

Education and Training Committee, 2 March 2017

Outcomes of consultation on revised guidance on returning to practice

Executive summary and recommendations

Introduction

We set requirements for professionals wishing to return to practice after a break. In order to provide further information for professionals, we published a guidance document entitled 'Returning to practice' in 2006.

In late 2014, a senior manager from the Australian Health Practitioner Regulation Agency (AHPRA) undertook a rapid appraisal of our return to practice requirements, as well as the guidance we provide, during a six-week placement with the HCPC. The appraisal highlighted the need for further clarity and guidance in a number of areas, and as a result we committed to reviewing the 'Returning to practice' guidance document.

Following approval from the Council in June 2016, we publicly consulted on revised guidance between 18 July 2016 and 7 October 2017. We received broadly positive feedback, and have amended the draft guidance accordingly. Notable amendments include the addition of a flowchart to assist registrants in determining if the requirements apply to them, and the inclusion of a small section for supervisors and counter-signatories.

The attached consultation response analysis provides a summary of the consultation responses, the main themes arising and the decisions we are proposing as a result.

Decision

The Committee is invited to discuss and agree the consultation response analysis document and draft revised guidance, subject to formal legal scrutiny and minor editing amendments, and to recommend them to the Council.

Background information

- Existing guidance document 'Returning to practice' <http://www.hcpc-uk.org/publications/brochures/index.asp?id=108>
- Education and Training Committee, 9 June 2016. Consultation on revised guidance on returning to practice. <http://www.hcpc-uk.org/assets/documents/10004BCDEnc05-RapidappraisaloftheHCPCreturntopracticerequirements.pdf>

Resource implications

The resource implications relating to this consultation have been accounted for in departmental workplans for 2016/17.

Financial implications

The financial implications relating to this consultation have been accounted for in departmental budgets for 2017/18.

Appendices

- Consultation response analysis for revised returning to practice guidance
- Draft revised guidance 'Returning to practice'

Date of paper

16 February 2017

Consultation on revised guidance on 'Returning to Practice'

Analysis of responses to the consultation on 'Returning to Practice' and our decisions as a result.

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1. Introduction

About the consultation

- 1.1 We consulted between 18 July and 7 October 2016 on proposals to revise the guidance on returning to practice.
- 1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website and on social media, and issued a press release.
- 1.3 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website:
www.hcpc-uk.org/aboutus/consultations/closed.

About us

- 1.4 We are a regulator and our job is to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills, knowledge and behaviour. Individuals on our register are called 'registrants'.
- 1.5 We currently regulate 16 health and care professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics
 - Physiotherapists
 - Practitioner psychologists
 - Prosthetists / orthotists
 - Radiographers
 - Social workers in England
 - Speech and language therapists

About this document

- 1.6 This document summarises the responses we received to the consultation.
- 1.7 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section two explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
 - Section three provides a summary of the general comments we received for the consultation.
 - Section four adopts a thematic approach and outlines the general comments we received on the revised draft guidance.
 - Section five outlines our response to the comments received and any changes we are making as a result.
 - Section six lists the organisations which responded to the consultation.
- 1.8 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. 'yes', 'no', 'partly', or 'don't know'). Where we received responses by email or by letter, we recorded each of those in a similar manner.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

2.4 We received 76 responses to the consultation. 51 responses (67%) were made by individuals and 25 (33%) were made on behalf of organisations. Of the 51 individual response, 41 (80%) were HCPC registered professionals.

2.5 The tables below provides some indicative statistics for the answers to the consultation questions.

Table 1 – Breakdown of responses by question

	Yes	No	Partly	Don't know	No answer
Q1: Is the guidance clear and easy to understand?	53 (70%)	5 (7%)	16 (21%)	0	2 (3%)
Q2: Could any parts of the guidance be reworded or removed?	21 (28%)	43 (57%)	7 (9%)	3 (4%)	2 (3%)
Q3: Is there any additional guidance needed?	29 (38%)	36 (47%)	N/A	7 (9%)	4 (6%)

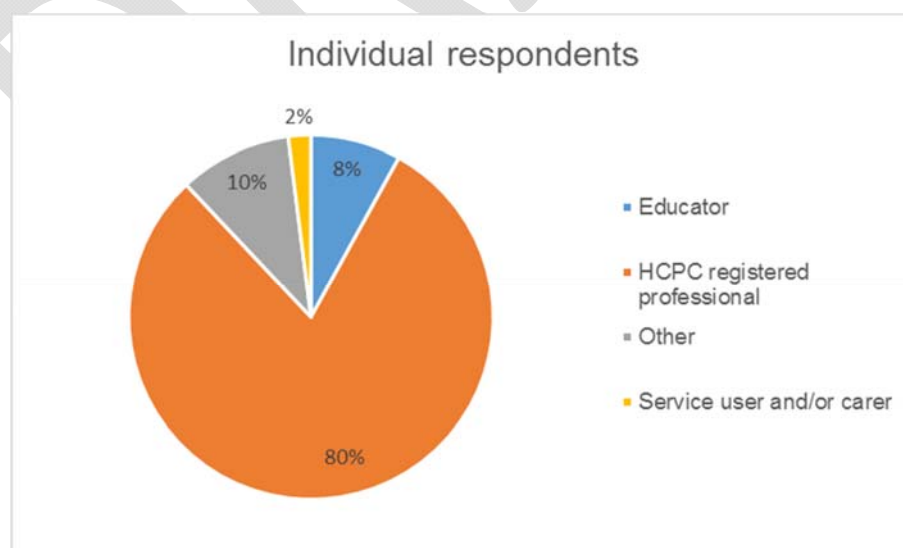
Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	39 (76%)	2 (4%)	10 (20%)	0	14 (61%)	3 (13%)	6 (26%)	0
Q2	11 (22%)	34 (67%)	3 (6%)	3 (6%)	10 (43%)	9 (39%)	4 (17%)	0
Q3	15 (30%)	29 (58%)	N/A	6 (12%)	14 (64%)	7 (32%)	N/A	1 (5%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Questions 1 to 3 included sub-questions that invited long answer responses. Question 4 invited any further comments rather than 'yes' or 'no' answers so has not been included in the above tables. A summary of responses to these questions can be found in section 4 of this document.

