

Education and Training Committee, 4 June 2015

Rapid appraisal of the HCPC return to practice requirements

Executive summary and recommendations

Introduction

In late 2014, a senior manager from the Australian Health Practitioner Regulation Agency (AHPRA) undertook a rapid appraisal of the HCPC's return to practice (RTP) requirements during a six-week placement with the HCPC.

This paper provides a summary of findings and recommendations from the report of the rapid appraisal. The full report and an action plan containing proposed future work to be undertaken by the Executive are also provided.

Decision

The Committee is invited to discuss the report of the rapid appraisal and the proposed actions to be taken by the Executive in response to the report's recommendations.

Background information

The names and titles of individuals at professional bodies who contributed feedback to the rapid appraisal have been redacted from the report. These discussions were held informally and their views do not necessarily represent the position of the professional bodies.

Other background information: see paper.

Resource implications

Resource implications relating to the registration system build major project and revision of the guidance on return to practice requirements (including a public consultation) have been accounted for in departmental workplans for 2015/16. They will continue to be accounted for in subsequent financial years.

Financial implications

Financial implications relating to the registration system build major project and revision of the guidance on return to practice requirements (including a public consultation) have been accounted for in departmental workplans for 2015/16. They will be continue to be accounted for in subsequent financial years.

Appendices

- Appendix 1: Report of the rapid appraisal of the returners to practice requirements
- Appendix 2: Proposed changes and recommended further work – Our response

Date of paper

26 May 2015

Rapid appraisal of the HCPC return to practice requirements

1. Introduction

- 1.1 The HCPC return to practice (RTP) requirements are aimed at ensuring that registrants who have been out of practice for a certain amount of time update their knowledge and skills when they renew their registration or are readmitted to the Register. They may also apply to individuals who have never registered or practised.
- 1.2 The RTP requirements have been in place since 2006 and have not been reviewed.
- 1.3 This paper provides a summary of findings and recommendations from a rapid appraisal of the RTP arrangements conducted in late 2014. An action plan containing proposed future work to be undertaken by the Executive, in response to these recommendations, is also provided.

2. Background

- 2.1 The duty to set RTP requirements is set out in the Health and Social Work Professions Order 2001. The prescribed periods of time out of practice which would activate updating requirements are contained in Rules¹, while the more detailed requirements themselves (e.g. number of days of updating) is a matter of policy for the Council.

Current requirements

- 2.2 The RTP requirements apply to anyone who has not practised their profession for more than two years, whether they are unregistered and want to apply for readmission or are still on the Register but not practising. The requirements are as follows:
 - 0-2 years out of practice: no requirements
 - 2-5 years out of practice: 30 days of updating skills and knowledge
 - 5 years or more out of practice: 60 days of updating skills and knowledge.
- 2.3 Requirements also apply to a person who has never been registered with the HCPC; has an approved UK qualification more than five years old; and has never practised, or has not practised for more than two years. The requirements would not apply to a person who has never been registered with the HCPC but has been practising abroad. They would be able to provide

¹ See the Health Professions Council (Registration and Fees) Rules 2003

information about their practice without having to undertake an updating period.

- 2.4 The period of updating knowledge and skills can be made up of any combination of supervised practice, formal study or private study. However any private study can only make up a maximum of half the period.
- 2.5 Where an individual undertakes supervised practice as part of the updating period, their identified supervisor must be registered with HCPC and have been in practice for at least the previous three years.
- 2.6 The 'Returning to practice' brochure² provides further information for registrants about the requirements.

Current process

- 2.7 In order to renew their registration every two years, registrants must make a declaration that they have practised their profession during the previous two year cycle. If they have not, they will need to complete a period of updating skills and knowledge as outlined above. Their name will be retained on the Register and they will have a six month period in which to complete the period of updating.
- 2.8 Individuals returning to practice (or practising for the first time) who are currently unregistered must complete their period of updating in the 12 months prior to applying for registration or readmission.
- 2.9 Forms which individuals can use to provide information about the updating they have undertaken are available on the HCPC website or from the Registration Department. These need to be counter-signed by someone from the same part of the Register to confirm that the required number of days of updating have been completed.
- 2.10 The Registration Department may contact individuals or organisations to verify some updating activities described on these forms, such as supervised practice or formal study.

The rapid appraisal

- 2.11 A rapid appraisal of the RTP requirements was undertaken by Helen Townley, National Director of Policy and Accreditation at the Australian Health Practitioner Regulation Agency (AHPRA), during a six-week placement at the HCPC in late 2014. It was conducted in two phases:
 - a desk-based review of the existing requirements and process, as well as requirements of other professional regulators; and
 - discussions with selected HCPC employees and stakeholders including professional bodies and the HCPC's Solicitor to Council.

² Available here: http://www.hcpc-uk.org/assets/documents/10001364Returning_to_practice.pdf

2.12 The full report of the rapid appraisal is attached at Appendix 1.

3. General findings

- 3.1 The rapid appraisal found that the HCPC's RTP requirements are reasonably in line with other UK regulators and internationally, though some differences may be emerging.
- 3.2 Historically there has been little published research about RTP requirements. The rapid appraisal identified previous research undertaken by AHPRA in 2012, which found little evidence about the relationship between clinical inactivity (absence from practice or minimal practice hours) and competence. The research did not identify any evidence about the minimum practice hours needed to maintain competence.
- 3.3 The rapid appraisal also identified a small number of complaints (four) received by HCPC related to the RTP requirements between September 2013 and August 2014, as well as a number of queries and requests for further guidance.
- 3.4 Discussions with staff in the Registration Department raised several issues including:
- the potential to clarify certain terms;
 - consistency within the requirements;
 - need for further guidance regarding counter-signatories and supervisors; and
 - the possibility of a verification process for self-declaration of continued practice and counter-signatories.
- These and other issues are explored further in section four below.
- 3.5 Discussion with three professional bodies³ found that none had significant issues with the HCPC's RTP requirements. However some suggestions from the professional bodies included:
- additional guidance on how RTP requirements apply to internationally qualified practitioners;
 - sample completed updating forms; and
 - more guidance about the relationship between returning to practice and scope of practice.
- 3.6 Further information on these findings and comments from HCPC staff and stakeholders is provided in the appendices to the rapid appraisal report.

³ The Chartered Society of Physiotherapists (CSP), College of Occupational Therapists (COT), and Society of Radiographers (SOR).

4. Issues with the current approach

- 4.1 Consultation with HCPC employees and stakeholders during the rapid appraisal showed that the RTP requirements were considered to be working fairly well. However there were a number of issues which might require additional work or further examination, outlined below.

Definitions/terminology

- 4.2 A number of key terms or concepts used are in need of clarification:
- It is essentially up to the individual to decide whether they have been practising in the last two years. There was some uncertainty about what constitutes 'practice', as well as whether only registered practice should count toward this.
 - Some stakeholders were confused about whether observation or shadowing should be considered as 'supervised practice' or 'private study'.
 - There were some suggestions that the term 'return to practice' was not correct in all cases.

Practice while unregistered

- 4.3 The current approach allows practitioners to count practice while unregistered toward meeting the requirements for recent practice. This can include where the individual works in a role with a generic (non-protected) title which draws on their professional knowledge and skills. It might also include overseas practice in the relevant profession.
- 4.4 The report suggests this issue might benefit from further exploration during a review, including whether any additional verification of claims about practice while unregistered should be introduced.

Requirements for those who have never registered

- 4.5 As described above, practitioners who have never registered with the HCPC and have never practised may register within five years of qualifying without additional requirements. This is in contrast to the shorter prescribed period for an individual who is or has been registered (two years).
- 4.6 The report states that from a policy perspective it is unclear why there are more rigorous requirements imposed on practitioners who have been registered since qualifying and those who have not. This could also benefit from a future review; however any changes to this approach would require a change to Rules.

Return after substantial periods

- 4.7 The report notes that, in contrast to some other regulators, the HCPC's RTP requirements do not include any more rigorous requirements for periods of absence from practice substantially longer than five years, e.g. 10 years or more. Practitioners are asked to take the length of time out of practice into account when structuring their period of updating.
- 4.8 The report suggests that this issue may be even more pertinent for those who have never practised and therefore have not participated in any continuing professional development, gained experience in exercising professional judgement or established contact with their profession.
- 4.9 A review could explore the appropriateness of additional safeguards for returners with significant periods of time out of practice.

Verification

- 4.10 The report highlighted the difference in verification by the Registration Department between those who claim to satisfy the requirements for continued practice through overseas work; and those seeking renewal who meet the requirements through updating while remaining registered. In the former, a verification check will be carried out. However the latter may not always be subject to the same checking process.

Clarity and consistency

- 4.11 As touched on above, there is some confusion among registrants and stakeholders about the difference in roles between supervisors and counter-signatories for updating and supervisors for periods of adaptation (i.e. for applicants for registration who have qualified abroad). For example, a supervisor or counter-signatory for a period of updating is not required to certify that the practitioner is fit to practice; whereas the supervisor for a period of adaptation is.
- 4.12 This could be clarified administratively or through further guidance.

Supervision issues

- 4.13 The rapid appraisal highlighted that the requirement for supervisors to have been on the register for three years is not always understood by applicants or supervisors. This could be clarified through updated guidance or perhaps through the introduction of a declaration on the updating form to be signed by the supervisor with regard to their own length of practice.

Process issues

- 4.14 The current registration system does not have the capacity to consistently record data about return to practice or periods of updating. Any information kept is recorded manually. The report suggests that this manual process

creates increased risks that a practitioner will be allowed to remain on the Register, without the appropriate verification that they have met the RTP requirements.

- 4.15 The report suggests this could be improved administratively without the need for a review. However, changes to the registration system (as part of the ongoing major project) would enable useful information to be captured to introduce checks and inform a future review.

Practical issues

- 4.16 HCPC staff and professional bodies highlighted difficulties practitioners have in finding supervised practice opportunities and formal courses. The report suggests that guidance could be amended to clarify that a period of updating does not need to include both supervised practice and formal learning; and that the HCPC cannot assist in finding placements for individual practitioners. It is also suggested that the HCPC could encourage more professional bodies to provide advice on how to go about finding a placement or course.

5. Recommendations

- 5.1 The report of the rapid appraisal includes a number of possible changes to the RTP arrangements and recommended further work. The table at Appendix 2 sets out these recommendations as well as our proposed actions in response to them and suggested timescales.
- 5.2 As stated in the Policy and Standards Department workplan for 2015/16, the completion of work in relation to the RTP requirements in response to the report has been identified as a relatively low priority. As such, the Executive proposes to take the approach of first making smaller-scale changes to guidance and administrative processes in the short to medium term. Our course of action will then be reviewed once there is more useful data available to make a full assessment of the RTP requirements.

Future review

- 5.3 The report concludes that the RTP arrangements would benefit from a full review in 2015/16.
- 5.4 Taking the findings of the report and issues described above into account, the Committee is asked to consider whether there is scope and need for a full review of the RTP requirements.
- 5.5 Given that the registration system build project is ongoing and may afford new facilities for recording and reporting information on return to practice, the Executive recommends that if a full review is considered necessary, it should wait until the new system is in place (expected in 2017) and has established a useful dataset.

Rapid appraisal of the returners to practice requirements / process

Executive summary

1. The HCPC's return to practice (RTP) requirements and process have been in place since 2006 and have not been reviewed.
2. The HCPC requires registrants who have been out of practice for more than two years to update their knowledge and skills before they can renew their registration or be readmitted to the register. The requirements also apply to individuals who have never been registered and never practised but who hold approved qualifications over five years old.
3. This paper presents a 'rapid appraisal' of the returners to practice requirements and process in order to assist the Education and Training Committee in determining the scope and methods for a potential review of the requirements in 2015-2016.
4. Overall, the rapid appraisal found that the return to practice requirements and process are working reasonably well with potential for improvement. Staff and stakeholders consulted did not express major concerns with the return to practice requirements and process but raised some minor issues, including desirable clarifications and process improvements. Some inconsistencies between the requirements and advice that some professional bodies provide about returning to practice reinforce the potential to improve clarity in several areas.
5. In terms of benchmarking, the requirements are reasonably in step with other UK regulators, both in the health and other sectors, and internationally, although growing differences may be emerging as the area evolves.
6. Strengths of the HCPC's current requirements include their breadth and flexibility, which allow returners from different professions to tailor updating to their particular circumstances and professional needs.
7. Potential weaknesses are the absence of a clear evidence base (although this is common to most if not all return to practice models) and the lack of additional requirements for practitioners who have been out of practice for substantial periods and who potentially present higher risks.
8. The rapid appraisal has identified some issues with the returner requirements which would benefit from review, although the issues do not require urgent action. Accordingly, there would be benefits in scheduling a review of the requirements for 2015/16. However, the outcomes of the Law Commission

review may change aspects of the legal framework for return to practice. This could be factored into the timeframes for a review or its implementation.

1. Introduction

- 1.1 The HCPC's return to practice (RTP) requirements and process have been in place since 2006 and have not yet been reviewed.
- 1.2 This paper presents the outcomes of a rapid appraisal of the return to practice requirements and process to help the HCPC determine the scope and methods for a potential review in 2015 -16.
- 1.3 The paper:
 - a. outlines the rapid appraisal method (section 2)
 - b. describes the existing requirements and process and their legal basis (section 3)
 - c. discusses the findings from the appraisal (section 4)
 - d. considers potential strengths and weaknesses of the current requirements and process (section 5)
 - e. explores possible changes that might be considered and areas which might merit further review (section 6)
 - f. recommends further work which could inform a review of the requirements (section 7).

