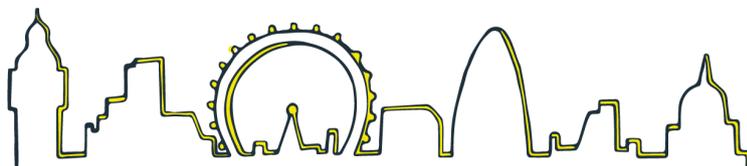


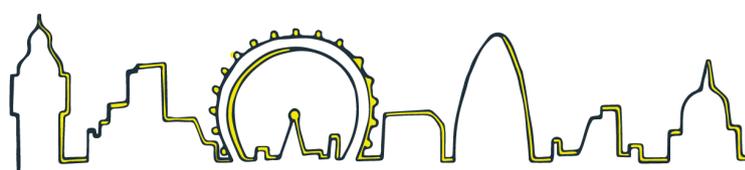
# Return to practice – best practice guide

For employers and higher education  
institutions



## Contents

Introduction .....	3
Background.....	4
Practice placement.....	4
Onboarding .....	4
Returner support during placement.....	5
Pastoral support .....	6
Practice assessors/practice supervisors .....	7
Status of the returner in practice .....	7
If things are not going well .....	8
Models of Employment.....	8
The two main routes for returning to practice .....	8
Unpaid/voluntary placement route .....	8
Paid/employer led route.....	8
Benefit of voluntary/unpaid route: flexibility .....	9
Benefit of employer-led/paid route: retention.....	9
Employment route: key points for trusts/employers to consider .....	10
Supernumerary status of returners: voluntary/unpaid and employer-led/paid .....	10
Test of competence.....	11
Additional resources.....	11
Annex .....	12
Return to practice unpaid/voluntary route process.....	12
Return to practice paid/employed route process .....	13
Authors .....	14
Acknowledgements.....	14



## Introduction

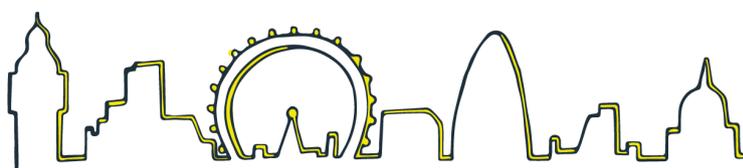
The best practice guide is a pan-London resource for health and social care organisations and higher education institutions (HEIs) to support nurses who have left the profession, to regain their Nursing and Midwifery Council (NMC) registration and return to practice (RtP).

The approach has been developed through an extensive stakeholder engagement exercise involving provider organisations across London, representing all fields of nursing, alongside their partnering HEIs that offer the RtP programme and the five integrated care systems (ICS) RtP bureau leads.

Engagement involved a workshop, which gave everyone an opportunity to share the experiences of existing RtP programmes and models of supporting returners through a programme, and to tackle some of the challenges identified through roundtable discussions. On the back of this workshop, a small task and finish group was set up, in which the five ICS bureau leads were invited to support the development and implementation of the best practice guide over the course of several meetings.

The best practice guide can be used for all types of returners and placements; for those trusts offering paid employment-based placements as well as for those trusts offering the more widely offered unpaid, voluntary placements. It can also be used for returners undertaking the test of competence (ToC) as well as those on a standard HEI-led RtP programme.

The guide has been designed to provide a comprehensive start to finish selection of best practices from the point of recruitment and onboarding of returners, and the support offered throughout their placement period and for prospective future employment, but each individual aspect can be used in isolation. We would encourage organisations to use the CapitalNurse branding if using any aspect of this best practice approach.



## Background

One of CapitalNurse's objectives is to encourage more people to study in London to be nurses, and for more of those who wish to return to the nursing workforce, to return to London and stay here. Based on a literature review undertaken by HEE for the Bringing Back Nurses Campaign 2020, returners want more support from clinical staff and colleagues and a potential for more flexible working (HEE, 2020).

This approach acknowledges that by offering a shared model of supporting returners back into registered nursing roles, as well as flexibility in the routes available to return, it will have a beneficial effect on returners in feeling valued, with a higher likelihood of retaining them for longer.