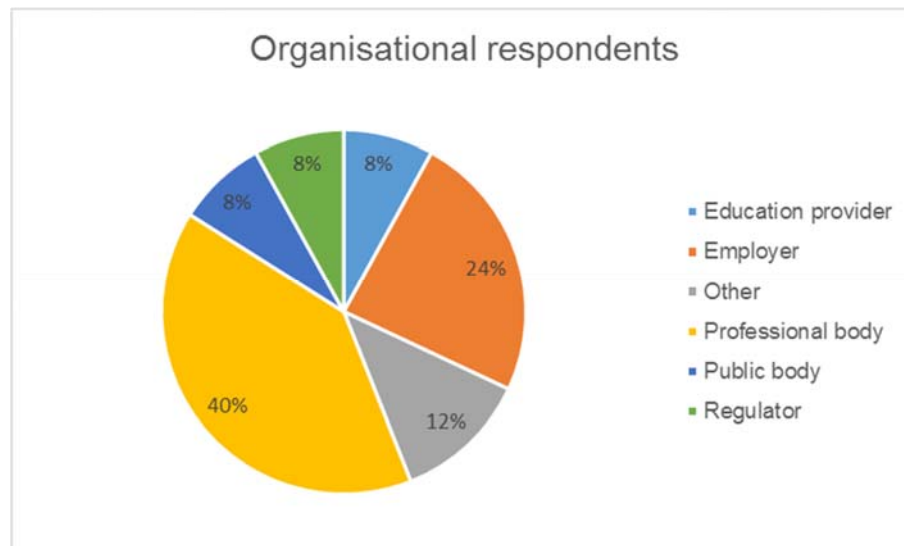
Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as retired, lapsed registrants, or individuals currently undergoing a return to practice process.



Graph 2 – Breakdown of organisation respondents

Respondents were asked to select the category that best described their organisation. Those organisations who selected 'other' identified themselves as law firms, combined regulatory and improvement organisations, and overarching bodies for healthcare sciences.



3. Summary of responses

- 3.1 Generally, respondents expressed their support for the revisions to the guidance or qualified their partial support by suggesting additions or improvements. Individuals were slightly more likely than organisations to find the draft guidance document clear and easy to understand.
- 3.2 A number of respondents suggested that the draft guidance has more clarity than the current guidance, and many described the summary at Section 2 as a useful addition. However, other respondents indicated that the draft guidance is too long-winded, ambiguous in places, or that key information is hard to find.
- 3.3 Some individual and organisation respondents suggested a flowchart or table would help to present this information. A number of respondents also suggested that case studies and real life examples would make the information easier to understand.
- 3.4 Where respondents gave additional comments about areas requiring further clarification, many of these comments focused on particular areas. These included:
- the placement provider or supervisor's role and the signing off process;
 - appropriate updating activities;
 - the guidance's application to those who have been out of practice for much longer than 5 years, those who have been struck off the register, or professionals from overseas.
- 3.5 For each question, a number of respondents gave comments that related to the return to practice process, rather than the draft guidance document under consultation. The issues generating most comment included:
- inconsistencies between the requirements for individuals who have been out of practice for 2 to 5 years and the requirements for individuals who have not practised for up to 5 years since qualifying;
 - the lack of a requirement to undertake supervised practice;
 - the updating needs of individuals who have been out of practice for much longer than 5 years, and whether these are sufficiently addressed.
- 3.6 Organisations were more likely than individuals to indicate that parts of the draft guidance need rewording, or that additional guidance is needed. Where respondents gave further comments, many focused on the areas listed above in 3.4 and 3.5. In addition, there were suggestions about rewording particular sentences, restructuring parts of the guidance, and signposting to guidance or documentation from both the HCPC and other organisations.

- 3.7 A number of respondents suggested additional guidance would be useful for trainees, supervisors, employers, universities offering return to practice courses, and health boards.

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4. Thematic analysis of responses

Summary

- 4.1 Most respondents expressed support for the draft guidance. Some qualified their support by suggesting amendments or additional guidance. Some also submitted general comments about the return to practice process.
- 4.2 The comments we received are summarised below, structured around the common themes in the responses received.

Format and style

- 4.3 The majority of respondents (70 per cent) agreed that the draft guidance is clear and easy to understand. Several respondents commented on the improved clarity when compared to the existing guidance document, with many expressing support for the addition of the Summary section and the way the guidance has been split into different sections.
- 4.4 However, we received a number of comments about how the format and style of the guidance could be improved. These included:
 - Visually presenting the requirements in a flowchart, diagram or checklist. This was the most common suggestion in respect of improving the format of the document;
 - Including case studies and real-life examples to illustrate both how professionals can effectively meet the return to practice requirements, and good practice for supervisors;
 - Reordering or renaming some of the sections and sub-sections; for example, changing the title of the Summary section to a question;
 - Bringing the most important information to the front of the document, including the rationale for the return to practice requirements and a statement that the process is self-directed and not meant to be burdensome;
 - Streamlining the document to reduce repetition and wordiness;
 - Making it clearer who the intended audience of the guidance is; and
 - Better signposting/web links to the relevant HCPC return to practice documentation, standards and direct details of the department to contact in case of queries.

