DEVON AHP FACULTY

One Devon

# Return to Practice

Allied Health Professionals

# DEVON

# Information Leaflet

2023-2024

@DevonAHPFaculty

# INTRODUCTION

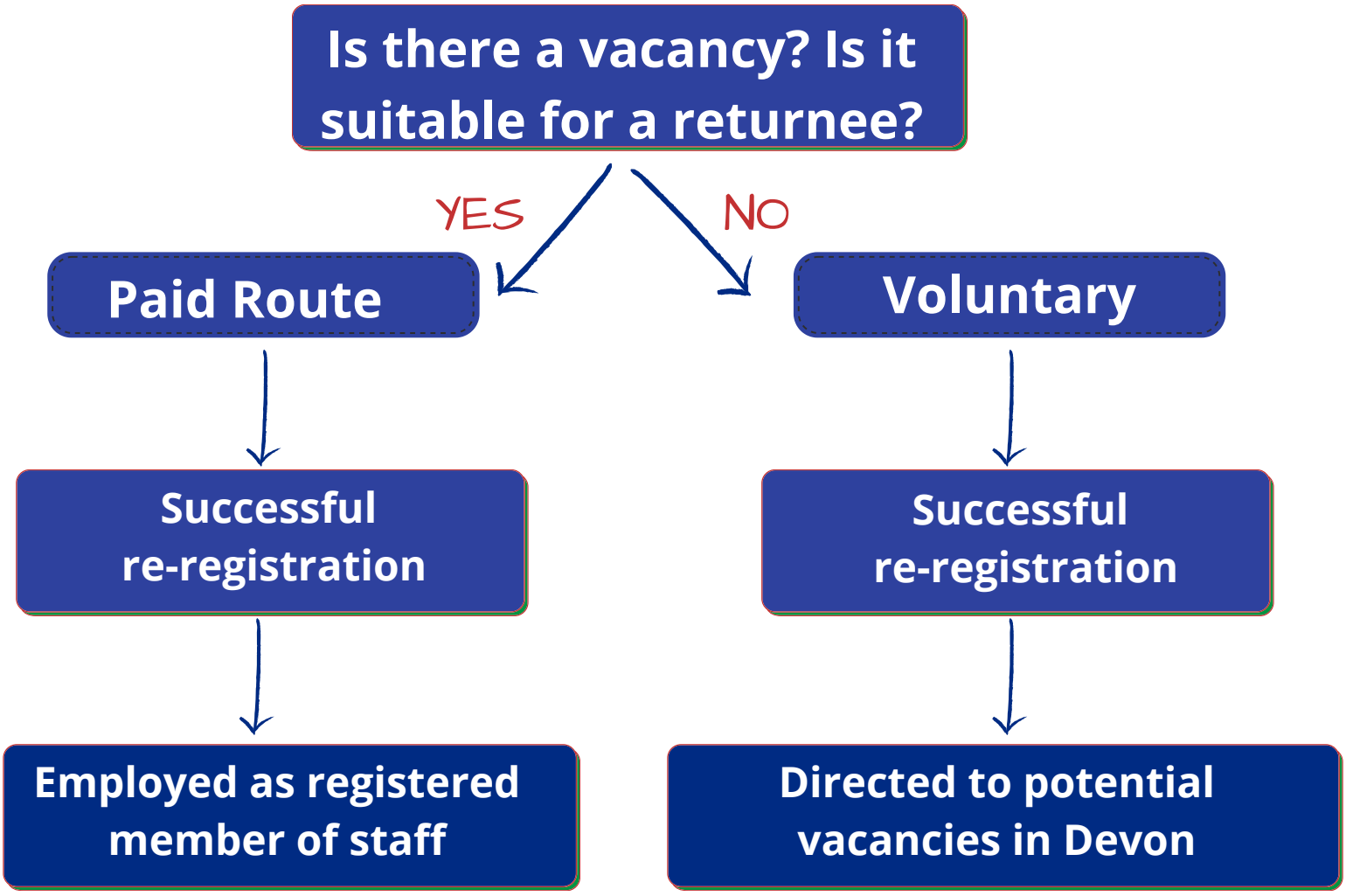
## What is return to practice?

