

*Developing people
for health and
healthcare*

Nursing Return to Practice

Review of the current landscape



April 2014

Return to practice (RTP)

Review of the current landscape and options for the future

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Section 1

Executive summary

Summary of the review and findings

There is a need to increase the number of nurses within a short timeframe. In response to the Mid Staffordshire NHS Foundation Trust Public Inquiry,¹ the Berwick review into patient safety,² and the Clwyd-Hart Report on NHS complaints,³ workforce plans have identified an urgent need for an increased number of nurses to meet service, quality and safety needs within healthcare settings. Increasing education commissions will not start to yield an increase in registered nursing staff numbers until 2017, therefore other options need to be considered to meet the shorter term need.

One of these options is to increase the numbers of nurses available by encouraging and supporting lapsed registered nurses to return to practice. To maintain a nursing registration with the Nursing and Midwifery Council (NMC), individuals need to have completed 450 hours of registered practice and 35 hours of CPD in the previous three years. If an individual cannot fulfil the standards, they will need to complete an approved return to practice (RTP) programme – this is the main route back into clinical practice.

Returning nurses to practice could form an important component of workforce strategies, and yet RTP is poorly understood and has received comparatively little evaluation.

RTP campaigns have often been based around developing effective marketing strategies, rather than reviewing RTP more broadly to determine: if there is a significant pool of ex-nurses able and willing to undertake RTP courses; if RTP is

supported by NHS providers; if courses are fit for purpose; whether there are enough places available on courses; and whether the investment is worth the return.

Health Education West Midlands undertook this review on return to practice in England (excluding health visiting and midwifery) on behalf of Health Education England with the aim of:

- Identifying the current nursing RTP landscape
- Identifying what works well and the challenges
- Scoping what the opportunities are for the future

This report is the initial phase of the Health Education England return to nursing practice review programme, and underpins the next phase of strategy development and forming sustainable solutions for the future.

The review involved an information gathering phase that included:

- A review of the relevant literature available online and through stakeholder organisations. Although there is limited research in the area of return to practice (and many of the studies are from the USA or Australia), there are some key messages that are likely to be relevant to future options in England; these are outlined within the report.
- 30 stakeholder interviews with return to practice nurses, education providers, NHS trusts and national stakeholders.
- 'WeNurses' chat on the 6th February 2014.
- 12th February West Midlands RTP stakeholder forum.

¹ Francis Report (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Available at: <http://www.midstaffspublicinquiry.com/> (accessed 27 Feb 2014)

² Berwick review into patient safety (2013) A promise to learn - a commitment to act: Improving the safety of patients in England. Department of Health. London: Crown Copyright. Available at: <https://www.gov.uk/government/publications/berwick-review-into-patient-safety> (accessed 27 Feb 2014)

³ Ann Clwyd MP and Professor Tricia Hart (2013) Clwyd-Hart Report on NHS complaints. A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture. London: Crown Copyright. Available at: <https://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review> (accessed 27 Feb 2013)

The analysis of the above then fed into a creative phase where key findings and possible options for the future were discussed at two focus groups on the 12th and 28th March; over 65 stakeholders involved in RTP attended the focus groups.

We would like to thank all the stakeholders that provided input into the review, who were professional, helpful, and showed a willingness to share their experiences of RTP with the review team.

Summary of findings

RTP offers healthcare providers the opportunity to employ mature nurses who bring a wealth of experience and are likely to remain continually employed until retirement. RTP courses also have low attrition rates and are far more cost effective returning nurses to the workforce than training a pre-registration nurse.

The review suggests caution over the numbers of lapsed nurses that want to return, and although there is opportunity to expand the numbers of nurses returning to practice, the approach of RTP should be viewed as one option in a comprehensive strategy to increase the available workforce.

In summary, the review found that there is significant variation in the delivery of RTP across the country and variation in the engagement of all stakeholders in RTP. There are some areas that demonstrate a real commitment to bringing nurses back into practice and offering creative clinical placement. However there are some challenges which focus upon variations in:

- Accessing information on RTP (e.g. on where and how to apply)
- Having a clear local contact for RTP
- The availability of supportive clinical

placements and whether returners have to find their own placement

- The capacity and quality of sign-off mentors
- How supportive clinical areas are to returners
- Funding for students and trusts (some returners are funded, others self-fund and pay anything between £650 and £1500 in course fees and may have to find their own clinical placement)
- A joint trust and Higher Education Institution (HEI) approach to RTP

There is also a specific gap in RTP options in the community – most RTP nurses return to the acute sector initially, with very small numbers going into the community, mental health and children's branches.

The review also found that individuals who have gone through a Fitness to Practice panel may have Nursing and Midwifery Council recommendation to undertake a RTP course before practicing again – thought should be given to addressing their needs, and others who will be going through revalidation with possible actions, as RTP may not be the most appropriate route for these nurses.

The main recommendation of this review is that the significant variations and key challenges should be addressed before stepping up the numbers of nurses who will be put through RTP. The review has enabled the development of core principles for success,

Developing a consistent approach to RTP will require changes in the commissioning and delivery of RTP in many regions, and a shift in the engagement of providers of clinical placements - all of which will require leadership and close working from Health Education organisations, providers and HEIs.

Section 2

Benefits of return to practice

Although there is a lack of robust data underpinning RTP the following benefits were often reiterated by stakeholders:

RTP has low attrition rates

RTP courses typically have high rates of placing qualified nurses back into the workforce – studies have found that between 70-80% of people who start the course go on to complete it and return to nursing.^{4,5,6} Although stakeholders had limited data it was believed most RTP nurses complete the course (with only one or two per cohort of 20 either extending completion of the course due to exceptional circumstances or dropping out).

RTP nurses often go on to be employed by the trust

The trusts that are actively engaged in interviewing, selecting and supporting RTP nurses through their course are more likely to have returnees go on to be employed by them after completing the course. Some trusts offer post-course employment as a health care assistant until a vacancy comes up, and some guarantee a job at the end of the course, which increases the likelihood of returnees being employed by the trust.

Returnees are often nurses with many years of previous experience

The nurses that undertake RTP programmes are usually highly experienced and could significantly contribute to clinical teams.⁷

“Feedback from the NHS organisations indicates their valuing of attracting returners back to practice. Often returners are very experienced practitioners with a wealth of knowledge and experience.” RTP university course lead

Returnees are often local mature nurses who bring wider experiences, are unlikely to go on a career break, and are more likely to work until retirement

Many participants of RTP courses are women around 40-50 years with dependents and who go on to part-time employment until retirement after regaining their licence.⁸ Because they have dependents they usually remain based in the same area until retirement.

⁴ J Alden K R, Carrozza MA. (1997) 'The North Carolina AHEC Self-Paced RN Refresher Program: an evaluation of the first two years.' *Contin Educ Nurs.* 1997 Jan-Feb;28(1):14-9. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/9204813> (accessed 15 Jan 2014)

⁵ Bellack J P. (1995) 'Characteristics and outcomes of a statewide nurse refresher project.' *J Contin Educ Nurs.* 1995 Mar-Apr;26(2):60-6. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/7745141> (accessed 15 Jan 2014)

⁶ Hawley J M, Foley B J. (2004) 'Being refreshed: evaluation of a nurse refresher course.' *J Contin Educ Nurs.* 2004 Mar-Apr;35(2):84-8. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15070192> (accessed 15 Jan 2014)

⁷ Hammer V R, Craig G P. (2008) 'The experiences of inactive nurses returned to nursing after completing a refresher course.' *J Contin Educ Nurs.* 2008 Aug;39(8):358-67. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18714611> (accessed 15 Jan 2014)

⁸ Hammer V R, Craig G P. (2008) 'The experiences of inactive nurses returned to nursing after completing a refresher course.' *J Contin Educ Nurs.* 2008 Aug;39(8):358-67. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18714611> (accessed 15 Jan 2014)

More cost effective than training a pre-registration nurse

Some estimates put the average cost of training a nurse for three years at £100,000. This is significantly more and has a significantly longer lag time than the average 12 week RTP courses (where course fees range from around £650-£1500).

University of Chester - RTP course data

23 of 24 RTP students successfully completed the course (95.8%) and 100% of RTP nurse that completed the course and returned to the register have all found jobs either working as bank nurses within their field of nursing or have been successful in procuring permanent jobs, the majority of which are in full-time posts.

Source: Mike Eccles, Quality Services Coordinator, University of Chester
m.eccles@chester.ac.uk

⁹ <http://news.bbc.co.uk/1/hi/health/4943870.stm> (accessed 18th Jan 2014)

Section 3

An overview of the current landscape

Summary

- To maintain a nursing registration with the Nursing and Midwifery Council (NMC), individuals need to have completed 450 hours of registered practice and 35 hours of continuing professional development (CPD) in the previous three years. If an individual cannot fulfil the standards, they will need to complete an approved RTP programme – **this is the main route back into clinical practice**. The NMC revalidation consultation is likely to amend the post-registration education and practice (Prep) standards and subsequently impact on RTP courses.
- From 2004, responsibility for RTP programmes was devolved to local NHS organisations. This led to variation in the approach and delivery of RTP courses - many areas stopped or significantly reduced RTP programmes.
- Although RTP courses are approved by the NMC overall there is significant variation in RTP delivery including: promotion of RTP as a component of a workforce strategy; access to information about RTP; application and interview process; costs to returnees (some don't have to pay course fees while others have to pay around £650 to £1500); provision of clinical placements; mentorship and support on clinical placement; evaluation of courses and so on.
- RTP seems to be acute focused and most returnees go into adult nursing, with very small numbers going into the community, mental health and children's branches.
- Areas that commission RTP places have the ability to manage the supply of nurses and respond to service needs.