Language

- 4.5 Over half (57 per cent) of respondents did not consider any parts of the guidance to need rewording or removing, but we received some feedback about how the

language could be improved. Most of these comments related to including or improving definitions of certain terms.

- The terms 'updating' and 'registration cycle' were identified by one respondent each to require further clarification.
- Some respondents expressed that the definition of 'practising your profession' is helpful. However, a small number requested greater clarity or specific extensions to this definition, for example, to include radiographer reporting activity.
- There was some confusion about how an individual could be out of practice for more than two years but still registered, as set out in the Summary section.

Clarification of the return to practice process

4.6 There was a lot of discussion about both how the return to practice requirements are presented in the draft guidance, and the requirements and process more generally. The latter are discussed in the 'General comments' section below.

4.7 A number of respondents asked for additional detail about specific parts of the return to practice process to be included in the guidance. These included:

- Clarification of how many hours make up one day of updating;
- A clearer definition of what 'returning standard' is expected of professionals after they have completed the required updating activities;
- More information about what counts as updating activity, particularly in relation to private study or meeting clinical requirements;
- Greater detail and clarity about what work might be undertaken as an assistant, and whether being employed as an assistant might create a conflict of interest; and
- Information regarding the interplay between meeting the return to practice requirements and continuing professional development (CPD) requirements; for example, whether completing an updating period would be sufficient if a professional was audited as soon as they returned to practice.

4.8 Other comments sought clarification about particular scenarios that an individual who needs to meet the return to practice requirements may experience. Typically, these comments included a request for further information, guidance or case studies. Scenarios discussed included:

- Individuals who have been practising outside of the UK and have had a break in practice of more than two years;
- International applicants who are undertaking an adaptation period;

- Individuals who stop practising shortly after registration renewal and are out of practice for more than two years, but resume practising before their break in practice is captured by the registration renewal process; and
- Individuals who wish to return to practice after being struck off or after voluntary removal from the register.

The supervisor and the counter-signatory

4.9 The roles of the supervisor and counter-signatory were frequently discussed by respondents. The bulk of these concerned the supervisor's role, and often came from respondents who had previous experience of supervising an individual undertaking return to practice activity. Comments and requests for further information related to:

- More clarity about the formal arrangements for supervision, including information about the role and responsibilities of the supervisor across both clinical and non-clinical settings;
- Clear guidance about whether the supervisor's signature on the return to practice document does or should signify that an individual is fit to practise unsupervised. Multiple respondents expressed uncertainty on this topic;
- Advice about what a supervisor or employer should do if they have concerns about an individual's fitness to return to unsupervised practice: One respondent suggested that there should be a way for supervisors to indicate when it is their view that an individual is not ready to return to practice, for example, by including an option on the documentation with a recommendation for further clinical hours or CPD;
- Case studies to illustrate good practice in supervision.

4.10 With respect to the counter-signatory, a number of respondents suggested areas which require further clarification or where additional information would be helpful. These included:

- Clearer information about what is expected of the counter-signatory;
- Clearer guidance about who can be a counter-signatory, including information about requirements to ensure that they have the experience to judge what is suitable updating (e.g. not be newly qualified);
- A number of respondents suggested that it should be clearly stated that counter-signatories should be subject to the same requirements as supervisors, i.e. to have been on the relevant part of the HCPC and in regulated practice for at least three previous years.

4.11 Relatedly, a number of respondents discussed how the role of an employer facilitating a return to practice placement is described in the guidance. Comments and suggestions included:

- Discussion about whether the term ‘employer’ was appropriate, as the returning individual will not necessarily be employed during the return to practice period. One respondent suggested ‘the employer’ be changed to ‘the supervising organisation’;
- A request for explicit recognition in the guidance that individuals looking to complete a placement as part of their return to practice may be required to undertake certain tasks by an employer, such as securing their own indemnity insurance and PVG/DBS check;
- Practical information for employers facilitating placements; for example, in relation to providing appropriate uniforms and name badge titles when these are protected.

Suggestions for additional guidance

4.12 Almost half of respondents (47 per cent) were satisfied that no additional guidance is needed. Of the respondents who suggested additional guidance, many requested clearer signposting to other sources of guidance and information, including:

- Links to professional organisations as another source of advice;
- Advice about the kinds of professionals who might be able to assist with the return to practice process;
- Signposting to regional health education teams for information about relevant courses and placements;
- Information about possible funding and pathways back to practice.

4.13 Some respondents made suggestions about additional guidance for specific groups of individuals. As set out above, there was considerable discussion about the roles and responsibilities of supervisors, and a number of respondents suggested additional guidance would be helpful. Other groups that were identified as potentially benefitting from additional guidance included:

- Trainees who have taken a break from their studies;
- Employers (as above, 4.11);
- International applicants and professionals who qualified abroad;
- Educators. Suggestions included providing universities offering return to practice courses with advice about how to access documents and templates to help them support return to practice students, e.g. attendance sheets, gap analysis, and reflective practice.

General comments

4.14 We received many comments that related to the return to practice requirements and process more generally, rather than the guidance. These comments broadly fitted into three themes:

- Disagreement with the 5 year period in which newly qualified professionals who have not previously registered will not be subject to return to practice requirements, when compared to the 2 year period for previously practising registrants. A number of respondents suggested that newly qualified professionals should meet the same requirements as other professionals;
- Arguments in favour of introducing a mandatory requirement to undertake supervised practice as part of the return to practice process;
- Concerns that the return to practice process is not adequate to facilitate a safe or effective return for individuals who have been out of practice for much longer than 5 years.

4.15 For each of these, various comments were given about why the process should be changed; for example, to ensure professionals are practising safely and effectively, or to reflect employers' requirements.

