phase. After approval by the CaRe team/Dean, he attends two local general skills simulation courses. When he starts his new post, he has 3 supernumerary days to orientate himself, meet his new colleagues, sort out IT issues, and attend clinics/ward rounds. He chooses to spend some of the supernumerary hours with the hospital at night team to familiarise himself with the system. He has returned to the NHS in a safer and more supported way.

### Returning from Overseas:

Dr X left psychiatry training 3 years ago when her partner got a job at the World Bank in Washington. She gave up her GMC registration as this move was planned to be permanent and hasn't worked whilst abroad. She has had two children during this time. However, it is now looking likely that the family will return to the UK in the next couple of years. She had assumed that her medical career was over and was contemplating alternative careers, but she came across a mention of CaReforMe on a social media group. After looking at the website, she contacted the GMC and discovered she can be re-registered. She realises that she is not able to apply to CaReforMe yet, but she is delighted to discover that returning to UK medicine is possible. She stops looking into alternative careers and focuses her energies on the Ready phase, looking at the career advice and starting to do some of the eLearning in preparation for the family's return to the UK. She is a returner of the future.

### Health Issues:

Mr M left his paediatric surgery SAS post 2 years ago as he developed a long term physical health condition which he felt was incompatible with his work. He became very depressed as a result of this situation and for the last two years he has been engaging with treatment for his mental and physical health issues. His conditions are now stable and neither his psychiatric team nor his medical team have any concerns about his fitness to practice. He has also discussed this with the GMC and has his licence to practice. He now feels able to return to work, but wishes to consider a career change to child psychiatry. He approaches his local psychiatric trust, who suggest he apply for one of their trust posts and signposts him to CaReforMe for initial support. He applies to the Steady phase and accesses the eLearning modules and SuppoRTT well-being resources which build his confidence. He particularly enjoys the GMC Welcome/Return Course as he meets several other doctors who have a similar background.

Once he hears that he has been successful in his job application, he enters the Go phase. His local team approve his application to attend a local simulation course on common medical emergencies so that he can respond in the psychiatric setting. He is also approved to attend the national child psychiatry welcome day course, where he meets other interested colleagues. Before his post start, he has been engaging with occupational health at his new Trust. In line with their recommendations, he will be working 6 hour short days so when he starts, his allocation of 3 supernumerary days translates into 4 short days. He finds these orientation days really useful as he familiarises himself with his new specialty and surroundings.