If a person has previously been an AHP registered with the HCPC but taken a career break and registration has lapsed, organisations in Devon are committed to supporting returnees to return to practice. This guidance will provide supervisors and returnees with the knowledge, skills and information required to enable a returnee to successfully return to practice.

## Who is required to complete a RTP programme?

- If an AHP is registered with the HCPC and have been out of the profession for 0-2 years, there is no need to do any additional study or work experience. They can apply for relevant jobs straight away.
- If an AHP has been off the register for two or more years, or if they did not register within five years after qualification, they will need to undertake a period of updating their skills and knowledge. The programme will support returnees to undertake supervised practice to re-register with HCPC. They can also use private study and formal study to contribute to their evidence portfolio.

# OVERVIEW




There are 2 routes for returnees to follow:

**1) Paid route**
This route is only available where there is a vacancy that has been advertised as suitable for a returnee. The returnee will be paid at Band 3 (or 4 depending on experience) level while completing their re-registration with the HCPC. Once re-registered the returnee is paid at the band of the vacancy they applied for.

**2) Voluntary (unpaid route)**
This is suitable for all returnees when there is not a vacancy that is being applied for. The returnee is offered an honorary contract to allow them to complete their required hours. No role is guaranteed when they compelte their hours and return to the register.

# DEVON COUNTY COUNCIL

As the largest local authority in the south west of England, Devon County Council plays an important role in the communities and lives of local people. We want you to make an impact where it matters the most.

At Devon County Council, we work together to improve life across Devon for everyone. We want to create a place that people enjoy living in, as well as a place that you enjoy working. You'll see the impact you're making every day, whether your work in social care, education, children's services, public health, corporate services, HR, legal, communications, roads and transport or waste and recycling.
Over 25,000 adults in Devon receive social care input; we are at the forefront of delivering a service that meets their needs.

Public Health, Adult Social Care and Adult Social Care Commissioning all work in partnership with the NHS and other health and voluntary sector organisations to ensure the health and wellbeing needs for the people of Devon are met.

Devon County Council values the benefits of having a diverse workforce and is committed to providing equal opportunities and an inclusive working environment.
Devon County Council is committed to responding to the report at pace and aspires to become a beacon for equal opportunities, diversity and inclusion. The leaders of our organisation are committed to creating a safe and inclusive environment free from discrimination and inequality.

We believe that a positive working environment that allows employees to thrive and achieve is only possible if our staff feel supported.

# DEVON PARTNERSHIP TRUST

Devon Partnership NHS Trust provide a range of high quality specialist mental health, learning disability and neurodiversity services for the people of Devon, the wider South West region and nationally.

We are passionate about promoting good mental health and wellbeing. We strive to use the expertise and resources within our organisation, and through our partnerships, to deliver high quality services that are safe and focused on people's recovery. Our staff are pivotal in everything we do and we are committed to involving them fully in the development of the Trust and our services.

Our passion and commitment to achieve this shapes our vision, mission and strategy. Our aim is to deliver consistently high quality, recovery-focused care and treatment and to ensure our services are driven by the voices of the people who use them. We also aim to:

- Building a reputation as a recognised centre of excellence and expertise for mental health and learning disability care
- Attract and retain talented people by creating a great place to work, with a shared sense of pride and ambition
- Challenge discrimination and stigma and championing recovery, inclusion and wellbeing
- Be an efficient, thriving and successful organisation with a sustainable future.

We strive for mental health and learning disability services to be understood and valued in the same way as physical health services.

We employ around 3,600 staff including Occupational Therapists, Art Therapists, Music Therapists, Physiotherapists, Dietitians and Speech and Language Therapists. We have many different clinical roles in mental health and learning disability services, from working in our inpatient settings to out in the community, our specialist services working with children and young people.