4.16 Beyond these three themes, other general comments stated individuals' concerns about the demands of the process. These included:

- A concern that meeting the requirements would require an individual to undergo lengthy and potentially unpaid training. A counterpoint to this came from respondents who felt that the guidance made the process seem more burdensome than it is likely to be;
- A comment that the requirements are unfairly burdensome for professions that typically work part-time.

4.17 There were also general suggestions about how the return to practice process could be improved. One respondent expressed that there needs to be a greater focus on quality of practice, with the current guidance and model being too prescriptive and too much about process. It was suggested that a similar approach to HCPC's CPD process would be better, focusing more on outcomes than inputs. Other suggestions included:

- Mirroring the Nursing and Midwifery Council's requirements for updating days/hours and activities;
- Stipulating that return to practice programmes of study are recognised by an approved higher education institution; and
- Adopting a more stepped approach to supervision depending on length of time out of practice, including a requirement for mandatory supervision for those out of practice for more than 5 years.

5. Our comments and decisions

- 5.1 We have carefully considered the comments we received to the consultation. The following section sets out our response and decisions in a number of key areas.

The return to practice requirements

- 5.2 A number of respondents voiced concerns about or disagreement with the return to practice process or requirements in general. A small number of individuals expressed that they felt the process would be overly burdensome and potentially expensive. However, one organisation suggested making it clearer early on in the document that this is not the case.
- 5.3 Having carefully considered these comments, we have decided to include an additional paragraph in the introduction which sets out the intended purpose of the requirements, and more clearly states the responsibilities of a returning professional. This also directs people seeking to return to practice following a fitness to practise sanction to the HCPC for more information.
- 5.4 We also received general comments about specific aspects of the process. This consultation sought views on the draft guidance, and we do not currently have plans to change the process. However, we recognise the value of these comments and below set out our response to those which were discussed most frequently by respondents.
- 5.5 Some of the general comments related to the different requirements for newly qualified professionals who have never practised compared to the requirements for individuals who have taken a break from practice. We acknowledge that some respondents voiced concerns that, for example, a newly qualified professional who has not practised for four years might pose more of a public protection risk than an experienced professional who has taken a three year break from practice. A number of respondents therefore suggested bringing requirements for newly qualified professionals in line with those for professionals who have taken a break (i.e. to introduce a requirement of 30 days of updating if a qualification was gained between two and five years previously).
- 5.6 The current requirements are part of a wider legal framework for returning to practice. Rules 6(1) and (2) of the Health and Care Professions Council (Registration and Fees) Rules 2003 set out the prescribed periods for additional education and training requirements¹. The first stipulates that an applicant holding an approved qualification awarded within a period not exceeding five years is entitled to registration without meeting additional education and training requirements. The second prescribes a two year period for which a person must have practised since their first registration or latest renewal of registration.

¹ A consolidated version of these Rules are available on our website: [http://www.hcpc-uk.org/Assets/documents/10004788HCPCCONSOLIDATEDREGISTRATIONANDFEESRULES\(July2014\).pdf](http://www.hcpc-uk.org/Assets/documents/10004788HCPCCONSOLIDATEDREGISTRATIONANDFEESRULES(July2014).pdf)

- 5.7 Under article 19 of the Health and Social Work Professions Order 2001, the Council has the power to specify these prescribed periods². However, the rules which contain the prescribed periods must be approved by Privy Council, and changing the prescribed period would involve a formal and potentially lengthy process. In addition, we are expecting a forthcoming four country government consultation on regulatory reform which may result in new legislation for the professional regulators of health and care professionals, including the HCPC. As a result, we have decided at this stage to improve the clarity of the guidance, ahead of a future review of the return to practice requirements (the timing of which is yet to be confirmed), which would look in more detail at the requirements and process. We will take into account the comments we received to this consultation in that future review
- 5.8 Other general comments about the return to practice requirements and process related to whether supervised practice should be a mandatory or at least encouraged part of updating, whether there should be more stringent requirements for individuals who have had a very long break from practice, and aligning these requirements to the CPD process. As previously stated, we are not currently reviewing the return to practice requirements, but these comments will be considered during a future review.

The role and responsibilities of supervisors and counter-signatories

- 5.9 A number of respondents indicated that more guidance is needed for supervisors, particularly in relation to what to do if they have concerns about an individual's fitness to return to unsupervised practice once they have completed the period of supervision. We recognise that currently this is not easily captured by the process, as the supervised practice form requires a supervisor to simply sign off that the period of supervision has been completed, with no judgement on quality.
- 5.10 The options currently available to a supervisor in this situation are to explain to the individual why they are not happy to sign the form; or sign the form then raise a fitness to practice concern with HCPC. We have noted the suggestion that the supervisor's section of the supervised practice form should include an option to recommend further clinical hours or CPD.
- 5.11 We have included an additional section for supervisors and counter-signatories which summarises the roles and provides information about what they can do if they have concerns about a returner's fitness to practice. We have also further clarified that supervisors and counter-signatories are not required to certify an individual's fitness to practice in Section 5 of the guidance document.
- 5.12 Other respondents requested more information about what the formal arrangements for supervision should be, with case studies to illustrate good practice. We consider that these arrangements are best determined between the employer / service provider, supervisor and returner, depending on the local

² A consolidated version of the Order is available on our website: [http://www.hcpc-uk.org/Assets/documents/10004784HCPC-ConsolidatedHealthandSocialWorkProfessionsOrder\(July2014\).pdf](http://www.hcpc-uk.org/Assets/documents/10004784HCPC-ConsolidatedHealthandSocialWorkProfessionsOrder(July2014).pdf)

circumstances and the returner's needs. We have therefore decided not to include this in the guidance; however, we have brought forward the reference to professional bodies to the beginning of the document.

