

Return to Practice

A Guide for Organisations

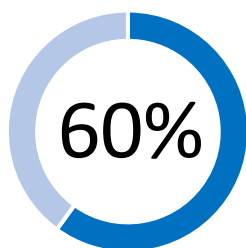


'Returnees do not need to take exams or retrain as they are already qualified in their profession. Returning to practice is often about regaining confidence, not competence. RtP is about regaining registration to use a protected title.'

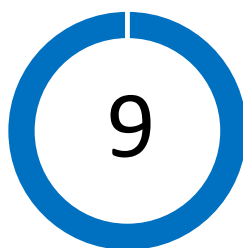
Table of Contents

About this guide	3
Background.....	3
What is Return to Practice?	4
National HEE Return to Practice (HCPC) programme.....	4
What are the benefits of Return to Practice for Organisations?	4
How to do it: models of employment	5
Route 1: Unpaid/voluntary placement route	5
Benefit of unpaid/voluntary route: flexibility	5
Route 2: Paid/employer-led route.....	7
Benefit of paid/employer-led route: retention.....	7
Employment route: key points for Organisations/employers to consider	9
Supernumerary status of Returnees: unpaid/voluntary and paid/employer-led	9
Supervised practice placement: recruitment.....	10
Returnee support during placement.....	11
Pastoral support.....	11
Practice supervisors.....	11
Status of the Returnee in practice.....	12
Signing off patient records and counter-signatories.....	12
If things are not going well.....	12
Evidence submission to HCPC.....	13
Conclusion.....	13
Authors & Acknowledgements.....	13

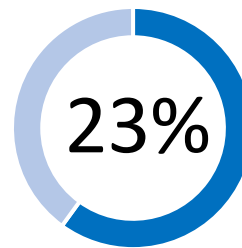
Did you know...



Of returnees left the register at band 7 or above



Returnees have on average 9 years of clinical experience



Of Returnees return to practice at band 6 or above

About this guide

This guide is a resource for health, educational and social care Organisations to support Allied Health Professionals (AHPs), Practising Psychologists and Health Care Scientists (HCSs) who are not currently registered with the Health and Care Professions Council (HCPC) and want to return to practice. Please refer to the [HCPC Return to Practice \(RtP\)](#) guidance for more information alongside this document.

This guide is designed to help Organisations support former registrants to return to the HCPC register by attracting and recruiting Returnees and hosting and supporting them through the different supervised practice routes available, to finally finding potential employment.

Covid-19 has led to a change in many of our practices and created opportunities for additional learners in our teams. However, there is still a need for, and plenty of opportunities to deliver, return to practice support. This step-by-step guide can be used for all HCPC professions and supervised practice placements by Organisations offering paid employment-based placements, as well as those offering the more widely offered unpaid, voluntary placements.

There is a need to focus on making return to practice navigation easier for all former HCPC registrants, and for Organisations to view Returnees returning to practice as an essential part of their workplace planning and recruitment and retention strategies. Alongside this, there is a further need to ensure the provision of quality return to practice supervised practice experiences for those that wish to update within clinical environments.

Background

One of Health Education England's (HEE) objectives is to encourage more people to return to their profession in the workforce. Returnee feedback has highlighted a need for a centralised point of contact within Organisations and for increased support in finding supervised practice with the potential for more flexible working. It has been identified that Returnees felt clinical staff and managers needed more knowledge of the Return to Practice (RtP) HCPC requirements and the National HEE RtP Programme. For further details see the [HEE RtP Programme \(HCPC\) website](#).

This guide has been developed with stakeholder input and considers how offering a shared model of supporting Returnees, as well as offering flexible routes to returning, will help Returnees feel valued, resulting in a higher likelihood of retention. Additionally, this work will assist the NHS in recovering from the effects of Covid-19.

Although the HCPC have guidance on Returning to Practice, there remains confusion around support and understanding. This contrasts with other health professions, where established RtP programmes are in place to encourage Returnees, for example in Nursing and Midwifery. As a result, HCPC registrants interested in returning to practice may need motivation, clarification and support, as this process can be confusing and unclear.

The lack and inaccessibility of specific return to practice courses, studies and supervised practice placements (relevant to all former HCPC registrants) still affect Returnees' experiences. Returnees have highlighted the lack of structure in returning to practice and difficulties associated with attaining placements. The current National HEE RtP programme (HCPC) and development of this guide aim to rectify these issues and improve the return to practice experience.

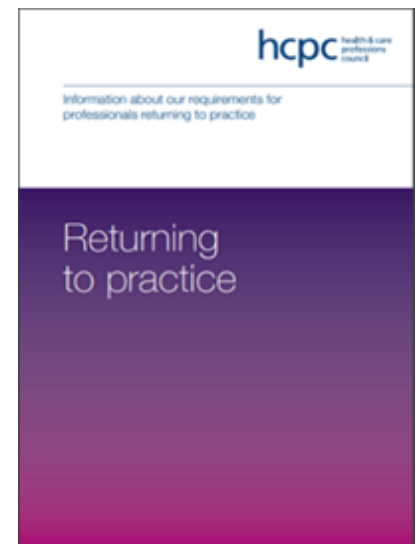
What is Return to Practice?

