

Return to practice – best practice guide for Midwifery

For employers and higher education
institutions

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Introduction

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

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 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.

There is a need to focus on making return to practice navigation easier for all returning midwives, and for organisations to view return to practice as an essential part of their workplace planning, supply and recruitment and retention strategies.

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.

Background

HEE would like to encourage more people to study in London to be midwives, and for more of those who wish to return to the midwifery workforce, to return to London and stay here.

This approach acknowledges that by offering a shared model of supporting returners back into registered midwifery 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 enables the NHS to recover from the effects of Covid-19.

Benefits of Return to Practice for organisations

1. Addresses workforce gaps, for example offering and supporting a band 3 position then transitioning into a band 5 registered midwife role upon obtaining NMC registration – a grow your own approach.
2. Tap into a skilled workforce: these individuals not only have clinical experience, but life experience, are generally motivated and live locally, increasing chances of retention.
3. Reduce recruitment and agency costs and increase bank capacity – linking to workforce planning.
4. There is evidence that if people are supported to return, they are highly likely to seek employment with that organisation.
5. Relatively quick and cheap lever to increase supply: average cost per returner is £3000 (HEE funded) and returners can be re-registered and back in the registered workforce within 3-12 months.

Practice placement

Onboarding

Returners are usually expected to organise their own placement, by having an honorary contract with a placement provider confirmed before entry to the programme. However, to maximise the likelihood of successful entry, we would encourage placement providers, education providers and Integrated Care System (ICS) RtP bureau leads to work collaboratively to facilitate mapping and sourcing placements for all midwifery returners. The exception to this is if the returner has already sourced their own placement, or if the returner has applied for a return to practice position through an advertised vacancy on

NHSJobs. If the returner has sourced their own placement with a specific trust, this should be confirmed (by the trust/Head of Midwifery) in writing to the education provider prior to the programme commencing.

It is the responsibility of the placement provider to organise the sourcing of the returner's uniform prior to their first day in placement.

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/discussion 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 placement provider 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, support around matters concerning placements, and to promote an employer led model for returning to practice.

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 these RtP 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.

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 midwife. 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 placement provider should have pastoral support for their RtP midwives in line with other learners. This may be a member of the trust's midwifery 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 and student midwives; 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/ongoing achievement record.

Status of the returner in practice

The returner should be regarded as similar to a newly qualified midwife, while also recognising that they are a practitioner with previous experience, who is rebuilding their

confidence and skills. They have supernumerary status during their training and 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 re-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

Following a successful informal or formal interview with the placement provider, the returner is offered an unpaid placement within the trust and an honorary contract is awarded. The returner will then secure a place on a RtP midwifery programme, supplying the education provider with evidence of their honorary contract/offer letter from the placement provider. On successful completion of the programme, the returning midwife will be able to apply for a registered midwifery position.

In order to attract returners to take up placements, the gold standard would be for Trusts to create adverts for their unpaid placements on NHS Jobs and follow a similar process as they would when recruiting paid employees.

Paid/employer led route

A returner will search and apply for a return to practice midwifery vacancy through NHSJobs or via a Trust's website. If successful at interview, the returner will be offered a contract of employment with the trust. The returner will then apply for a place on a RtP midwifery programme, providing evidence of their contract of employment with the trust.

The returner will initially be paid at a band 3 until they have completed the RtP programme and successfully re-registered with the NMC, at which point they will be uplifted to a permanent band 5 registered midwife position, with the Trust 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.

The gold standard would be for the placement provider, education provider and ICS RtP bureau lead to collaborate and offer a joint interview with the returner. This applies to both University RtP route, and the Test of Competence RtP route.

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, placement provider and ICS RtP bureau lead from the point of the returner's initial enquiries, throughout the application and recruitment process, to the point of offering an honorary contract. 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 formal/informal interview stage with the placement/employer.

The ICS RtP bureau lead and education provider will need to ensure that the placement provider 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.

We recommend the process on the following page for placement providers to adopt when offering honorary contracts to midwifery returners:

Return to Practice Unpaid/Voluntary Route Process

1. Initial contact made by the returner to the placement provider.
2. If placement provider has capacity to provide a placement to a returner, they will arrange an initial discussion with the returner, to establish whether there is an appropriate fit between the returner, their learning objectives and the placement provider.
3. Returner is invited to an NHS values based interview (formal or informal) with the placement provider. The gold standard would be to include the ICS RtP bureau lead on the interview panel.
4. Returner successful at interview and offered a placement, on the condition that they are able to successfully secure a place on the RtP programme and pass the necessary literacy and numeracy tests required by the education provider.
5. Placement provider's HR function to complete pre-employment checks: DBS, Occupational Health clearance and reference checks. If pre-employment checks are satisfactory, HR to send an offer letter/honorary contract to the returner. (An example honorary contract template is included in the additional resources section of this document).
6. Returner applies to the education provider for a place on the programme, with support from the RtP ICS bureau lead (if required), providing evidence of their offer letter/honorary contract.
7. Education provider arranges for the returner to undertake literacy and numeracy tests.
8. Returner passes literacy and numeracy tests.
9. The education provider will arrange returner's registration onto the RtP programme and will liaise with the placement provider as required.
10. Placement provider will contact the returner and education provider to confirm placement arrangements, ensuring a full induction is in place and will provide a uniform and name badge.