- 5.13 We noted that a small number of respondents suggested that it should be made explicit whether counter-signatories are subject to the same requirements as supervisors, in terms of being in regulated practice on the relevant part of the HCPC Register for the previous three years, and without fitness to practise sanctions. We have therefore decided to adopt these requirements for counter-signatories, and have reflected this in the guidance document.

Changes to the guidance to improve clarity

- 5.14 We have made a number of changes to the draft guidance document in response to comments received about its clarity. As suggested by numerous respondents, we have used a flow chart to present the requirements in the summary section. We have included this in addition to the information presented in the summary section, which many respondents indicated was helpful to them.
- 5.15 We received a number of comments that the guidance is too long, repetitive and that key information was difficult to find. We have therefore streamlined some sections by removing sentences that repeated points already made, or through using bullet points instead of block text. The additional paragraph in the introduction is also intended to present some of the key information at the start of the document. However, we felt that it was important not to change the document considerably because of the high proportion of respondents who indicated that they felt the draft was clear and easy to understand.

Additional guidance and information

- 5.16 We received some specific ideas about who individuals could contact to help with arranging return to practice placements; however, these were typically not applicable to registrants across the whole of the UK, or were not relevant to all professions. We therefore decided it was not appropriate to include these in the guidance document.
- 5.17 Some respondents suggested that there should be hyperlinks within the guidance document to the return to practice forms on the website. However, as hyperlinks are subject to change, we have not included these to ensure the document remains relevant going forward.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Academy for Healthcare Science
Association for Clinical Biochemistry and Laboratory Medicine
BLM
British and Irish Orthoptic Society
British Association of Prosthetists & Orthotists
College of Occupational Therapists
Community Eye Service - Pennine Care Foundation Trust
East Midlands Ambulance Service NHS Trust
General Osteopathic Council
Institute of Biomedical Science
Nagalro
NHS Education for Scotland AHP Practice Education Programme
NHS Forth Valley
NHS Improvement
Peterborough and Stamford NHS Foundation Trust
Professional Standards Authority
Scottish Ambulance Service
South East Coast Ambulance Service NHSFT
The College of Paramedics
The Law Society of Scotland (Health and Medical Law Sub-committee)
The Society and College of Radiographers
The Society of Sports Therapists
University Hospital Southampton NHS Foundation Trust
University of Derby

Returning to practice

Information about our requirements for professionals returning to practice

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Section 1 – Introduction

About this document

This guidance provides information about the returning to practice process that must be completed by registrants who have taken a break in their practice.

Throughout this document, ‘we’ refers to the Health and Care Professions Council, and ‘you’ refers to a professional who is considering returning to practice. ‘Returner’ refers to someone who is returning to practice.

Who is this document for?

Most of the information is for professionals who are not currently registered and who need to apply for readmission to the Register, or who are registered but have been out of practice for more than two years. However, you may also find this guidance helpful if you are considering a break in your practice and thinking about what this might mean in the future, or if you are considering supervising or employing a returner.

Although the guidance is called ‘returning’ to practice, it is also relevant if you hold an approved qualification which was awarded more than five years ago and only now want to start practising your profession.

Returning to practice

During the course of their career, many professionals may not practise their profession for a period of time. This may occur for many reasons, which could include parental leave, extended travel, caring responsibilities or illness.

We know that these professionals may wish to come back to their profession and resume practising, which is why we have established this process.

Our return to practice requirements are flexible, threshold requirements. They aim to protect the public by making sure practitioners have up-to-date knowledge and skills. Returning to practice is a self-directed process. It is your responsibility to make sure that you meet the appropriate requirements and can practise safely and effectively within your scope of practice, in accordance with our standards, once you are registered and start practising again.

The amount of updating that we require is a minimum requirement. This means that you can complete additional updating if you need to, so that you are confident you can meet our standards.

Additional information

Details about how to contact the HCPC can be found at the back of this document. If you are a member of a professional body, they may be able to provide further information or advice about how to update, how to structure your period of updating, or how to arrange your supervised practice.

About us

We are the Health and Care Professions Council.

We are a regulator and we were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills, knowledge and behaviour. Individuals on our Register are called 'registrants'.

We currently regulate 16 professions:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

Each of the professions we regulate has one or more 'designated titles' which is protected by law. These include titles like 'physiotherapist' and 'dietitian'. Anyone who uses one of these titles must be on our Register. A person who is not registered and who misuses a designated title is breaking the law and may be prosecuted.

Section 2 - Do the return to practice requirements apply to you?

The following is a summary of what the return to practice requirements mean for you. These are presented in the form of a flow chart on the next page. We have explained more about our requirements for updating your knowledge and skills later in this document.

I have practised in the past two years and am still registered.

- You may continue to practise and do not need to meet our return to practice requirements.

I have been out of practice for more than two years, but am still registered.

You must either:

- come off the Register, then re-register in the future if you need to return to practice; or
- renew your registration, declaring that you have not practised your profession, and complete either 30 or 60 days of updating (depending on how long you have been out of practice) within six months of renewal.

I have been out of practice for more than two years and am no longer registered, but would like to re-register.

- If you have not practised for two years or more, you must complete either 30 or 60 days of updating (depending on how long you have been out of practice) within the 12 months before you apply for readmission to the Register.

I gained an approved qualification less than five years ago and have never been registered.

