

# RETURN TO PRACTICE – A GUIDE FOR MANAGERS

## **INTRODUCTION**

As a Service Manager, you sometimes receive requests to help radiographers return to practice. This guide, which has been written by radiographers who have successfully returned to practice, should help you. It should answer some of your questions, and enable you to respond positively and practically. Elsewhere in this pack you will also find information on resources you might want to take advantage of.

Opportunities for radiographers who wish to return vary across the UK and sometimes there is financial assistance available from either the local trust/employer or the Strategic Health Authority or equivalent.

The Health Professions Council require the returner to complete a period of retraining if they have been off the register for more than two years, information on their website [www.hpc-uk.org](http://www.hpc-uk.org)

Return to practice courses and support for individuals is also available from Higher Education Institutions either independently or in conjunction with those responsible for the strategic development of the workforce. – please see the enclosed leaflet.

## **THE ATTRACTION OF EMPLOYING RETURNERS**

Over the years, hundreds of radiographers have left the profession and many feel that it is too late to return to practice, not being aware of the advantages and retraining opportunities that exist.

Returners have the following advantages:

- once retrained, they will probably stay because they appreciate the security of regular work in a hospital where they can develop working relationships;
- after a break from practice they will have a renewed enthusiasm for their job;
- their general life skills will enhance their work and the life of the department;
- even if the effort involved in initially recruiting and retraining seems a lot for an overstretched department, it will pay off when the successful returner is in post.

## **FIRST APPROACH**

Almost all potential returners feel apprehensive about the return process. If the first contact they make is not a happy one they may well then be lost to the profession. *Return journeys; Bringing qualified staff back to the NHS – A Good Practice Guide* lists the main characteristics of a positive response and these are adapted for radiography as follows:

- a single name and number for a suitable contact person (preferably the Service Manager) to whom enquirers can talk immediately, or who will undertake to call back within a defined period;
- the contact person must be able to talk knowledgeably about what is involved in return, the opportunities which exist and financial support available;
- they should be able to invite an inquirer in for a longer discussion about the potential returner's circumstances, and expectations of return;
- the offer of an extended visit to the relevant department;
- planning the visit so that the returner gets a positive response and encouragement from those they encounter, especially the radiographers; meeting a Return to Practice mentor (if provision available), or a returner.
- a locally based information pack for those who don't take their interest further at this stage;
- information on any return to practice courses, funding entitlements and other practical matters;
- an offer of a period of voluntary shadowing or paid healthcare assistant work so that the returner can experience the environment of the Clinical Imaging or Radiotherapy & Oncology Department more completely.

## **SECOND STAGE**

Following on from the first approach, an interview will be necessary for those wanting to actively pursue returning to practice. During this interview discussion should include:

- what they had done before they left and the length of break in practice
- their expectations of return
- their level of confidence and perceptions of their current knowledge
- where and when they would like to work

Depending on the above, further consideration will need to be given to the following:

- training needs, requirements of the Health Professions Council and confidence in professional competencies
- a period of work shadowing or working as an assistant during re-training
- planning of placements to support identified learning needs
- provision of a mentor
- realistic assessment of employment prospects following re-training
- help with preparing CV and job application forms
- accommodating particular personal circumstances
- accessing financial support

## **MENTORING RETURNERS**

Once you have taken on a returner, you need to prepare and be ready to delegate some of the tasks. A mentoring system is essential to achieve a successful outcome. More information on mentoring for returners is included in 'Mentoring – A Practical Guide' included in this pack.

**Step 1** Arrange mentor and decide his or her responsibilities and training needs



**Step 2** Ensure mentor training takes place



**Step 3** Mentor considers specific needs & retraining for the returner in conjunction with the Service Manager.



**Step 4** Mentor allocates rooms day-to-day depending on staffing and returners needs



**Step 5** Mentor and Service Manager meet regularly

The mentor is responsible on a day to day basis for ensuring that the returner gets the necessary experience and training and records this effectively in a portfolio.