During the course of a year we receive around 79,000 referrals and we support around 36,000 people every month.

# LIVEWELL SOUTH WEST

Livewell Southwest is a recognised provider of integrated physical and mental health and social care services. We serve a population of around 270,000 across South Hams, West Devon and Plymouth, and are also responsible for providing some specialist services to people living in parts of Cornwall and Devon. Integrating health and social care allows us to adopt new and more efficient approaches to delivering services – enabling professionals who would, traditionally, have worked individually, to work together. This helps us to deliver the right care to people, in the right place, at the right time.

We were formed in 2011 and are proud to be a social enterprise. Everything we do – how we shape our organisation, culture, strategy and values – is geared towards achieving the best outcomes, and greatest 'social value' for our local communities. Our primary aim is to help the people we serve to live their best lives by supporting their health and wellbeing. We do this by shaping our services around the specific needs of those communities. We work closely with our partners – whether they are education centres, care providers or voluntary sector groups – at a neighbourhood level to make accessing health and social care services simple. This allows us to offer a large number of sustainable services at a community level and to help people to stay healthy and independent at home.

We are committed to finding new ways to significantly reduce the need for hospital bed-based care and to prevent avoidable hospital admissions. By delivering more services closer to where people live, we aim to make access to health and care easier for everyone who needs it.

We are proud that all our core services are rated as, Good, or, Outstanding, by the Care Quality Commission.

# PLYMOUTH HOSPITALS NHS TRUST

Together with our partners we will develop nationally leading integrated health and care, unlocking better outcomes and reducing inequalities, and develop UHP as a regional specialist centre to improve lives across Plymouth, Devon and Cornwall
UHP has a unique role, one of few trusts in the country to fulfil four distinct roles in the peninsula health and care system – spanning community and social care, mental health, acute and through to specialist and tertiary services.

Who we care for
We are responsible for providing care across the widest of spectrums: from within people's homes and working with our voluntary sector partners in local communities, to offering the most specialist hospital care available in our regional centre.
The south west peninsula geography gives our Trust a secondary care catchment population of 475,000 with a wider peninsula population of almost 2,000,000 people who can access our specialist services. The population is characterised by its diversity – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy.

A regional specialist teaching trust
We are a teaching hospital in partnership with the University of Plymouth and working with Plymouth Marjon University. As host to the Joint Hospital Group South West (JHG(SW)) in a city with a strong military tradition, we have a tri-service staff of nearly 200 military doctors, nurses and allied health professionals who are fully integrated within our facilities.

# ROYAL DEVON UNIVERSITY HEALTHCARE TRUST


The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, we have a workforce of over 15,000 staff, making us the largest employer in Devon. Our core services, which we provide for more than 615,000 people, cover more than 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital (EX31 4JB) and the Royal Devon and Exeter Hospital (Wonford) (EX2 5DW). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC). To find out more about our sites and services provided at each location please visit https://royaldevon.nhs.uk/our-sites/

Our hospitals are both renowned for their research, innovation and links to universities.


# TORBAY AND SOUTH DEVON NHS FOUNDATION NHS TRUST

When Torbay and South Devon Foundation Trust ( TSDFT) was formed in October 2015 we became the first NHS organisation in England to join-up hospital and community care with social care. We are proud pioneers in integrating health and social care nationally and in Torbay we provide all adult social care services on behalf of Torbay Council. TSDFT passionately believes that the best way to care for people is by focusing on what matters to them, putting them at the centre of everything we do and integrating services around them. We believe that care as close to home as possible benefits everyone. TSDFT provides health and social care services to our people in their own homes or in their local community. We also run Torbay Hospital (providing acute hospital services) as well as five community hospitals, stretching from Dawlish to Brixham.