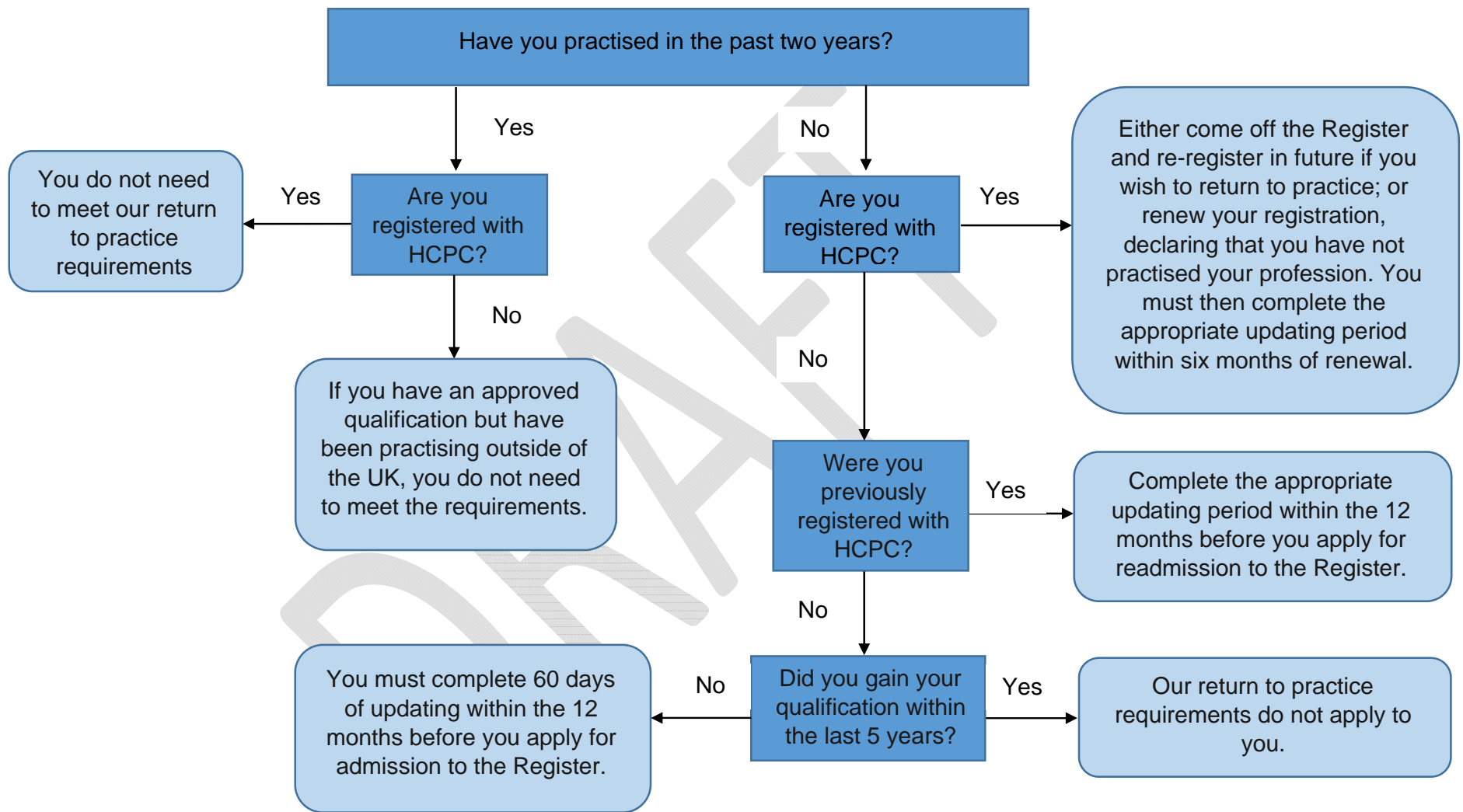
- You are eligible to apply for registration with us and do not need to meet our return to practice requirements.

I gained an approved qualification more than five years ago and have never been registered.

- If you have never practised, you must meet our return to practice requirements by completing a 60 day period of updating before you can register with us.
- If you have practised outside of the UK in the five years since your qualification, please see below.

I have an approved qualification but did not register after I qualified. Instead, I have been practising outside the UK.

- You do not need to meet the return to practice requirements if you have not had a gap in practice of more than two years.
- When you apply for registration, please provide us with information about your work outside of the UK so that we can consider whether you need to meet our return to practice requirements.



Section 3 – Our requirements for returners

If you are returning to practice, we require you to update your knowledge and skills as follows:

- 0 – 2 years out of practice – no requirements
- 2 – 5 years out of practice – 30 days of updating
- 5 years or more out of practice – 60 days of updating

In the 'days' requirements above, one day is considered equivalent to seven hours.

What we mean by 'practising your profession'

We have defined 'practising your profession' as drawing on your professional skills and knowledge in the course of your work. This does not have to be in clinical or 'frontline' practice and can include roles in education, management and research, or other areas.

For most registrants, the question of whether they are practising, and therefore need to renew their registration, is a straightforward one. They will be practising using a designated title for their profession and/or, if they are employed, their employer will require them to be registered with us.

For other registrants it may be less clear whether their work qualifies as 'practising their profession'. This may include:

- people who work on a voluntary basis;
- people who do occasional work, or
- those who have moved into a role that is related to their profession, but not directly part of it.

This is not intended to be an exhaustive list. We do not want to exclude people from the Register who are using their professional skills in some capacity and who wish to be registered. We believe that in many cases you will be the person best placed to decide whether you are practising your profession. In cases where it is less clear, you may need to make a judgement about this. You can contact us for advice if you are unsure.

If you have never been registered with us before

If you have never been registered with us but you have an approved UK qualification that was gained less than five years ago, we do not require you to undertake an updating period before we can register you. However, you should still make sure that you have taken steps to update your knowledge and skills so that you can practise safely and effectively.

If you qualified more than five years ago, we only require you to update if you have been out of practice. If you qualified in the UK, then moved overseas and have been practising there, you can give us information about your overseas practice. Subject to satisfactory verification checks that we will carry out, you will not need to complete an updating period.