2. Method of rapid appraisal

- 2.1 The rapid appraisal involved collecting and analysing information about the RTP requirements to prepare a written report to the HCPC. The research and analysis phase had two aspects – a desk based review and discussions with selected HCPC staff and stakeholders.
- 2.2 The desk-based review considered:
 - the existing guidance for return to practice and application forms
 - the return to practice requirements of other professional regulators in the UK and internationally
 - information published by professional bodies representing HCPC regulated professions.
- 2.3 The discussion phase involved:
 - meeting with HCPC staff to discuss issues with the returners requirements
 - consulting the professional bodies for selected HCPC professions about the context for returning to practice in their profession, including facilitators and barriers, and their views on the effectiveness of the current arrangements
 - discussing the legal requirements for return to practice with HCPC's Solicitor to Council

2.4 The information from the desk-based review and discussions was used to develop this report.

3. Current HCPC returner requirements and legal framework

Current requirements

3.1 The return to practice requirements apply to anyone who has not practised their profession for more than two years, whether they are unregistered and want to apply for readmission or are still on the Register but not practising. The requirements are:

- 0-2 years - no requirements
- 2-5 years - 30 days of updating skills and knowledge
- 5 years or over - 60 days of updating skills and knowledge

3.2 Requirements also apply to a person who:

- has never been registered with the HCPC, and
- has an approved qualification over five years old, and
- who has never practised, or who has not practised for more than two years.

3.3 A person who has never been registered in the UK but has been practising overseas can provide information about their practice without having to update.

Process

Practitioners who are unregistered must complete the relevant period of updating and apply to return to the register. The returner must complete additional forms when they apply to return to the register which give the HCPC information about the updating period. A practitioner from the same part of the register must counter-sign the form to confirm that the updater has undertaken the period of updating.

The period of updating knowledge and skills can be made up of any combination of supervised practice, formal study or private study. However, private study can make up no more than half the period.

The HCPC checks the information provided to see that the returner has completed the required number of days, and may contact individuals or organisations to verify supervised practice or formal study.

In order to renew their registration every two years, practitioners must declare that they have practised their profession during the previous two-year registration cycle.

For registered practitioners who have been out of practice for more than two years, the requirement to complete a period of updating is linked to registration renewal (*Returning to practice*, p. 10, http://www.hcpc-uk.org/assets/documents/10001364Returning_to_practice.pdf). The *Returning to practice* document indicates that a practitioner who is still registered but has not

practised the profession at some point during the two-year registration cycle has a choice of either:

- coming off the Register, and then potentially re-registering at some point in the future if they need to return to practice; or
- completing a period of updating before renewing their registration, then completing the updating forms and submitting with the renewal form and registration fee (p. 10).

The document *How to renew your registration* (<http://www.hcpc-uk.org/assets/documents/10000B2F2575312pphpcHowtoguide.pdf>) appears to describe a slightly different process. It advises that the practitioner must complete and return a paper renewal form with a letter explaining that they have not practised their profession and explaining how long they have been out of practice. The practitioner's name will be retained to the Register and they will have six months from the start of the next registration cycle to undertake their period of updating (see *How to renew your registration*, p. 7).

Legal framework

3.4 The Health Professions Order 2001 (the Order) provides that returner requirements apply in two situations – when a person first seeks registration and when a person is seeking readmission to practice.

3.5 Article 9(2)(a) provides that a person seeking first registration must have an approved qualification either:

- awarded within such period, not exceeding five years, as the Council may prescribe, or
- where the qualification is older, also meet the relevant additional education, training and experience requirements the Council specifies under Article 19(3).

The prescribed period for this article is five years (see Rule 6(1) of the Health Professions Council (Registration and Fees) Rules 2003).

3.6 Article 10(2)(c) of the Order provides that a person renewing registration or seeking re-admission who has not practised since being registered or has practised for less than the prescribed period, since first registration (or a more recent renewal) must meet the relevant additional education, training or experience requirements specified by the Council under Article 19(3).

3.7 The prescribed period is five years (see rule 6(2) of the of the Health Professions Council (Registration and Fees) Rules 2003). Article 10(3) of the Order allows renewal (but not re-admission) to be granted conditionally and for the registrant to meet the returner requirements after renewal.

3.8 Article 10(4)(b) requires a person applying to return to the register whose registration has lapsed to meet the relevant additional education, training or experience requirements specified by the Council under Article 19(3) (among other things).

- 3.9 Although the Council is responsible for prescribing the period for qualifications and absence from practice, the rules which contain the prescribed period must be approved by Privy Council. As a result, changing the prescribed period would involve a formal process and take some time.
- 3.10 The Law Commission has recommended that regulators be able to amend certain rules without the requirement for Privy Council approval. At the time of writing, governments had not yet responded to the Law Commission report. Consequently, it is too soon to tell whether governments will support the Commission's proposal, and if so, whether prescribing the timeframe for the recency of qualifications would fall within the category of rules which regulators could amend without a requirement for external approval.

4. Appraisal findings

Other UK regulators' return to practice requirements

- 4.1 When the HCPC last consulted on its returner requirements, a number of other UK regulators had no return to practice requirements. This situation has changed over the last 8 years and now all UK regulators have some returner requirements, although they vary considerably as summarised in Appendix 1.
- 4.2 Overall, most UK health practitioner regulators are linking return to practice requirements to continuing professional development (CPD). Two regulators are linking restoration to the register to formal continuing fitness to practice processes such as revalidation and another is specifying minimum practice hours to return to the register.
- 4.3 The General Medical Council's requirements for a doctor to restore to the register with a licence to practise are linked to their revalidation scheme. Applicants who have spent time outside medical practice may need to spend a period working in an approved practice setting until after their first revalidation after restoration. The specific requirements will depend on individual circumstances.
- 4.4 A nurse or midwife who has been off the register for at least 3 months must have completed 450 hours of registered practice and 35 hours of learning activity in the previous three years. A practitioner who cannot meet the required hours but has undertaken 750 hours practice in the last five years and 35 hours of learning in the last three years must contact the Nursing and Midwifery Council to discuss whether they meet the necessary requirements. A nurse or midwife who has not completed the required hours must undertake an approved return to practice course to be readmitted to the Register.
- 4.5 The General Dental Council requirements for returners are linked to their CPD requirements, which work on a 5 year cycle. This means that returning

dentists must do a certain number of hours of CPD in order to re-register, and the number of hours they must do is linked to the point in their 5 year CPD cycle when they wish to return, rather than the amount of time out of practice.

- 4.6 The General Osteopathic Council expects returners to have maintained their CPD during their time off the register. If a returner has been off the register for two years or more, they must complete a self-assessment questionnaire and discuss their plans with experienced osteopaths appointed as Return to Practice Reviewers. Osteopaths who have been out of practice for a substantial period are encouraged to return to work in a group practice initially.
- 4.7 The General Chiropractic Council requires returners to complete any outstanding CPD requirements relating to the period of their registration. Returners who took voluntary removal from the register are not required to complete any CPD during the period they were not registered. However, lapsed registrants must complete CPD for the period they were not registered, at a rate of 2.5 hours per month with 1.25 of these hours involving learning with others, up to a maximum of 150 hours or 5 years of CPD.
- 4.8 The General Optical Council requires returners to obtain twelve Continuing Education and Training (CET) points in the twelve months preceding the date of restoration and show that all of the competency units relevant to their professional group have been covered. In addition those applying to restore after January 2014 must demonstrate that half the points were gained in CET activities that involve interaction with others, such as peer discussion, attendance at lectures etc and that they have participated in a peer discussion event. There are modified requirements for optical specialists and those who were registered for less than twelve months before leaving the register.
- 4.9 More detail about the other UK health profession regulators' returners' requirements is at Appendix 1. The rapid appraisal didn't identify separate requirements or information about practitioners who qualified for registration but never registered.

Returner requirements of UK regulators in other sectors

- 4.10 Return to practice requirements also vary across UK regulators in other sectors. For example:
- the Architects Registration Board allows returners to re-register within two years without meeting any further requirements. If an architect has been off the register for more than two years, they must provide a detailed application including references, evidence of CPD etc which is reviewed by the Competency Standards Group to ensure the architect is competent to practise.

- the Royal College of Veterinary Surgeons requires veterinary nurses who qualified in 2003 or later and have not been registered for five years or more to undertake a period of supervised practice of 17 full time weeks or 595 hours before applying to be restored to the register.

Returner requirements – international regulators

- 4.11 Return to practice requirements also vary across international regulators, such as those in Canada, the United States, Australia and New Zealand.
- 4.12 Canadian health practitioner regulators have diverse requirements for returning to practice which vary by profession and by province. Depending on the time away from practice, they range from requirements to undertake a minimum number of practice hours, supervised practice, a refresher program or to sit an exam. Some regulators increase their requirements with the period of absence from practice until they are close to the requirements for initial registration.
- 4.13 Examples of Canadian regulators' approaches include:
- the Alberta College of Speech-Language Pathologists and Audiologists requires practitioners who have practised less than 1250 hours in the previous five years, and have not practised for 3 consecutive years or more to undertake a re-entry process.
 - the College of Physiotherapists of Ontario requires practitioners to maintain 1,200 practice hours five years after initial registration and every subsequent year.
 - the College of Occupational Therapists of British Columbia requires practitioners to meet currency requirements, which can be demonstrated by:
 - at least 1000 hours work in the past 5 years
 - at least 600 hours work in the past 3 years
 - graduation within the past 18 months
 - completed an approved re-entry program in the past 18 months
 - do not meet any of the above currency requirements and need a review.
- 4.14 In Australia's National Registration and Accreditation Scheme, practitioners must meet requirements for recent practice set by National Boards. These requirements vary across professions, but often involve a minimum number of practice hours in a specific period. Most National Boards are currently reviewing their recency of practice requirements and most have proposed to adopt a minimum of 450 practice hours in a three year period. A National Board will impose additional requirements on practitioners who wish to return to, or continue to practice but don't meet the minimum practice hours, such as a return to practice plan and a period of supervised practice.

- 4.15 Some New Zealand regulators apply return to practice requirements to practitioners who have not practised for three years or more (eg Occupational Therapy, Physiotherapy and Medical Radiation Technologists Boards) while others apply a five year period (Nursing Council). Practitioners who have not practised within the relevant period are subject to a range of competence assessments.
- 4.16 A more detailed summary of international approaches is at Appendix 2.

Research

- 4.17 Historically, there has been little published research about return to practice requirements. The Australian Health Practitioner Regulation Agency commissioned some research in 2012 on recent practice to inform a review of National Board registration standards. The researcher concluded that there is little evidence about the relationship between clinical inactivity (absence from practice or minimal practice hours) and competence. Further, the researcher could not identify any evidence about the minimum practice hours needed to maintain competence.
- 4.18 Key findings included:
- there is not yet enough peer-reviewed evidence to identify specific recency periods for safe and effective practice in any profession
 - there is only low level evidence about effective return to practice educational models
 - there is more research on doctors and comparatively little on other professions
 - future research is needed to build a stronger evidence base
 - there is some support for length of inactivity being used as a key factor for recency of practice requirements.
- 4.19 A more detailed summary is at Appendix 3.

Complaints about returner requirements

- 4.20 An initial analysis of complaints to the HCPC about returner requirements from September 2013 to August 2014 found four complaints and one letter. These related to:
- supervised practice placements (two complaints – one about difficulty finding a placement and one about the need to be registered to find a position)
 - supervisor requirements (two complaints – one about the need for the supervisor to be registered in the same profession as the returner and one about the requirement for the supervisor to have been registered for three years)

- a query from an employer about a practitioner with two periods of maternity leave close together.

4.21 This is a relatively small number of complaints. However, if the HCPC decides to review its RTP requirements in 2015/16, it would be useful to analyse earlier complaints information in case there are other issues raised.

Questions raised with the Policy and Standards Department

4.22 Queries to the Policy and Standards Department about returners have included:

- a request for further guidance about the titles that practitioners can use during their updating period
- a request for clarity about whether a supervisor or counter-signatory must be from the same modality or just the same part of the Register
- an issue about inconsistent advice on updating requirements.

Issues from the Registration Department

4.23 The Registration Department raised various issues with the returners' requirements, including:

- the potential to clarify terms such as return to practice and the definition of practice
- the difference in requirements for practitioners who have never practised
- practitioners counting practice while unregistered but which does not involve holding out towards meeting the returners' requirements (see section 5.6 – 5.8)
- scope to clarify the requirements for counter-signatories and supervisors
- whether there should be some verification of self-declaration of continued practice similar to claims of overseas employment.

4.24 The Registration Department advises that staff sometimes have difficulty making decisions about returner applications, which could indicate issues with the clarity or substance of the guidance and process.

4.25 More detail is in Appendix 4.

Issues from professional bodies

4.26 The rapid appraisal involved discussions with three professional bodies:

- the Chartered Society of Physiotherapists (CSP),
- the College of Occupational Therapists (COT) and
- the Society of Radiographers (SOR).

- 4.27 None of the three bodies had significant issues with the returner requirements. All supported the flexibility of the requirements. Although returners in the physiotherapy and occupational therapy professions have practical difficulties finding supervised practice placements, their respective professional bodies accepted that this was a workplace issue rather than a direct effect of the HCPC requirements.
- 4.28 From the SOR perspective, the returner requirements are realistic, reasonable and result in very few complaints. The most common pathway for radiographers who wish to return to practice is initially through obtaining an assistant role and then exploring returning to practice.
- 4.29 Both the COT and CSP agreed that it could be helpful for the HCPC to publish more guidance on aspects of the returner requirements. Suggestions for more guidance included:
- more detail about how the returner requirements apply to internationally qualified practitioners
 - more information about requirements for OTs who qualified less than 5 years ago but have not practised since qualifying
 - sample completed updating forms (similar to the sample CPD profiles)
 - more guidance about the relationship between returning to practice and scope of practice (CSP).
- 4.30 Both the CSP and COT acknowledged that practitioners are sometimes seeking reassurance that their updating will meet the HCPC requirements. In addition to support from professional bodies, information such as sample completed updating forms could help to reassure returners about their approach to updating.
- 4.31 There may be some confusion about the respective roles of the returner and supervisor/ counter-signatory in confirming information that the returner has completed the period of supervised practice or that the information about the period of updating is correct, but not assessing or confirming that the returner is fit to practise. The COT contacted HCPC to try and clarify this issue in early October 2014.
- 4.32 The SOR asked whether there are any requirements to prevent a practitioner taking on a supervisory role which involves a conflict of interest, other than the general guidance in the Standards of Performance, Conduct and Ethics.
- 4.33 A more detailed summary of the issues professional bodies raised is at Appendix 5.

