



Return to practice

Supervised practice placement
provider handbook

Acknowledgments

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Thank you

The Royal College of Occupational Therapists (RCOT) would like to thank you for supporting occupational therapists (OTs) who want to return to practice.

Every organisation wants to recruit, develop and retain a motivated workforce. Supporting returners can help you to build your capacity and capability to effectively deliver current and future services.¹

This handbook provides information and resources to help you develop a programme for returners. You'll also find some signposts for further organisations and material should you be interested.

If we can be of any further assistance, please do not hesitate to contact our Professional Practice Enquiries Service. We would be happy to discuss your returning to practice plans and answer any questions you may have:

professional.enquiries@rcot.co.uk or 020 3141 4630

The service is open Monday - Friday from 9am-5pm

What is a return to practice programme?

A return to practice programme is an organised process that enables OTs to regain their professional registration with the Health and Care Professions Council (HCPC), so that they may practise again. It provides them with opportunities and support in updating their professional skills and knowledge and regaining their confidence through some or all of the following:

- the support of a named supervisor
- a supervised practice placement
- learning opportunities and resources
- networking opportunities
- the possibility of employment if vacancies exist; and
- funding in some circumstances.

Why should you support returners?

Investment in your current and future workforce is vital. You may be concerned that your service or organisation doesn't have the capacity or time to host returners, but consider the accruing benefits:

- Supporting returners can improve recruitment and retention with a motivated workforce who are skilled and recognised for supporting and promoting safe, informed and excellent practice.¹
- The returners on placement are fully qualified, with experience and knowledge, bringing with them life experience. They're motivated to work and to learn and will add to the expertise of the organisation.
- An organisation that invests in a programme of support for returners can develop a learning culture, gain a positive reputation and can become an employer of choice.
- Financial support may be available to organisations that support returners.

How can supporting returners improve recruitment and retention?

Developing the Allied Health Professions (AHP) workforce is vital to delivering the ambitions of the NHS Long Term Plan². Experience has shown that investing in a robust return to practice programme can help with recruitment and retention.ⁱ

- Returners seeking a placement tend to look close to home, potentially providing a local future workforce, reflecting the local community.
- If you provide the returner with a positive, flexible return experience, they're likely to want to remain with you as their employer of choice.
- Supporting returners will give you the opportunity to recruit skilled and experienced returners once re-registered with the HCPC.ⁱ³
- You can fill workforce gaps by offering to support a returner in a band 3 role, then fast-tracking to a band 5 or higher once they're HCPC registered.
- Having completed a return to practice placement with you, the candidate for a post is then a known quantity who is already familiar with the customs and practice of your organisation.
- Recruitment costs and time are reduced.

A past study looked at the reasons why AHPs chose to leave, stay, or return to the NHS. It is important to note that these reasons would transfer across systems and organisations. Particularly influential for returners were:

- the availability of appropriate training/development opportunities
- career progression prospects and;
- scope for professional autonomy.⁴

The emphasis on training and development is notable in the study, as it is now with a focus on the importance of flexible skills and building capabilities. The value of integrating education and training into the practice of the organisation is key to growing the workforce that you need.⁵

What does the returner need to do?

An OT needs to be registered with the HCPC in order to practise. To register, HCPC require returners to update their knowledge and skills. They must complete a certain number of days of updating, depending on how long they have been away from practice.

The number of days required is as follows:

- **0 to 2 years out of practice** – no requirements
- **2 to 5 years out of practice** – 30 days of updating
- **5 or more years out of practice** – 60 days of updating⁶

This can be done through a combination of a supervised practice placement, private study and/or formal study. The only stipulations that HCPC make is that **private study must not make up more than half the period** and that **it all must be carried out within 2 years** before they apply for registration.^v

The updating can be completed as full-time or part-time. HCPC treat one day as 7 hours, which can be worked flexibly.

Although the HCPC requirements are described as minimum and flexible, we would suggest that there is much more to returning to practice, especially in regaining confidence. We know that returners often find it difficult to navigate and facilitate the process when they've been out of practice for several years. This is why your support is needed.

The Health & Care Professions Council return to practice information can be found on their website: <https://www.hcpc-uk.org/>

Who needs to be involved if we do this?

Everyone involved in the development and running of a return to practice programme needs to understand the process and requirements for OT returners.

- OT leads and those in a position to provide supervision to returners.
- The leads/managers for locations where a returner might have a placement.
- Human resource (HR) personnel – can become the single point of contact for enquiries related to your programme.
- Learning and development services – for the provision of formal learning opportunities.
- Finance services – for the processing of financial support claims.

We suggest that all are involved from the beginning of any planning. By working together proactively, you're less likely to experience frustrations, misunderstandings and delays at any point through a person's return process.

Collaboration may also bring value. Organising placements and learning opportunities across organisations and sectors provides a broader experience for the returner, but also enables sharing of the development work and benefits. Take advantage of any university links your organisation has or consider if this is something that could be developed.

Where can I find any UK country-specific information?