However, if you qualified in the UK more than five years ago, or practised overseas but have been out of practice for more than two years, then our return to practice requirements also apply to you.

If you are out of practice, but still registered with us

This information is for professionals who are still registered with us, but who have not practised their profession for more than two years.

In order to renew your registration with us every two years, you need to sign to confirm that you have practised your profession at some point during the past two years (the registration cycle which is about to end).

If you have not practised your profession during this period, you cannot make that declaration. You should either:

- come off the Register, and then potentially re-register at some point in the future if you need to return to practice; or
- renew your registration using the paper renewal form, declaring that you have not practised your profession. You will then need to complete a period of updating within six months of renewal. You should provide a covering letter with your renewal form advising how long you have been out of practice so that we can correctly advise you on the length of updating required.

The only exception to this is if you have come onto the Register part of the way through a two-year registration period. This is because you will have either completed an approved course or had your application assessed, or you will have already met our return to practice requirements. We therefore do not require you to complete a period of updating.

If you have been out of practice, but you anticipate returning to practice soon, then we recommend that you should complete your period of updating, and renew your registration so that you stay on the Register.

If you have not practised for more than two years, and do not anticipate returning to practice soon, then you should come off the Register. You should not be registered if you are not practising.

If you are out of practice and would like to re-register with us

If you have stopped practising and come off the Register but want to re-register with us, you can apply for readmission. At this point, the return to practice requirements may apply to you, depending on how long you have been out of practice. We require

that you complete your period of updating within the 12 months prior to applying for readmission.

You should also be aware that when you apply for readmission you will need to provide us with other information, including certified documents to verify your identity and address. More information about applying for readmission is on our website.

Practising outside the UK

Our return to practice requirements are for people who have not been practising their profession. If you have been practising outside the UK and have not had a break of more than two years, then our requirements will not apply to you. We may ask you to provide us with information about where you have practised, and (if applicable) your registration with another regulator while you were outside the UK.

Section 4 – Updating your knowledge and skills

Your period of updating knowledge and skills can be made up of any combination of:

- supervised practice;
- formal study; or
- private study.

You do not need to undertake updating of all three types. Our only requirement is that private study must not make up any more than half the period.

For example, if you needed to do 30 days of updating, you could do this by completing:

- 30 days of supervised practice;
- 10 days of supervised practice, 10 days of private study, and 10 days of formal study; or
- 15 days of private study, and 15 days of formal study.

This is not an exhaustive list of possible combinations. The above are just examples to show how our requirements are flexible enough to accommodate your requirements.

Supervised practice

‘Supervised practice’ means practising under the supervision of a registered professional.

In order to complete a period of supervised practice, you will need to identify a supervisor. Your supervisor must:

- have been on the relevant part of the HCPC Register for at least the previous three years; and
- not be subject to any fitness to practise proceedings or sanctions (such as a caution or conditions of practice).

We do not set detailed requirements for the level of supervision needed, or the tasks that you need to undertake. We believe that this is best decided directly between you and your supervisor, based on your learning needs.

We do require that your supervisor should only supervise activities which are within their own scope of practice. This is so that your supervisor can provide relevant input and guidance, and also to ensure that both you and your supervisor are practising safely and effectively. This means that your period of supervised practice could be undertaken, for example, in teaching, management, or research, or wherever your supervisor practises their profession.

Unfortunately, we are unable to assist with arranging placements or finding opportunities for supervised practice.

Formal study

‘Formal study’ is a period of structured study which is provided by a person or organisation. This can include distance learning or e-learning, or any other type of course or programme that is relevant to your practice.

Types of formal study that you might choose to take could include:

- ‘return to practice’ programmes run by educational institutions or other bodies;
- relevant continuing professional development (CPD) courses;
- relevant modules or elements currently included in programmes run by educational institutions; or
- programmes offered by professional bodies.

We do not approve return to practice courses, because their availability will vary among professions and we believe that you are best placed to determine which courses are most appropriate, and which types of formal study will best update your skills and knowledge so that you can re-enter practice safely.

Private study

‘Private study’ is a period of study which you structure yourself. If you choose to use private study as part of your updating, you could use resources such as:

- websites;
- library books; and
- journals.

You may wish to spend time observing or shadowing another professional. We regard this as private study rather than supervised practice if there is no formal arrangement for supervision in place.

The aim of private study may be to refresh your skills and knowledge, and/or to bring you up to date with current developments in health or social care which are relevant to your profession. Time spent reflecting on and recording your learning can count towards your private study.

You may find private study a particularly useful option if you plan to return to a field which is extremely specialised, where there may be limited opportunities for formal study or supervised practice. It may also prove useful if you live in an area where it is difficult to gain a period of supervised practice, or if you need to fit your updating period around other demands on your time, such as another job, or caring responsibilities. However, you should be aware that private study can only make up a maximum of half of the total period (i.e., 15 of your 30 days of updating, or 30 of your 60 days of updating).

Structuring your period of updating

We know that the updating you need to complete will be individual to you. The activities you undertake in order to update your knowledge and skills will depend on the following:

- the area in which you intend to work when you begin practising again;
- your prior experience;
- any relevant skills you gained whilst out of practice; and
- any relevant developments in your profession during the time when you were out of practice.

You may find it useful to use the standards of proficiency for your profession as a basis for thinking about which areas you should concentrate on. If you are entitled to an 'annotation' on the Register because you have completed an additional qualification (for example, in prescribing), you should consider whether it is necessary for you to complete updating activities relevant to this area of practice.

In requiring a certain number of 'updating days', we are providing an outline which allows you to structure your period of updating in the way which best reflects your needs. You do not have to do your period of updating full-time; you can complete it part-time if you wish. For the purposes of completing your forms, we regard one day as being equivalent to seven hours.

