

Career Refresh for Medicine (CaReforMe)

Executive Summary

- As part of the response to the COVID pandemic and to help address ongoing medical workforce challenges, HEE has worked with partners to develop a medical Return to Practice programme called Career Refresh for Medicine (CareforMe).
- It is aimed at doctors who have had a break in practice, including those new to the NHS (e.g. overseas doctors).
- This complements the Supported Return to Training (SuppoRTT) initiative for doctors who have taken a break from training and is in addition to other return to practice initiatives.
- It is a facilitative programme that allows access to information, certain training opportunities and three mandatory supernumerary orientation days on commencement of post, if the applicant has been out of practice for more than 6 months.
- The employment of doctors remains the responsibility of Trusts.
- The programme aims to make it easier to refresh potential staff to fill existing posts, with no employer requirement to create new posts.
- The first round of applications opened on 14 December 2020 and closed in mid-January 2021. Doctors obtaining posts will commence work from April 2021.

Programme Background

The HEE Medical Education Reform Programme (MERP) has been working with system partners including the General Medical Council (GMC) and the British Medical Association (BMA), as well as NHS Employers to establish a robust return to practice scheme for doctors and those who are new to the NHS, which it is hoped will provide flexibility to postgraduate medical education. In turn, it is hoped improvements in the retention of doctors both within training (improving morale and access to flexibility) and medical practice (improving support and morale) will be made, thus helping to grow the medical workforce.

The MERP team have worked closely with stakeholders to assess the viability, scale, and nature of a programme. This work has included surveying employing bodies across the NHS, which is outlined in detail further on, which has indicated strong support for the delivery of a national return to practice programme, with content broadly like that offered to returning trainees through the Supported Return to Training Programme (SuppoRTT; also delivered through the MERP team). A survey of non-practicing doctors has also been developed with the GMC and analysis of the results is expected in early 2021.

In response to this scoping, a phase one programme called Career Refresh for Medicine (CaReforMe) is being implemented to support returners including doctors new to the NHS. This programme is facilitative, meaning that doctors are expected to find their own role and HEE will support the doctor in returning, a process that is being co-ordinated through HEE local offices, utilising a similar model to the one currently in place for Supported Return to Training (SuppoRTT).

The NHS People Plan was published in July 2020 and contained the following call to action for HEE:

Supporting return to practice: HEE is exploring the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration. This would build on existing return to practice schemes for nurses, allied health professionals, GPs and pharmacists.

Aim

The aim of CaReforMe is to help support doctors who have had a break in practice, including doctors new to the NHS, either to return or start work in the NHS more easily and safely. This will also help prospective employers to support these doctors.

Programme model/eligibility

The group of doctors that have the potential to be involved with the CaReforMe programme is very diverse, both in their experience and intentions. To allow for this, there are three phases of support, with access to differing levels of resources in each phase.

- **Ready phase** – For initial supportive resources which are readily available at no extra cost, available to all interested doctors, providing information and e-learning. Access to this phase is unrestricted and includes information from the [CaReforMe webpage](#) on the HEE website such as:
 - Contact details for who to approach, including local HEE teams and medical Royal Colleges;
 - signposting to career information resources;
 - E-learning via eLearning for health.

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

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

All successful applicants to the **Steady** stage will have access to resources such as:

- SupportTT resources, including virtual resources. These are likely to be particularly focussed on pastoral support, wellbeing, networking, etc.
 - Confirmation of eligibility for **Go** phase programme and associated resources to demonstrate to prospective employers;
 - Welcome to UK Practice (GMC Course);
 - Mentorship (the mechanism for this is currently being explored).
- **Go phase** - For consolidation relevant to an accepted post, which will allow access to more intensive resources. To access this phase, the doctor must have:
 - Been appointed to an NHS funded post with a requirement for GMC registration in England;
 - Be able to provide proof of your acceptance of the post.

Some criteria may not fall under the programme's remit and may be a matter for the employing trust. e.g. doctors with undertakings.

Resources

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

- Local HEE SupportTT/specialty courses relevant to the accepted post, such as higher value technical resources. Illustrative examples include:
 - Non-technical skills simulation (face to face and/or virtual);
 - Orientation to place of work e.g. video tour of hospital;
 - Technical skills simulation;
 - Generic courses.
- External national courses specific to the accepted post (if necessary and unavailable locally);
- Specifically developed CaReforMe courses, once available;
- Three **mandatory** supernumerary orientation days on commencement of post, if the applicant has been out of practice for more than 6 months, in line with the SupportTT offering.

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

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

Roles and Responsibilities (HEE and Employer)

To receive support from this programme, employers engaging with the programme must:

- Agree to release doctors to approved courses;

- Protect allocated supernumerary days.

Although funding and project support for the CaReforMe programme is being run directly by HEE, it is important to highlight that this support is entirely facilitative and thus the employment of returning doctors remains the responsibility of the employing Trust. HEE does not employ doctors and therefore cannot take any employment related responsibility for those doctors who wish to engage with the CaReforMe scheme; specifically:

- Acceptance onto this programme provides no validation of a doctor's suitability for a post - doctors remain appointed and vetted by their employer;
- Whilst HEE will endeavour to work with any Occupational Health recommendations in relation to the programme elements, implementation remains the employer's remit;
- Employee health and well-being remain the employer's responsibilities.

