Updating Period Cover Sheet

This is a summary sheet for your period of updating. For more information about your period of updating, please see the guidance notes. Please fill in a form for each activity you have completed, and use this form to summarise the information, so it is clear which activities you have completed.

For more information, please see the guidance notes for returning to practice.

You must fill in this section

Your Health and Care Professions Council registration number (if you have one):

Surname / family name

First name(s)

Date you last practised your profession (DD/MM/YYYY):

Updating period

Total number of supervised practice days you have completed.

Total number of formal study days you have completed.

Total number of private study days you have completed.

Total number of updating days you have completed:

Have you enclosed the relevant forms relating to your period of updating?

I confirm that I have completed the period of updating set out above and I enclose the relevant forms to confirm this. As far as I know, all the information in my application is true. I understand that, under the Health Professions Order 2001, it is a criminal offence to fraudulently enter my name on the register.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date (DD/MM/YYYY)

Please ask someone from your part of the Register to fill in this section.

I confirm that, as far as I know, the information the applicant has provided about their period of updating is correct.

Print name

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date (DD/MM/YYYY)

HCPC registration number:
Supervised Practice Form

This form is for you to provide details of any supervised practice you have done as part of your period of updating. If you do more than one period of supervised practice, please photocopy or print off as many copies of this form as you need.

For more information, please see the guidance notes for returning to practice.

You must fill in this section

Please tell us the total number of supervised practice days that this form relates to. □ days

Your Health and Care Professions Council registration number (if you have one)

Surname / family name

First name(s)

Please tell us where you did your period of supervised practice.

Organisation name

Department / unit

Address and postcode

Telephone number: (inc international and STD code)

Please tell us the date you did your period of supervised practice (DD/MM/YYYY):

From □/□/□ to □/□/□

Please give us the name and registration number of the person who supervised your period of supervised practice.

Print name

HCPC registration number

The supervisor must fill in this section

I confirm that the applicant has completed the period of supervised practice set out above. As far as I know, all the information in this form is true.

Name of supervisor

HCPC registration number

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date (DD/MM/YYYY)

We may make more enquiries to check any part of this form.
Private Study Form

This form is for you to provide details of any private study you have done as part of your period of updating. If you do more than one period of private study, please photocopy or print off as many copies of this form as you need.

Please tell us the total number of private-study days that this form relates to. _______ days

For more information, please see the guidance notes for returning to practice.

Your Health and Care Professions Council registration number (if you have one) _______ _______ _______ _______

Surname / family name ______________________________________________________________

First name(s) ______________________________________________________________

Please give us a brief summary (in no more than 200 words) of your study.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I confirm that I have completed the period of private study set out above. As far as I know, all the information in this form is true. I understand that under the Health Professions Order 2001, it is a criminal offence to seek to fraudulently enter my name on the Register.

Signed ___________________________ Date (DD/MM/YYYY) _______ / _______ / _______

We may make more enquiries to check any part of this form.
Formal Study Form

This form is for you to provide details of any formal study you have done as part of your period of updating. If you do more
than one period of formal study, please photocopy or print off as many copies of this form as you need.

Please tell us the total number of formal-study days that this form relates to.     ___________ days

For more information, please see the guidance notes for returning to practice.

Your Health and Care Professions Council registration number (if you have one)   ___________ ___________ ___________ ___________ ___________ ___________
Surname / family name                                                                 ___________ ___________ ___________ ___________ ___________ ___________
First name(s)                                                                 ___________ ___________ ___________ ___________ ___________ ___________

Organisation or institution offering the course

Organisation / institution                                                                 ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________
Department / unit                                                                 ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________
Address and postcode                                                                 ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________

Telephone number: (inc international and STD code)                                      ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________

Title of the course studied                                                            ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________

Please tell us the dates you did your formal study (DD/MM/YYYY):

From ___________ / ___________ / ___________ ___________ / ___________ / ___________

Please give us a brief summary (in no more than 200 words) of the course.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I confirm that I have completed the period of formal study set out above. As far as I know, all the information in this form is
true. I understand that under the Health Professions Order 2001, it is a criminal offence to seek to fraudulently enter my
name on the Register.

Signed  ____________________________  Date (DD/MM/YYYY) ___________ / ___________ / ___________

We may make more enquiries to check any part of this form.
Guidance notes for returning to practice

Please read carefully before completing forms.

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Section 1: Introduction

We have written this guidance for:

- health and care professionals who were previously registered with us and now want to return to the register (returners);
- and
- people applying to register for the first time, who completed their approved qualification more than five years ago (an historic qualification).

Our requirements:

<table>
<thead>
<tr>
<th>Number of years out of practice</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 2</td>
<td>No requirements</td>
</tr>
<tr>
<td>2 to 5</td>
<td>30 days of updating your skills and knowledge</td>
</tr>
<tr>
<td>5 or more</td>
<td>60 days of updating your skills and knowledge</td>
</tr>
</tbody>
</table>

You do not need to go through the Return to Practice process if you have been practising your profession in the last two years (you will need to follow the standard application process).