You also do not have to complete your entire period of updating at once. You can carry out part of your period of updating, have a break, and then come back and complete the rest.

Our only requirement for the timescale is that all of your updating needs to be completed, from start to finish, within the 12 months before you apply for registration or readmission; or within 6 months from when you renew your registration. We believe that this strikes a balance between operating a flexible system, which recognises that returners may have family and caring commitments, and that if updating is undertaken over a very long period of time, then the opportunities for development are limited. If you think you may not be able to meet this timescale, then please contact us to discuss your circumstances.

Your responsibility

As a returner to practice, you are responsible for your own period of updating, and for ensuring that you meet our standards before you return to practice.

We will ask you for information so that we can check that your updating period took place, but you are responsible for the learning that you undertake, and for making a professional decision as to whether this updating is adequate to allow you to practise safely and effectively.

All professionals, once registered with us, have to ensure that they meet our standards. This includes meeting our standards of conduct, performance and ethics,

which require that you practise within your scope of practice. We believe that most professionals will take this responsibility seriously, and will undertake their updating in good faith. However, if after you have re-registered with us, we find that you are not practising in a way that meets our standards, we could take action against you using our fitness to practise process. Similarly, if we find that the information you have supplied is not accurate, we could take action which may include removing you from the Register.

The role of the employer

Our requirements do not replace the responsibilities of an employer in appointing, inducting, and supporting members of staff.

Any employer who wants to employ a registrant will need to set their own requirements in terms of knowledge, skills, qualifications and experience for any particular post, and will assess applicants for a post in order to ensure that a suitable appointment is made.

We expect that an induction process would follow, and, for a returner in particular, that the employer would want to put in place a process of support for that person while they become familiar with practice again. This could include mentoring and / or review and additional support mechanisms. Equally, an employer may have a specific requirement for a certain profession, or for your role, that you should update in a certain area, in a certain way, or regarding a certain issue, before you can work for them.

However, we realise that not all registrants have employers, and some are self-employed. This is why we set our own requirements, rather than rely entirely on local induction or support methods.

You might identify a potential employer, and undertake your updating period as part of your induction with them. Equally, you might complete your updating period, then become registered, then begin to look for a job. Our requirements mean that you can choose to update and look for work in whatever order is most convenient for you, most acceptable to your employer, or usual for your profession.

Section 5 – Processing your information

Forms

We provide forms for you to give us information about your period of updating, such as which activities you have undertaken and for how long. These forms are available on our website, or from the Registration Department, whose contact details are at the end of this document. You may find it helpful to go online and download these forms and the guidance notes before you begin your period of updating.

Your counter-signatory

When you have completed your period of updating, you need to ask someone on your part of the Register to counter-sign your form, to confirm that you have undertaken the period. Your counter-signatory does not need to supervise your updating activities, and they do not need to confirm that you are fit to practise. They just need to take reasonable steps to be sure that you have undertaken the number of days required. For example, they might ask to see a certificate from any formal study, or they might ask to see any notes from your private study.

Returners who undertake supervised practice as part of their updating can ask their supervisor to be their counter-signatory too, however these are two separate roles.

Supervised practice

If you have undertaken supervised practice as part of your updating activity, you will need to complete a supervised practice form. This needs to be signed by your supervisor, who must confirm that you have completed that period of supervision. Your supervisor does not need to confirm that you are fit to practise.

Checking the information you provide

We will check the information you send us to see that you have completed the required number of days. We may contact you or the organisations / individuals that you work for to get more information, or to check the information that you have provided. For example, if you undertook supervised practice, we will look at our Register to check that your supervisor is registered with us and does not have any fitness to practise action against them. We may also contact the organisation that provided your formal study, to check that they have a record of your attendance and completion of the course.

Section 6 - Information for supervisors and counter-signatories

The role of the supervisor

We do not set detailed guidance for supervisors because we believe that the level of supervision needed and the tasks undertaken will be dependent upon the returner's specific learning needs. Supervisors will often help returners to identify the skills and knowledge they need to update to practise safely and effectively within the scope of practice for the role they plan to return to.

As listed in Section 4, we do set requirements about who can be a return to practice supervisor. In addition, we require that you should only supervise activities which are within your scope of practice.

If you have supervised a return to practice placement, you will be required to confirm that the person has completed the period of supervised practice that they have declared in their supervised practice form. Your signature does not express that the returner is fit to practise.

The role of the counter-signatory

We apply the same requirements about who can be a counter-signatory as we do about who can be a supervisor. A counter-signatory must:

- have been on the relevant part of the HCPC Register for at least the previous three years; and
- not be subject to any fitness to practise proceedings or sanctions.

You will need to take reasonable steps to ensure that the returner has undertaken the updating days and activities that they have declared in their return to practice form. Your signature does not express that the returner is fit to practise. If you have supervised a period of updating, you are also able to act as a counter-signatory for that individual, but there is no obligation that you do so.

What to do if you have concerns about a returner's fitness to practise

If you have serious concerns about a returner's fitness to practise unsupervised after they have completed a period of updating under your supervision, or which you have been asked to counter-sign, there are two options available to you.

- Explain your concerns about signing the form to the individual in order to assist them in planning additional updating activities, or
- Sign the form, and then raise a fitness to practise concern with us.

Section 7 – More information

If you have any questions about this document, please contact us or check the information on our website. However, we cannot provide individual advice on how you should update your knowledge and skills, as this will need to be determined on an individual basis.

You can contact our Registration Department using the details below.

Registration Department
The Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Phone: +44 (0)300 500 4472
(Monday to Friday, 8am to 6pm)

Email: registration@hcpc-uk.org

If you are a member of a professional body, they may be able to provide further information or advice about how to update, how you could structure your period of updating, or how to arrange your supervised practice.