Advice from professional bodies about returning to practice

- 4.34 Most professional bodies for the professions regulated by the HCPC provide publicly available advice about returning to practice. Some professional bodies do not publish advice on the public access areas of their websites but may publish information on the members-only areas. The rapid appraisal did not access this 'members-only' information. A more detailed summary of publicly available advice is at Appendix 6.
- 4.35 The professional bodies for art therapists, clinical scientists, hearing aid dispensers, operating department practitioners, and prosthetists and orthotists do not seem to provide public information, but there may be information on the members-only section of their websites. The British Psychological Society and College of Paramedics just publish a link to the HCPC information on returning to practice.
- 4.36 The professional bodies that publish publicly available advice for returners often supplement the HCPC guidance with additional information and tools, such as:
- portfolios to provide a framework for updating knowledge and skills (eg Institute of Biomedical Scientists)
 - template reflective practice statements
 - gap analysis tools
 - access to return to work mentors
 - associate (mentored) membership for returners
 - information for supervisors and managers of returners
- 4.37 Some professional bodies recommend that returners include a period of supervised practice in their updating period (eg dieticians, orthoptists). Some professional bodies also suggest that its helpful to maintain HCPC registration if possible (social work, physiotherapy and speech and language therapists).
- 4.38 Some professional bodies comment on or summarise HCPC material, but may omit key points. For example, the Chartered Society of Physiotherapists publishes comprehensive information to assist returners. The information about supervised practice advises that a supervisor must be a registered physiotherapist, but doesn't state that the supervisor must have been in regulated practice for at least three years, in contrast to the statement on page 4 of Returning to Practice.
- 4.39 The Royal College of Speech and Language Therapists seems to be providing out of date advice, as they advise that if a therapist has not practised for more than two years but has remained on the HCPC register, they do not need to complete the returning to practice process. This is inconsistent with the guidance on page 10 of Returning to Practice, which states that a practitioner in this situation has a choice of:
- either coming off the Register and potentially re-registering in future if they need to return to practice, or

- completing a period of updating before renewing registration.

5. Overall findings and analysis

- 5.1 Most of those consulted in the rapid appraisal consider the returners requirements to be working fairly well. However, the desk top analysis and consultations identified some issues with the current approach which are discussed below.

Terminology

Breadth of definition of practice

- 5.2 The definition of practice is very broad and open, which allows scopes of practice to evolve but may also lead to some confusion. The onus is on the practitioner to decide whether they have been practising in the last two years. This has benefits, as HCPC staff may not be qualified to assess this, but also risks, as practitioners' decisions aren't subject to any checking or verification.
- 5.3 However, it is difficult to define practice more precisely without constraining it or introducing unintended consequences. Given the small number of issues raised, a simpler approach would be to retain the flexibility of a broad definition but clarify the specific situations creating confusion. For example, it could be useful to develop more explicit guidance about how a practitioner who has maintained their practice in a very narrow scope would have professional obligations to undertake updating if they wish to return to a broader scope.

Observation / shadowing

- 5.4 Some stakeholders seem somewhat confused about whether observation or shadowing should be considered as supervised practice or private study. Example updating forms or explicit guidance could clarify the preferred policy position, eg that observation can be part of supervised practice, but if there is no formal agreement for supervised practice in place, then observation or shadowing would be considered private study.

Return to practice

- 5.5 There was one suggestion that the term 'return to practice' is not strictly correct, as it is applied to individuals who have not practised since obtaining their qualification for registration. Different regulators have various ways of describing the return to practice requirements. However, as HCPC registrants and staff are familiar with the current terminology, reinforcing that the returner requirements apply to individuals who have never practised may be a more effective and efficient approach than trying to find a new term. This issue could be further explored as part of a formal review.

Counting practice while unregistered

- 5.6 Those consulted expressed differing views about whether practitioners should be able to count practice while unregistered towards meeting HCPC requirements. This is linked to the broad definition of practice and is a consequence of a regulatory model which protects title rather than practices. However, the issue of when practice while unregistered becomes holding out can be complex.
- 5.7 For example, a practitioner may work in a role with a generic job title which draws on their professional knowledge and skills without being registered. Subsequently, they may change to a position which requires registration and seek to return to the register. Alternatively, a practitioner who has used their professional knowledge and skills outside a formal position, such as to care for an ill family member, may argue that this constitutes practice.
- 5.8 It seems that the HCPC currently takes practitioner claims of meeting the requirement for practice in the last two years through practice while unregistered at face value. The Registration Department has advised that if a practitioner has been using their skills and knowledge of their profession whilst unregistered this can be counted towards meeting the returners' requirements.
- 5.9 The Solicitor to Council considers that the legal framework does not preclude a practitioner from counting practice while unregistered towards meeting HCPC requirements. The current approach to allowing practitioners to rely on practice while unregistered to meet the requirements for recent practice and/or the returners' requirements would benefit from further exploration during a review. Key issues to consider include consistency with the HCPC's approaches to meeting the practice requirements through practising overseas and whether any additional verification of practitioners' claims should be required.

Difference in returner requirements for never registered practitioners

- 5.10 Practitioners who have never been registered or practised can register within five years of qualifying for registration without any additional requirements. In contrast, a practitioner who registered after qualifying, will need to do updating if they do not practise in a two year registration period within five years of qualifying.
- 5.11 These requirements were based on the legal framework in place at the time. However, from a policy perspective, it is unclear why there are more rigorous requirements imposed on practitioners who have been registered since initially qualifying and those who have not. Without evidence to suggest that the knowledge and skills of those who have been practising would deteriorate more quickly than those who had not, it is difficult to understand this difference.

- 5.12 A review could usefully consider from a policy and legal perspective whether the requirements for practitioners who have never practised and those who have could and should be more closely aligned. Any greater alignment would require a change to HCPC Registration and Fees Rules as discussed further below.

Practitioners who have been out of practice for substantial periods

- 5.13 A two year break from practice before return to practice requirements apply is briefer than some UK regulators and some international regulators. Although an updating period is different to minimum practice hours, the HCPC updating period required for a two year absence is broadly comparable to some other regulators (eg 30 days of updating, compared to some Australian regulators that require 450 hours over three years or 150 hours in one year). However, as the timeframes increase, comparability decreases. After 5 years out of practice, the HCPC would require 60 days updating (420 hours), compared to minimum practice hours of between 750 to 1200.
- 5.14 In contrast to some other regulators, the HCPC does not have any cutoff or period of absence over five years which triggers additional requirements or more regulatory oversight. The HCPC requirements ask the returner to take into account factors such as the length of time out of practice, what the practitioner has been doing during their absence, the age of their qualification and the type of practice they intend to undertake. The effectiveness of updating significantly relies on the accuracy of the returner's assessment of their needs and their obligation under the Standards of Conduct, Performance and Ethics to practise within their scope and areas of competence when they return to practice. It's not clear whether this approach involves increased risks for longer periods out of practice.
- 5.15 The different requirements for returners with absences of 2 – 5 years and over 5 years indicate that the HCPC considers that longer absences involve more risk. On that reasoning, it is not clear from a policy perspective why there is no difference in the requirements for returners who have been out of practice for five years compared to those with substantially longer absences.
- 5.16 In contrast to the HCPC approach, some regulators would impose more stringent requirements from returners who have been absent from practice for substantial periods eg 10 years, even to the point of requiring a new entry to practice qualification. The question is whether a risk-based approach requires something more than a returner's self assessment of their needs and self-directed period of updating after substantial periods out of practice.
- 5.17 The issue seems even more acute for returners who have never practised, participated in continuing professional development nor gained experience in exercising professional judgement and may never have truly established, let alone maintained, contact with their profession. However it is not clear

whether many practitioners in this situation attempt to return to practice, and at least half their updating period must involve formal study or supervised practice, which provides some protection.

- 5.18 The updating forms require a supervisor to confirm the period of supervised practice undertaken and not that the practitioner is fit to return to practice. The current guidance does not contain information for supervisors who have concerns that a returner is not fit for practice. Whilst a supervisor could refuse to sign the returner's updating form if they have concerns about their fitness to return, there is no information for supervising practitioners about this in the guidance or the updating form.
- 5.19 If the HCPC reviewed its returner requirements, it could explore how to introduce more of an outcomes focus to this area, such as the appropriateness of additional safeguards for returners with significant periods out of practice or where supervisors have concerns about returners' readiness to return.

Returning linked to renewal requirements

- 5.20 The Registration Department raised the difference in the level of verification required from practitioners who claim to satisfy the requirements for practice in the last two years through working overseas and those seeking renewal who will meet the requirements through updating while remaining registered. The HCPC will check a claim that a practitioner has been working overseas, but letters explaining absence from practice may not be subject to the same checking process.

Clarity and consistency issues

- 5.21 Based on discussions during the appraisal, it seems there can be some confusion about the differences between supervisors and counter-signatories for updating and periods of adaptation. A supervisor for a period of adaptation is required to certify that the practitioner is fit to practise whereas the supervisor for updating only needs to confirm that the returner has completed the relevant period of supervised practice. A counter-signatory on a return to practice application form only needs to take reasonable steps to confirm that the returner has done the number of updating days required. These differences, particularly for supervisors, could be clarified administratively without the need for a full review.

Supervision issues

- 5.22 The requirement for supervisors to have been on the register for three years is not always understood by applicants or supervisors. This can result in returners submitting applications that are rejected, delaying the returning process.

- 5.23 One possible solution could be to amend the declaration section of the updating form to remind applicants and supervisors of the three year requirement eg 'I confirm that I have been registered with the HCPC for at least three years and that the applicant has completed the period of supervised practice set out above.'
- 5.24 There may also be confusion about whether counter-signatories must have been registered for three years. There may also be scope to emphasise this in the guidance and updating form.

Process issues

- 5.25 The Registration Department has advised that the registration system doesn't have the capacity to properly record periods of updating, creating increased risks due to manual processes and limiting the ability to generate reports about returners.
- 5.26 Where a practitioner needs to meet the RTP requirements when they are due to renew their registration, the rules allow HCPC to give them a reasonable time to undertake their period of updating. The usual practice is to give these practitioners up to six months from the start of the new registration cycle to update. However, the system is not able to automatically manage these registrants so the Registration Department must maintain manual records in a spreadsheet. This manual process creates a risk that a practitioner will be allowed to remain on the register, without HCPC verifying that they have met the RTP requirements.
- 5.27 Addressing these process issues would reduce risks and could be explored administratively, without the need for a full review.
- 5.28 HCPC data may not currently allow easy identification of returners from those readmitting to the register, nor further breakdown to identify those returners meeting requirements associated with the renewal process and those that have been unregistered for a period. However, data such as the following would be useful to inform a review:
- Numbers of practitioners who are meeting the returners requirements linked to their renewal applications compared to those who are no longer registered
 - Numbers of returners by profession to enable a comparison of FTP complaint numbers could be possible. This might give an insight into whether the RTP requirements have a similar level of effectiveness across professions if other variables, such as type of updating are controlled.
 - Identifying returners after 2 and 5 year absences, and longer periods if possible, to analyse any differences in FTP complaints

- Identifying different groups of returners depending on how their updating periods were configured (eg formal study and supervision, compared to private study and formal study), to analyse any differences in FTP complaints.

Practical issues

Finding placements and availability of courses

- 5.29 HCPC staff and professional associations have highlighted the difficulty returners have in finding supervised practice placements. Similarly, formal learning may be more difficult to access or unavailable in some professions. However, the HCPC does not require a period of updating to include supervised practice or formal study – the combination of supervised practice, formal study and private study is up to the returner.
- 5.30 Although these are practical rather than regulatory issues, it is important that the returner requirements are reasonable and not impossible to meet. However, the HCPC returners' requirements are flexible compared to many other regulators and ensuring the availability of placements and /or formal learning opportunities goes beyond a health practitioner regulator's role.
- 5.31 The guide to a period of adaptation is explicit that the HCPC cannot assist with placements and it could be helpful to include similar statements in the next version of the returners guide. Some professional bodies provide advice to returners about how to find a placement, and the HCPC could encourage others to adopt this approach.

6. Potential strengths and weaknesses of current returner requirements

Strengths

- 6.1 Strengths of the HCPC's current requirements:
- the requirements are simple and clear, and relatively easy to administer
 - the approach is broad and flexible, which allows returners from different professions to tailor updating to their particular circumstances and professional needs
 - stakeholders and staff broadly support the approach, while identifying some potential improvements

Weaknesses

- 6.2 Weaker aspects of the returner requirements include:

- it is difficult to understand why the approach varies across different groups of returners, eg those who have never practised and those who have
- there is not a clear evidence-base for the approach (although this is an issue faced by other regulators)
- practitioners who have been out of practice for substantial periods over 5 years are treated the same as those who have practised much more recently
- some elements are potentially confusing
- the openness of the requirements leaves some practitioners uncertain about whether they will meet the requirements.

7. Potential changes that might be considered (identification and discussion)

Potential changes

7.1 The rapid appraisal identified the following possible improvements to the current returners' requirements:

- clarify areas of potential confusion, for example by publishing more explanation about practice while unregistered
- consider more consistency between practitioners who have never been registered with HCPC and those who have
- build some further rigour into the returners process, particularly where additional risks exist, while maintaining flexibility
- develop further tools to help returners, supervisors and employers understand the requirements, including example updating period documents
- improve the outcomes focus of the returners requirements
- introduce some further requirements for returners who have been away from practice for substantial periods such as:
 - requiring anyone returning after a certain period eg 7 years to undertake some supervised practice as part of their updating
 - introducing requirements for supervisors to advise HCPC about the fitness to practice of returners who have had a gap of more than eg 7 years (such as adopting an approach more like periods of adaptation)
 - an HCPC approved return to practice plan for any practitioners returning after an absence of eg 10 years.