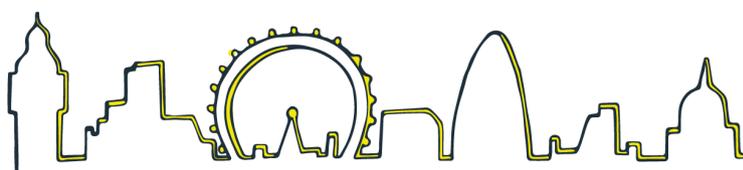
In addition to this, the work also links in with the government's pledge to deliver 50,000 extra frontline nurses in England by 2024/25, and to also enable the NHS to recover from the effects of Covid-19.

## Practice placement

### Onboarding

Education providers should work with their placement partners to directly facilitate sourcing of placements for all returners. The exception to this is if the returner has expressed a preference to source their own placement, or there is another valid reason given for the returner to source their own placement. If the returner decides to source their own placement with a specific trust, this should be confirmed (by the trust) in writing to the education provider prior to the programme commencing.

It is the responsibility of the education provider to organise the sourcing of the returner's uniform prior to their first day in placement. Depending on the placement provider's uniform requirements, this can be organised in conjunction with the placement provider or independently through the education provider alone.



To ensure expectations of both the placement provider and the returner are managed, a discussion around flexibility in shifts for clinical placements should be held at interview stage: e.g. how many shifts/lengths of shifts required per week.

ICS RtP bureau leads should develop a collaborative working relationship with the education provider and trust RtP leads within their ICS footprint, to ensure the onboarding and recruitment process for each returner is joined up and to guarantee the appropriate sourcing of placements. The gold standard would be for each education provider to initially link returners with their local ICS RtP bureau leads for pastoral support and support around matters concerning placements.

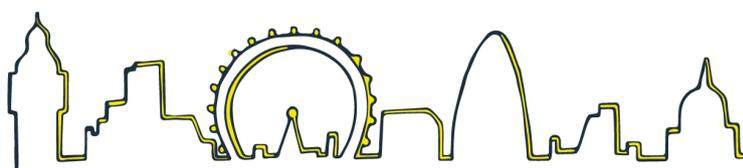
Education providers and ICS RtP bureau leads should forge relationships through continuous informal communication and more formalised steering groups to work through placement issues and other requirements.

Contact details for RtP leads across education providers, placement providers and ICS bureaus, held by HEE, should be kept up to date. It is the responsibility of the leads to communicate to the HEE RtP project manager any changes in their staff.

## Returner support during placement

It is important for the returner to have a rich learning experience and to feel valued and part of the team. To support this process, ward managers and/or practice assessors should arrange a conversation/initial interview with the returner about what their needs are and how the team can support those needs. The returner also has a responsibility to be transparent with the manager and/or assessor about their learning needs. Practice assessors may wish to adopt the transitional needs analysis from the [CapitalNurse Preceptorship Framework](#) and adapt this to meet the learning needs for a RtP nurse.

As a minimum requirement, some form of identification badge should be provided to the returner by the trust placement provider/employer, which should indicate their role as a



returning nurse. Any supplementary badges given by the ICS RtP bureau lead is just an addition, and not an essential requirement.

Alongside this, ICS RtP bureau leads should also provide returners with an introduction letter, enclosing a pre-filled leaflet with key contact details of their ICS RtP bureau lead, trust lead, education provider programme lead, and some information about the role of each. Details of the returner's local practice assessor should be completed by the returner when they get to their clinical area.

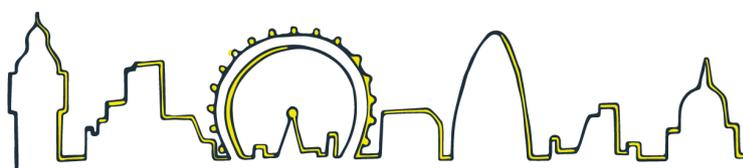
Education providers should visit the returner or make contact remotely to offer some pastoral support. The gold standard would be to have a joint approach with the ICS RtP bureau lead so that all parties are kept informed and up to date on issues arising.