Nursing and Midwifery Council (NMC) post-registration education and practice (Prep) standards, guidelines for RTP courses and revalidation^{10,11}

To maintain a nursing registration with the NMC, individuals need to declare they have completed 450 hours of registered practice in the previous three years and 35 hours of learning activity (Continuing Professional Development) in the previous three years.

The practice standard can be met through administrative, supervisory, teaching, research and managerial roles as well as providing direct patient care. If an individual cannot fulfil the Prep standards, they will need to complete an approved RTP programme.

RTP courses approved by the NMC must include the following Prep standards:

- An understanding of the influence of health and social policy relevant to the practice of nursing and midwifery.
- An understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery.
- An understanding of the current structure and organisation of care, nationally and locally.
- An understanding of current issues in nursing and midwifery education and practice.
- The use of relevant literature and research to inform the practice of nursing and midwifery.

¹⁰ NMC (2010) 'Meeting the Prep standards' Available at: <http://www.nmc-uk.org/Registration/Staying-on-the-register/Meeting-the-Prep-standards/> (accessed 18 Jan 2014)

¹¹ NMC (2011) The Prep handbook. Available at: http://www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf (accessed 14 Jan 2014)

- The ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care.
- The ability to use appropriate communications, teaching and learning skills.
- The ability to function effectively in a team and participate in a multi-professional approach to people's care.
- The ability to identify strengths and weaknesses, acknowledge limitations of competence, and recognise the importance of maintaining and developing professional competence.

In addition the NMC states that *"an approved return to practice programme will be not less than five days in length. The length and nature of the programme will be determined by the education provider and the particular individual. This will take into account your registration history, previous levels of knowledge and experience, and any relevant experience undertaken while you have been out of professional practice."*

The NMC approves RTP courses and this approval usually last for 5-6 years. The teaching and learning strategies are up to the course developers. The NMC wouldn't exclude long distance, but often people who have been out of practice a long time need robust support and courses would need to ensure this was provided.

The returnee has to be with their sign-off mentor for 40% of the time on clinical placement to be signed off.

There are also a small number of nurses that go through the NMC Fitness to Practice panel and have the action of needing to go through a RTP course. These individuals have a separate set of issues and can struggle to be accepted onto a course and find a clinical placement – the following report does not look in detail at these small numbers of individuals as they are out of scope of the review.

NMC Revalidation

The NMC is currently undertaking a consultation on developing and implementing an effective system of revalidation which will require every nurse and midwife to confirm that they:¹²

- Continue to remain fit to practice by meeting the principles of the revised Code
- Have completed the required hours of practice and learning activity through continuing professional development (CPD)
- Have used feedback to review and improve the way they work
- Have received confirmation from someone well placed to comment on their continuing fitness to practice

The consultation as a whole will also address revising the NMC's Code that sets out the standards of good nursing and midwifery practice. This will likely amend the Prep standards and have an impact on RTP courses.

The new system of revalidation will be in place from December 2015.

Supply and demand for RTP

There is a lack of data around the potential pool of lapsed nurses who are able and willing to return to practice. From interviews with stakeholders it is clear there is demand for RTP, but the level is unclear and demand could increase if funding was consistently available to cover course fees and clinical placements.

The previous RTP initiative suggests that high numbers of returners could be encouraged back into the NHS. The return to practice initiative funded centrally between February 1999 and March 2004 resulted in 18,500 former nurses and midwives returning to work in the NHS. From 1 April 2004, responsibility for return to practice programmes was devolved to local NHS organisations, and information was no longer collected centrally.¹³

¹² NMC Revalidation. Available at: <http://www.nmc-uk.org/Nurses-and-midwives/Revalidation/> (accessed 24 Jan 2014)

¹³ Parliamentary Answers (31 Oct 2005) <http://www.publications.parliament.uk/pa/cm200506/cmhansrd/vo051031/text/51031w50.htm> (accessed 18 Jan 2014)

Similarly a scoping exercise across all West Midlands trusts found demand for a RTP programme for adult nursing (in excess of 100 enquiries between April 2008-2009). A similar scoping exercise with partner HEIs to triangulate this data revealed a similar trend, and in addition a small number of enquiries for mental health and learning disability branches.¹⁴

Many of the interviewees expressed caution over the potential numbers of returnees, based on the experience of recent RTP health visiting and midwifery campaigns. In one area the NMC stated there were likely 3,000 lapsed nurses who could return to health visiting, but in reality only 50 returned over three years.

Where RTP programmes are working well, around 60 nurses complete RTP a year through one education provider (covering several trusts), and there is demand to increase this number. Where there are successful RTP programmes there is often demand developed through joint trust and university marketing and recruitment to fill identified workforce gaps and the course fees are usually funded through the local Health Education organisation.

“Our experience is that there is a pool of nurses/midwives who would return to practice. However having some financial support/bursary is a definite incentive – especially if they are currently working and have to cease ‘paid’ work to undertake the course/placement hours” Director of Nursing.

Some HEIs have demand from returnees out of their area, due to ex-nurses choosing to go to HEIs that provide the clinical placements or because courses in their area are full. If the supply of RTP nurses is to be managed as part of workforce strategies this is an issue that should be addressed.

Some interviewees also thought that RTP went in phases, often in response to NHS re-organisations and ex-nurses not working in the frontline (for example in the old Primary Care Trusts) feeling job insecurity; anecdotally these returnees usually did not stay in practice.

Demand and support from trusts for RTP can also be influenced by having financial incentives for RTP, particularly to cover the time required for individual mentorship and support.

Commissioning of RTP places

There is variation in commissioning of RTP places, some Health Education organisations commission RTP course places, providing funding direct to HEIs. Others provide trusts with funding for RTP and allow them to use this to cover course fees and a small bursary or salary for the clinical placement component. Other Health Education organisations don't currently provide funding for RTP.

Through education commissioning of RTP places there is the ability to manage the supply of nurses and respond to service needs. Some areas control the supply of RTP places directly through funding places (a 'service-led' model of RTP), and the benefits of this include:

- Managing the number of RTP places to ensure newly qualified nurses are able to find jobs. When RTP numbers are high it can create a knock on effect of graduates not being able to find jobs, and some areas 'ring-fencing' RTP places to control the number of RTP nurses.
- Some areas offer HEIs and trusts open-ended RTP funding of places where there are persistent vacancies.
- Targeted RTP for branches of nursing with vacancies.

¹⁴ Documents supplied by Health Education West Midlands

Branches of nursing that RTP nurses return to

Although most returnees go into adult nursing (there are very small numbers returning to mental health, learning disabilities, and paediatric nursing), there was thought to be a growing need to increase the scope of RTP to target specific areas of persistent vacancies within trusts (e.g. ICU, theatre nursing) and address the growing need for community nurses. There is increasing demand for RTP from community providers (particularly GP practices), although this would require developing community placements to meet the NMC standards and possibly developing community competencies and a community nursing RTP course to meet them (these points are discussed later in the report).

“It would be useful to receive more RTP students who are interested in particular specialists such as neonatology where general recruitment is a bit more of a challenge”. NHS Trust

Background of RTP nurses

There is variation in the number of years RTP students have been out of practice and also variation in the experience of undertaking a level 5 or 6 HEI course. However, most participants of RTP courses are women around 40-50 years with dependents and who go on to part-time employment until retirement after regaining their licence.

Financial benefits, children getting older, and purpose in life have all been found to be reasons for taking RTP courses and individuals often intend to remain employed (usually part-time) until retirement. A UK study that involved interviews with 24 nurses who had returned recently to the profession and 28 nurses on a career break found that those who returned did so when their personal circumstances allowed, and half returned as bank nurses in order to work flexible, family-friendly hours.

A small study in the USA based on 34 surveys completed by participants of a nursing RTP programme found that 97% were female, with an average age of 50.44 years and that their average years of previously being a registered nurse was 25 years and that on average they had been out of nursing practice for 13.30 years.

Similarly a study in Australia found that 94% of applicants to return to nursing programmes were female and 37.7% were 51 years and older - the majority of nurses and midwives returning to the workforce were approaching retirement age in 10-15 years.

One study of nurses on a RTP scheme in the USA found that the flexibility of the course schedule was the key factor in their ability to return to practice - reflecting the composition of participants of RTP programmes that are usually female and have children.