Each of the 4 UK countries provides some element of support, but there are different criteria and systems for each. **You're advised to read the guidance material for your country of residence.**

England:

Health Education England (HEE) have set up a return to practice programme designed to provide additional support alongside the HCPC return to practice guidance, by offering clinical, academic, and financial support to returnees who live in England.

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

Wales:

In Wales the updating arrangements are managed individually by Heads of Departments within Health Boards/Trusts.

<https://heiw.nhs.wales/careers/education-and-training/return-to-practice/return-to-practice-for-allied-health-professionals-and-health-care-scientists/>

Northern Ireland:

In Northern Ireland enquiries should be made locally. Trusts may take requests on a case-by-case basis and try to support where possible.

Scotland:

NHS Scotland Careers Return to Practice website page:

<https://www.careers.nhs.scot/ahp-return-to-practice/>

What status can the returner have?

The returner cannot call themselves an 'OT' until they are registered with HCPC, however they may be identified as an OT returner or an OT assistant, depending on their route of return. A returner can follow any one of the following routes, and you may decide to utilise a range of these if you offer supervised practice placements. Any hours worked in the context of returning to practice, whether paid or unpaid, may be counted as evidence for registration.

- **Volunteer agreement/ honorary contract**

The returner can have a volunteer status with an honorary contract. This is not paid work but is covered by the organisation's indemnity insurance. This route offers a degree of flexibility in supervised practice hours, allowing the returner to fit the placement around their home and personal life.

- **Recruitment (Band 3 or 4)**

A returner can be employed in a band 3 or band 4 role, perhaps on a fixed term contract, until such a time as they are registered with HCPC. They may then be invited to apply for any OT vacancies.

- **Temporary staffing service/Bank**

If the organisation has a temporary staffing service, the returner may be taken on in a band 3 or band 4 bank role. This enables flexibility on both sides in terms of hours and location of work.

- **Fixed term contract**

Fixed term contracts last for a specified length of time or will end when a specific task has been completed. Fixed term contracts enable the employer to know that their commitment has an end point; should the returner be unable to complete the return to practice programme.

- **Expectations**

The returner is required to meet all the usual expectations for those working for the organisation. In some circumstances a returner's lack of skills or professional demeanour may make it necessary to terminate any contract with them in which case they'll be unable to meet the HCPC return to practice requirements.

The conditions that would bring this about and any actions to be taken need to be discussed between HR and the service manager when setting up the placement. Potential termination of a supervised practice placement should be part of the contract and discussions to manage any risks of misconduct.⁷

Can a placement be done as flexible working?

Flexible working placements, such as part-time or flexi-time options may enable a returner to manage the demands of the placement and home/personal commitments, especially when home-life may involve caring for others. The returner can complete their planned placement hours more gradually, so long as they're done within the two years before applying for registration.

Will a returner need safer recruitment checks and an induction?

In any setting, all returners will require safer recruitment checks before they start their placement (Disclosure and Barring Service or equivalent). This should be made clear on any promotional material created or at the earliest opportunity when an enquiry is received.

You may want to inform the returner how long your organisation takes to process a safety check, so that they can take this into account when planning.

The returner will also need to complete your organisation's induction programme. The time taken to complete this may be included in the returner's total placement hours.

How can we support a returner's health and wellbeing?

Everyone should have health and wellbeing support. This is important for returners who are coming back into a demanding work environment, perhaps when their confidence is low.

It is important that an individual is not excluded or discriminated against if they have health and wellbeing needs. As with any member of staff, these need to be sensitively discussed and accommodated as much as reasonably possible, with additional support or flexibility provided. In this way a returner can maintain their health and wellbeing on a daily basis.

HCPC is only concerned when the person's health or character may impact upon their fitness to practise safely and effectively. It's the returner's responsibility to inform HCPC should this be the case.

Who can provide supervision?

An OT returner can seek a period of supervised practice in a broad range of settings. In any setting a returner must be supervised by a registered OT who has been on the HCPC Register for at least the previous three years and has not been subject to any fitness to practise proceedings or sanctions (such as a caution or conditions of practice). On receipt of the returner's application forms, HCPC will confirm the named supervisor is on their Register.

The supervisor should only supervise activities which are within their own scope of practice and level of competency. This is so they can provide relevant input and guidance and to make sure that both they and the returner are practising safely and effectively.

How can we provide effective supervision?

Potentially anyone within your organisation who meets the HCPC criteria can be a practice placement supervisor. HCPC recognises that effective supervision has multiple benefits for the individual and the team, increasing job satisfaction, leading to better care.⁸ For an organisation, service and profession to flourish, it's essential that its members engage with supervision to build confidence, autonomy in practice and leadership. Both research and practice point to the benefits of developing, operating and sustaining good supervision within an organisational culture that values both the people who work there and the people it offers services to.⁹ The process of communicating and reflecting in supervision creates a workforce that is capable of designing, delivering, evaluating and improving high quality care and services.