8. Recommendations for further work

8.1 Other things that HCPC could do to prepare for or as part of a review:

- explore whether other regulators are undertaking, commissioning or planning research on return to practice issues eg through interregulator forum

- verify the initial desktop assessment of other UK regulators' returners requirements
- undertake further benchmarking across UK regulators of returner requirements for practitioners who have never practised
- undertake or commission additional research on return to practice issues, including any updates on:
 - the links between time away from practice and continuing fitness to practice
 - the effectiveness of different return to practice requirements
- consult with all professional bodies to get a more complete picture of their issues with returner requirements
- consider whether more consistency between requirements for updating and periods of adaptation is desirable
- identify what data is available from HCPC systems about returners that could provide useful information for a review. If only limited information is available, a review could consider what type of data should be collected to inform future reviews.
- consult with employers about returners issues from their perspective
- consider scope to improve process and systems issues for returners eg to improve tracking and monitoring of practitioners who undertake updating while registered after renewing their registration.

9. Conclusion

- 9.1 The rapid appraisal has found that the RTP requirements and process appear to be working reasonably well. However, the HCPC staff and external stakeholders consulted have identified some issues with the current approach, including aspects which are unclear to both groups.
- 9.2 Many issues with the returner requirements could be clarified without the need for a full review. However, some cannot and there are other reasons which support the HCPC scheduling a review of its requirements in 2015/16 or thereabouts:
- it is 8 years since the requirements were established and there have been changes in regulatory approaches since then
 - the rapid appraisal only consulted select stakeholders so may not have identified all views or issues
 - although the returners requirements do not attract many complaints they are not as outcome focused as other areas of HCPC work.
- 9.3 It is therefore recommended that the HCPC consider a review of the RTP requirements in 2015/16.

Return to practice rapid appraisal Appendix 1 Summary of UK regulators' approaches

Regulator	Return to practice requirements
<p>General Medical Council (GMC)</p> <p>http://www.gmc-uk.org/doctors/registration_applications/restoration.asp</p>	<p>The application processes to restore to the register with or without a licence to practise are the same. A practitioner who is seeking restoration with a licence to practise must participate in the processes which support revalidation.</p> <p>An applicant has three months to submit online application which links to revalidation requirements.</p> <p>Documents the practitioner must provide include:</p> <p>Proof of identity (passport or identity card if it states your nationality)</p> <p>Certificates of good standing from any medical regulators you have been registered with in the last five years (and translations of them)</p> <p>Provision of medical services statement(s) (and translations of them).</p> <p>We may ask you to give us evidence that you have the necessary knowledge of English</p> <p>You must provide details of your signed and up-to-date passport.</p> <p>You must provide a statement from the individual, body or organisation to whom you most recently provided medical services (whether this is in the United Kingdom or abroad).</p> <p>If your last role was less than three months in duration we will need additional statements covering your most recent three months of medical service (this means the last three months of work, not the last three calendar months).</p> <p>If you have not provided a medical service to any individual, body or organisation either inside or outside the United Kingdom in the last five years, you will not need to submit a provision of medical services statement.</p> <p>If your application is successful this means your practice in the UK may be subject to the requirements of our approved practice settings (APS) scheme until your first revalidation after restoration.</p> <p>This is more likely to apply to you if you:</p> <ul style="list-style-type: none"> • Have spent a period outside medical practice, or • Have spent a period working outside the UK for longer than two years, or • Were not revalidated during your previous time on the register <p>GMC will assess the application and fee and if they approve the application, will require applicant to attend in person for an identity check.</p>

Regulator	Return to practice requirements
	<p>The website has example scenarios http://www.gmc-uk.org/doctors/registration_applications/restoration_scenarios.asp</p>
<p>Nursing and Midwifery Council (NMC)</p> <p>http://www.nmc-uk.org/Registration/Returning-to-the-register/</p> <p>http://www.nmc-uk.org/Documents/Consultations/Five%20year%20rule%20guidance/Five%20year%20rule%20guidance.pdf</p>	<p>A practitioner who has been off the register for a break of at least 3 months, must have completed 450 hours of registered practice and 35 hours of learning activity in the previous three years in the UK or overseas. The practitioner must sign a declaration about this, . complete an application to readmit to the register and provide references.</p> <p>If a practitioner cannot meet the required hours but can meet 750 hours of practice in the last five years and 35 hours of learning in the last three years, the practitioner must contact the NMC to discuss whether they meet the necessary requirements.</p> <p>Practice can include supervisory, teaching, research and managerial roles as well as providing direct patient care. However, practice hours completed while you were lapsed or not registered, for example working as a health care assistant, cannot be counted towards the practice requirement.</p> <p>The NMC advises applicants that it is illegal to work in a role requiring registration whilst unregistered in any circumstances. Applications for re-admission from registrants who are found to have been working will be referred to the Registrar's Advisory Group for consideration.</p> <p>A practitioner who has not completed the required number of practice hours, will have to complete an approved return to practice programme before making an application to rejoin the register.</p>
<p>General Dental Council (GDC)</p> <p>http://www.gdc-uk.org/dentalprofessionals/applyforregistration/pages/restoration-page.aspx</p> <p>http://www.gdc-uk.org/Dentalprofessionals/CPD/Documents/GDC%20CPD%20booklet.pdf</p>	<p>To apply for restoration, you will need to send us a completed restoration form, pay the restoration fee, and send CPD evidence and a letter of good standing if you have been practicing overseas while off the register.</p> <p>If you have been off the register for:</p> <ul style="list-style-type: none"> • Less than one year and five year CPD cycle has not ended during this time – no requirements • Off the register for less than one year and five year CPD cycle ended during this time, provide documentary evidence that they have at least the minimum total amount of CPD required in the five years immediately before your application • Off the register for more than one year and five year CPD cycle has not ended during this time, provide documentary evidence of CPD. (For dentists, 50 hours of CPD for each complete year of the cycle, 15 hours in each year of which must be verifiable CPD. For DCP, 30 hours of CPD for each complete year of the cycle, at least 10 hours in each year of which must be verifiable. • Off the register for more than one year and CPD cycle has ended, provide documentary evidence that you have done at least the minimum total amount of CPD required of you in a five year cycle.

Regulator	Return to practice requirements
<p data-bbox="204 277 523 349">General Osteopathic Council (GOsC)</p> <p data-bbox="204 421 603 542">http://www.osteopathy.org.uk/practice/How-to-register-with-the-GOsC/Restoration-to-the-Register/</p>	<p data-bbox="639 264 1394 474">If you have been off the Register for any reason and want to return to practice as an osteopath you may apply for restoration to the Register by completing a restoration application form, available from the Registration Department at registration@osteopathy.org.uk. You will also need to provide health and character references and obtain an enhanced check for regulated activity.</p> <p data-bbox="639 515 1401 667">You will be expected to have maintained your continuing professional development during your time off the Register. Part of the restoration process will include submitting a CPD Annual Summary Form, with supporting evidence. This will assist your application for restoration.</p> <p data-bbox="639 707 1401 945">If you have been off the Register for two years or longer, you will also be asked to complete a self-assessment questionnaire and to discuss your plans with experienced osteopaths appointed by Council. These Return to Practice Reviewers will work with you to help you make the transition back into practice and help to ensure patient safety by guiding you on best practice at what could be a difficult point in your career. Download this list of current reviewers to find out more about them.</p> <p data-bbox="639 985 1369 1102">Osteopaths who have been out of practice for a substantial period will always be encouraged to return to work in a group practice initially, where other osteopaths are available to offer support if required.</p>

Regulator	Return to practice requirements
<p>General Chiropractic Council (GCC)</p> <p>http://www.gcc-uk.org/registration/applications/re-store-your-registration.aspx</p>	<p>If your name was removed from the Register because you didn't retain on the Register, or if you took voluntary removal from the Register you may apply for restoration to the Register at any time by:</p> <ol style="list-style-type: none"> 1. filling in a restoration application form 2. completing any outstanding CPD requirement 3. sending us the restoration fee (£750 for practising, or £100 for non practising registration) 4. If you wish to practise as a chiropractor in the UK, you will need to provide evidence of your professional indemnity insurance before we restore your name <p>Please read our code of practice for the exercise of the registrars powers, which gives you information on how we will process your application should an issue be raised.</p> <p>CPD requirement</p> <p>CPD is calculated at a rate of 2.5 hours per month, 1.25 hours must include learning with others.</p> <p><i>Lapsed registrants</i></p> <p>If you allowed your registration to lapse you will need to:</p> <ol style="list-style-type: none"> 1. fill in a CPD summary sheet for the last full CPD year that you were registered, if you haven't done so already. For example, if you were removed from the Register on 14 December 2012, you must have filled in your CPD summary for the 2011/12 CPD year (1 September 2011 to 31 August 2012) 2. provide evidence of CPD from the end of the last CPD year you were required to send a CPD summary sheet. In the above example this would be from 1 September 2012 to the date you apply for restoration to the Register. There is a maximum amount of 5 years of CPD, or 150 hours in total, 75 of which must include learning with others. Details of what is acceptable as evidence of your CPD can be found here <p><i>Registrants who took voluntary removal from the Register</i></p> <p>If you took voluntary removal from the Register, you will need to fill in a CPD summary sheet to cover the period that you were registered. You will not be expected to complete CPD for the period of time that you were not on the register. You need include full months only.</p>

Regulator	Return to practice requirements
<p data-bbox="204 277 576 353">General Optical Council (GOC)</p> <p data-bbox="204 421 611 510">https://www.optical.org/en/Registration/Restoring_to_the_registers/full-registrants.cfm</p> <p data-bbox="204 577 611 633">https://www.optical.org/en/Registration/registration-forms.cfm</p>	<p data-bbox="639 277 1406 488">Demonstrate that twelve Continuing Education and Training (CET) points were obtained in the twelve months preceding the date of restoration. Anyone removed from the register after 1 April 2013 and who applies to restore on or after 1 January 2014 must cover all of the competency units relevant to their professional group (one point may cover multiple competencies) and have interacted with peers.</p> <p data-bbox="639 510 1185 539">Also provide restoration guidance for students</p> <p data-bbox="639 562 1414 707">The CET points must be recorded using the GOC's electronic CET system. Once the practitioner logs in, the online CET record will advise the number of outstanding CET points they need to attain in order to restore. Once logged in the system will calculate their exact CET requirement.</p> <p data-bbox="639 707 1414 853">All applicants will need to have achieved and accepted twelve CET points in the twelve months prior to restoring to the register. 50% (so 6 out of 12 points) of the CET points need to be gained in CET activities that involve interaction with others, such as peer discussion, attendance at lectures etc.</p> <p data-bbox="639 853 1390 954">If a practitioner wishes to restore a specialty then they will need to have achieved six relevant specialty points in the twelve months prior to restoring.</p> <p data-bbox="639 954 1414 1099">If a practitioner has been registered for a period less than twelve months before their name was removed from the register then they may not be required to attain the full twelve CET points (or six specialty points). The practitioner can find out their restoration requirement by checking their MyCET account.</p> <p data-bbox="639 1099 1406 1193">Once you have restored, the practitioner's CET points total is reset and they will then need to earn additional points by the end of the current CET cycle to maintain their registration.</p>

Regulator	Return to practice requirements
<p>General Pharmaceutical Council (GPhC)</p> <p>http://www.pharmacyregulation.org/restoration</p> <p>http://www.pharmacyregulation.org/sites/default/files/Portfolio%20Guidance%20May%202013.pdf</p>	<p>Applications to restore within 12 months</p> <p>Previous RPSGB registrants who have never been on the GPhC register or anyone making an application to return to registration more than 12 months since their last entry on the GPhC register must provide a portfolio of evidence with their application for return to registration to demonstrate current professional competence within their intended scope of practice (see Appendix x). The portfolio of evidence must include:</p> <ol style="list-style-type: none"> 1. a self-assessment of your current professional performance against the GPhC's Standards of Conduct, Ethics and Performance relating this to the scope of practice you propose to practise within. 2. a personal statement about any CPD, education and training or experience relevant to intended scope of practice undertaken while registered or not registered in Great Britain 3. a self-evaluation of how the activity described in (2) has prepared you for work within your intended scope of practice 4. relevant supporting evidence, including a print out of your relevant CPD completed since last submission, certificates of attendance etc 5. a personal development plan showing what additional education, training and experience you have identified that you will need to undertake once you are registered to meet any gaps in your knowledge and skills. 6. A full CV since last registration with either the RPSGB or GPhC. <p>The application for return to registration must be countersigned by pharmacist or pharmacy technician (depending on the profession of the applicant).</p> <p>The application is assessed by trained evaluators against criteria specified in the published guidance document.</p>
<p>Pharmaceutical Society of Northern Ireland</p> <p>http://www.psn.org.uk/registration/pharmacist-registration/(restoration tab)</p>	<p>Applicants who are no longer on the register and wish to practise in Northern Ireland must first restore their name to the register by completing an</p> <p>Application for restoration to the register</p> <p>Equality monitoring form</p> <p>There is an additional fee and a requirement to provide Certificates of current professional status from any regulatory body the applicant has been registered with.</p>

General Pharmaceutical Council portfolio of evidence requirements

A portfolio of evidence must contain the following information as a minimum:

1. A self-assessment of your current professional performance against the GPhC's Standards of Conduct, Ethics and Performance relating this to the scope of practice you propose to practise within. A self-assessment framework is included at Appendix 1 of this guidance. This must be completed as described and returned with your application. You must identify and document where you think your practice already meets these standards, annotating the *'Evaluating if you meet the standard currently'* column with a description of the evidence you have submitted that demonstrates this and also cross-referencing this to where the evaluator can find further details in your personal statement and the self-evaluation of your learning (see below). If you identify that further work is necessary to meet the standard, please document what you intend to do to meet this on the self-assessment framework in the *'Further work necessary to meet the standard'* column and cross reference this to where the evaluator can find further details of how and when this learning need will be addressed in your personal development plan.
2. A personal statement, containing full details about any continuing professional development, education, training and/or experience relevant to your intended scope of practice, that you have undertaken either whilst registered or during the period that you were not registered in Great Britain. This should include dates, titles of any formal courses or qualifications (where relevant) and a brief description of content. Please provide this information in numbered paragraphs that you can use to cross-reference against the relevant standard in the *'Evaluating if you meet the standard currently'* column of the self-assessment framework (as described under point 1 above).
3. A self-evaluation of how you consider any continuing professional development, education, training and/or work experience that you have described in your self-assessment framework and personal statement has prepared you for work within your intended scope of practice.
4. Relevant supporting evidence. This must include a printout of your relevant CPD completed since last submission and other evidence, for example; certificates of attendance, qualification certificates, testimonies, statements or copies of performance appraisals from pharmacists or pharmacy technicians with whom you have worked or undertaken any relevant experience. Please ensure that the evidence you are submitting has been included against the relevant standard in the *'Evaluating if you meet the standard currently'* column of the self-assessment framework (as described under point 1 above). Photocopies of certificates will be accepted provided that each copy is signed, dated and certified by the GPhC registered pharmacist or pharmacy technician who is countersigning your application for registration using the following wording *I certify that I have seen the original document and that this is a true copy*. There is no specific requirement for the number of pieces of evidence that you must provide but it must be sufficient for the GPhC to be able to make a determination that you have prepared adequately for your intended scope of practice.
5. A personal development plan showing what additional education, training and experience you have identified that you will need to undertake once you are registered in order to meet any gaps in your knowledge and skills. This must include full details of how and when you will address the matters identified in the *'Further work necessary to meet the standard'* column of your self-assessment framework (as described under point 1 above). You should refer to the Standards for Continuing Professional Development when completing this. **Please note** that your CPD may be called for review within the first year of your re-registration. The CPD reviewer may cross-check to see if your planned actions were completed.
6. A full CV since last registration with either the RPSGB or GPhC.