Returnees who have left the HCPC register and wish to return to practice must apply to be re-admitted to the register before they can be contracted to work as professional practitioners, with a protected title.

Requirements of the re-registration process are flexible, and individuals wanting to return can decide how to complete their period of updating. Individuals can devise a bespoke professional development programme that best fits their personal circumstances and learning needs, allowing them to update their knowledge and skills through a self-directed process. This can be undertaken in the form of supervised practice, and private or formal studies.

The HCPC specifies the minimum number of days required for updating, depending on the length of time an individual has been out of practice. No more than 50% of these can comprise private study. For further details please see the HCPC's Return to Practice document:

<https://www.hcpcuk.org/globalassets/resources/guidance/returning-to-practice.pdf>



National HEE Return to Practice (HCPC) programme

Although not mandatory or endorsed by the HCPC, the HEE RtP programme is designed to provide additional support alongside the HCPC RtP guidance by offering clinical, academic and financial support to Returnees. For further details about the [HEE Programme and eligibility criteria see here](#).



What are the benefits of Return to Practice for Organisations?

- ✓ Address workforce gaps and hard-to-fill positions: e.g. offering and supporting a band 3 position then fast-tracking into band 5, 6 or 7 positions on obtaining HCPC registration – grow your own approach!
- ✓ Tap into a skilled workforce: the average age at which people leave the HCPC register is 44. These individuals have on average 9 years' experience, and 60% leave when they are band 7 or above (HEE, GEO survey, 2020).
- ✓ These individuals not only have clinical experience, but life experience, are generally motivated and live locally, increasing chances of retention.
- ✓ Reduce recruitment and agency costs, and increase bank capacity – linking to workforce plan
- ✓ There is evidence that if people are supported to return, they are highly likely to seek employment with that Organisation.
- ✓ Relatively quick and cheap way to increase supply: average cost to return is £1,175 (HEE, 2021) and Returnees can be re-registered within 30 - 60 days (6 -12 weeks).

How to do it: models of employment

The two most common routes enabling individuals to return to practice are the non-employed or voluntary route (honorary contracts), and the employment routes (e.g. fixed term contracts including support worker posts). Any paid employment or volunteering undertaken within a Returnee's scope of practice (alongside a member of the Returnee's own profession) can be used towards their return to practice hours and submitted to the HCPC as evidence for registration.

When supporting either RtP route within a department, it is useful to link with HR and finance colleagues and learning and education departments, as there are likely already policies in place. It is essential to have a centralised point of contact who understands the HCPC RtP guidance and has an awareness of the National HEE RtP Programme. However, within most placement provider Organisations, return to practice is usually very well established in Nursing departments. It may be useful to link in with Nursing colleagues for advice and guidance where AHP or HCS roles facilitating return to practice may not exist.

It is also recommended that placement provider Organisations contact the National HEE RtP Team and regional RtP/AHP Leads. These individuals can help to increase return to practice understanding, facilitate the sourcing of supervised practice, and create connections between placement provider Organisations and Returnees.

Route 1: Unpaid/voluntary placement route

Following a successful informal or formal interview with the placement provider, the Returnee is offered an unpaid placement within an Organisation. This is usually coordinated in conjunction with the learning and education department. On completion of the agreed supervised practice hours, the Returnee can re-apply to the HCPC register and, if a position is available, apply for a HCPC registrant position within an Organisation.

Benefit of unpaid/voluntary route: flexibility

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.

There should be an open and transparent conversation around preferred hours between the Returnee and placement provider from the initial point of enquiry (e.g. how many hours, length of shifts, shifts required per week), with efforts made by all parties to accommodate the Returnee's requirements. Organisations should have realistic expectations of their Returnee, and ensure the Returnee's expectations and preferences are carefully managed through clear and open dialogue. This applies throughout both voluntary and employed routes.

We recommend the following internal process for Organisations, which has been taken from practice placement partners that have well established and successful structured RtP programmes. This example has been shared with kind permission from the University Hospitals of Derby and Burton NHS Foundation Trust, Cambridge and Peterborough NHS Foundation Trust, and Surrey and Heartlands ICS.

Return to Practice Unpaid/Voluntary Route Process (example)

Step 1: Initial contact made by Returnee via Organisation or HEE. Inform relevant RtP Lead e.g. AHP/HCS Chief, Strategic Workforce Lead or Practice Education Facilitator (PEF) within placement provider Organisation.

Step 2: Returnee completes placement provider Organisation return to practice application form.

Step 3: Request that Returnee registers with the HEE RtP Programme (R2PAHP-HCS@hee.nhs.uk) and downloads HCPC RtP standards documentation (<https://bit.ly/3nYhiRU>).

Step 4: Returnee contacts HCPC for letter stating date left the register and any previous fitness to practice issues. A copy of this letter should be forwarded to the relevant RtP Lead within placement provider Organisation.