¹⁵ Hammer V R, Craig G P. (2008) 'The experiences of inactive nurses returned to nursing after completing a refresher course.' J Contin Educ Nurs. 2008 Aug;39(8):358-67. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18714611> (accessed 15 Jan 2014)

¹⁶ Durand A M, Randhawa G. (2002) 'Nurses' views about returning to practice after a career break' British Journal of Nursing, Vol. 11, Iss. 7, 11 Apr 2002, pp 477 – 485 Available at: <http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=10147> (accessed 15 Jan 2015)

¹⁷ Bernardo L M, Burns H K, Hoffmann R, Dailey J, Hornyak T. (2009) 'The fast track back to registered nurses employment.' Nurse Educ Today. 2009 Jan;29(1):124-7. doi: 10.1016/j.nedt.2008.08.014. Epub 2008 Oct 8. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18845364> (accessed 15 Jan 2014)

¹⁸ McMurtrie L J, Cameron M, Olunaigh D P, Osborne D Y. (2013) 'Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians to return to practice' .Nurse Educ Today. 2013 Sep 4. pii: S0260-6917(13)00310-9. doi:10.1016/j.nedt.2013.08.017. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24080270> (accessed 15 Jan 2014)

¹⁹ McLean T, Anema M. (2004) 'Reduce the nursing shortage: help inactive nurses return to work.' J Contin Educ Nurs. 2004 Sep-Oct;35(5):211-5. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15481401> (accessed 15 Jan 2014)

Approved RTP courses available in England

The devolution of RTP to local NHS organisations in 2004 has led to variation in the model of RTP adopted within local areas;²⁰ the following summary is based on the information available online for five RTP courses which provided a higher level of information online^{21,22,23,24,25} and information gathered through interviews with stakeholders.

There are currently 36 HEIs that could offer NMC approved RTP courses, the majority of which are at level 5 or level 6, with between 15 to 30 credits provided. However, some of these courses are not running and there are geographical inequities in course coverage (the courses are listed in Appendix A).

RTP courses for nurses are similar to RTP courses for other health care professionals, in that they are often self-funded and consist of a 12 week academic course (either taught face-to-face, through web tutorials, or distance learning) and clinical placements with mentors. Similarly assessments are usually through reflective essays, case studies, numeracy tests, and clinical competency assessment through placements (appendix B briefly outlines RTP courses for other health professionals). The following summarises the key element of the RTP current landscape -

Applying for RTP courses

There is variation in the level and accessibility of information provided on university websites; a few only provide contact details and a couple of

lines describing the course, while others provide a comprehensive overview of the course and frequently asked questions.

In some areas where RTP is valued as an approach to meeting workforce challenges there is a named contact to co-ordinate RTP (usually a joint post between the HEI and trust, or within the LETB); this co-ordinator supports students and the partnership arrangement to deliver RTP.

There is significant variation in the application process of RTP courses and some areas have a high degree of fragmentation between the HEI and trust components of the course. Some areas offer joint university and trust applications and have good communication between the two components, while others require the returnee to apply direct to a trust first to obtain a clinical placement and then apply to the HEI. In addition some HEIs offer the course to returnees out of their area and provide support via visits, email and phone.

"The interview process is a strength of our RTP course. I start by having them all in the same room and outline the course and getting the detail across to manage people's expectations. They then complete a numeracy and literacy test and then have an interview. The interview is with me and the practice facilitator for the trust the student wishes to return to. We try to determine an individual's motivation, social ability and awareness of nursing today." RTP university course leader

"The most successful on the course are those that are prepared for returning to the clinical environment; proactive, honest with their availability and able to negotiate their availability with NHS trusts." RTP university course leader

²⁰ Parliamentary Answers (31 Oct 2005) <http://www.publications.parliament.uk/pa/cm200506/cmhansrd/vo051031/text/51031w50.htm> (accessed 18 Jan 2014)

²¹ Birmingham City University, Faculty of Health. Available at: <http://www.bcu.ac.uk/health/courses/short-accredited/return-to-practice> (accessed 14 Jan 2014)

²² University of Hertfordshire. Available at <http://www.herts.ac.uk/courses/return-to-contemporary-practice-nursing> (accessed 14 Jan 2014)

²³ University of Brighton. Available at: <https://www.brighton.ac.uk/snm/courses/post-reg/modules/returntonursing.php> (accessed 14 Jan 2014)

²⁴ Manchester Metropolitan University. Available at: <http://www.hpssc.mmu.ac.uk/courses/docs/rtp-applicant-informationpack-2013-2014.pdf> (accessed 14 Jan 2014)

²⁵ University of Bradford. Available at: <http://www.bradford.ac.uk/health/courses/postgraduate-cpd-professional/return-to-practice/> (accessed 14 Jan 2014)

Common entry requirements for RTP courses

- Lapsed registration.
- Evidence of literacy and numeracy (some courses require the individual to undertake a numeracy test on application).
- Satisfactory occupational health and CRB checks.
- Two satisfactory references. Getting two work references can be a challenge for someone who has been out of work for a considerable length of time. This is sometimes addressed through robust interviewing and character references.
- For some courses individuals must obtain a placement for themselves before being accepted onto a course, whereas other courses provide the placement.
- Most courses require the individual to attend an interview and will have expected the interviewee to have undertaken reading to familiarise themselves with current nursing issues.
- Some courses require students to undertake a diagnostic essay before starting the course to determine their academic needs, so that tailored support can be put in place at the start of the course.
- Some HEIs request that if the nurse has not studied within the last five years to the appropriate academic level that they complete relevant study skills before the course, while others request that the individual demonstrate academic ability/evidence of current knowledge.

Common approaches to RTP courses

- Most run cohorts of students through the year and many RTP courses seem to have high numbers of applicants. Some HEIs have 15 students a year in one cohort, whereas others run up to four cohorts of around 15 students a year (60 to 70 returnees in total).
- There is variation in the number of RTP nurses in trusts; some have none, and some who are highly engaged in RTP have up to 10 a year.

- Most HEIs run a standard 12 week course; however, some seem to tailor the course content and length to an individual's previous experience and qualifications (usually students have to complete courses within 12 months, unless there are exceptional circumstances). For example Manchester Metropolitan University undertakes a diagnostic at interview underpinned by the following framework:

Years out of Practice	Minimum practice hours
Student just misses Prep standard to < 5 yrs	80
5-10	150
11-20	300
>20	450

- HEI component - Some require students to attend lectures (and skills labs) for one day per week for 12 weeks, others run a two week intensive course and follow up with regular study days in the following weeks. Courses are usually family-friendly, running during school hours and not during school holidays. The courses usually include mandatory updates in CPR and moving and handling, prevention and infection control and wound care, as well as some of the overarching national guidelines and principles.
- Clinical placements – clinical placements usually run concurrently with the university course and are usually a minimum of 150 hours. Students have to be with their placement mentor for a minimum of 40% of the time.
- All courses have support arrangements of a clinical placement mentor and university contact.

Sign off mentors

RTP clinical placements must have had an educational audit and returnees must have a sign-off mentor. RTP sign-off mentors are the year 3 pre-registration sign-off mentors. To perform the role of mentor, nurses must have undertaken an approved mentorship preparation programme or equivalent, and have met the NMC defined standards (NMC, 2006a). They should also attend and record attendance at an annual mentor

update. Nurses and midwives must be registered for at least one year before taking on this role.²⁶

RTP course syllabus

RTP courses often include the following topics:²⁷

- Introduction to the course, review of NMC standards and competency frameworks, role of the mentor
- NHS structure, managing, leadership and change in the NHS
- Student led seminars
- Interview skills
- Communication skills and assertiveness
- Library skills
- Evidence-based practice, critical thinking
- Reflective practice assignments
- Continuing professional development
- Standards for medicine management
- Nursing in the prison service
- Community nursing
- Care bundles
- Assessment of pain
- Diabetes and nutrition
- Sexual health, health promotion and public health
- Mental health and communication for patients with dementia
- Patient assessment
- Practice skills - aseptic technique, hand hygiene and skills stations
- Patient safety – understanding errors in practice
- Wound management

Assessment of returnees

Assessment of competence is usually through:

- Clinical practice assessments - successful completion of the required hours in practice, as well as competence in clinical skills, which are verified by the clinical placement mentor. This is usually backed up by a portfolio of evidence which reflects the achievement of the NMC Prep outcomes at the required level.
- Theoretical assessment - this is usually one reflective essay or case study on an aspect of care that has changed since the individual was last in practice (some sites also offer an optional formative essay mid-course to improve essay writing skills).
- A numeracy and literacy test.
- Drugs calculation assessments – these have moved away from a 'homework' task to an online assessment.

However there is variation in the assessments, and some RTP courses do not insist on a maths, literacy or even drugs calculation assessment.

Cost of RTP for returnees

There is highly variable financial support for RTP courses and the lack of funding in some areas can be a barrier to individuals. There are no specific guidelines on funding RTP courses, and there is significant inconsistency in whether individuals self-fund courses or whether courses are funded by Health Education organisations and what the cost of the course covers.

Interviewees often stated that lapsed nurses were put off returning due to the cost of RTP courses and having to undertake an unpaid 150 hour clinical placement. A UK study found that some non-returners reported that they could not afford to return because of childcare costs.²⁸

²⁶ RCN (2007) Guidance for mentors of nursing students and midwives An RCN toolkit Available at: https://www.rcn.org.uk/__data/assets/pdf_file/0008/78677/002797.pdf (accessed 27 Feb 2014)

²⁷ Documents provided by Health Education West Midlands

²⁸ Durand A M, Randhawa G. (2002) 'Nurses' views about returning to practice after a career break' British Journal of Nursing, Vol. 11, Iss. 7, 11 Apr 2002, pp 477 – 485 Available at: <http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=10147> (accessed 15 Jan 2015)

In England the RTP university courses vary significantly in cost, from £650 to around £1,500, and costs are likely to rise in some areas. The cost variation does not seem to link to value for money and what the course fees covers can vary significantly. For example one £650 RTP course provides returnees with a clinical placement, whereas one of the £1,200 courses requires individuals to find their own placement and offers no support in this process. Also some of the courses allow RTP students to sit in on pre-registration courses for free, which is valued by the nurses as an opportunity to widen the content of the RTP course.