Examples of return to practice requirements of UK professional regulators in other sectors

Regulator	Requirements
Architects Registration Board	<p>Allows returners to re-register within two years without meeting any further requirements. If an architect has been off the register for more than two years, they must provide a detailed application including references, evidence of CPD etc which is reviewed by the Competency Standards Group to ensure the architect is competent to practise. Please provide evidence, with particular focus on the last two years, of how you have maintained your competence, stating what Continuing Professional Development (CPD) you have undertaken.</p> <p>Have guidance about maintaining competence to practise.</p> <p>See http://arb.org.uk/competency-standards-group-guidance-for-applicants-how-to-register</p> <p>http://arb.org.uk/how-to-register</p> <p>http://arb.org.uk/maintaining-competence</p> <p>http://arb.org.uk/registration-arbs-rules-on-maintaining-competence</p>
Royal College of Veterinary Nurses	<p>Requires veterinary nurses who qualified in 2003 or later and have not been registered for five years or more to undertake a period of supervised practice of 17 full time weeks or 595 hours before applying to be restored to the register.</p> <p>http://www.rcvs.org.uk/registration/voluntary-removal-and-restoration/veterinary-nurses-voluntary-removal-and-restoration/</p>

Return to practice rapid appraisal Appendix 2
Summary of some international approaches to return to practice as at
November 2014

<p>Australia – current requirements</p>	
<p>Podiatrists</p>	<p>For podiatrists returning to practice within their previous field, provided they have at least two years’ experience prior to the absence:</p> <p>a) Absence less than one year — no specific requirements to be met before recommencing practice.</p> <p>b) Absence between one and three years — complete a minimum of one year’s quota of continuing professional development activities in the 12 month period prior to returning to practice relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge, clinical judgement and technical skills.</p> <p>c) Absence greater than three years – provide a plan for professional development and for re-entry to practice to the Board for consideration.</p> <p>2. Podiatrists returning to practice after an absence of 12 months or longer, and who have had less than two years’ experience prior to the absence will have conditions placed on their registration to facilitate their return to safe professional practice.</p> <p>3. For the purposes of this standard, practice is recognised if the podiatrist held a valid registration with a podiatry regulatory authority in the jurisdiction where the hours were worked (in Australia or overseas); and</p> <p>a) the role involved the use of podiatry knowledge and skills in some capacity; or</p> <p>b) the time was spent undertaking postgraduate education leading to an award or qualification that is relevant to the practice of podiatry.</p>
<p>Occupational therapists</p>	<p>An applicant who has not practised for a minimum of six months full-time equivalent in the previous five years can hold provisional registration while undertaking a period of supervised practice required by the Board.</p> <p>Applicants returning to practice after an absence of five or more years are required to demonstrate current competence and registration will be at the Board’s discretion. The Board may refuse registration or renewal of registration or grant registration/renewal subject to conditions.</p> <p>Applicants returning to practice after an absence of five or more years will be required to complete the minimum of 30 hours of continuing professional development as set out in the Continuing Professional Development (CPD) Registration Standard. This must be completed in the 12 month period prior to applying for re-registration. In addition, applicants will be required to undertake a period of supervised practice of not less than 3 months full-time equivalent, and supervisor assessment against the Australian Minimum Competency Standards for New Graduate Occupational Therapists.</p> <p>At the Board’s discretion the applicant may be required to complete:</p> <p>a) An approved course of study or retraining program;</p> <p>b) An approved examination or assessment of competence.</p>

Physiotherapists	<p>Upon renewal of registration, all physiotherapists must confirm that they have practised physiotherapy within the five years before the first day of the renewal period.</p> <p>3. The Board will accept as evidence at renewal a declaration by an individual that they have practised physiotherapy.</p> <p>4. If an applicant has not practised for more than five years, they will be required to demonstrate competence to practise and registration will be at the Board's discretion.</p>
Radiographers	<p>Upon application, applicants who have not been previously registered, and who have gained their qualifications more than three years before their application, and who have not practiced in the three years prior to application, must submit a plan for return to practice for Board approval.</p> <p>2. Applicants previously registered and returning to practice after an absence between three (3) years and five (5) years will be required to submit a plan for return to practice, for Board approval, that takes into account</p> <ul style="list-style-type: none"> a) The recency of clinical practice b) The experience of the applicant c) The level of Continuing Professional Development (CPD) undertaken during the practitioner's absence d) Any relevant research, study or teaching undertaken <p>In considering a plan for return to practice the Board may impose conditions on registration or require a period of supervised practice.</p> <p>4. At the determination of the Board applicants previously registered but having not practiced for five (5) years or more</p> <ul style="list-style-type: none"> a) may be required to undergo an assessment conducted by the Board's Accreditation authority. The cost of assessment will be borne by the applicant. b) may be required to undertake a Board approved course or program designed to support a return to practice. c) may be required to undertake a period of supervised practice. d) may have conditions imposed upon their registration
Psychology	Practice in last 5 years (no amount specified) or completed approved program of study or other pathway in last 5 years

Australia – possible directions	Direction of future requirements for recency of practice
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Podiatry, physiotherapy (psychology proposing to maintain current requirements, OT not undertaking review)	450 hours practice or equivalent in last three years (equates to three months full time practice) or 150 hours practice in the 12 month period prior to applying for registration or renewal of registration
Example of proposed returner requirements	
MRP (including radiography)	<ol style="list-style-type: none"> 1. All medical radiation practitioners undertaking clinical practice must have completed a minimum of 450 hours of practice in the past three years. 2. If you are registered in more than one division of registration you are required to complete a minimum of 450 hours of practice in the past three years for each division in which you are registered. 3. Applicants returning to practice after an absence of more than three years may be required to: <ol style="list-style-type: none"> a. undertake an examination and/or assessment b. undertake a Board approved course or program or part thereof, and/or c. participate in a Board approved supervised practice program, and/or d. meet any other requirement the Board considers necessary to ensure that the practitioner is safe to practice in a competent and ethical manner. 4. Applicants returning to practice after an absence of 10 years or more will be required to: <ol style="list-style-type: none"> a. have your primary qualification assessed against an approved course of study, and/or b. undertake an examination and/or assessment, and/or c. undertake a Board approved course or program or part thereof, and/or d. participate in a Board approved supervised practice program, and/or e. meet any other requirement the Board considers necessary to ensure that you are safe to practice in a competent and ethical manner.

Podiatry	<p>If you have at least two years prior clinical practice experience as a registered podiatrist or podiatric surgeon and you wish to return to practice one of the following will apply to you.</p> <ol style="list-style-type: none"> a. If you have had non-practising registration or have not been registered for between one and three years: <ol style="list-style-type: none"> i. at a minimum you must complete at least one years' quota of continuing professional development (CPD) activities relevant to your intended scope of practice (during the 12 months prior to applying for a category of practising registration). The Board's Continuing professional development registration standard sets out the Board's CPD requirements, and ii. the Board may require you to provide additional information and may also impose additional requirements which may include requiring you to undertake: <ul style="list-style-type: none"> • an assessment or examination to assess your competence to practice, and/or • further specific education, and/or • a period of supervised practice. b. If you have had non-practising registration or have not been registered for more than three years: <ol style="list-style-type: none"> i. at a minimum you must: <ul style="list-style-type: none"> • complete at least one years' quota of CPD activities relevant to your intended scope of practice (during the 12 months prior to applying for a category of practising registration), and • provide a plan for professional development and re-entry to practice to the Board for consideration and approval. Information to assist you in developing a plan for professional development and re-entry to practice is published on the Board's website, and ii. the Board may require you to provide additional information and may also impose additional requirements which may include requiring you to undertake: <ul style="list-style-type: none"> • an assessment or examination to assess your competence to practice, and/or • further specific education. <p>2. If you have less than two years prior clinical experience as a registered podiatrist or podiatric surgeon, and you have had non-practising registration or not been registered for more than 12 months:</p> <ol style="list-style-type: none"> a. You must complete at least one years' quota of CPD activities relevant to your intended scope of practice (during the 12 months before applying for registration); and b. You will have conditions placed on your registration to facilitate your return to safe professional practice, which may include a requirement for you to undertake: <ul style="list-style-type: none"> • an assessment or examination to assess your competence to practice, and/or • further specific education, and/or
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	<ul style="list-style-type: none"> • a period of supervised practice.
Physiotherapy	Required to submit a plan for re-entry (will generally involve supervised practice)
Psychology	<p>No practice in last 5 years, may require applicant to sit National Psychology Exam</p> <p>If an applicant has not practised as a registered psychologist for:</p> <ol style="list-style-type: none"> 1) more than 5 years but less than 10 years: the Board may require the applicant to complete a minimum of 770 hours of supervised practice as a provisional psychologist under the national 4+2 internship program and to meet the requirements of that program, and may also require the applicant to successfully pass the National Psychology Examination. 2) more than 10 years but less than 15 years: the Board may require the applicant to complete a minimum of 1540 hours of supervised practice as a provisional psychologist under the national 4+2 internship program and meet the requirements of that program, and will require the applicant to successfully pass the National Psychology Examination. 3) 15 years or more: the Board will require the applicant to complete a minimum of 3080 hours of supervised practice as a provisional psychologist under the national 4+2 internship program and meet the requirements of that program, and will require the applicant to successfully pass the National Psychology Examination.
Pharmacy	<p>If you don't meet this standard, the Board or its delegate will determine what action you must undertake within a specified time frame:</p> <ol style="list-style-type: none"> a) a period of supervised practice b) continuing professional development which may include education courses, and / or c) assessment of competence which may include: <ol style="list-style-type: none"> i. oral examinations, and/or ii. any other examinations or assessments.

United States	
Federation of State Boards of Physical Therapy https://www.fsbpt.org/Portals/0/documents/free-resources/JLRG_ReenteringtheWorkforce_201006.pdf	Describes which jurisdictions define re-entry into the workforce, how they define re-entry and what requirements they have prior to re-entry
California Board of Occupational Therapy http://www.bot.ca.gov/licensees/inactive_status.shtml	In order to restore your license/certificate to active status, you must comply with the following: <ul style="list-style-type: none"> • Pay the current renewal fee; • Complete continuing competency equivalent to that required for a single renewal period of an active license or certificate.
Speech-Language Pathology & Audiology & Hearing Aid Dispensers board http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf	Up to 5 years and maintained inactive registration, must complete the relevant continuing education requirements completed a total of _____ hours of continuing education. All courses have been taken within the past 2 years from a board approved provider.