Ensuring clear and adequate arrangements for supervision and support, both initial and ongoing, are outside the remit of this programme and remain the employer's responsibility.

However, employers are not required to create additional posts specifically for doctors who have applied for CareforMe. Equally, as it is not an employer, HEE is not creating or funding new posts through this initiative.

FAQs

Q. Some Trusts already have an established onboarding process in place. Can these continue and be used elsewhere?

A. Yes. We welcome good practice and established introductory process within Trusts. HEE is happy to engage with employers to promote best practice, for example via the HEE website, and would encourage colleagues to send their examples to us.

Q. How soon will Trusts be informed of doctors applying?

A. Trusts will become aware if a doctor has applied for this scheme when they apply for a post with the Trust. If the applicant applies for the programme after being appointed to a post, it is the

applicant's responsibility to let the Trust know and HEE will follow up to arrange supernumerary time.

It is important that CareforMe applicants and their potential employer keep in regular contact with other, as the employer and employee.

Q. How will employers identify doctors according to the clinical needs of the Trust?

A. This is a facilitative programme and doctors and employers will need to continue to work together to identify opportunities, with support from HEE to enable this to happen.

Trusts are not required to create new posts specifically for doctors who have applied for, or been accepted onto, CareforMe.

Q. How many days protected are required?

A. This is a facilitative programme so these are issues for the employer. However, we will endeavour where possible to give an indication before the start date, if agreed with the relevant course/ supernumerary provider. The standard offer is three days but there is local discretion depending on applicant need which will need to be communicated and agreed with the Trust

Q. Are the course dates defined throughout the year and how will this be communicated to employers?

A. This will vary from area to area, but HEE local offices will always try to keep applicants and employers informed as much as possible. Some courses may also be taken by applicants prior to starting in post with the employer. A range of courses are provided via HEE's ELfH portal.

Q. At what stage would employers expect to know the doctor will be applying via this scheme?

A. We will inform Trusts as soon as possible of applications, but will encourage applicants to communicate with their potential employer and vice versa. Going forward, we would hope most applicants would have evidence of programme eligibility at time of application.

Q. Where can I find out more?

Information on CareforMe is available on the HEE website at <https://www.hee.nhs.uk/careforme> and information on how the scheme is operating in your area is available from your HEE local office. You can also contact the HEE Medical Education Reform Programme via merp@hee.nhs.uk (please use the subject "CareforMe") or our partners at NHS Employers.

Case Studies

International Medical Graduate

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

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

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

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

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

She is signposted to the local HEE well-being courses, where she meets some of her new colleagues, making her feel much more at home. She is going to specialise in cataract surgery, and there are not any local HEE Ophthalmology courses, so she gets sign-off to attend a national cataract update simulation course 2 weeks before her start date.

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

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

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

Parent:

Doctor L decided to stay at home with his four children whilst his partner continued her career as head of a global finance corporation. Before his career break, he was a Consultant in the Emergency Department, but the combined demands of two careers were too much to juggle for the family.

He has now been at home for 11 years and his youngest child is about to start school. He feels he wants to work outside the home again. He assumes his medical career is over and is exploring Open University courses, considering what he could retrain to be. However, one of his former colleagues points out the new CaReforMe initiative. When he visits the website, the example stories make him realise he is not alone in his choice and return is possible after all. He does some of the eLearning and is pleased to discover he is not as rusty as he thought. He contacts his old department to see if there is any interest and is pleasantly surprised that they are keen to support him.

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

Once his post funding is confirmed, he enters the Go phase and is approved to attend the local ATLS course to help refresh. He finds this really tough, but completes it successfully.

His post has been arranged by his department to be fully supervised for an initial six month period and he will be 50% Less Than Full Time so he takes the three supernumerary days as six part shifts to fit around childcare. He finds this time really helpful as he negotiates unfamiliar IT, mandatory training, the new department layout and meets new colleagues.

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

Post Foundation Break:

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

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

When he returns to the UK after nine months backpacking with his partner, he applies for the Steady phase and was directed to his local team while he applied for posts. He went on the local well-being courses where he met some prospective colleagues. Whilst he has not been out of practice for long, he finds it really helpful to be able to share some of his worries in a safe environment. He also goes on the GMC Welcome/Return Course which he found useful. He successfully applies for a clinical fellow post in general medicine at his local Trust and moves to

the Steady phase. After approval by his local HEE office, he attends two local general skills simulation courses. When he starts his new post, he has three supernumerary days to orientate himself, meet his new colleagues, sort out IT issues, and attend clinics/ward rounds. He chooses to spend some of the supernumerary hours with the hospital at night team to familiarise himself with the system. He has returned to the NHS in a safer and more supported way.

Returning from Overseas:

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

Health Issues:

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

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