## Pastoral support

Each trust placement provider should have pastoral support for their RtP nurses in line with other learners. This may be a member of the trust's nursing directorate, or utilising the trust's existing clinical education team. The pastoral support is to be an additional resource of support for the returner to contact if needed and should not be used to replace the existing practice assessor role.

The pastoral support should contact the returner at the start of their placement to introduce themselves, letting them know that they can be contacted for support or advice if needed. The pastoral support does not necessarily need to provide regular email or telephone support, but the gold standard would be to keep in contact with the returner every two weeks.

If any concerns are identified, the pastoral support should escalate these concerns as soon as possible to the returner's placement manager and/or practice assessor or supervisor or link lecturer and inform the returner of them doing so.



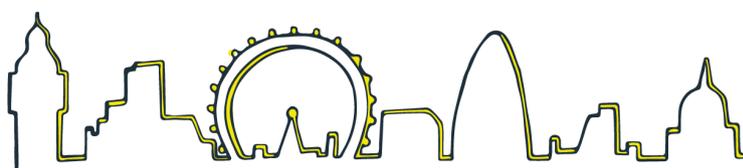
## Practice assessors/practice supervisors

Practice assessors and practice supervisors are crucial to the success of the returner completing the programme. Gold standard activities should include:

- practice assessors working directly with the returner as often as possible and a minimum of one shift a week;
- good communication between the practice assessor and practice supervisors to discuss feedback on the returner's progress;
- ensuring that the whole multi-disciplinary team are aware of the returner's role to ensure a whole team support approach is delivered;
- identifying learning opportunities and ensuring the returner is exposed to these as often as possible. Considerations should be given on allocating these learning opportunities fairly to returners, student nurses and trainee nursing associates; and
- ensuring the returner is encouraged to reflect on their experience during the placement period to enable them to link theory to practice. There should be timely implementation of an action plan and SMART goals to achieve outcomes if issues are identified early in clinical placement, with all discussions documented in the practice assessment document.

## Status of the returner in practice

The returner should be regarded as similar to a newly qualified nurse, while also recognising that they are a practitioner with previous experience, who is rebuilding their confidence and skills. They should be treated as part of the team.



## If things are not going well

If the returner does not achieve the required learning outcomes and skills, does not complete practice hours or behaves unprofessionally, they will not complete the programme requirements and cannot register.

To avoid getting to this point, there should be an early and open conversation with the returner to address any issues and internal support be considered. The education provider and ICS RtP bureau lead should be notified as soon as possible if the returner is struggling, so that extra support can be put in place.

## Models of Employment

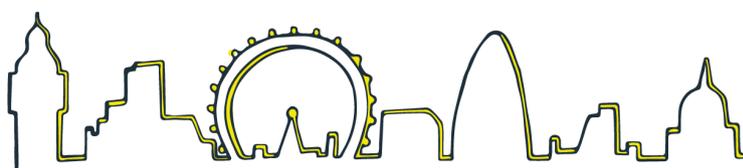
### The two main routes for returning to practice

#### Unpaid/voluntary placement route

A returner will secure a place on a RtP programme and then following a successful joint interview with the education provider and the placement provider, the returner will then be offered an unpaid placement within a trust usually coordinated in conjunction with the education provider. On completion of the programme the returning nurse will be able to apply for a registered nursing position within a trust.

#### Paid/employer led route

A returner will secure a place on a RtP programme and then following a successful joint interview with the education provider and the trust, the returner will then be offered a contract of employment with the trust. They will initially be paid at a band 3 until they have successfully re-registered with the NMC and completed the programme, then they will be uplifted to a permanent band 5 position, adopting the guaranteed job offer principles, including an informal values and competence based interview and a career conversation with the returner. A returner through this route would also be included in the pension scheme when the returner starts their practice hours.



## Benefit of voluntary/unpaid route: flexibility

The voluntary/unpaid route to RtP can offer more flexibility in terms of length and regularity of shifts, allowing the programme to fit in with the returner's home/personal life balance.