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 midwifery role upon completion of the programme. Additionally, it allows the returner to work during their studies.

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 when 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.

We recommend the process on the following page for employers to adopt when offering a paid/employer led RtP route to midwifery returners:

Return to Practice employer-led/paid route process

1: Returner completes initial application to the employer via NHS Jobs or employer website. An example job advert is included in the additional resources section).

2: Employer shortlists applicants and invites them to an NHS values based interview. The gold standard would be to include the ICS RtP bureau lead and the education provider on the interview panel.

3. Returner successful at interview and offered the position, on the condition that the returner passes the literacy and numeracy tests required by the education provider.

4. Employer's HR function to complete pre-employment checks: DBS, Occupational Health clearance and reference checks. If pre-employment checks are satisfactory, HR to send formal offer letter/ employment contract to the returner.

5. Returner applies to the education provider for a place on the programme, with support from the RtP ICS bureau need (if required), providing evidence of their offer letter/employment contract.

6. Education provider arranges for the returner to undertake literacy and numeracy tests.

7. Returner passes literacy and numeracy tests.

8. The education provider will arrange returner's registration onto the RtP programme and will liaise with the employer as required.

9. The employer will contact the returner and education provider to confirm the returner's start date, ensuring a full induction is in place and will provide a uniform and name badge.

Please note: this process can also be adopted for voluntary/unpaid placements if placement providers wish to do so.

Employment route: key points for trusts/employers to consider

Returners need a supportive and proactive system to enable their return to practice. Opportunities within trusts need to be promoted on each trust's individual website and social media platforms, so returners can easily find and apply for available return to practice roles. The trust/employer will need to:

- Identify vacancies and organise the advertising of the RtP positions on NHS Jobs.
- 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 ICS RtP bureau lead.
- Take responsibility for occupational health checks, DBS checks and reference checks, ensuring the employer's internal HR function can manage this process.

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 allows this study time 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. 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.

The ToC is made up of two parts:

1. A multiple-choice computer based theoretical test known as the CBT. Cost at the time of publication: £83.
2. A practical test known as the Objective Structured Clinical Examination (OSCE). Cost at the time of publication: £794.

HEE will reimburse the cost of the tests to the employer or the returner (depending on who has funded it) and will also award the placement provider with £650 per returner supported, if they are able to offer OSCE preparation training. Funding for re-sits is discretionary and based on extenuating circumstances.

Reimbursement of the ToC fees is conditional on the basis that the returner can provide evidence of meeting the following criteria:

- Successful Test of Competence pass
- Reside in England
- Provide receipts from Pearson Vue/OSCE Test Centres for CBT and OSCE
- NMC re-registration details
- Provide a current DBS
- Evidence of a contract of employment as a registered midwife (stating the contracted hours)

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

For further information about the reimbursement process, please contact returntopractice.wm@hee.nhs.uk

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](#).

If Trusts require any guidance with advertising RtP midwifery placements/vacancies, please find attached several documents to be used as templates:

Example NHS Jobs RtP Midwifery Student advert:



RTP Midwifery
example NHS Jobs ad

Example RtP Midwifery Honorary Contract template:



RTP Midwifery
Honorary Contract.pdf

Key Contacts: ICS RtP Bureau Leads

If you are interested in supporting Midwifery return to practice, please contact your ICS RTP bureau leads:

- North Central London: Maggie Pratt – maggiepratt@nhs.net
- North East London: Maria Mantziou – maria.mantziou@nhs.net
- North West London: Jan Goldsmith (Interim) - jan.goldsmith@nhs.net
- South West London: Siobhan McCawley - siobhanmccawley@nhs.net
- South East London: Vivienne Greening - vivienne.greening@gstt.nhs.uk

Key Contacts: HEI RtP Midwifery Leads

For further information about the RtP Midwifery programme and how you can support them with offering placements to returners, please contact:

- University of Greenwich: Heather Bower - h.m.bower@greenwich.ac.uk
- Kingston & St Georges University of London - Georgina Sims:
georgina.sims@sgul.kingston.ac.uk

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https://www.hee.nhs.uk/sites/default/files/documents/RTP%20Best%20Practice%20Guide_FINAL%20open.pdf