

# Return to Practice Guidance - Career Grade Medical Staff

---

## Aim

To provide a structured, supportive, and safe framework for Career Grade Medical Staff returning to clinical practice after an extended period of absence, ensuring patient safety, professional confidence, and regulatory compliance.

## Key Principles

**Patient safety** is paramount.

**Individualised support** is essential—no one-size-fits-all.

**Professional development** should be encouraged.

**Regulatory compliance** must be maintained (e.g. GMC revalidation).

## Scope

This guidance applies to all Career Grade Doctors and Dentists returning after a break of more than 3 months due to:

- Maternity/paternity/adoption leave
- Sick leave
- Career break
- Suspension or investigation
- Working abroad

It also applies to Doctors who are returning to clinical practice following a period of working in predominantly or entirely non clinical roles.

## Roles and Responsibilities

### Manager (Lead Clinician / Operational Manager)

The manager should:

- Support the health, safety, and wellbeing of employees, recognising their duty of care.
- Seek, consider, and implement OHS and health professional advice where appropriate to support return to practice
- Assess clinical readiness and discuss with the Doctor
- Liaise with Human Resources as required

## **Returning Doctor**

- Recognise personal responsibility to take reasonable care of their own health and wellbeing. They must also make sure they are fit to work without detriment to themselves or others.
- Communicate at the earliest opportunity of any underlying health issues or other contributing factors which may impact their attendance at work or fitness to practice.
- Engage in the return to practice plan and any training identified to support a return.

## **Occupational Health**

- Provide expert, impartial, and timely advice in relation to how an employee's health issues impact their attendance at work and fitness to practice.
- Consider information provided from a variety of sources, including GPs, other agencies, and job roles. This will help make sure that all relevant information is available concerning an employee's circumstances to advise managers accordingly.
- Seek, identify, and advise on appropriate solutions, including reasonable adjustments based on information available and individual circumstances. This will enable a successful return to work.

## **Return to Practice Action Plan**

It is recognised that each Doctor will have different needs when returning work following a period of absence reflecting their experiences and circumstances and not simply their length of time out of practice. Where Doctors have had an absence of 2 years or more a formal retraining plan should be considered.

It is recommended that a Return to Practice action plan is completed following all absences of 3 months or more. This should be done either prior to return or immediately after the return.

The Doctor should take an active part in developing the action plan, collaborating with an identified manager. This could be the Lead Clinician, Clinical Director, or an operational manager. The Doctor should have input into deciding which manager will be responsible for supporting the action plan, ensuring their needs and circumstances are appropriately addressed.

The action plan should take in to account:

- How the doctor has learned successfully in the past
- How and when it will be assessed
- Whether the learning needs have been met

Which new learning is necessary to help improve patient care  
How this learning will fit into the doctor's job plan  
How to fund the learning.

### **Possible Actions to assist a safe return to Practice**

- The doctor should list any plans for education on returning to practice or any CPD that has been completed while away, or can be taken soon after their return, such as specialty specific updates. The doctor should keep a record of any work or CPD that is undertaken during an absence.
- Ensuring that, where possible, the first patient list(s) is/are straightforward and that additional support is available.
- Ensuring that enough time is allowed when first returning to work for discussions with colleagues and managers to respond and assist where necessary. It is likely more time will be needed for those doctors who have been absent longer
- Arranging for periods of observation of the doctor (either by the doctor or of the doctor) Supernumerary arrangements for a period of time if needed
- Professional development (e.g. Essential Knowledge Update, or refresher courses where they exist)
- Setting up formal or informal mentoring or supervision arrangements
- A phased or staged return to work; flexible hours or other flexible arrangements that may be necessary

The longer the doctor has been absent, the longer this support may be necessary

### **Special Considerations**

- Health-related absence: Occupational health input is recommended.
- Conduct or capability issues: RtP should run alongside HR or remediation processes.
- Locums and agency staff: RtP support should be coordinated with contracting agencies.

### **Related Policies and Guidance**

- Attendance Policy
- Maternity/ Adoption / Shared Parental Leave
- Suspension Guidance
- NHSGGC Deferral of Revalidation Recommendation

## Return to Practice Plan - Career Grade Doctors

### 1. Initial Assessment

Name:	
Manager:	
Date:	
Reason for Absence:	
Duration of Absence:	

### 2. Support Identified

Activity	Date	Notes

### 3. Supervision Schedule

Date	Supervisor	Notes

### 4. Training Activities

Activity	Date	Completed (Y/N)

## 5. Phased Return Timeline

Week	Hours/Days Worked	Comments
Week 1		
Week 2		
Week 3		
Week 4		

## 5. Final Review

Date of Review Meeting:		
Reviewed by:		
Summary of Progress:		
Ready to Resume Full Duties	Yes	No