Canada	
<p>Alberta College of Paramedics http://www.collegeofparamedics.org/home/registration/reinstatement.aspx</p>	<p>Lapsed registrants must meet the reinstatement requirements. The currency of practice will determine certain reinstatement requirements:</p> <p>Less than 12 months – continuing education requirements</p> <p>12 – 24 months – evidence of successfully completing an approved refresher program and provincial examination within the previous 12 months for the discipline level sought and meet all other College requirements</p> <p>More than 24 months – Registration Committee will consider application and make a decision on reinstatement. It may impose additional requirements and fees.</p>
<p>ACSLPA http://acslpa.ab.ca/wp-content/uploads/2013/12/Registration-Standards-Guidelines-March-2014.pdf</p>	<p>Members who have practised less than 1250 hours in the previous 5 years, and have not practiced for 3 consecutive years or more, will undergo a re-entry process.</p> <p>3 – 5 years – period of supervised practice which meets requirements</p> <p>5 years + - successfully complete the Speech Language and Audiology Certification Examination and then complete a period of supervised practice which meets requirements</p>
<p>College of Physiotherapists of Ontario http://www.collegept.org/Physiotherapists/E/P/CurrentRegistrants/PracticeHours</p>	<p>Five years after initial registration and every year after that, physiotherapists registered with the College in the Independent Practice category are required to maintain 1,200 practice hours in the previous five years.</p> <p>Physiotherapy practice includes employment or other activities resulting from the possession of physiotherapy credentials and experience. Practice hours include worked hours that are paid and professional activity hours. Worked hours include hours of practice in clinical settings, consultation, research, administration, academia and sales.</p> <p>It is not necessary to have the job title of physiotherapist or physical therapist.</p> <p>Also defines professional activity ours, which includes volunteer activity which require the use of physiotherapy theory and knowledge and continuing education hours</p>
<p>Physiotherapy Alberta http://www.physiotherapyalberta.ca/physiotherapists/how_to_maintain_your_registration/annual_renewal#sthash.AG5vTGvX.dpuf</p>	<p>You have either practiced 1200 hours as a physiotherapist during the last 5 years or graduated/completed the Physiotherapy Competency Examination within the previous 3 years. Hours can include physiotherapy services provided (assessment, diagnosis, treatment) or hours engaged in research,</p>

	delivering education or administration with respect to health or the practice of physiotherapy.
<p>College of Occupational Therapists of British Columbia</p> <p>http://www.cotbc.org/Registration/Reinstatement.aspx</p>	<p>Currency hours:</p> <p>At least 1000 hours work in the immediate past 5 years</p> <p>At least 600 hours in the immediate past 3 years</p> <p>Graduated within the past 18 months</p> <p>Completed an approved re-entry program in the past 18 months</p> <p>do not meet any of the above currency requirements and require a review</p>
<p>Alberta College of Occupational Therapists</p> <p>http://www.acot.ca/pages/Currency_of_Practice</p>	<p>The Regulation (Occupational Therapists Profession Regulation – AR217/2006(11)) mandates that a regulated member who applies for renewal must have been engaged in the practice of occupational therapy for not fewer than 400 hours in the past year, 800 hours in the past two years, 1200 hours in the past 3 years or 1550 hours in the past 5 years.</p>
<p>College of Occupational Therapists of Ontario</p> <p>http://www.coto.org/registration/becoming_a_sp</p>	<p>Currency</p> <ul style="list-style-type: none"> • 600 hours of occupational therapy practice within the last 3 years; or • Successful completion of a College approved Refresher Program within the last 18 months; or • Graduation from an occupational therapy program within the last 18 months.
<p>College of Psychologists of British Columbia</p> <p>http://www.collegeofpsychologists.bc.ca/requirements.php</p>	<p>Have not identified any specific requirements for BC registrants</p> <p>However, have a mutual recognition / labour exchange agreement between Canadian jurisdictions. However, applicants who have not practised in the other jurisdiction for at least 6 months of full time practice or the equivalent, within the two years immediately before the date of application, may be required to undergo additional training, experience or examination to be eligible for registration</p>

Ontario College of Social Workers and Social Service Workers
http://www.ocswssw.org/en/applicants_info_new.htm

- must have engaged in the practice of social work or social service work, as the case may be, within the five years immediately before the date of the application or otherwise satisfy the Registrar that you are competent to perform the role of a social worker or social service worker, as the case may be. This requirement does not apply to an applicant who has obtained the academic qualifications, or the academic qualifications and experience, required for registration with the College within the five years immediately before the date of the application
- if you have not engaged in the practice of social work or social service work within the five years immediately before the date of application, or have not obtained the academic qualifications, or the academic qualifications and experience, within the five years immediately before the date of application, you complete a supplemental form to provide additional information for consideration by the Registrar. If the Registrar is satisfied that the other requirements for registration have been met, the Registrar may propose to issue a certificate of registration with terms, conditions and limitations (TCL). The TCL may impose, among other things, a period of supervised practice. In these circumstances, the Registrar may issue a certificate of registration with TCL, provided that you have consented to the TCL.

<p>New Zealand</p>	
<p>Occupational Therapy Board of New Zealand</p> <p>http://www.otboard.org.nz/Registration/HowtoRegisterasanOccupationalTherapist/RegistrationInformation/CompetenceAssessmentApplication.aspx</p>	<p>Applicants need to complete the Competence Assessment Application Form when applying for a practising certificate and</p> <ul style="list-style-type: none"> ▪ they have never been registered in New Zealand before, or ▪ they are not a recent New Zealand graduate, or ▪ they are a previously registered New Zealand practitioner and have not practised in New Zealand at any time during the last three years, and have not practised overseas for two years or more during the last three years.* <p>*Instead of submitting a competence assessment application, some previously New Zealand registered practitioners may provide a completed Attestation of Competence Form from an occupational therapist with whom they have worked overseas for at least six months continuously. This option only applies if the applicant has previously been registered in New Zealand, and has practised overseas for at least two years during the last three years.</p>
<p>Physiotherapy Board of New Zealand</p> <p>http://www.physioboard.org.nz/your-practising-status</p>	<p>Important factors to consider if you have not practised for three or more years and you are thinking of returning to the Physiotherapy profession. If you are contemplating returning to the workforce you are well advised to:</p> <p>Contact the Board for initial advice.</p> <p>Develop a Professional Development Plan. Identify those areas that require development or guidance to meet your goals.</p> <p>Record any relevant Continuing Professional Development (CPD) activities you have completed whilst you were non-practising. A comprehensive log book detailing how you have kept up-to-date with physiotherapy research and modalities will support your return to work application.</p> <p>You may be able to build a relationship with a local practice well before your formal return to the physiotherapy workforce. See if you can attend their In-Service programme or any seminars they may organise.</p> <p>Information about the documentation required is set out in the APC application form for those who are currently not practising.</p>

<p>New Zealand Medical Radiation Technologists Board</p> <p>http://www.mrtboard.org.nz/returning-to-practise</p>	<p>If you are a registered medical radiation technologist but have not worked in the profession in New Zealand for at least three years, you will be required to demonstrate to the Board that you are competent and fit to practise before being issued with an annual practising certificate (APC).</p> <p>The Board uses a number of mechanisms to ensure you are competent and fit to practise depending on the number of years you have been absent from the New Zealand medical radiation technology profession. Please note the following mechanisms are guidelines only and each application is considered on an individual basis.</p> <p>Absence Between 3 - 5 Years:</p> <p>If you have not practised medical radiation technology in New Zealand for the last 3-5 years you may be required to work under the supervision of another registered medical radiation technologist. This requires maintaining a logbook and getting it sign-off from your supervisor. You will still need to hold an APC, but it would be issued with a supervisor condition which will be removed once you have completed your logbook and your supervisor has signed it off.</p> <p>Absence Between 5 - 10 Years:</p> <p>If you have not practised in New Zealand for the last 5-10 years, the Board may offer you the opportunity to sit a Registration Examination Assessment (REA) to evaluate your competence to practise as a medical radiation technologist in the relevant scope of practice, and for the purpose of issuing you with an APC.</p> <p>Absence Over 10 Years:</p> <p>If you have not practised as a medical radiation technologist in New Zealand for more than 10 years, the Board may recommend you undertake re-training. You may be eligible to cross-credit some of your qualifications to a current education provider.</p>
<p>Nursing Council of NZ</p>	<p>Less than five years away from practice, can apply for annual practising certificate</p> <p>More than five years away from practice, you must successfully complete a competence assessment programme before applying for your annual practising certificate (section 27(1)(a) and (d) of the Health Practitioners Competence Assurance Act 2003).</p>

Return to practice rapid appraisal Appendix 3

Recency of practice research – Professor Farmer’s key findings late 2012

AHPRA commissioned Professor Liz Farmer to review the literature on recency of practice in late 2012. The following are her key findings. Also attached are some further comments.

- Career breaks, changing work patterns or periods of low volume clinical contact are increasingly expected to form a part of a normal career path for health professionals.
- Return to practice is closely linked to maintenance of competence issues. Patient safety concerns are also cited frequently in the literature.
- Recency definitions and provisions vary widely within and between professions in the literature.
- The length of absence from practice after which the recency provisions begin is the main indicator referred to in the literature – periods of one to five years are most common.
- Reported reasons for career inactivity, prevalence of inactivity and intention to re-enter practice vary widely by age, between men and women and between professions.
- A better understanding is required of the reasons for both exiting professions and re-entering them in Australia.
- Comprehensive data collection and analysis, if adopted for nationally regulated professions, could logically and objectively demonstrate prevalence of clinical inactivity for each profession — a derivative benefit that would be useful for sharing with researchers who may undertake studies on fitness to practise and re-entry as well as regulatory and healthcare workforce analyses and predictions.
- Even where prevalence data on inactivity and/or low volumes of activity exist, periodic re-examination is also warranted to assess changes over time especially in light of gender differences, and inter-generational changes noted in the literature.
- No evidence was found concerning the minimum period of low volume care for safe and effective practice in any discipline.
- More studies are required to assess the impacts of low volume of care on fitness to practise outcomes.
- There is no clarity about the specific length of time away from practice that would diminish an individual’s performance to the extent of creating risks to patient safety, or reducing competence levels to inadequate.
- Older age and longer periods of time out of practice have been shown to be statistically significant predictors of lower competence in inactive physicians who are volunteering to re-enter practice after testing and education, but the studies are small and preliminary.
- As some evidence exists concerning the risks arising from increasing years out of practice, this supports length of inactivity criteria being adopted widely as a key factor for triggering recency provisions. However a recent systematic review of studies concerning practising clinicians and data from investigating factors in disciplinary matters raise the relationship of increasing age, physician experience and lower

competence. It would appear prudent to investigate the age factor more closely in the context of recency provisions.

- Research studies are scarce. The central question remains - the extent to which periods of clinical inactivity possibly as little as 12 months, may impact on patient care and clinical outcomes. Related factors include the duration and frequency of these periods; participation in and types of continuing education during these periods; the age of the professional; length of previous employment; risks inherent in practice; and other demographic factors.
- A demonstration project approach may provide a feasible way to study these issues further. One approach could involve studying cohorts of defined re-entry professionals in different health professions who are tested using robust and validated competency approaches, and results related to demographics identified above.
- Developing and promoting targeted educational resources, support and mentoring, especially processes that would allow professionals to maintain their professional credentials and access affordable and relevant CME while clinically inactive or low-active, would enable more predictable planning and management of departures and re-entry.
- The re-entry group is not homogenous. Apart from age and length of time out of practice, little is known about which risk factors indicate a need for educational remediation before or while returning to practice.
- In the literature, a multi-factorial model using a range of indicators, such as knowledge and clinical skills, has been used to assess re-entry professionals. This recognises the diversity of the returner group and their individual demographics, readiness for and progress towards re-entry.
- Present data from small studies, suggest that the multifactorial model, using standardised pretesting combined with individualised assessment and individualised educational programs is a common and usually, but not always, an effective model.
- Researchers point to the need for examining what kind of educational processes are most effective in returning inactive professionals to practise. More work is required to evaluate the evidence concerning the optimal models of re-entry education.

Return to practice educational models - Professor Farmer's key findings and conclusion January 2013

Overall, the peer-reviewed literature provides some pertinent evidence to guide regulators in decisions about the types of re-entry education that should be provided.

Limitations of the literature include its largely descriptive nature, and work reported in the major databases is limited to only some professions^{62 63}. In addition, most studies have reported on small numbers only. There is a marked lack of follow up or comparative studies using different approaches. No randomised studies or quasi-experimental studies were found (eg comparing two similar but non-randomised groups receiving different courses or approaches).

However, this review shows that, whether commentary, survey, theoretical or actual studies, a few key findings can be extrapolated.

- A trend involving education of returning practitioners based on a multi-factorial individualised⁶⁴ need analysis⁶⁵. This individualisation is an important factor also mentioned by commentators on licensure policy⁶⁶. The purpose is for the returner to identify their personal requirements to successfully reregister or re-enter.
- The needs analysis in some programs consisted of multiple sophisticated tests of knowledge and skills using internal and external testing.
- Educational plans are then individually based on the needs analysis.
- Many providers do not see a needs analysis as an eligibility test and no hard and fast rules are suggested. The process assists in the determination of components necessary to meet the eligibility requirements for re-registration or resumption of clinical work. If practical or theoretical challenges are used at the needs analysis stage, they are for the purpose of determining the returner's current and required knowledge and skills development.
- Some providers are selective about those who will be accepted for re-training, due to resource constraints and consequent unwillingness to accept those who may appear to be less successful in achieving competence.
- A wide variety of educational interventions were described, with the time requirements, modes of education and content varying widely, together with a general lack of a theoretical or evidence basis for the intervention employed.
- In many studies the amount of clinical practice under supervision varies widely with no rationale provided.
- Some studies matched returners to their placements based on their area of expertise, where they would like to work in the future, and their current circumstances. This may have advantages in tailoring and in introducing the returner to a site or service where employment may subsequently be offered.
- Some training programs were based on or copied postgraduate training models and returners tended to dislike being compared to registrars.
- In general, studies demonstrated that the returner group in all professions is qualitatively different from training groups and this should be recognised explicitly.
- The amount of individualisation of training varied widely. Some courses had a combination of standard and individualised training.

- Some programs have recognised advantages of distance learning modes for theoretical and knowledge components overcoming face- to-face attendance issues and geographic isolation. This would appear particularly relevant in Australia.
- Whatever the program offered, programs have developed independently, with little coordination among them or within or between professions. If, as predicted, more professionals seek to re-enter practice and more programs are developed in response, the need for information on program outcomes will grow. Valid assessment tools should be developed and learnings and resources shared across re-entry programs to improve individual learner outcomes.
- Most returners were able to meet their goals, but not all returners completed courses. In those who were retested after completing a course not all were deemed eventually suitable to practise.
- Studies of returners' experiences emphasised anxiety, lack of confidence, and need for intensive mentoring support both during and after completion as well as supervision. Mentors and supervisor were usually different people. Studies in most professions had a common theme of the need to rebuild self-confidence.
- Support from and positive attitudes of co-workers, and the organisation itself were a big factor in making a successful and positive return to the workforce. Flexible work arrangements were frequently mentioned in the nursing literature as positive drivers for return especially part-time.
- Some organisations have set up community--- based personnel dedicated to supporting returners.
- The educational concept of proactively supporting and educating inactive professionals to manage ultimate return to practice more effectively would seem to be worth further study.

Conclusion

In general terms, this field of activity concerning education for health professional returners is at an early stage. It is characterized by the use of sophisticated methods for measuring performance and or competence of those within some programs, but provision of remediation is much more variable. Most work is at a low level of evidence.