TSDFT supports around 500,000 face-to-face contacts with patients in their homes and communities each year and serve a resident population of approximately 286,000 people, plus about 100,000 visitors at any one time during the summer holiday season. We employ over 6,500 staff including AHP's. Our AHP's work in a wide range of settings and locations across our communities. We have supported return to practice AHP's over the last few years many of whom now work for us either in permanent posts or by working as bank staff. We are able to offer return to practice in a variety of settings- acute hospital, community hospitals and community teams and social care teams.

# PAID ROUTE PROCESS

## This route is suitable when there is vacancy available

1. Returnee applies for RtP role after contacting the return to practice lead for the organisation

2. Returnee registers with HEE RtP programme https://bit.ly/3nYhjRU and downloads HCPC RtP standards documentation https://www.hcpc-uk.org/globalassets/resources/guidance/returning-to-practice.pdf

3. Returnee contacts HCPC for letter stating date they left register and any previous fitness to practice issues. Copy of this letter is forwarded to RtP lead.

4. Returnee is invited to a values based interview with placement provider and RtP lead within organisation. Type and length of contract discussed - hours per week discussed.

5. If returnee is successful at interview they are offered a paid Band 3 (or 4 depending on experience) supervised practice placement and employed as a returnee by the organisation.

6. HR/Recruitment complete pre-employment checks. DBS, Occupational health check, references. If satisfactory Fixed term contract sent to returnee.

7. Returnee signs up to HEE RtP programme for funding and support. Placement arrangements, hours , induction and named supervisor confirmed with returnee.

8. Returnees complete induction and mandatory training and have access to preceptorship programme and any relevant learning forums. Returnee completes agreed supervised hours, clinical competencies and any required private study

9. Returnee completes placement providers evaluation form

10. Once re-registered with HCPC the returnee is offered the contract in line with the original vacancy.

# VOLUNTARY ROUTE PROCESS

## This route is suitable when there is NO vacancy available but the returnee wishes to gain re-registration

1. Returnee applies to the central hub via NHS jobs
2. Returnee registers with HEE RtP programme and downloads HCPC RtP standards documentation
3. Returnee contacts HCPC for letter stating date they left register and any previous fitness to practice issues. Copy of this letter is forwarded to RtP lead.
4. Returnee is invited to a values based interview with placement provider and RtP lead within organisation. Length of fixed term contact and hours per week discussed.
5. If returnee is successful at interview they are offered an unpaid honorary contract and practice placement.
6. HR/Recruitment complete pre-employment checks. DBS, Occupational health check, references. If satisfactory Honorary contract sent to returnee.
7. Returnee signs up to HEE RtP programme for funding and support. Placement arrangements, hours , induction and named supervisor confirmed with returnee.
8. Returnees complete induction and mandatory training and have access to preceptorship programme and any relevant learning forums. Returnee completes agreed supervised hours, clinical competencies and any required private study
9. Returnee completes placement providers evaluation form
10. Returnee re-registers with the HCPC . Honorary contract is cancelled and the returnee is encouraged to apply for vacnaccies.

## BENEFITS OF DIFFERENT ROUTES

The unpaid/voluntary route to return to practice can offer more flexibility in length and regularity of supervised practice hours, allowing the Returnee to fit the placement around their home and personal life.

The employer led/paid route to return to practice offers increased likelihood of retaining the Returnee once they have successfully completed their return to practice placement. It is good practice to place a Returnee into a vacancy in which they can work as a registered HCPC professional upon completion of their updating and re-registration.

## ELIGIBILITY

**Currently, the programme is not open to:**

- Overseas AHPs, HCSs or practising psychologists that qualified abroad and have never been registered with the HCPC. If trained overseas and never formally registered with the HCPC please follow the link to the HCPC website and follow the international registration process': https://www.hcpc-uk.org/registration/getting-on-the-register/international-applications/
- Returnees looking to work outside England when they have returned to the register.
- Returnees who have any fitness/condition to practice issues cited against them by the HCPC.