Two of the higher costing courses use between £225-£600 of the course fees to provide a financial incentive to trusts as a 'placement fee', which has been found to be a successful incentive for trusts to provide a 'good' placement for returners with high levels of support and learning (the HEI runs 3 cohorts of up to 20 students using this model). The financial incentive is underpinned with a strong partnership relationship between the university course leaders and practice facilitators in trusts.

"The trust requires a fee from the individual of £600 – this is a lot for individuals and I would like to see it funded from LETBs. However the advantage is that returners have really good placements, and the trust works hard to support them and provide them with a good experience – it has changed the relationships and improved placements." RTP university lead

Although some Health Education organisations have covered course fees, this is not usually part of an on-going workforce strategy, and is usually a result of financial surplus and it is unclear if courses will continue to be funded. There is variation in respect to who Health Education organisations provide the RTP funding to – some provide it direct to the HEI (and this goes direct to cover course fees), while others provide funding to trusts. Where funding is provided direct to a trust there seems to be more success in obtaining returners and supporting students. For example several trusts were found to be using funding from their local Health Education organisations and offering to pay course fees, and provide RTP nurses with a health care assistant salary while undertaking their clinical placement (at £9.50 an hour).

Some individual trusts cover course fees, usually for ex-nurses who are working in the trust already as health care assistants and fill vacancies once they have completed the course.

Uniforms

Some course fees also cover uniforms for RTP students, so that students are easily identified on placement, which is supported by the student and the trust.

Returnees on benefits²⁹

As clinical placements are usually unpaid, returnees are effectively volunteering. Individuals are free to volunteer while receiving benefits; this is as long as the work is unpaid. Individuals can receive money for expenses (travel to and from the place they volunteer / any special equipment needed, such as waterproof clothes / any meals taken away from home during the voluntary activity / childcare if they have children).

There are no limits on the amount of time individuals can volunteer for, as long as they continue to meet the conditions of the benefit or tax credit they receive. For example, if they receive Jobseeker's Allowance they must:

- Still be actively seeking a full-time job
- Be able to attend job interviews at 48 hours' notice
- Be available to work at one week's notice

In terms of benefits and tax credits, individuals will be considered as being a volunteer if they:

- Do not receive any money for the work they do (this does not include expenses)
- Are not legally obliged to volunteer
- Do something for a not-for-profit organisation
- Do something for someone who is not a family member

If they receive any money apart from expenses this will usually be treated as income and will be taken into account when assessing benefits. Volunteer Now has developed an information sheet about volunteering whilst on benefits.³⁰

²⁹ Volunteering while on benefits. Available at: <http://www.nidirect.gov.uk/volunteering-while-on-benefits> (accessed 24 Jan 2014)

³⁰ Volunteer Now (2011). Volunteering while receiving Social Security Benefits. Information Sheet. Available at: <http://www.nidirect.gov.uk/volunteering-and-social-security-benefits.pdf?rev=1> (accessed 24 Jan 2014)

Job guarantees

Although most trusts do not guarantee jobs after completion of the course, the areas that undertake joint university and trust interviews at the point of application seem to have a different relationship with returnees and view the interview as an opportunity to ensure the 'right' individuals are recruited onto the course with a view to providing employment to them once they are re-registered. These individuals usually go on to fill vacancies in trusts, and in some trusts they do not require the individual to undertake an interview for posts once they have their registration returned – they are simply slotted into a post.

A couple of trusts guarantee a band 5 position to returnees if competencies are met and offer health care assistant bank work during the course to support individuals.

Several NHS trusts would prefer returners to be tied to the trust so that they are more likely to stay after completing the course. Where returnees are recruited solely by the HEI there is less likelihood of returnees going on to be employed by the trust that they are placed in.

Creative placements

There are several creative models of RTP, usually established by an RTP lead in the Health Education organisation, trust or university who is committed to RTP and looks to find creative options and placements tailored to the individual.

One area ran a successful partnership to return community nurses, which included joint HEI and PCT interviews and returners being offered a bursary and job on completion of the course. The interview and selection process aimed to fill specific workforce gaps and get the 'right' person in the job. If returners didn't take up a job at the end of the course they then had to pay back the bursary. The then PCT lead provided co-ordination of placements and support to individuals. Unfortunately this partnership has stalled due to reorganisations in the NHS and the loss of key individuals.

Some areas offer an 'alternative clinical placement' for a portion of the clinical placement time, to support the returnee gaining wider experience and possibly moving to a different branch of nursing.

Section 4

RTP Case studies

There are a couple of areas that offer interesting case studies and have been successful in returning nurses to practice.

Health Education North East (HENE)

Health Education North East commission 49 RTP places per year across two HEIs. The courses are suitable for all branches of nursing, including midwives and health visitors. One of the courses is multi-professional making it suitable for AHPs. The majority of returners are from the adult branch of nursing.

There is a designated RTP enquiry handling process in place, whereby applicants can discuss their individual return to practice needs with the respective programme leaders. Professional information, advice and guidance is provided to ensure that potential returners are able to make informed decisions and any queries or concerns they may have are addressed. Applications are submitted to the individual HEIs and potential students are interviewed by an academic and Practice Placement Facilitator from the trust. A returner is offered a place

on the course subject to satisfactory interview, references, health screening and DBS check. The HEIs in conjunction with the trust will allocate the returner a clinical placement with a sign off mentor. Although employment is not guaranteed, students often attend job interviews which take place within some of the trusts towards the end of their course offering real job opportunities. Students are also tracked with an RTP questionnaire to establish if they have secured employment.

The courses on offer are well evaluated and students are invited to attend the RTP Board Meetings/Course Committee Meeting to offer feedback.

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University of Brighton

The RTP course coordinator and trust practice facilitators are committed to ensuring the right individuals undertake the course and that the course is delivered successfully. There are three cohorts of round 15-20 returnees a year.

The university course fees are just over £1,200 and include a 'placement fee', which provides trusts with an incentive to offer clinical placements and support returnees. Returnees usually self-fund and can pay through a flexible payment option. More recently the Health Education organisation has funded some course fees as a one-off.

Application process

There are strong relationships between the university and trust practice facilitators which enables problems to be addressed early on. The joint trust and university interview process is a strength – applicants are provided with a clear overview of what the NHS is like now and an outline of the course, to manage people's expectations. They then complete a numeracy and literacy test and have an interview. The interview determines an individual's motivation, social ability and awareness of nursing today.

Four people in the last few years have been signposted to undertake health care assistant roles for a while and then come back to apply to the RTP course, as it was felt they lacked awareness of nursing today and would struggle to meet competencies (e.g. someone who never practiced after qualification several years ago and then went on to do dentistry nursing, and another who had been out for 20 years). In three cases they came back and said they would rather remain as a healthcare assistant, and one individual went on to complete the RTP course.

The interview process is robust, and this is probably why they haven't yet had to 'fail' a RTP nurse on clinical competencies.

The university identifies the clinical placement depending on the part of the register they are returning to and the sign-off mentor has to be on the same part of the register as the returnee (e.g. adult, mental health child or

learning disability). The university arranges their placement by identifying where they worked last, where they wish to return to and then tries and accommodate preferences as far as possible. From an academic perspective, because the course is quite generic, the university arranges either tutorial time on the returnee's specific branch of nursing or if there are other programmes running that are pertinent to the branch then the nurses can join the sessions.

Ex-nurses who are healthcare assistants at acute trusts often have their course fees paid for by the trust and the trust encourages these ex-nurses to apply and often has a specific job in mind for them once they have qualified. The trust seems to actively identify these ex-nurses and sponsor them, as they make up 25% of course participants.

The university course

Returners have 12 study days from 10am-3:30pm to fit in with school times, and the course doesn't run during the school holidays.

Students have an academic essay to write, and they have to complete 12 clinical skills which are assessed in practice. The optional skills are selected from the HEIs skills bank and relate to their area of practice.

The university provides tailored support for individuals struggling with study skills. Returners, if needed, can access the HEIs study skills module or attend a study skills update and they also receive individual tutorial support from the module leader. The need for study skills is identified from the interviewing process.

Clinical placements and sign-off mentors

Finding clinical placements and having sign-off mentors available is a challenge and they are looking at creative options, they are already running placements in the independent sector and nursing homes. RTP clinical placements are fit around pre-reg training.

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Section 5

Key challenges around current RTP courses

There are opportunities to improve the number of nurses undertaking RTP but also an increasingly urgent need to respond to the key challenges below before stepping up numbers of RTP nurses, particularly the significant level of variation in RTP across the country.

Availability of reliable data on RTP

Returning nurses to practice could form an important component of workforce strategies, and yet RTP is poorly understood and has received comparatively little evaluation. Since RTP became the responsibility of local NHS organisations there has not been a central data collection on RTP that could provide numbers of returners, how long they stay in practice after re-registration and their end point destinations.

Further research is needed to determine the end point of RTP nurses, how long they remain in practice, and which branches and trusts they go on to be employed by.