The small scale and intensive nature of most programs reported, raises questions about the how well any larger scale programs would be able to assist individuals in ensuring safe practice especially if regulation was applied more uniformly. This is likely to be exacerbated by the shortage of qualified supervisors and mentors.

Large gaps in information about actual impact apart from return rates in some studies, and a complete lack of long-term outcomes data, mean that the overall impact and value of this type of assessment and training is hard to determine from the literature at present^{67 68}.

Some guidance can be inferred from another body of literature. While related to remediation of doctors referred to the Quebec licensing authority over a decade, and not re-entry doctors, a larger study has been reported in 2005 of 305 doctors who received mainly clinical re-training programs supplemented by tutorials and refresher courses, and were re-evaluated some time after training had been completed. In all 70% of the programs were deemed to have succeeded in producing a competent doctor, 15% were partially successful and 13% had failed. The remaining 2% were missing data or withdrawal of the doctor⁶⁹.

These findings raise the question whether not all education for returning practitioners may be successful in the long term, and the fact of completion of required activities may not be

sufficient to ensure safety in the longer term. Huggins has drawn attention to this dilemma in Nursing:

“There is little information available on predicting success of those returning after a substantial time away from a profession that has relentlessly been moving along technically and theoretically.”⁷⁰

This issue would appear to be an important source for further evaluation.

Return to practice rapid appraisal Appendix 4

HCPC issues with returners to practice (RTP) requirements

HCPC staff have identified the following issues with the returner to practice requirements:

Practical issues

- Returners have difficulty finding work which allows them to do supervised practice to comply with HCPC requirements, but this is a workplace issue outside HCPC's control.
- There is a lack of funded return to practice courses in some professions.

Clarity and consistency issues

- The five year rule for first time applicants creates some confusion although it reflects legislation. For example, an applicant who completes an approved program, doesn't practice then applies to register 4 years and 11 months after qualifying, does not need to meet RTP requirements. However an applicant who registered immediately after completing their approved program, but did not practise and applies to return within five years must meet the RTP requirements.
- Applying the updating requirements to a returner who is just outside the two or five year period can seem arbitrary and onerous.
- There are different views about whether practice while unregistered can count towards the HCPC requirements for practice within two years. This is a complex issue and developing clear guidance is difficult.
- The returner requirements are not outcome-focused compared to HCPC approaches to most other issues.

Supervisor issues

- The requirement for supervisors to have been on the register for three years is not always understood by applicants, supervisors or staff. This can result in HCPC rejecting applications, delaying the returning process and unclear or incorrect advice. It is unclear what value the requirement adds as a new graduate registrant may have more current knowledge and skills compared to a practitioner who has been registered for a longer period.
- The guidance should explain how a supervisor or a counter-signatory can extend the updating period if the returner needs more time.

Terminology

- The definition of practice is very broad and open, which leads to confusion. The onus is on the practitioner to decide whether they have been practising in the last

two years. This has benefits, as HCPC is not qualified to assess this, but also risks, as practitioners' decisions aren't verified. It also makes it difficult to assess whether a returner has done an updating period.

- Other definitions used in the RTP guidance could be clearer. For example, does observation/shadowing qualify as supervised practice or should it be classified as private study?
- The description 'return to practise' perhaps isn't quite right because the requirements may apply to someone entering the Register for the first time having never practised (the UK 5 year rule).

Employer issues

- Some employers may not understand that the HCPC requirements are a minimum. It could also be helpful to clarify in guidance that:
 - practice that satisfies the RTP requirements may be in a specific scope, which does not prepare a practitioner to return to employment with a different scope
 - the employer responsibility to ensure that an employee has the skills and knowledge for the specific role is particularly important for returning practitioners
- Its not clear how the updating requirements align with employment approaches, although these have a different purpose. For example, is 30 days updating too onerous for practitioners who are just outside the two year period?
- Registration advisors sometimes struggle to make a decision which indicates that there are issues with the process and guidance. However, any steps to provide more clarity and reduce risks must be reasonable and not make it more difficult for applicants and staff.

Verification issues

- There should be some evidence requirement for self-declaration letters to be consistent with requirements for claims of employment outside the UK, which HCPC verifies with the relevant employer.

Process issues

- The registration system doesn't have the capacity to properly record the period of updating, so there are increased risks of error and inconsistency due to manual processes and no ability to generate reports.
- Registrants may find that they need to meet RTP requirements at the point they are invited to renew their registration. The Rules allow HCPC to give these individuals a reasonable time in which to undertake their period of updating. HCPC gives up to six months from the start of the new registration cycle.

However, the system isn't able to automatically manage registrants in this situation so the Registration Department has to manage them manually, through maintaining and monitoring a spreadsheet. The risk here is that an individual is allowed to remain on the Register without verifying they've met the RTP requirements.

Compiled from discussions with:

Registration Department (Claire Harkin and Dushyan Ashton)

Michael Guthrie, Director Policy and Standards

Queries to Policy and Standards Department

Return to practice rapid appraisal Appendix 5

Summary of selected views from professional bodies

The rapid appraisal involved discussions with the Chartered Society of Physiotherapists, the College of Occupational Therapists (as part of their returners to practice day) and the Society of Radiologists. Their views about the returners' requirements are summarised below.

College of Occupational Therapy

The College of Occupational Therapy (COT) held an information day for returners to practice on 16 September 2014. Participants made the following comments about the HCPC return to practice requirements during the sessions or individual discussions:

- Participants supported the flexibility in the HCPC requirements as a framework and appreciate that it caters for different individual circumstances
- Participants had mixed views about whether the HCPC guidance was clear enough and some found the openness daunting
- A lack of clarity may arise in how the guidance applies to individual situations
- Some would prefer more clarity and tools to help returners understand what they need to do and be sure they are meeting the HCPC requirements while others saw providing additional guidance as the COT's role
- One thought the HCPC guidance assumes that OTs will be working in statutory services which did not reflect recent changes in the profession
- Specific situations where participants (and the COT) thought it would be helpful for the HCPC requirements to be clearer were:
 - Application to internationally qualified OTs
 - Requirements for OTs who qualified less than 5 years ago but have not practised since qualifying

Chartered Society of Physiotherapists

[redacted names and titles]

- Returning to practice is one of the CSP's biggest subjects for queries
- The flexibility of the HCPC returners requirements is helpful, but the openness can be daunting
- Members are often looking for reassurance about how they are addressing the HCPC requirements
- Most queries from returners are about how to find and source a placement and convince a physiotherapist to be a supervisor
- The CSP also receives queries from supervisors of returners – how do they engage with the return process, how do they structure supervised practice, what is expected of them as supervisors etc

- CSP has also received queries about insurance and can now provide insurance for returners provided they are supervised
- There are many opportunities for formal learning, but cost can be an issue
- CSP also provides a range of formal learning opportunities through its professional networks which don't involve additional cost
- CSP advice helps returners to think through the information provided by HCPC, map gaps in their knowledge and skills and work out how to address them
- It could be helpful for HCPC to develop exemplar return to practice applications (in consultation with professional bodies) and additional information for supervisors
- The CSP reminds members about their transferrable skills and knowledge and all their professional attributes
- It can become complex when a practitioner wants to change their scope of practice when returning to practice and some more guidance from HCPC on this issue could be helpful
- The CSP would be interested in advice from HCPC about the number of returning physiotherapists and the average length of time away from practice. This could be helpful to inform the HCPC approach – if only a tiny proportion of those returning contact the CSP or HCPC it would indicate that the guidance is working well.
- RTP is one of the biggest subjects for inquiries to CSP, so CSP is thinking about providing some further information
- There is an issue about how returners should describe themselves while updating
- The HCPC could direct queries from potential returners to the relevant professional body for more information
- From CSP perspective, HCPC has an outcomes approach to returning but other regulators have more of an input focus
- CSP doesn't share the COT perception that the guidance assumes returners will practice within the NHS and haven't identified anything in the language that suggests an NHS bias. However, sometimes returners or overseas qualified practitioners are more successful in the non-NHS sector
- The CSP receives as many queries about RTP from trusts or individuals wanting to work in a trust. The reasons aren't clear but may be that most physiotherapists work in the NHS, or that the NHS is where the returner first worked and has maintained some connections
- The CSP advises new graduates to register with the HCPC even if they don't intend to enter practice immediately. They also recommend that registrants consider the implications of relinquishing their registration carefully.
- The CSP supports the flexibility for individual circumstances while recognising the requirements are open to interpretation
- The definition of practice needs to be broad but its sometimes a tension if a group can't see themselves explicitly covered. The definition is flexible, responsive and self-determining but doesn't delineate boundaries clearly.

- The CSP has been considering the question of what is physiotherapy. It would be helpful to have guidance to clarify the definition of practice but it may not be achievable.
- The CSP works with students and new graduates to explain that if they specialise, they will still retain their generalist skills and are still physiotherapists.
- There are advantages of an outcomes based approach to what physiotherapy encompasses. It allows physiotherapy to evolve and doesn't limit practice to certain descriptors. However, it can be difficult for an individual to make judgements about their practice within the breadth of 'physiotherapy'.
- Members sometimes want the returners process to be black and white and prescriptive to provide more clarity, but the CSP would not support that direction. A tick box approach would restrict and confine returners compared to the choice available under the current approach.
- CSP would support the HCPC providing more examples and personal stories to make the broad requirements come alive rather than the introduction of a more restrictive approach.
- CSP asked about whether HCPC would be considering some kind of service user involvement as part of return to practice, linked to the approach to fitness to practice and audit. While the CSP supports focusing on the patient at the centre of care, having requirements for service user involvement as part of return to practice could logistically be quite a challenge.

Society of Radiologists – [redacted name and title]

- The HCPC approach to RTP is reasonable. There were campaigns to persuade radiographers to return to practice about 10 years ago and the SOR still receives inquiries
- The approach to returning is fair as it enables practitioners to update within the parameters of their training and previous practice, and doesn't require them to completely re-qualify
- The requirements are fairly realistic and SOR hasn't had many complaints that they are too onerous. Most returners set themselves quite high standards.
- Although the same framework applies to a practitioner who has been out of practice for 5 years and one with a substantially longer absence, the requirement to include supervised training or formal learning in updating is a safeguard. Very few employers would take on a returner for supervised practice who had been out of practice for substantially more than five years. It's also unlikely that these returners would find employment after doing only 30 days of formal learning and 30 days private study.
- The usual pathway for a returner radiographer is to take an assistant role and then persuade the employer to allow them to update and return to practice.
- From the SOR perspective there are appropriate checks and balances built into the current approach.
- The SOR asked whether there are safeguards to stop someone with a conflict of interest supervising a returner.

Return to practice rapid appraisal Appendix 6

Professional bodies – advice for returners

Profession	Professional body advice
Art therapists	<p>British Association of Art Therapists www.baat.org</p> <p>British Association of Dramatherapists www.badth.org.uk</p> <p>No guidance on public area of websites</p> <p>British Association of Music Therapists</p> <p>http://www.bamt.org/british-association-for-music-therapy-resources/guide-to-professional-practice.html - Guidance on returning to practice</p>
Biomedical scientists	<p>Institute of Biomedical Sciences</p> <p>Summarise HCPC requirements, mention that a supervisor must be from the same part of the register but don't reference the requirement for three years registration.</p> <p>Provide guidance about approaching updating:</p> <ol style="list-style-type: none"> 1. Individuals wishing to return to practice in a clinical laboratory should use the Institute portfolios as a framework for updating their knowledge and skills, for example, the Specialist Portfolio in discipline specific areas. 2. A self-assessment of knowledge and skills achieved prior to a break in practice should be conducted against the portfolio to identify training needs (Gap Analysis) 3. Training should be carried out in an Institute approved training laboratory and in accordance with IBMS Good Professional Practice guidelines. 4. The period of updating should be signed off by a registered biomedical scientist as a record of areas of the specialist portfolio completed and whether competence to practice was achieved. 5. The individual completing the period of updating should complete an IBMS reflective practice statement to confirm how they consider the period of updating to be successful. <p>https://www.ibms.org/go/practice-development/good-professional-practice/returning-practice</p>

Profession	Professional body advice
Clinical scientists	<p>http://www.assclinsci.org/acsHome.aspx</p> <p>Q: Do I need to maintain my statutory registration and CPD if I take a career break?</p> <p>Yes, if you intend returning to work in the near future and you must retain your registration status and ensure HCPC are aware of any changes of address. You should also ensure you maintain CPD during the break. For a more prolonged absence, HCPC have agreed with the professions on minimum re-training requirements for such people who do not retain their registration status and this depends on the length of the break. Re-training requirements for staff after work breaks can easily be resolved and continuance with CPD would obviously entail reduced need for this.</p> <p>http://www.assclinsci.org/acsApplicants/acsFAQs.aspx#s6q4</p>
Chiropodists / podiatrists	<p>The Society of Chiropodists & Podiatrists http://www.feetforlife.org</p> <p>Need help with returning to practice?</p> <p>In light of the difficulties experienced by professionals attempting to return to practice and resume their status on the HPC register, the Society has a 'List of of Return to Work Mentors' and other ways in which we can support your return back into the profession.</p> <p>Take full advantage of our Associate (Mentored) Membership, with which you will receive professional indemnity insurance, free legal representation, guidance on Professional Conduct, guidance and CPD support.</p> <p>Emails us to find out more about Returning to Work.</p> <p>http://www.scpod.org/society/services/</p> <p>The British Chiropody and Podiatry Association http://www.bcha-uk.org</p> <p>No public information on returners</p> <p>The Institute of Chiropodists and Podiatrists http://www.iocp.org.uk/</p> <p>No public information on returners</p> <p>The Alliance of Private Sector Chiropody and Podiatry Practitioners Web: www.thealliancepsp.com</p> <p>Offers refresher courses http://www.thealliancepsp.com/Alliance_of_Foot_Heath_Refreshment_Training.htm</p>