# REQUIREMENTS

The below demonstrates the HCPC requirements for returning to practice

| | |
|---|---|
| Out of Practice<br>0-2 years | 0-1 year - robust induction<br>1-2 years - robust induction & 2 weeks supernumerary |
| Out of Practice<br>2-5 years | 30 days of updating your skills and knowledge. Consisting of;<br>• minimum of 15 days supervised practice/professional study<br>• maximum of 15 days private study |
| Out of Practice<br>5 years and over | 60 days of updating your skills and knowledge. Consisting of;<br>• minimum of 30 days supervised practice/professional study<br>• maximum of 30 days private study |

NB - 1 day is equal to 7 hours

# UPDATING KNOWLEDGE, SKILLS AND EXPERIENCE

**Supervised Practice:**
As returnees are not registered with the HCPC, they will be delegated work by a registered professional.

Returnees will be supported through regular supervision from an experienced clinician who has been registered for at least three years and is not subject to any fitness to practice sanctions or proceedings.

Supervision will be documented according to the organisation's supervision policy and guidance.

Practice Supervisors are pivotal in supporting a successful return to practice programme for Returnees and standard activities should include:

- Working alongside the Returnee and providing informal and formal supervision
- Providing feedback on the Returnee's progress
- Ensuring that the team is aware of the Returnee's role
- Identifying learning opportunities and ensuring the Returnee is exposed to these as often as possible.
- Encouraging the Returnee to reflect on their experience during the placement period, enabling them to identify gaps in their knowledge and skills

The HCPC understands changes in practice have evolved due to Covid-19 and fully accepts the use of simulation and virtual placements as evidence are now accepted towards return to practice. Although a Returnee must work alongside an HCPC registered professional from their profession, the whole team approach is expected to support the returnee, especially in busy teams. Supervised practice can be supported in any area of specialism including research and leadership placement posts.

# UPDATING KNOWLEDGE, SKILLS AND EXPERIENCE

The HCPC has specific forms for returnees to use to record their period of updating within their Returners Practice Pack. These forms are only a summary of their learning. They also need to keep a detailed reflection for each learning activity that they do. The time spent reflecting on and recording learning can be counted towards private study.

**Private study:** Is self-structured learning which could include the following activities:

- Reading journal articles or library books
- Reading information on relevant websites
- Observing or shadowing a registered member of your profession
- Attending training courses
- Reflecting on and recording your learning

The only specification that the HCPC makes is that private study cannot make up more than half of their total placement time. These records can be included as part of ongoing Continuing Professional Development (CPD) portfolio.

**Formal study:** This refers to a postgraduate course specifying an AHP qualification as an entry requirement. Returnees can also access the following resources to support their core knowledge, practice skills and to record evidence:

- Core Knowledge and practice skills – 'A Framework for Evidencing Learning'
- Career Development Framework' to support evidencing their development

# SUPPORT

It is important Returnees benefit from a positive and supportive learning experience and feel valued as part of the team. Managers and supervisors should arrange a conversation with the Returnee to see how the team can support their learning needs.

Supervisors may wish to adopt any educational resources that support transitional needs such as the organisation's Preceptorship, Newly Qualified or Early Career pathway.

A member of the Return to Practice Team will contact the Returnee at the start of the placement and can be contacted throughout the placement for support and advice as required and maintain contact 1-2 weekly throughout the placement but should not be used as a replacement supervisor.

- Monthly supervision and caseload management will be provided from an experienced AHP
- E-learning, virtual training, and face-to-face training (e.g., 'Safeguarding enquiry skills' and 'Assessing mental capacity and best interests'
- Protected time.
- Protected caseload.

# COMPLETION OF RTP AND REGISTRATION WITH HCPC

Returnees hold a professional qualification in an AHP profession and returning to practice is about re gaining registration with the HCPC and use of the protected title. Returnees do not need to be 'taught' as their return to practice is led and managed by themselves and they are simply identifying their gaps in skills and knowledge which need to be refreshed via an action plan.