For more information, please have a look at

HCPC's webpage on *Providing effective supervision*: <https://www.hcpc-uk.org/>

RCOT's current guidance on supervision: [Supervision - RCOT](#)

Your supervising staff may also find the RCOT resources for practice educators useful, available at: [Resources for Practice Educators - RCOT](#)

Consider supporting supervision training to optimise the positive outcomes. Supervision is a valuable skill which, once developed, repays the investment many times in terms of providing staff support and development, supporting students and returners, having a forward-looking service with a culture of learning, development and excellence, inclusion and belonging. In the process of providing supervision, current staff are continually challenged to maintain and update their professional/clinical knowledge. Those people who access the service are ensured a safe, effective, ethical and excellent service.

If you're not already a member, we would encourage you to join RCOT. This will give you full access to the publications, resources and benefits, including liability insurance.

What level of autonomy can a returner have?

The purpose of a placement is for the returner to update their skills and knowledge and to gain confidence in the practice of OT. They've already achieved their professional qualification. Most returners will have previously worked several years so will bring significant experience to the workplace.

The intensity of supervision will need to be tailored to individual needs, but it can be assumed that more will be required initially. The supervisor's initial role is to work with the returner to identify their level of ability, knowledge and awareness and thereby any learning needed to regain their autonomy. HCPC believe that the level of supervision given is best decided between the supervisor and the returner, based upon their learning needs.^{vi}

As the returner updates their skills and knowledge, the close supervision can be withdrawn, and increasingly complex tasks delegated for them to carry out. The supervisor's role is then to enable them to regain their competence and confidence to practise autonomously, safely and effectively.

We ask supervisors to consider Section 6 of RCOT (2021) *Professional standards for OT practice, conduct and ethics*¹⁰ and Section 4 of the HCPC (2016) *Standards of conduct, performance*¹¹ and ethics to understand the relationship between supervision, delegation and competence.

A practitioner:

- May ONLY provide services and use techniques for which they are qualified by their professional education, ongoing learning and/or experience.
- These MUST be within their professional competence, appropriate to the needs of those who access the service, and relate to their terms of employment and;
- They MUST have sufficient knowledge, skills and experience to make reliable professional judgements, suitable to their level of responsibility and scope of practice.

Section 6.5 of the RCOT professional standards describes delegation and supervisory responsibilities.^x The supervisor needs to be sure that the supervisee is competent to perform any task that they delegate to them.

What if a returner needs additional support?

Although rare, sometimes returners do struggle, possibly in confidence or capability, or with the demands of managing both work and home circumstances. The supervisor can try to discuss the situation and find a way to resolve any problems, using any means of support provided by your organisation. The supervisor may need advice and support also. You might consider offering to extend the placement period if you think this would help. If there has been a break-down in the supervisory relationship could your organisation offer an alternative supervisor or location?

Although it's not the responsibility of the supervisor or organisation to judge the competence of the returner or their fitness to practise for them to register with HCPC, the supervisor will need to consider limiting tasks that are delegated to a returner who is struggling. The supervisor can also highlight when they consider more learning is required.

The returner self-declares that they've fulfilled the requirements of HCPC to return to practice. HCPC will decide if the returner can go back onto the register based on the information provided. **The supervisor/counter signatory signs the HCPC forms only to confirm, to the best of their knowledge, that the information the applicant has provided about their period of updating is correct.**

Even with additional support, there are still concerns by the end of the placement, HCPC have two suggestions:

- The supervisor can explain their concerns about signing the form to the returner and help them in planning additional updating activities.
- They may sign the form, and then raise a fitness to practise concern with HCPC.^{vi}

The supervisor, or service manager, may need to consider contacting HCPC to discuss their concerns if they believe that the returner might be a potential risk to the public. Concerns about the returner's conduct, competence, health, or character that suggest they're unfit or unsafe to practise their profession without restriction, or at all, are likely to be concerns that raise a question about their fitness to practise.

The HCPC will consider the information that is sent to them. They may contact the returner or the organisations/individuals providing a placement if they need further information or to verify the number of days completed. They may also contact any organisation that provided formal study, to confirm attendance and completion of the course.

Recording the outcomes

Consider developing a feedback form for your returners to complete when they finish their placement with you. Based on this you can learn from experience and further improve what you offer. Once you've supported a number of returners through the process, you can, with their permission begin to build a library of peoples' stories, perhaps through short video clips. These can be used promotionally to demonstrate the positive experiences of past returners with your organisation.

Promoting your organisation to returners

A number of organisations now promote their return to practice programmes on their own or recruitment websites. We would suggest that you look at a selection of sites to see how some trusts are using returner programmes as a recruitment tool, highlighting what they can offer during the process of returning to practice and in employment.

Consideration must be given to making your returners programme inclusive and accessible to all. People are more likely to stay with an organisation or service where they feel that they belong.¹²

Success factors for an organised return to practice programme

- make sure everyone who is involved in any way has a full understanding of the return to practice process and requirements
- involve all the necessary people from the beginning; as this is an organisational investment
- be flexible
- be inclusive and accessible to all
- provide supervision through well trained supervisors.

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