Profession	Professional body advice
Dietitians	<p>The Association of UK Dieticians (BDA)</p> <p>Outline HCPC requirements, recommend returners join the BDA and advise all returners to gain some supervised practice before they return to practice, alongside some formal and private study,</p> <p>https://www.bda.uk.com/careers/r2p</p>
Hearing aid dispensers	<p>British Society of Hearing Aid Audiologists</p> <p>No guidance found on public website</p>
Occupational therapists	<p>College of Occupational Therapists</p> <p><i>Returning to practice: information for occupational therapists, their supervisors and managers</i></p> <p>Comprehensive guide plus FAQs</p> <p>http://www.cot.co.uk/publication/books-z-listing/returning-practice-information-occupational-therapists-their-supervisors</p> <p>http://www.cot.co.uk/sites/default/files/general/public/returning-to-practice-faqs.pdf</p>
Operating department practitioners	<p>Nothing found on public website</p> <p>http://www.afpp.org.uk/home</p> <p>Nothing found on public website</p>
Orthoptists	<p>British and Irish Orthoptists Society (BIOS)</p> <p><i>Information for orthoptists returning to practice</i></p> <p>Guide which covers HCPC requirements and advice from BIOS.</p> <p>Recommends that any Orthoptist returning to practice should include supervised practice in their period of updating</p> <p>Advises that all newly qualified Orthoptists and those returning to clinical practice after a break of five years or more should be offered the support of a mentor (as distinct from supervisor), usually for six months and provides mentoring guidelines.</p> <p>Includes list of references for returning orthoptists.</p> <p>http://www.orthoptics.org.uk/Resources/Documents/Information%20for%20returners%20Mar2013.pdf</p>
Paramedics	<p>College of Paramedics</p> <p>Publish HCPC advice but no additional advice</p> <p>https://www.collegeofparamedics.co.uk/news/newswriting_for_publication_in_the_emj/newswriting_for_publication_in_the_emj/newsparamedics_-_your_hpc_registration_renewal_approaching</p>

Profession	Professional body advice
Physiotherapists	<p>Chartered Society of Physiotherapy</p> <p><i>Returning to UK Physiotherapy practice</i></p> <p>Comprehensive guide which explains HCPC requirements, planning for return, including how to map learning needs against CSP's Physiotherapy Framework, where to look for CPD and supervised practice placements etc.</p> <p>'Managing supervised practice' section emphasises that the supervisor must be a registered physiotherapist, but doesn't state that the supervisor must have been registered for at least three years.</p> <p>Elements of the guide are still underdevelopment, such as guidance for placement providers and a checklist.</p> <p>https://v3.pebblepad.co.uk/v3portfolio/csp/Asset/View/6jqbh3GzhGWrjcyWxWx5h5dbM</p> <p>Encourage practitioners to remain registered with HCPC even if not in clinical practice</p> <p>http://www.csp.org.uk/frontline/article/advice-line-outside-your-scope</p> <p>Other return to work resources, including an interactive network on recruitment, retention & return to practice and a number of historical resources such as return to work packs are available to members only</p> <p>http://csplis.csp.org.uk/webview/?infile=details.glu&loid=56017&rs=30621&hitno=18</p>
Prosthetists / orthotists	<p>British Association of Prosthetists and Orthotists</p> <p>www.bapo.com</p> <p>Nothing found on public site</p>
Practitioner psychologists	<p>British Psychological Society</p> <p>Nothing found on public site</p> <p>Association of Educational Psychologists</p> <p>Nothing found on public site</p>

Profession	Professional body advice
Radiographers	<p data-bbox="507 277 839 309">Society of Radiographers</p> <p data-bbox="507 327 1198 358">http://www.sor.org/career-progression/return-practice</p> <ul data-bbox="515 376 1299 667" style="list-style-type: none"> <li data-bbox="515 376 1299 407">• Click here to download a Return to Radiography Poster 1 <li data-bbox="515 425 1299 456">• Click here to download a Return to Radiography Poster 2 <li data-bbox="515 474 1193 506">• Pam Shuttleworth and Sarah Brothwood podcast <li data-bbox="515 524 842 555">• Jane Fawcett podcast <li data-bbox="515 573 1046 604">• Booklist for Diagnostic Radiographers <li data-bbox="515 622 1066 654">• Booklist for Therapeutic Radiographers <p data-bbox="507 685 900 716"><i>Return to practice newsletters</i></p> <ul data-bbox="515 734 769 869" style="list-style-type: none"> <li data-bbox="515 734 734 766">• January 2012 <li data-bbox="515 784 769 815">• September 2011 <li data-bbox="515 833 686 864">• April 2010 <p data-bbox="507 887 1198 918">http://www.sor.org/career-progression/return-practice</p> <p data-bbox="507 936 1417 1003">The SoR has produced information about ultrasonographers returning to practice, which can be accessed by clicking here</p>

Profession	Professional body advice
Social workers	<p data-bbox="507 259 807 293">College of Social Work</p> <p data-bbox="507 331 1110 365">http://www.tcsw.org.uk/Return-to-Social-Work/</p> <p data-bbox="507 403 1283 436">Includes a resource pack and returning to social work guide</p> <p data-bbox="507 474 1385 607">'If during your career break you undertook any activities that you could link to social work practice and provide substantiated/verified evidence for, they may be accepted providing they were carried out within the 12 months preceding your application. '</p> <p data-bbox="507 645 1410 712">https://www.tcsw.org.uk/uploadedFiles/TheCollege/Media_centre/Returningtosocialwork.pdf</p> <p data-bbox="507 750 948 784">British Association of Social Work</p> <p data-bbox="507 822 1086 855">https://www.basw.co.uk/social-work-careers/</p> <p data-bbox="507 893 1406 1227">Generally throughout the UK there are more social workers than there are jobs available. People with continuous experience find it easier to find work than those who have had breaks or are newly qualified. There are things that you can do that will help. You need to demonstrate that you have kept up to date. If you have kept up your registration with the relevant care council it will be helpful, but if not you need to re-apply. You may find it very difficult to step back into a social work role, but if you do then consider some similar roles where a social work role isn't a requirement. Such a role could provide the recent experience that could help you get back into social work.</p> <p data-bbox="507 1265 1401 1431">It may be helpful to try to get some shadowing experience with a social worker. This is not easy to achieve and you are more likely to find a social worker willing to do this who is someone that you know rather than ask a local authority, or other employer directly. However it is worth trying to see if a local authority would help.</p> <p data-bbox="507 1469 1398 1803">Agencies may also be helpful. They may say that you don't have the current experience that employers are looking for, but they may be able to place you in a temporary job that requires less current experience. For example in adult services there may be short term work reviewing services. Undertaking such a role for a few months may give you the relevant experience to apply for social work posts. (Local authorities for example often prefer people who understand and are proficient in their computer systems and policies and procedures, the temporary work would enable you demonstrate that you are up to speed in these areas).</p>

Profession	Professional body advice
Speech and Language Therapists	<p data-bbox="507 277 1174 309">Royal College of Speech and Language Therapists</p> <p data-bbox="507 327 1406 389">http://www.rcslt.org/speech_and_language_therapy/returning_to_the_profession/returning</p> <p data-bbox="507 412 1418 607">The RCSLT is keen to encourage therapists who have been on career breaks to return to working as part time or full time SLTs. Information on the HCPC returner to practise regulations can be found on this HCPC web page. We strongly advise you to contact HCPC to advise them that you intend to return to practise and to seek clarification around specific requirements for you.</p> <p data-bbox="507 629 836 660">What is a career break?</p> <p data-bbox="507 703 1406 969">If you do not practice for more than two years you will need to complete the HCPC returning to practice process. If you have not practiced for more than two years, but have remained on the HCPC register you do not need to complete the returning to practice process. However, you may feel you want to complete some form of returning to work evidence to increase your confidence, knowledge and skills, in this case please contact our enquiries coordinator to discuss your options: cpd@rcslt.org or 0207 378 3012.</p> <p data-bbox="507 1010 884 1041">What advice can you give?</p> <p data-bbox="507 1084 1406 1243">A tip suggested by the RCSLT Returners to practice forum is to ideally avoid lapsing your HCPC registration. According to the HCPC you can still be considered practising as long as you continue to undertake CPD and practice even a small amount per year. Please see below for their definition:</p>

Appendix 2: Proposed changes and recommended future work – Our response

Area	Recommendation	Our response / Proposed actions	Timescale
Guidance and clarification	Clarify areas of potential confusion, for example by publishing more explanation about practice while unregistered.	<p>We will consider the need for revised information for registrants and applicants on the issues raised in the report, including:</p> <ul style="list-style-type: none"> • terminology • practice while unregistered • requirements and roles for supervisors and counter-signatories. <p>The report highlighted some discrepancies in information provided about the return to practice process in various publications. We will look to amend these to achieve clarity and consistency.</p>	Guidance amended by Q1 of 2016/17. A subsequent public consultation will be required.
	Develop further tools to help returners, supervisors and employers understand the requirements, including example period of updating forms.	<p>As stated above, there is scope for amending and clarifying the information provided on RTP requirements.</p> <p>For example, further information could be included on the employer section of the website to clarify what an employer’s responsibilities are in ensuring the fitness to practice of a registrant who has recently returned to practice; and in what capacity returners should be working in during their updating period.</p> <p>We will consider the possibility of introducing a declaration on the updating form to be signed by</p>	Information provided on website and other communication channels amended in line with the guidance (see above).

		the supervisor to confirm they have been registered for the required three years.	
Process	Build some further rigour into the return to practice process, particularly where additional risks exist, while maintaining flexibility.	The introduction of additional checks or verification processes could be achieved at an operational level, without the need for changes to the requirements themselves – for example, verification of information about periods of updating after registration renewal. We will examine the possibility of introducing such checks during this financial year.	Further consideration during 2015/16
	Consider whether more consistency between requirements for updating and periods of adaptation is desirable.	Our initial assessment is that there could be some benefit in introducing more consistency with regard to administrative scrutiny of these two processes.	Further consideration during 2015/16
Additional requirements	Consider more consistency between practitioners who have never been registered with HCPC and those who have	Any changes to more closely align requirements for those who have never been registered and those applying for renewal or readmission would require a change to our Rules. We would not favour making such changes without having undertaken a more thorough examination of the evidence base and effects of these requirements, possibly as part of a wider review. We plan to seek formal legal advice in the short term on this issue.	Legal advice sought in Q2 of 2015/16
	Introduce some further requirements for returners who have been away	We would not recommend any changes to introduce additional RTP requirements for individuals who are returning to practice after	Legal advice sought in Q2 of 2015/16

	<p>from practice for substantial periods such as:</p> <ul style="list-style-type: none"> • Requiring anyone returning after a certain period (e.g. seven years) to undertake some supervised practice as part of their updating • Introducing requirements for supervisors to advise HCPC about the fitness to practice of returners who have had a substantial gap (e.g. adopting an approach more like periods of adaptation) • An HCPC approved return to practice plan for any practitioners returning after an absence of e.g. 10 years 	<p>substantial period of time without having undertaken a thorough examination of the evidence base and effects of these requirements, possibly as part of a wider review. We plan to seek formal legal advice in the short term on this issue.</p> <p>Provision of an HCPC-approved return to practice plan for those returning after substantial periods away from practice would seem at odds with our current approach. We aim to retain flexibility in the RTP requirements and encourage practitioners to exercise judgement and insight in terms of their updating needs.</p>	
	<p>Improve the outcomes focus of the returners requirements</p>	<p>Possibilities for measuring the outcomes of the RTP requirements would need to be explored during a future review.</p>	
<p>Benchmarking</p>	<p>Explore whether other regulators are undertaking, commissioning or planning research on return to practice issues, e.g. through inter-regulatory forum</p>	<p>Members of the Registration Department attend the Customer Service Network Meeting, an inter-regulatory forum to discuss issues relating to return to practice. We will update forum members at an upcoming meeting on the rapid appraisal and possible future work.</p>	<p>2015/16</p>

	Verify the initial desktop assessment of other UK regulators' returner requirements	The Customer Service Network Meeting mentioned above would be a useful way to confirm other regulators' requirements. We will ask for updated information on other regulators' arrangements at an upcoming meeting.	2015/16
	Undertake further benchmarking across UK regulators of returner requirements for practitioners who have never practised	We will seek to confirm other regulators' requirements for practitioners who have never practised through the Customer Service Network Meeting mentioned above.	2015/16
Research	Undertake or commission additional research on return to practice issues, including any updates on: <ul style="list-style-type: none"> • The links between time away from practice and continuing fitness to practice • The effectiveness of different return to practice requirements 	Recent research commissioned by AHPRA has found limited previous research or evidence in respect of the link between absence from practice and competence. It is not immediately clear what the value of additional research would be at this stage. The new registration system (expected to be in place in 2017) may allow for recording and reporting of return to practice information. We will review the usefulness of additional research once there is an established dataset available.	Through 2016/17
Stakeholder consultation	Consult with all professional bodies to get a more complete picture of their issues with returner requirements	Our initial assessment is that the issues summarised in the rapid appraisal report give an accurate picture of the types of issues and queries raised by professional bodies. Revision of the guidance and subsequent public consultation will enable further consultation with professional bodies on our requirements.	A public consultation on revised guidance is expected from around Q2 of 2016/17 (see above).

		A larger scale consultation with all professional bodies could also be considered as part of any future review.	
	Consult with employers about returners issues from their perspective	We will explore additional ways of engaging with employers on RTP issues, such as the possibility of including a presentation or information session on return to practice at the HCPC employer events.	2015/16
Use of data	Identify what data is available from HCPC systems about returners that could provide useful information for a review. If only limited information is available, a review could consider what type of data should be collected to inform future reviews.	Requirements for recording data about return to practice is being discussed as part of the new registration system build major project. The Executive recommends that any future large-scale review should wait until the new system is in place (expected in 2017).	Through 2016/17
	Consider scope to improve process and systems issues for returners, e.g. improve tracking and monitoring of practitioners who undertake updating while registered after renewing their registration.	The Registration Department does not currently have the capability to track and monitor practitioners who have undertaken periods of updating. As above, requirements for recording data about return to practice is being discussed as part of the new registration system build major project.	Through 2016/17