## **RETURNERS' CURRICULUM**

In addition to any mandatory training required by the trust, Managers will need to consider the broader learning needs of the returner and how to meet them. Even if an external course is available in a convenient place at a convenient time, there will still be some input needed from the clinical department. It might be possible to link in with an academic programme for student radiographers or other learners, or, if available, a clinical lecturer may provide assistance and advice. Consideration should be given to including the following in any returners' curriculum:

- departmental routines, protocols and schemes of work
- equipment and accessories
- radiation protection, infection control, health & safety and quality assurance
- care of the patient
- interpersonal skills
- changes in practice and advances in clinical imaging or radiotherapy and oncology
- continuing professional development.

A returner who is well supported by a mentor and Service Manager is likely to regain confidence and skills and quickly learn new ones that meet the current demands of health care.

## **A COMPETENCY PORTFOLIO**

Whether the returner is undertaking a formal Return to Practice Course or following an individual programme it is appropriate for the returner to develop a portfolio with support and help from the mentor. The portfolio becomes a valuable resource tool and should include:

- current radiographic/radiotherapy techniques
- competence in using equipment
- H&S, use of drugs, clinical waste, COSHH, RIDDOR, EU regulations, etc
- hospital protocols
- personal reflections

The competency portfolio should include space for the returner to put in own comments concerning competency development. Possibly, too, it should include space for comments from allocated supervising staff.

For diagnostic radiographers competencies in the following areas should be included:

- General Radiography
- A& E
- Theatre/Mobiles
- Fluoroscopy

Also, at this initial stage, observations of the following should be recorded:

- C.T. (assist and contribute)
- M.R.I.
- Mammography
- Interventional radiography
- Ultrasound

For therapeutic radiographers competencies in the following areas should be included:

- Treatment techniques
- Delivery and verification of treatment

Also, at this initial stage, observations of the following should be recorded:

- Treatment planning and dosimetry
- Information, support and counselling
- On-treatment review and assessment

### **OTHER CONSIDERATIONS**

As previously mentioned, there may be financial support available through the strategic organisations in the four countries of the UK and returners should be helped to access these.

The employment status of the returner needs careful consideration. It may be reasonable to have a short period of un-paid time in the clinical department during which the would-be returner considers whether they wish to continue. Once the returner commits themselves, consideration should be given to what salary to pay during a period of re-training. Some clinical departments use the support worker scales for this purpose. As the returner increases in confidence and competence, they should be rewarded appropriately and when competent to work as a radiographer, rewarded as such.

Information on local arrangements related to childcare considerations should be available, e.g. is there a crèche on site?

Flexibility in working hours is often the single most valuable incentive for the returner. This needs to be considered alongside service needs and consideration of the whole radiography workforce.

### **NO RETURNERS YET?**

You may not yet have been contacted by potential returners. Often this is because potential returners are frightened of making the initial contact. You may want to be more pro-active and encourage that initial phone-call.

Initially, you may want to make contact with the Return Co-ordinator or equivalent, in your area because this person should take responsibility for reaching out to appeal to returners. However, everyone can share in this responsibility and ideas are given in *Return journeys; Bringing qualified staff back to the NHS – A Good Practice Guide*. Events such as World Radiography Day, held annually on 8<sup>th</sup> November also raise the profile of radiography and make a good opportunity to encourage contact from potential returners.

### **CONCLUSION**

Service Managers report a range of experiences in managing return to practice. The majority report a successful result although the commitment and effort from both the returner and the supporting staff is considerable.

Being welcoming but not overwhelming is the best approach to take. Bite-size pieces of information about the changes and reassurance that it is not overwhelming or impossible is important. Putting them in touch with other returners for building of confidence prior to a more formal and wide-ranging interview would be valuable.

Occasionally, it becomes obvious that the necessary competencies will not be achieved and the Service Manager is then in the position of having to manage this outcome. Good procedures for return to practice and especially the use of mentors and a competency portfolio will facilitate this.

Support is available from various organisations (see resource and helpful hints) and Service Managers are advised to use all possible sources. The SCoR professional officer responsible for Recruitment, Retention and Return would be pleased to help; call Christina Freeman on 020 7740 7245.