Variation in the model of RTP across the country

RTP varies significantly across the country from information available to returners through to job guarantees on completion of the course. While some local RTP programmes are successful and should be celebrated, many areas would benefit in adopting the set of core principles outlined in the following section.

Central to this variation is the differing approach to commissioning of RTP, local Health Education organisations vary in their approach to RTP and while some have shown leadership in developing service-led tenders and moving to standardise courses, others have little to no engagement in RTP.

“Putting RTP in a commissioning plan for education, rather than working and negotiating with individual trusts over individual placements, we would have a number on the table of how many individuals they

will take. This would promote a fixed partnership and develop relationships with trusts.” RTP university course leader

Access to information on RTP courses

Overall there is a significant opportunity to improve the information for returners. Some of the NMC courses signposted on their website are not running, which can be confusing for returners. In addition the significant variation in the model of RTP across the country means that while some areas have a clear lead within the local Health Education organisation and clear contact for returners to access for information, others have little to no information on local websites. Where there is information it can sometimes be confusing for the returner to know exactly what they have to do (e.g. the requirement to find their own clinical placements with all the associated requirements).

The lack of clear information on RTP creates an initial barrier and stakeholders believe it has put some potential returners off and makes the process far more difficult for those nurses committed to return.

“RTP is the only way to get back into practice and returners struggle to get basic information about which courses are running and where courses are. When people finally contact me they are often relieved and quite emotional.” RTP university lead

“Enquirers report a dearth of information regarding Return to Practice courses more generally.” RTP university course leader

“Some of the RTP students travel significant distances as there is no local course available to them. From a trust placement perspective we would prefer to support students who live locally and will therefore want to stay working in our local trusts post registration.” Director of Nursing

“Returned to nursing for the love of it, not really a financial decision. It took me 2 years to find out about the course and to get a place; I had to chase them on many occasions.” RTP nurse

The variability of RTP nurses

Both HEIs and trusts involved in RTP had examples of nurses with lapsed registrations who would not be suitable to return to the workforce, and placed high importance in ensuring a robust interview and assessment process with honest conversations with individuals about their motivation to return and ability to work effectively within the new NHS.

RTP is usually based on a standard course and 150 hour clinical placement. However the needs and expectation of a lapsed nurse only 3 years out of practice compared to one 15 years out are considerably different.

“I felt the course was a one stop shop - 5 of us had been out for over 10 years, and yet we were treated the same as those who’d only been out 2-3 years.” RTP nurse

Clinical placement capacity

“Placement capacity in nurse education is an issue in nursing full stop. There has to be scope for developing capacity, especially for people who can only work part-time. There is also a big shortage in community placements and having sign-off mentors. There can be issues around ensuring clinical supervision and the clinical teams understanding the RTP course.” RTP university course leader

The challenge of capacity for clinical placements and engaging providers is probably the greatest opportunity for improvement. In summary:

- There is some lack of trust engagement and limited understanding of the benefits of RTP and so a reluctance to find capacity within trusts. When RTP nurses are jointly recruited by the trust and HEI they are more likely to go on to be employed by the trust

- Limited numbers of clinical placements – particularly with increases in the number of student nurses
- Limited numbers of sign-off mentors, creating a constraint on the number of clinical placements available
- Limited non-acute placements

“General practice is ideal for RTP nurses; we need federated practices and agreement on the competencies and accredited courses.” Advanced Nurse Practitioner in Primary Care

“Finding clinical placements and having sign-off mentors available is a challenge. We are creative and have started running placements in the independent sector, nursing homes and ‘groups’ of students in the acute trust.” RTP university course leader

- Limited placement flexibility due to the need for mentors to be with returnees 40% of the time
- Some courses require students to find their own clinical placements, and students have little information on requirements for placements (e.g. need to have an educational audit and sign-off mentor, be within their previous experience)

Support and mentorship on clinical placement

Stakeholders, and particularly nurses who have completed RTP courses, cited highly variable access and quality of mentorship and support on clinical placements, as well as some animosity or ambivalence from other clinicians in the team.

As stated by the RCN, *“the importance of the role of the mentor and the quality of the mentorship offered in practice cannot be over-emphasised; learning experienced in the clinical setting ensures that the nurses and midwives of the future are fit for practice and purpose. The mentor is a key support to students in practice; this is where students apply their knowledge, learn key skills and achieve the required competence for registration.”*³¹

³¹ RCN (2007) Guidance for mentors of nursing students and midwives An RCN toolkit Available at: https://www.rcn.org.uk/__data/assets/pdf_file/0008/78677/002797.pdf (accessed 27 Feb 2014)

The quality of mentorship is central to the ability and confidence of nurses to return to practice, however there are limited numbers of available sign-off mentors and variation in the engagement/quality of sign-off mentors. In addition sign-off mentors can also have limited internal support and struggle to find the time to provide mentorship in addition to their own clinical responsibilities. Mentoring should be viewed as a core component of clinical practice, but this cultural shift and time needed to enact good mentorship is a barrier to increasing the number of mentors.

“There was no “let’s sit down and work together to support you”, at the end of day I felt I was an annoyance and the pattern was similar over the clinical placements – you were allocated a group of patients and it was down to you to be assertive to get the knowledge you needed.” RTP nurse

“During my first week on the ward I felt like I was in fancy dress, and that I didn’t have a right to be wearing the uniform, it was terrifying. The nurse who became my mentor just let me follow her around and was incredibly patient - she would ask me to do things but would give me very explicit instructions on what I was to do. By the end of the 4th week, I was doing a supervised drug round, doing the doctor’s ward round, sorting admissions and discharges - however without that first week of hand holding I don’t think my confidence would have developed as quickly.” RTP nurse

“When the practice facilitator was on the ward she really “turned the lights on”, all the other shifts were some of the worst experiences of my life. Usually we felt overlooked, ignored and poorly communicated with. We felt invisible.” RTP nurse

The attitude and understanding of the clinical area was found to be critical to the returnee, particularly as confidence is one of the main issues cited by returnees.

“I think it’s all down to how you are received and supported on the ward. The nurses on the unit need to understand you need to be supported and welcomed and that would make all the difference.” RTP nurse

“My colleague, who quit, was placed on a care of the elderly ward and was basically treated as a HCA - she was left to work alongside them

and despite numerous requests to work with the trained staff was ignored.” RTP nurse

Fragmentation between the university course and clinical placement

Stakeholders, particularly the RTP nurses, cited fragmentation between the university component and clinical placement as being a challenge. Similarly, a small-study of 12 RTP midwives highlighted a lack of co-ordination between education and service providers and a lack of support and clarity around expectations.

“After the interview I connected with the ward manager about the placement and then connected with the university - so it felt quite disjointed and treated very separately right from the start.” RTP nurse

Some RTP nurses also felt that the fragmentation resulted in an imbalance of the value of hands on clinical experience over writing academically.

“The course was heavily biased to the reflective piece of writing we had to submit. My tutor marked me down heavily because my writing style wasn’t as referenced as he’d have liked. Having just undertaken an 8 week intensive training course where I’d been very focused on my ability to function safely and competently in a practical environment, I felt that to push for an exemplary piece of academic writing was unnecessarily stressful.” RTP nurse

Lack of financial support and inconsistent funding

There is an issue of inconsistent funding for course fees by Health Education organisations and trusts and often the inability of self-funders to pay for course fees flexibly. Stakeholders cited the lack of financial support for individuals as being a key barrier reducing the number of people returning to practice.

“Returners can be put off by the cost of courses and the requirement to do 150 hours of unpaid work, with no guarantee of a job at the end of the programme.” RTP university course leader

³² Return to Practice - Open Learning Programme - National Evaluation Report 2003 -2006. The Royal College of Midwives Trust

Case study from the Royal College of Nursing for Scotland³³

A submission from the Royal College of Nursing for Scotland to the Scottish Parliament outlined that there are some 10,000 registered nurses in Scotland who are not currently working as nurses, and that although in some areas of Scotland RTP courses are free most cost around £250 and there is no funding for childcare costs (it is estimated 60% of nurses care for dependents). The RCN Scotland called for introducing a national free RTP scheme with a £1,000 allowance in order to make it easier for returners to undertake the course.³⁴ The following case study was a component of the submission -

Lynn, a mother of two from Johnshaven near Montrose, left nursing in 1985 because of ill-health. When she decided to return to nursing she was surprised to be told that despite the shortage of nurses in Scotland she would have to wait a year to get a place on a return to practice course.

When she finally managed to enrol in September 2000, she had to pay two hundred pounds in course fees. She also had to pay childcare costs to cover her unpaid 150-hour hospital placement and week-long induction, as well as petrol costs for the 70-mile round trip to the hospital. Lynn had to get a job at B&Q teaching telesales to fund her way through the course. She had previously worked as a manager for a plant hire company on a £30,000-a-year salary, almost three times her wage as a nurse, but had always been determined to return to nursing when her children were old enough. Lynn was determined to return to nursing and has now done so. However, she believes that the logistical and financial difficulties she faced in returning would have deterred many others from attempting to return to nursing.

There is a precedent for providing financial support to clinicians returning to practice; however, this is usually provided for specialities that have high vacancy rates. In 2008 former midwives were encouraged to return to work in the NHS after a break in service with incentives worth up to £3,000, including free refresher training, and financial support during training for child care and travel expenses.³⁵ This financial support was a key enabler for returning midwives to the workforce.

