

Return to Practice Case Study

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Tell us a little bit about yourself: What's your name, job role and employer?

My name is Yolande Potgieter and I am the Head of Dietetics and a Community Paediatric dietitian. I am head of the dietetic team for Oxleas NHS Foundation Trust. Oxleas NHS Foundation Trust provide a range of health and mental health services for people living in South East London. Our dietetic team is based in the community, and we provide a dietetic service to children and adults within the borough of Greenwich. Our dietetic service is run in a range of settings including; 1:1 clinics in health centres, domiciliary visits and joint clinics with other health professionals. We also provide dietetic service to Forensic and Mental health inpatient units within the South East London boroughs of Greenwich, Bromley and Bexley.

What does your supervisor role involve?

Clinical supervision is an integral part of clinical practice and I encourage the returning candidate to lead on their own supervision sessions and invite them to identify areas for discussion. They might make a list of topics that they would like to discuss in supervision, or I might ask leading questions to explore knowledge or skill gaps, clinical updates since they left practice, time management in patient consultations, admin processes, pace of clinics/patient contacts, confidence being back to work, mandatory compliance issues or professional themes might come up.

In my capacity in the supervisory role, I work with the return to practice candidates to identify and consider their learning needs rather than having my own set agenda. The return to practice process is for them to identify gaps and for us to create a supportive learning environment. We aim to create opportunities on placement and for the team to support them best we can to meet their needs. Candidates are expected to undertake a range of clinical activities during the placement/period of updating to support their individual learning needs. By offering a clinical practice placement they are conducting consultations by



themselves, and themes do start to emerge which we like to discuss and support during their time with us.

How it started, how it developed and how it was implemented?

Oxleas NHS Foundation Trust team stated on this project with Health Education England project as part of the Workforce Supply Strategy back in 2021. We had key areas of focus for this Health Education England project and one area was a return to practice program for the 5 AHP groups within Oxleas NHS Foundation Trust. We decided to explore this as an Allied Health Professional (AHP) program rather than individual professions. In Oxleas this includes Occupational Therapy, Physiotherapy, Speech and Language therapy, Dietetics and Podiatry.

We completed initial internal work with our colleagues in HR and created a rolling NHSjobs advert for return to practice AHP's on TRAC. The advert is open for 2 weeks at a time. When it closes after 2 weeks, we shortlist all applicants. Included in the shortlisting are filter questions to ensure that candidates are appropriate for the program and have previously been registered with the HCPC and want to return to the HCPC register. We also make sure that shortlisted candidates have enrolled with the HCPC on the HCPC RETURN program and are issued with a HCPC return to practice



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number. Once shortlisted candidates are moved on to the relevant Head of AHP for the profession and we request for them to contact the candidates. After they have made contact and discussed both their needs and those of the team, they will offer an agreed period of updating. An honorary contract is set up for the candidate with Oxleas NHS Foundation Trust. Once an honorary contract is in place, a start date and timetable are agreed and the candidate starts their placement/period of updating.

In dietetics it was agreed to offer our first placement in children's services in January 2023 and caseload and clinical workload to be covered was also agreed. The placement started with a period of induction to the trust, team and local area. Once confident we offered shadowing opportunities in the same context where the candidate will be working. We agreed on a date when the clinic will started to be covered. The candidate covered the agreed clinics with minimal support. We agreed on short clinics to enable them to prepare for patients, complete the clinic and post clinic admin all on one day.

What are the benefits of the programme?

Benefits for the Returnee – build and revisit dietetic skills and knowledge, work within a supportive environment with experienced colleagues, motivate candidate to complete all hours needed, complete mandatory training (as per trust requirements), able to negotiate hours to fit around returnee's and team's priorities, financial incentive to cover costs to complete program,

Benefits to the team – working with a qualified dietitian who can take on some clinical caseload, take on a designated caseload, run a full clinic with minimal support, ready to start employment with mandatory compliance for NHS.

What were the challenges?

As with any new starter, it takes time to get use to the systems we use within the trust. This includes the processes, procedures, and ways we operate. For new starter the way we record on our electronic patient record system takes time to get use too and this was also the case for our candidate.

For the team, to offer a new type of placement, has taken some time and convincing as this is a new program for our team. There were lots of questions about how long will the placement be, how closely must they be supervised etc. The team is very use to providing student placements and wanted to understand how this program is different.

What feedback did you receive from returnees?

Whilst we have not received any direct feedback, there is a sense that they are extremely grateful to the opportunity to be able to complete their placement.

How have you benefited as a placement provider?

We are able cover one of our weekly clinic with the help of our RTP candidates, which has been a great solution for times. In our other professions completing this program with our trust has led to permanent employment solutions for hard to recruit to areas.

Any advice?

The return to practice program as a whole for all our five AHP groups have been surprisingly successful and easy. We are still learning about how we can improve and imbed this program within our trust. With the support of the five other AHP groups we are able to offer and learn from each another and we are excited to be able to offer a solution to the workforce issues that we are facing at the moment.

The program will appeal to local unregistered AHP's who are experienced and highly skilled, usually at band 6 or 7 level. By working in collaboration, within 6- 8 weeks you will have a qualified dietitian who is registered and ready apply for suitable roles within the NHS.

A lot of work still needs to be done with the term 'return to practice' as we tend to get a lot of international applications requesting work experience rather than an updating process. Instead of dismissing these international applications, we signpost them to the NHS jobs website for more relevant roles.