Period of updating

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

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

Our only requirement is that any private study makes up no more than half of the updating period.

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

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

This is not a complete list. The above are just examples to show how our requirements are flexible enough to meet your needs.

Your responsibility

You are responsible for your own period of updating, and for making sure 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 your learning, and for deciding whether this updating will allow you to practise safely and effectively.

Section 2: Structuring your period of updating

Timeframe

You can do your period of updating either full- or part-time. For the purpose of filling in your forms, we consider one day as being equal to seven hours.

You do not have to complete your entire period of updating in one go. Our only condition is that all of your updating should be completed within the twelve months before you apply for registration.

Content

The areas of your profession that you need to update will depend on:

- the area in which you are going to work when you begin practising again;
- your previous experience;
- any relevant skills you gained while you were out of practice; and
- any relevant developments in your profession while you were out of practice.
Section 3: Filling in your forms to return to practice

You will need to fill in an ‘Updating period cover sheet’, and a separate form for each type of activity that you do, to give us information about your period of updating.

For example, if you needed to do 30 days updating, and you did this by completing:
- 20 days supervised practice; and
- 10 days private study;

You would need to fill in an ‘Updating period cover sheet’, a ‘Supervised practice form’ and a ‘Private study form’. As you have not done any formal study, you would not need to fill in a ‘Formal study form’.

Section 3a: Filling in your updating cover sheet

You will need to fill in an ‘Updating period cover sheet’.

Your countersignatory

When you have completed your period of updating, you need to ask someone from your part of the Register (same profession) to sign your ‘Updating period cover sheet’, to confirm that you have completed the updating. The person who signs this does not need to physically supervise every day of your updating, 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 done the number of days needed. For example, they might ask to see your certificate from any formal study, or they might ask to see any notes from your private study.

It is your responsibility to make sure that the person who signs the cover sheet is on the relevant part (same profession) of the HCPC register. You can do this by checking our on-line register at www.hcpc-uk.org or by contacting our Registration Department, whose details are at the end of these guidance notes. You must also make sure that they have no fitness to practise proceedings or orders have been made against them.

Section 3b: Filling in your supervised practice form

If you chose to do supervised practice as part of your period of updating, you will need to fill in the ‘Supervised practice form’.

Supervised practice is a period during which you practice under the supervision of a registered health and care professional.

During a period of supervised practice, you may have the option of being employed as an assistant in your profession, but you do not have to be employed as an assistant. To complete a period of supervised practice, you will need to identify a supervisor.

It is your responsibility to make sure that your supervisor is on the relevant part (same profession) of the HCPC register. You can do this by checking our online register at www.hcpc-uk.org or by contacting our Registration Department, whose details are at the end of these guidance notes. You must also make sure that they have been in regulated practice for at least the previous three years, and no fitness to practise proceedings or orders have been made against them.

We do not set detailed requirements about the level of supervision needed, or the tasks that you need to do. We believe that you should discuss this with your supervisor.

Your supervisor should only supervise those activities which are within their own scope of practice. This is so that your supervisor can provide relevant input and guidance, and also to make sure that both you and your supervisor are practising safely and effectively. This means that your period of supervised practice does not have to be solely in clinical practice, but could be done, for example, in teaching, management, research or wherever your supervisor practises their profession.
Section 3c: Filling in your private study form

If you chose to do private study as part of your period of updating, you will need to fill in the ‘Private study form’.

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:

- on-line information;
- libraries; and
- journals.

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 be 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 your total period (for example, 15 of your 30 days updating, or 30 of your 60 days updating).

Section 3d: Filling in your formal study form

If you chose to do formal study as part of your period of updating, you will need to fill in the ‘Formal study form’.

Formal study is a period of structured study which is provided by a person or organisation. This can include distance learning or learning over the internet, 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, health trusts, health boards or other organisations;
- relevant ‘continuing professional development’ courses; and
- relevant modules or elements currently included in:
  - programmes run by educational institutions; or
  - programmes offered by professional organisations.

We don’t approve return to practice courses because we believe that you are the best person to decide which courses are most appropriate and which types of formal study will best update your skills and knowledge so that you can start to practise again.

Section 4: Next steps

Processing your information

We will check the information you send us to see that you have completed the correct number of days. We may contact you or the organisations or individuals involved to get more information, or to check the information that you have provided. For example, 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 that you completed the course.

Contact us

If you have a question about your application, please contact us in one of the following ways.

- Post: Registration Department, Park House, 184-186 Kennington Park Road, London, SE11 4BU
- Phone: +44 (0)300 500 4472, we are open Monday to Friday, 9am to 5pm.
- Email: registration@hcpc-uk.org
- Website: www.hcpc-uk.org