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- Section four adopts a thematic approach and outlines the general comments we received on the revised draft guidance.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

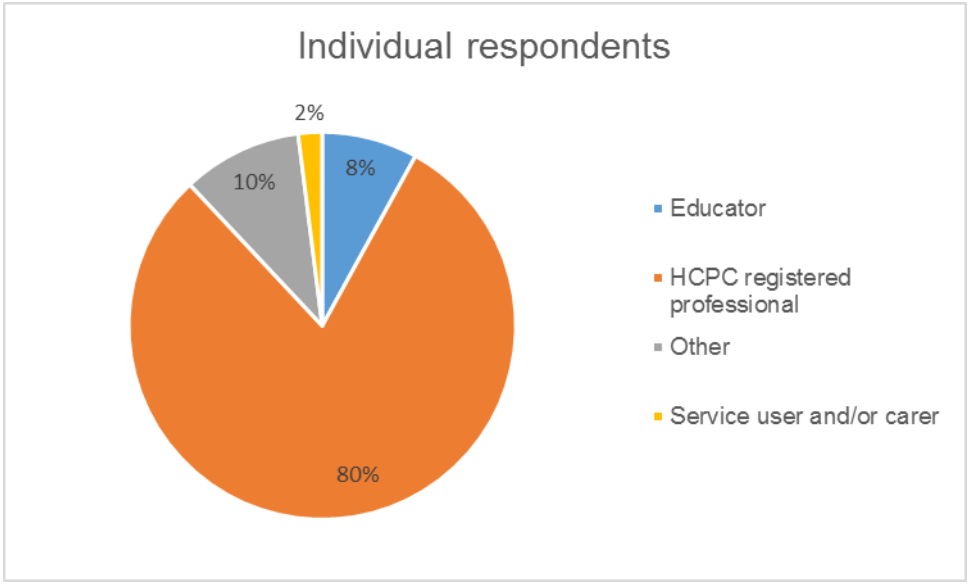
	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	39 (76%)	2 (4%)	10 (20%)	0	14 (61%)	3 (13%)	6 (26%)	0
Q2	11 (22%)	34 (67%)	3 (6%)	3 (6%)	10 (43%)	9 (39%)	4 (17%)	0
Q3	15 (30%)	29 (58%)	N/A	6 (12%)	14 (64%)	7 (32%)	N/A	1 (5%)

- 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.

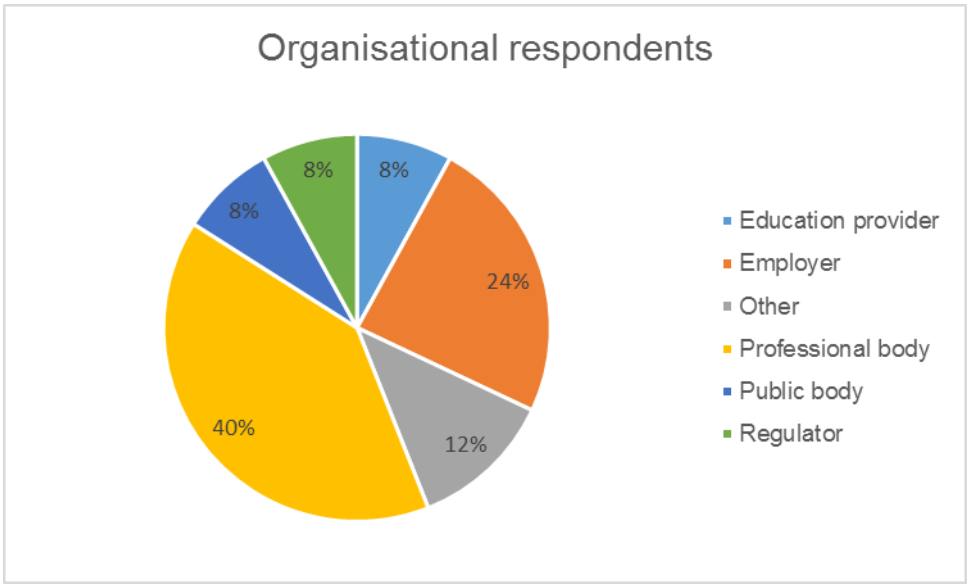
Graph 1 – Breakdown of individual respondents

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.

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 requirements[1]. 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

5.7 Under article 19 of the Health and Social Work Professions Order 2001, the Council has the power to specify these prescribed periods[2]. 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

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