There should be open and transparent conversations around shift preference between the returner, education provider, trust placement/employer and ICS RtP bureau lead from the point of the returner's initial enquiries, throughout the application and recruitment process, to the point of offer. Efforts should be made by all parties to consider how to accommodate returners' requirements.

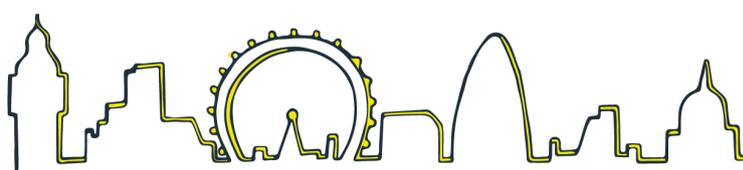
As a minimum standard, if conversations about shift preference have not taken place with the returner, this needs to be explored no later than the interview stage in conjunction with the trust placement/employer.

The ICS RtP bureau lead and education provider will need to ensure that the trust placement/employer has realistic expectations of their returner, while also ensuring the returners expectations and preferences are carefully managed through clear and open dialogue. This applies to both the voluntary and employed route.

## Benefit of employer-led/paid route: retention

The employer led/paid route to RtP offers the benefit of increased likelihood of retaining those returners once they have successfully completed the programme. It is good practice to place a returner into a vacancy where they are likely to transform into a registered nursing role upon completion of the programme.

Employment and career conversation should be had with the returner throughout the placement/training period, starting at the interview stage. The gold standard is to follow the guaranteed job offer principles based on the [pan-London newly qualified nurse employment offer](#) in terms of offering a job following a values based interview, and to



have a career conversation with the returner regardless of what route they take to complete the programme. This should be a continuous conversation throughout the placement/training period.

## **Employment route: key points for trusts/employers to consider**

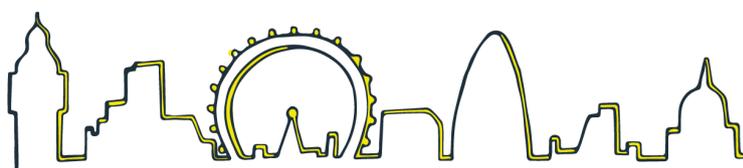
The trust/employer will need to:

- organise the advertising of the RtP programme positions on NHS Jobs. This will require trusts to identify the vacancies within their organisation;
- develop relationships/partnerships with local education providers that offer the RtP programme and the ICS RtP bureau lead to ensure joined up approach to recruitment and interview;
- manage the shortlisting and interview process in partnership with the education provider; and
- take responsibility for occupational health checks, DBS checks and reference checks, ensuring their internal HR lead can manage this process. Please note: the education provider is responsible for all the checks through the voluntary/unpaid route.

For further information about these two routes, please see the annex of this document.

## **Supernumerary status of returners: voluntary/unpaid and employer-led/paid**

The gold standard is for placement providers/trust employers to offer protected study time for students, so they have a better chance of successfully completing the programme. How the placement provider/trust employer does this is discretionary.



## Test of competence

The test of competence (ToC) is a new route introduced by NMC effective from January 2020. The returner will not have to attend a university programme or be in a trust placement, but a returner can be employed as a returner to undertake the ToC.

The ToC is made up of two parts:

1. A multiple-choice computer based theoretical test known as the CBT.
2. A practical test known as the Objective Structured Clinical Examination (OSCE).

For nursing, there is a different ToC for each field of nursing.

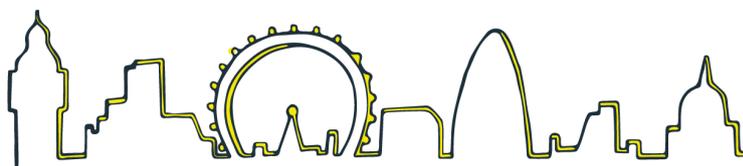
HEE will reimburse the cost of the tests to the employer or the returner (depending on who has funded it), as long as the returner successfully passes the ToC and takes up employment with the trust that funds the ToC or if self-funded, takes up employment with the NHS.

For more information about the ToC, please refer to the NMC link [here](#).