The supervisor is required to sign the returnees HCPC forms to confirm that the period of supervised practice hours required is complete, it is not signing to confirm that the returnee is fit to practice.
In the rare case where you consider that the returner is not fit to practise you should:

- Feed this back to the returnee and consider additional updating activities
- If you consider that the returnee poses a potential risk to the public, you should sign the form and raise a fitness-to- practice concern to the HCPC.

Any termination of practice placement is part of the Agreement and will need to be discussed with HR.

On completion of the placement, Returnees can submit a return to practice form to the HCPC which includes information about all the updating activities they have completed during the updating period. The HCPC will review the forms, and if all requirements are fulfilled, the individual is placed back onto the HCPC register and can return to practice.

Returnees will self-declare they are fit and competent and have updated their skills and knowledge within their scope of practice.

## FUNDING

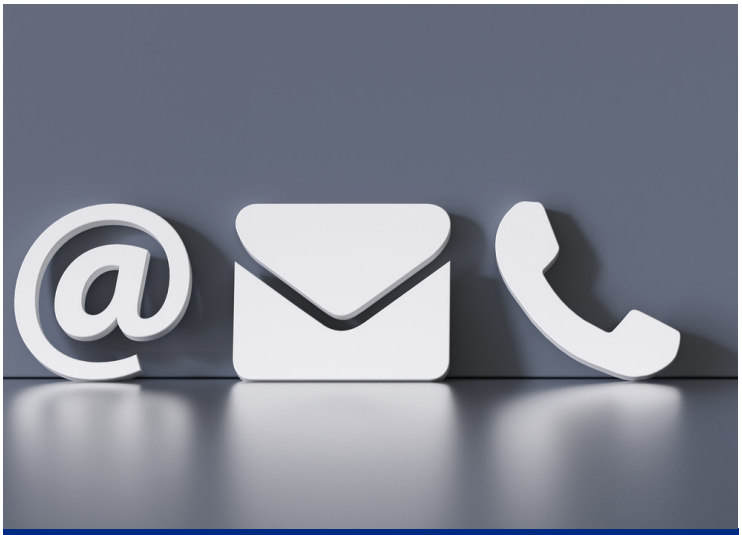
Health Education England will pay up to £800 (£500 for expenses and £300 towards formal study) to support any appropriate HCPC registrant returning to practice and £500 for supporting placement organisations once signed up to the programme

## COURSES

The following two courses have been funded by Health Education England to support AHPs returning to practice;

Birmingham City University - AHP Return to Practice Course
https://www.bcu.ac.uk/courses/return-to-practice-allied-health-professionals

Coventry University - AHP Return to Practice Course -
https://www.coventry.ac.uk/course-structure/health-and-life-sciences/cpd/allied-health-professionals-return-to-practice/



## CONTACTS

General queries:

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adultcarerecruitment@devon.gov.uk

Devon Partnership Trust
d-ccg.ahpfacultydevon@nhs.net

Livewell South West
livewell.recruitment@nhs.net

Royal Devon University Healthcare
rduh.returntopractice@nhs.net

Torbay and South Devon NHS Trust
Adele Friend - adele.friend@nhs.net

University Hospitals Plymouth
d-ccg.ahpfacultydevon@nhs.net

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# USEFUL INFORMATION

## General

Reflective practice template
https://www.hee.nhs.uk/our-work/allied-health-professions/return-practice-allied-health-professionals-healthcare-scientists-practising-psychologists

## Profession Specific

Occupational Therapy
- Core Knowledge and Practice Skills - 'A Framework for Evidencing Learning'
- RCOT Career Development Framework
- Learning and Development Framework for OTs Who Are New or Returning to Social Care

Physiotherapy
- CSP Guidance
- What is Return to Practice

Speech and Language Therapy
- RCSLT Guidance

Podiatry
- Return to Practice Information for Podiatrists and their Mentors - College of Podiatry