In addition (although there is a lack of consistency across the UK), the individual Deaneries' GP return to work schemes often provide financial support to participants. After undertaking an assessment (that costs around £850) and a successful interview the returning GP in some areas is paid the full time equivalent salary of between £24,000 to £60,000 a year. However, three of the nine

Deaneries in England did not provide salaries to the GPs on their scheme, and one expected the practices to pay a "nominal wage." London Deanery, for example, offers GP returners an "educational grant" of £50 per clinical session. The Wales Deanery provides GPs on its scheme with an "educational grant" of £2,500 a month.³⁶

Lack of flexibility in RTP to respond to community demand

Most RTP courses are acute focused and there is a lack of a comprehensive community RTP offer, although some areas are looking to develop community placements through primary care providers coming together and forming an educational collaborative or linking practice with other community service providers such as care homes.

³³ Submission by the Royal College of Nursing Scotland (no date) Available at: <http://archive.scottish.parliament.uk/business/committees/historic/x-enterprise/inquiries-01/li-submissions/ell-121.pdf> (accessed 15 Jan 2014)

³⁴ Submission by the Royal College of Nursing Scotland (no date) Available at: <http://archive.scottish.parliament.uk/business/committees/historic/x-enterprise/inquiries-01/li-submissions/ell-121.pdf> (accessed 15 Jan 2014)

³⁵ Parliamentary Debate. Daily Hansard. 7 May 2008 : Column 1019W Available at: <http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080507/text/80507w0030.htm> (accessed 15 Jan 2014)

³⁶ Jaques H. (2013) 'Helping GPs return to practice: a look at induction and refresher schemes' Available at: <http://careers.bmj.com/careers/advice/view-article.html?id=20010942> (accessed 15 Jan 2014)

There are also a couple of trusts who offer placements where 20% are based in alternative settings, so that if the returner is looking to convert to another branch of nursing they can gain experience of the branch.

Relevance of the academic component of RTP courses

Some interviewees commented on the course content as not preparing them adequately

for retuning to nursing. However a detailed evaluation of course content against competencies was out of scope of the review and should be looked at separately.

"Although the university course was well organised, I was surprised by the poor content and lack of relevance to national nursing aspects. It was very basic and fragmented, it didn't prepare you to work in ward environment, it was taught in siloes and the lecture quality was very poor." RTP nurse

Director of Nursing survey on RTP

In February the Shelford Group of 10 NHS multi-specialty academic healthcare organisations were sent a short survey on RTP within their trust. Five survey responses were received from Directors of Nursing; these provided a snap-shot of the key issues and variation in RTP.

- Numbers of RTP nurses in a year ranged from 1 to 8 per trust.
- Trusts fully engaged in RTP, with the higher numbers of candidates and a higher number go on to be employed by the trust had the following key factors –
 - * Partnership working between the trust and HEI, including a joint robust selection process
 - * Internal marketing to HCAs with lapsed nursing registrations within the trust
 - * Ensuring clinical areas had a clear understanding of RTP. Clear communication of the students' background and expectations of the placement before they start
 - * Course flexibility, with 20% as an 'alternative placement' and flexibility of start time to fit in with other student placements
 - * Strong mentoring and a dedicated person to facilitate RTP within the trust
 - * Funding for course fees and a small bursary (usually from LETB funding)
 - * Support for RTP nurses after completion of the course, with one guaranteeing post

and another signposting job vacancies to candidates

- Those trusts that were less engaged and where the RTP programme was advertised and led by the HEI either had no returners remaining employed with them after completion or only a third. These trusts usually did not offer funding for course fees or a bursary.

"The main challenge is RTP being hosted and recruited to by HEI a provider means that the Trust has no prior knowledge of student's background, their experience and availability to work clinically." Director of Nursing

- Most returned to adult nursing, with two successful theatres RTP candidates.
- RTP could fill gaps in ITU, theatres, neonatal, adult, child and community

The main challenges identified include:

- Securing clinical placements tailored to the individual's background and future aspirations
- Having dedicated staff to support students and enough sign-off mentors (linked to this the timing of RTP cohorts to ensure there isn't a clash with other students)
- RTP nurses requiring more psychological support than pre-registration student nurses and the RTP expectations when they have been out of nursing for more than 5 years – due to the changing nature of nursing
- Students adjusting to shift work again

³⁷ <http://shelfordgroup.org/> (accessed 17 March 2014)

Section 6

Myths of return to practice

During the course of the review there were a number of common myths that were repeated, particularly from trusts and in some cases from Health Education organisations. Although these myths may be applicable they could be prevented by adopting the principles of successful RTP programmes, such as having a robust joint application, interview and selection process between HEIs and trusts to ensure the 'right' participants on courses and that the trust is invested in supporting and ultimately employing returners. The most common myths reiterated during the review are the following:

RTP nurses originally left due to poor performance issues

Stakeholders outlined many reasons why nurses had originally left; the most common reason seemed to be changes in personal circumstances, looking after dependents, caring for elderly relatives and dissatisfaction in their job role.

Stress and workforce dissatisfaction are significant issues for all nurses, and increasingly so for the newly qualified. The reasons why a returnee originally left should be explored at interview to determine the motivation and commitment to returning.

In addition this view may have also stemmed from the NMC recommending that individuals going through a Fitness to Practice panel undertake a RTP course – these individuals, although a small minority, can create a negative bias towards all RTP nurses and thought should be given to addressing their needs separately from RTP nurses.

RTP nurses require more support from trusts

The need for support and mentorship for returners was a key finding of the review; however, this may be more around confidence

development and the type of support needed being slightly different than the mentorship of a pre-registration nurse.

This myth also speaks to the pressure that clinical teams are under and the lack of dedicated time to support and mentor all staff undergoing training, not just RTP nurses. There is also a need to develop the dialogue around RTP and the understanding of the course requirements with trusts.

RTP nurses all want to work part-time and won't be flexible around shifts

Many returners do go onto part-time work, and part-time workers can contribute significantly (and often flexibly) to workforce shortages.

RTP nurses can't cope with the 'new NHS', which is a faster pace with higher levels of decision making and sicker patients

Courses that have a robust interview and application process that includes a presentation or orientation session on the 'new NHS' are the most successful. Equally those returnees who have had recent health or social care experience find the transition of returning easier.

RTP programmes where applicants are proactively signposted to the most appropriate route are the more successful in ensuring nurses are ready to return and successfully complete the course (e.g. some lapsed nurses are advised to undertake health care assistant roles before doing a RTP course if they have been out of practice for a significant length of time).

"Those that have been healthcare assistants find the transition back into nursing the easiest. For those who have had a considerable length of time in another setting (e.g. banking) found it the hardest, and were shocked by the changes in terms of pace and pressure that have happened in nursing." RTP university course leader

RTP nurses often leave after completing the course

There is a lack of data around the retention of RTP nurses (as well as newly qualified nurses). Stakeholders from HEIs were regularly asked for references suggesting returnees had stayed in practice. Also anecdotally some nurses returning have had to wait up to two years to get on courses, find their own clinical placement and fund their own course, suggesting a high level of dedication and motivation to return to nursing.

“Our returners easily gain employment and I’m always writing positive references. Our returners have an awful lot to offer and have a wealth of experience. We have returners go on to achieve very senior nursing posts in a short time because they are so experienced and have already taken time out to have their family.” RTP university course leader

“There have been some very successful outcomes from former students in the recent past; one former student has been promoted to Head of Nursing (Quality) and another has been nominated for Care Manager Award for the year 2013. The vast majority of RTP students, once they have completed the programme, continue to work within the placement area as nurses and their subsequent retention is very high.” RTP university course leader

Section 7

The role of a return to practice campaign?

Given the significant variation in the model of RTP across the country and the variation in engagement of stakeholder organisations there is a need to ensure the underpinning infrastructure, awareness and support is in place within trusts, HEIs and local Health Education organisations before embarking on a national campaign.

This is supported by the learning from the recent health visiting RTP campaign which had significant challenges in converting interest into actual returners as there was a weakness in underpinning infrastructure (lack of placement in trusts, space on university courses and support in local health organisations).

On 13th October a mailing was sent to 7,500 qualified Health Visitors who registration has lapsed. The objective of the mailing was to encourage these ex-Health Visitors to return to the profession. The mailing comprised of a letter from the Chief Nursing Officer at DH and the Chief Executive and Registrar of the NMC explaining why this is a good time to come back

to the profession and a leaflet containing case studies and practical advice to help people decide if RTP is for them. A sample of 54 lapsed health visitors who received the communication were interviewed:

- Over half agreed that the leaflet made returning to health visiting sound appealing and made them interested in returning to health visiting.
- The majority claimed that it had had some influence on their decision on whether to return to practice or not; mainly because it raised awareness that they could return to practice and reminded them that their skills were still valuable.
- All had taken some action since receiving the letter/leaflet; one quarter had applied for an RTP course.
- Over half stated that the letter/leaflet had prompted them to contact NHS Careers.

Section 8

Links to other workforce strategies

Many of the stakeholders felt that RTP should be one component of a comprehensive workforce strategy, and that no single HR approach is likely to address all the nursing workforce challenges. Similarly the recent NHS Employers survey found that (along with other HR approaches) organisations would like support for RTP schemes.