If a trust employs a returner to undertake the ToC through the employer led route, the gold standard would be to offer OSCE preparation training to the returner.

## Additional resources

We advise that returners wishing to pursue either the RtP (paid or unpaid) or ToC route also utilise the [resources at e-Learning for Healthcare](#).



## Annex

### Return to practice unpaid/voluntary route process

Step 1: returner completes RtP application to the education provider

Step 2: education provider refers application to placement provider

Step 3: education provider arranges for the returner to undertake literacy and numeracy tests

Step 4: returner passes literacy and numeracy tests

Step 5: Returner invited to a joint NHS values-based interview with the education provider and the placement provider. The gold standard would be to include the ICS RtP bureau lead on the interview panel

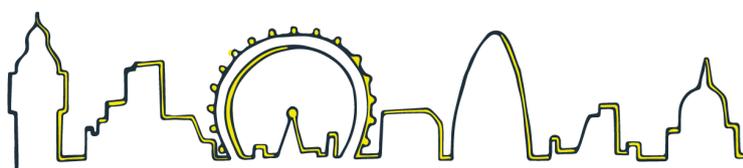
Step 6: Returner successful at interview and offered a place on the programme by the education provider and returner is allocated to the placement provider

Step 7: The education provider's responsibilities include:

- sending a conditional offer letter to the returner;
- arranging returner's registration onto the RtP programme;
- undertaking occupational health checks, DBS check and reference checks; and
- providing the returner with a uniform.

The placement provider's responsibilities include:

- confirming placement arrangements; and
- ensuring there is a full induction in place.



## Return to practice paid/employed route process

Step 1: returner completes initial application to the education provider or to the employer via NHS Jobs or trust website

Step 2: education provider either refers application to the trust or the returner is advised to apply for a RtP role via NHS Jobs/trust website. Trusts are responsible for advertising positions through NHS Jobs and for the subsequent shortlisting of applicants

Step 3: education provider arranges for the returner to undertake literacy and numeracy tests

Step 4: returner passes literacy and numeracy tests

Step 5: returner is invited to a joint NHS values-based interview with the education provider and the trust. The gold standard would be to include the ICS RtP bureau lead on the interview panel

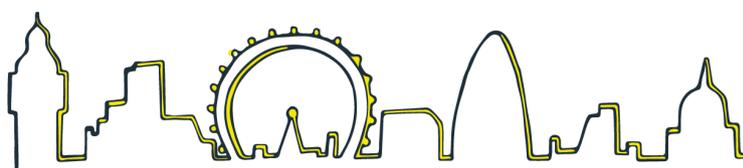
Step 6: returner successful at interview and offered a place on the programme by the education provider and employed as a returner by the trust

Step 7: The education provider's responsibilities include:

- sending a conditional offer to the returner;
- arranging for registration onto the RtP programme; and
- providing the returner with a uniform.

The placement provider's responsibilities include:

- undertaking occupational health checks, DBS check and reference checks;
- confirming placement arrangements; and
- ensuring there is a full induction in place.



## Authors

Dean Gimblett, Clinical Lead, Health Education England/CapitalNurse

Lyndsey Carpenter, Project Manager, Health Education England

## Acknowledgements

With many thanks to our task and finish group members:

Louise Rabbitte, Returner Liaison for BBNM Campaign (temporary deployment) and Clinical Quality Manager/Safeguarding Portfolio, NHS England and NHS Improvement/London region.

Siobhan McCawley, Lead Practice Development Nurse, Kingston Hospital NHS Foundation Trust (ICS RtP Bureau Lead for south west London).

Farouk Lawal, Workforce Programme Manager, East London Health and Care Partnership (ICS RtP Bureau Lead for north east London).

Maggie Pratt, Programme Lead, Return to Practice and International Nurse, CapitalNurse NCL (ICS RtP Bureau Lead for north central London).

Olubunmi Awoosemo, Practice Development Nurse, Guys and St Thomas' NHS Foundation Trust (ICS RtP Bureau Lead for south east London).

Ben Sayer, Lead Nurse for International Registration, Imperial College Healthcare NHS Trust (ICS RtP Bureau Lead for north west London).