There was concern from stakeholders that many trusts look to overseas recruitment without exploring RTP options first. This is supported by an NHS Employers survey in January 2014 that found 45% of the 104 NHS provider trusts that responded actively recruited from overseas and 51% were considering recruiting from overseas in the next 12 months.³⁹

Other routes into nursing - RTP is also a useful case study that can shed light on thinking for other routes into nursing.

"We suggest that the pathway which would work better for us, and probably for the returners, would be for them to return to us as a band 3, and then have a training pathway through from band 3 to 5. This would achieve the same outcome, but could provide more benefit for the employer. It is also key to develop this pathway so that nursing assistants can easily progress into registered nursing roles." NHS Trust

However new models of nurse training need to be developed within the parameters set by the NMC and EU. For example nursing courses are currently prescriptive from the EU; nursing qualifications must have 4,600 hours (of which a minimum of 2,300 hours must be in clinical practice), so if courses are shortened it is usually the theory component. Courses can only be shortened if accredited prior learning maps onto the current course. Individuals have to demonstrate how their previous accredited learning matches the current course - in theory up to 50% can be accredited by prior learning.

Preventing lapsed registrations - There are opportunities to provide schemes to support nurses to maintain their licences before they lapse. An online survey of just over 150 applicants to a structured programme for registered, non-practising nurses to return to the workforce in Australia found that looking after children was the main reason for leaving the nursing workforce (36.6%) and the main reason for returning to the workforce was maintenance of registration (40.5%). Both theory and clinical placement components were seen by participants as contributing to their confidence to return to the health workforce.⁴⁰

There are a number of approaches that could reduce the number of lapsed nurses

- Raising the awareness of the requirements of undertaking a RTP course if registrations are lapsed.

"There is a need to really get the message out about nurses needing to keep their pin active otherwise it's an expensive process." RTP university lead

- Possible joint working between HEE and NMC to send out reminders to nurses with near-lapsed pins.

Retaining nurses (particularly newly qualified nurses) - Support for nurses after they have returned to practice would be of benefit to retaining staff. A study in Sweden of 1,700 newly qualified nurses found that after 5 years of practice a fifth of nurses strongly intended to leave the profession. The main predictor was burnout, measured by an exhaustion and disengagement tool. The conclusions of the study are relevant to newly returning nurses – in that organisations should pay attention to nurses who show early signs of burnout, and provide a resourceful work environment with a suitable

³⁹ NHS Employers (2014) NHS Qualified Nurse Supply and Demand Survey - February 2014

⁴⁰ McMurtrie L J, Cameron M, Olunaigh D P, Osborne D Y. (2013) 'Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians to return to practice'. Nurse Educ Today. 2013 Sep 4. pii: S0260-6917(13)00310-9. doi: 10.1016/j.nedt.2013.08.017. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24080270> (accessed 15 Jan 2014)

workload, sufficient introduction, management support, satisfactory collaboration with colleagues, and role clarity.⁴¹

During the course of the review we were repeatedly made aware that there are a significant number of nurses who are about to leave practice (whether it be at the beginning of their career or at the end), and this needs further investigation and actions to prevent or delay.

Adaptation courses for overseas nurses

– During the course of the review a couple of stakeholders commented on the possible link to adaptation of overseas nurses, however others also commented that the needs of RTP and overseas nurses were considerably different. Looking at detail at adaptation courses was beyond the scope of the review.

⁴¹ Rudman A, Gustavsson P, Hultell D. (2013) 'A prospective study of nurses' intentions to leave the profession during their first five years of practice in Sweden.' *Int J Nurs Stud*. 2013 Oct 4. pii: S0020-7489(13)00273-3. doi: 10.1016/j.ijnurstu.2013.09.012. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24207027> (accessed 15 Jan 2014)

Section 9

Conclusion

RTP is the only route for lapsed nurses to return to practice. However there is inconsistent engagement by stakeholder organisations in supporting lapsed nurses back into practice and significant variation in the delivery of RTP across the country.

Nurses leave the profession for a variety of reasons, including looking after dependents, caring for elderly relatives, or no longer wishing to work in the NHS at that point in their career. Although nurses leave and may subsequently wish to return for a number of different reasons, many of the nurses wishing to return are more mature, experienced, local nurses who would like to remain employed in the NHS until retirement.

Although revalidation is likely to increase the numbers of nurses requiring additional competency development programmes, the scope of this review was to look only in detail at RTP nurses who have lapsed their nursing registration.

The review found a lack of data around the potential pool of lapsed nurses who are able and willing to return to practice, from interviews with stakeholders it is clear there is demand for RTP, but the level is unclear and demand could increase if funding was consistently available and there was an increase in the number of clinical placements available. Most returnees go back into adult nursing in the acute sector, and there are a number of vacancies within specific acute branches of nursing that returnees could fill, however there is also a significant opportunity for returnees to fill workforce gaps in the community if robust clinical placements can be developed.

There are four main challenges that need to be overcome before expanding the number of returners. Firstly, there is the significant variation in most aspects of RTP, including:

- The previous experience of returners and length of time they have been out of practice
- The information available on RTP
- Having a point of contact on RTP
- How to apply
- Trust engagement
- Whether there is a joint RTP model and recruitment process between the trust and HEI
- Funding – whether individual returners self-fund or are funded by the trust or Health Education organisation
- What is provided within HEI course fees
- Provision of a placement fee or educational tariff to trusts
- Whether courses are tailored to an individual's experience
- Provision of clinical placements
- Provision of a RTP student uniform
- Mentor support
- Whether RTP nurses are viewed as supernumerary
- Assessments of RTP nurses
- Whether RTP nurses are supported into employment after regaining their registration
- Availability of community placements
- Data on RTP nurses completing the course locally

Secondly there can be limited engagement and capacity of trusts to provide clinical placements for returners, particularly as returners often require flexible placements as they usually have to balance part-time working and family commitments.

The third challenge is around the variable access and quality of mentorship and support on clinical placements, as well as some animosity or ambivalence from other clinicians in the team. In addition sign-off mentors can also have limited internal support and have to provide mentorship in addition to their own clinical responsibilities.

The last challenge is a lack of community RTP placements, and the difficulty in working with multiple independent or private sector employers to provide robust clinical placements.

The reports main recommendation is to agree a core set of standard principles and practices to underpin RTP before increasing the marketing of RTP and potential numbers of returners. In some areas these will require significant changes in the delivery of RTP and a shift in the engagement of providers of clinical placements, all of which will require leadership from Health Education organisations, providers and HEIs.

Appendix A

NMC approved RTP courses as at January 2014⁴²

1. Birmingham City University Return to Practice - Nursing - Level 5 and Level 6
2. Bournemouth University Return to Practice - Nursing - Level 5
3. Buckinghamshire New University Return to Practice - Nursing - Level 5 and Level 6
4. Canterbury Christ Church University Return to Practice - Nursing - Level 5 and Level 6
5. City University Return to Practice - Nursing - Level 2 and Level 3
6. Coventry University Return to Practice - Nursing - Level 2 and Level 6
7. Edge Hill University Return to Practice - Nursing - Level 2 and Level 6
8. Kingston University & St George's University of London Return to Practice Level 5 and 6
9. Liverpool John Moores University Return to Practice - Nursing - Level 5 and Level 6
10. Manchester Metropolitan University Return to Practice - Nursing - Level 5 and Level 6
11. Oxford Brookes University Return to Practice - Nursing - Level 6
12. Sheffield Hallam University Return to Practice - Nursing - Level 6
13. Staffordshire University Return to Practice - Nursing - Level 5 and Level 6
14. Teesside University Return to Practice - Nursing - Level 5 and Level 6
15. The University of Hull Return to Practice - Nursing - Level 6
16. University of Bedfordshire Return to Practice - Nursing - Level 5
17. University of Bradford Return to Practice - Nursing - Level 5 and Level 6
18. University Of Brighton Return to Practice - Nursing - Level 5 and Level 6
19. University of Central Lancashire Return to Practice - Nursing - Level 5 and Level 6
20. University of Chester Return to Practice - Nursing - Level 5 and Level 6
21. University of Cumbria Return to Practice - Nursing - Level 5 and Level 6
22. University of East Anglia Return to Practice - Nursing - Level 5 and Level 6
23. University of Gloucestershire Return to Practice Nursing - Level 6
24. University Of Greenwich Return to Practice - Nursing - Level 2 and Level 3
25. University Of Hertfordshire Return to Practice - Nursing - Level 2 and Level 3
26. University Of Leeds Return to Practice - Nursing - Level 3
27. University of Northampton Return to Practice - Nursing - Level 5 and Level 6
28. University Of Northumbria At Newcastle Return to Practice - Nursing - Level 5 and Level 6
29. University of Nottingham Return to Practice - Nursing - Level 3
30. University Of Plymouth Return to Practice - Nursing - Level 5 and Level 6
31. University Of Southampton Return to Practice - Nursing - Level 5 and Level 6
32. University of Surrey Return to Practice - Nursing - Level 2
33. University Of The West Of England, Bristol Return to Practice - Nursing - Level 2 and Level 3
34. University of West London Return to Practice - Nursing - Level 5 and Level 6
35. University Of Wolverhampton Return to Practice - Nursing - Level 5 and Level 6
36. University Of York Return to Practice - Nursing - Level

⁴² NMC approved return to practice courses. Available at: <http://www.nmc-uk.org/Approved-Programmes/> (Accessed 14 Jan 2014)

Appendix B

Brief comparison of RTP courses for other health care professionals

RTP courses for other health care professionals are usually self-funded and consist of a 12 week academic course (either taught face-to-face, through web tutorials, or distance learning) and clinical placements. Assessments are usually through reflective essays, case studies, numeracy tests, clinical competency assessment through placements.

Although most of the research relating to a sample of other health care professionals is outlined below, some has been incorporated into the main report.

There is no funding available for returning SLTs. It is up to the individual to fund and organise any academic course required and their clinical placement (although some trusts offer returner courses, and there are returner co-ordinators in each region). Returners often have to work as volunteers, but this can lead to a lack of experience due to the inability to see patient notes or attend staff meetings (due to confidentiality). The Royal College of Speech and Language Therapists suggest individuals ask to have an 'honorary contract' which would make their position as a supernumerary member of staff clear.

Speech and language therapy

Royal College of Speech and Language Therapists advise:

- Therapists who have been out of practice for less than two years are required to renew their registration without further study or supervision.
- Between 2 and 5 years out of practice - undertake 30 days supervised practice plus additional study to meet the Standards of Proficiency. Graduates from a UK university with a degree in speech therapy that is approved by the HPC who have not worked as an SLT and it has been more than 2 years since they graduated will be expected to meet the return to practice requirements set out by Health and Care Professions Council before they are allowed on to the register.
- 5 years or more out of practice - undertake 60 days supervised practice plus additional study to meet the Standards of Proficiency.

Physiotherapy

Physiotherapy RTP courses are usually 12 weeks in length - 150 hours clinical placement and 150 hours theory. Assessment is through: a case study relating to a specific area of care; a report reflecting on achievement of selected clinical competencies in practice; numeracy test; and clinical practice (assessed as a pass or fail). Individuals have to fund themselves through clinical placements and course fees.

Radiography

There are 12 week online courses available (web-tutorials are offered) and returnees must also organise and complete a clinical placement.

Health visiting

Around 2010, the then NHS West Midlands provided a health visiting return to practice programme. Although initially the advertising of the campaign was slow and was through existing media arrangements, over 60 expressions of interest were received in 2010-11, of which 12 students were recruited to the course by the end of December 2010. There was a joint trust and HEI selection process and Students received bursaries and funding for course fees.

Midwifery

A study of over thirty midwives who successfully completed an RTP course found that they had given up practice originally to have children or due to a change in location of their partner's employment. A number of them had experienced difficulties with their relationships, marital separation, sickness, bereavement, or a need to care for elderly parents; many also reported that they had left to escape from stress at work.

Research in 2006 found the largest single group of leavers comprised those midwives who had grown dissatisfied with the way they were required to practice within the contemporary NHS.

RTP for midwifery has similar variation as nursing RTP. In 2010 the then NHS West Midlands reviewed the current provision and established funding for returners, in summary: ,

- Funding and gaining a clinical placement were viewed as the main barriers for returners and not being able to secure a clinical placement stopped a number of lapsed midwives from returning (if is unclear if these potential returners were suitable to return and had already gone through a selection process). Course fees ranges from £550 to £1,200 and students had to source their own clinical placement

- Midwives who completed the course sometimes found it difficult to gain employment in locally due to a lack of vacancies.
- In 2009/10 NHS West Midlands provided funding for 12 RTP midwifery students – they paid course fees, travel, study, and provided a phased bursary of £1500 (£500 at the start, £500 half way through and £500 at the end of the course). Local advertising was undertaken, but only 4 students completed the course and it is unclear how many of these gained employment. There were slightly higher numbers in subsequent years.
- The 10 midwives that completed a RTP course in 2010 through Coventry University travelled on average 45 miles to their clinical placements and 58 miles to Coventry University.

Although there are RTP courses delivered by HEIs alongside clinical placements, the RCM developed a Return to Practice Open Learning Programme approved by Sheffield Hallam University that provides an option for midwives with 30 academic credits to access the programme at diploma level (level 5) or at undergraduate level (level 6). The course was developed to offer flexibility in access and in the length of the programme to meet an individual midwife's needs. Around 40 RTP midwives requested information about the course each year (from 2003-06 there were 163 requests).

Midwives have the option to complete all components of the programme within a minimum period of 12 weeks, extending to a maximum of 12 months. The programme attracts self-disciplined and motivated midwives who are able to direct the pace of learning to suit their personal commitments and circumstances. However, some midwives prefer the traditional, face-to-face, structured attendance courses provided by higher education institutions.

Midwives enrolling on the RCM OLP receive the “Returning to Midwifery Practice” programme pack, which includes a study guide and mentor’s guide, additional learning resources and four books of programme material. The materials are studied throughout the programme in parallel with the clinical placements, to encourage the integration of theory and practice.

There are two tutor-facilitated days at the start of the programme, aimed at introducing the RTP midwives to the open learning approach, to study skills and to the programme materials. The remaining three days, either held at the RCM or locally, are designed to enable reflection on contemporary practice, and provide an opportunity to explore midwifery knowledge in greater depth.

The RTP midwives are required to complete a portfolio of experience, clinical assessment documentation and three written assignments to ensure progress throughout the programme. All assessments, which are core to the teaching and learning strategy, are designed to enable the returnees to develop their critical thinking and their skills of reflection.

National mentor preparation study days are organised by the RCM to assist clinical sites in supporting RTP midwives. It is essential that the mentors supporting the RTP midwife have attended the RCM mentors’ study day. These are organised by the RCM as required and are offered free.

The course costs £650, with an additional £80 for the assessment process and registration with Sheffield Hallam University. This compares favourably with the costs (which range from £450 - £1,000) of courses provided by higher education institutions.

Outcomes of the Midwifery Return to Practice Open Learning Programme

- The RCM recruited a total of 35 midwives to the programme (over the 3 years from 2003-06), 21 of whom completed the course, with a year-on-year increase since 2003. 2 were unsuccessful, one of whom failed to meet clinical practice assessment requirements and the other of whom did not meet the academic standard of the programme.
- There was an attrition rate of 14% (6 midwives), compared with 20% for pre-reg courses. The reasons they cited for discontinuing the programme include financial hardship and poor work-life balance. Interestingly, one midwife was not accepted for her clinical practice on grounds of age, despite the impending age discrimination legislation. The attrition rate is comparable with those of similar courses nationally.
- 6 requested extensions due to changes in personal circumstances or unexpected occurrences; the quickest to complete the course was 6 months, and longest 23 months. Most took around 12 months.
- The average age of the returner was 43, with an average of 8 years previous practice experience and had not been in practice for an average of 6 ¼ years.
- All gained employment after completing the course.

Evaluation of the Midwifery Return to Practice Open Learning Programme

Returnees:

- Despite the extensive publicity for the programme, a number of applicants found the process of enrolling on it and securing funding overwhelming, as they had become unfamiliar with the structure of the NHS.
- Flexibility was the most appealing factor of the course.
- Being a self-motivated learner was essential for the course.
- A number of returnees expressed disappointment with some aspects of the content of the open learning resource. They indicated that they thought the resource to be outdated, with some of the content not relevant to their immediate needs and too much emphasis placed on the sociological aspects of the midwife's role. The structure of the NHS, patterns of maternity service provision, and opportunities for midwives have all changed considerably since the development of the pack.
- There was a mixed reaction to RTP midwives in the NHS trusts. Despite being informed by the mentor, some midwives denied having any knowledge of the RTP midwives' allocation. They also expressed uncertainty over RTP midwives' roles; some midwives treated them as student midwives, while others ignored their individual requests for assistance.

Mentors:

- The mentors were asked how and why they were selected to support the RTP midwives. A third responded that they were told to take on this task; the process was not consensual. The remaining two-thirds were employed, either as "practice educators" or "practice development midwives", and their role required them to support all learners. This finding is encouraging, indicating that the trusts recognise the needs of students and have responded by putting systems in place to support learning.

- The majority found the mentors' study day very useful in preparing for their role, but would have liked another day after the RTP midwife had commenced the programme. They felt having the study day prior to supervising and supporting the RTP midwife highlighted the extent of flexibility within the programme, the assignment requirements, and the differences between supporting the RTP midwife and a student midwife.
- Although the mentors' perception of the needs of RTP midwives often aligned with the RTP midwives' own needs, the frustration the mentors experienced in meeting these needs was attributed to work overload and the flexibility of clinical practice placements. Two mentors expressed a view that there was not enough time to support the RTP midwives' specific needs: there was a temptation for them to integrate their supervision and teaching either with that of pre-registration student midwives or other RTP midwives undertaking courses in higher education institutions. Mentors found confronting the RTP midwives with unsafe aspects of practice very challenging. Some mentors expressed the view that the RTP midwives were more confident in directing their learning needs and accessing relevant clinical experiences.

Trusts:

- The managers expressed concern with funding of the programme.
- Despite their willingness to support a family-friendly work environment, the flexibility of the programme appears to cause frustration as it becomes very difficult to match mentor supervision and continuity of experience.
- Midwifery managers commented that the RTP midwives appear to be much more in control of their learning needs than are student midwives, and are confident in challenging the traditional ways of working.

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