Step 5: Completed application forms sent to RtP Lead and onto relevant clinical areas for consideration. If appropriate to offer placement, establish whether there is an appropriate fit between the person, their return to practice learning objectives, the potential placement and the Organisation. If so, the RtP Lead identifies the best area for the placement.

Step 6: Returnee invited to a joint NHS values-based informal/formal interview with placement provider, to include RtP lead within Organisation e.g. PEF and manager where the placement is being supported on the interview panel

Step 7: Returnee successful at interview and offered a placement

Step 8: HR to complete pre-employment checks: DBS, occupational health clearance and reference. If pre-employment checks satisfactory, HR to send an honorary contract to Returnee.

Step 9: The placement provider's responsibilities include:

- sending a conditional offer letter/email to the Returnee
- assisting the Returnee to sign up to the HEE RtP programme for funding and support
- undertaking occupational health, DBS and reference checks, and providing uniform if spare stock
- confirming placement arrangements including full induction and named supervisor

Step 10: Returnee should complete the Organisations induction and mandatory training, and gain access to any preceptorship programmes or relevant learning forums. Returnee completes the agreed number of supervised hours using any local return to practice workbooks for guidance.

Step 11: Supervisor signs hours form for Returnee to submit to HCPC.

Step 12: Returnee completes placement provider's evaluation form

Step 13: Funding is claimed by the Organisation for £500 for the placement provider fee. A standard invoice needs to be sent by the Organisation (including Returnee name, profession, placement dates, HEE RtP UID, and HEE's invoicing address which can be found on page 7 of this document) directly to HEE at sbs.invoicing@nhs.net. Please copy in the national RtP team (R2PAHP-HCS@hee.nhs.uk).

HEE are dependent upon Organisations to raise invoices. Invoices will be coded/approved and paid to supporting Organisations.

Step 14: Apply for a permanent position if one is available.

Route 2: Paid/employer-led route

Following a successful joint interview with the practice provider, the Returnee is offered a contract of employment with the Organisation. They will initially be paid at band 3 or 4 (e.g. on a fixed term contract) until they have successfully re-registered with the HCPC and completed the programme. Returnees can then apply to a permanent position if one is available - there does not have to be a guaranteed job offer. Next, standard organisational recruitment and interview processes proceed, including an informal value- and competence-based interview and a career conversation with the Returnee. A Returnee returning through this route will also be included in the pension scheme when starting their practice hours.

Supporting Returnees is essential during all stages throughout their supervised practice placement, as evidence shows that the more structured the programme, the better the feedback, and the more rewarding it is for both supporting clinicians and Returnees.

Benefit of paid/employer-led route: retention

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 are likely to transform into a registered HCPC professional upon completion of their updating and re-registration.

Employment and career conversations should take place with the Returnee throughout the placement or updating period, beginning at the interview stage. The gold standard is to follow the guaranteed job offer principles when offering a job following a values-based interview.

We recommend the following internal process for Organisations, which has been taken from practice placement partners who have well established and successful structured RtP programmes. This example has been shared with kind permission from the University Hospitals of Derby and Burton NHS Foundation Trust, Cambridge and Peterborough NHS Foundation Trust, and Surrey and Heartlands ICS.

As outlined in Step 13 (above) and 11 (below), all invoices should be addressed as follows:

XXNGENIS
T73 PAYABLES F485
PHOENIX HOUSE
TOPCLIFFE LANE
WAKEFIELD
WF3 1WE

Return to Practice Paid/Employer Led Route Process (example)

Step 1: Returnee applies for return to practice role by completing Organisation's application form via NHS Jobs, TRAC or Organisation website. Organisations are responsible for advertising positions and for the subsequent shortlisting of applicants.

Step 2: Request that Returnee registers with the HEE RtP Programme (R2PAHP-HCS@hee.nhs.uk) and downloads HCPC RtP standards documentation (<https://bit.ly/3nYhjRU>).

Step 3: Returnee contacts HCPC for letter stating date left the register and any previous fitness to practice issues. A copy of this letter should be forwarded to the relevant RtP Lead e.g. AHP/HCS Chief, Strategic Workforce Lead or Practice Education Facilitator (PEF) within placement provider Organisation.

Step 4: Returnee invited to a joint NHS values-based interview with placement provider, to include RtP lead within Organisation e.g. PEF and manager where the placement is being supported on the interview panel. Complete interview to establish whether there is an appropriate fit between the person, their RtP learning objectives, the potential placement and the Organisation. If so, the RtP Lead establishes the best area for the placement.

Step 5: Returnee successful at interview and offered a paid supervised practice placement by the placement provider, and employed as a Returnee by the Organisation.

Step 6: HR to complete pre-employment checks: DBS, occupational health clearance and references. If pre-employment checks satisfactory, HR to send contract (e.g. a fixed term contract) to Returnee.

Step 7: The placement provider's responsibilities include:

- sending a conditional offer letter/email to the Returnee
- assisting Returnee to sign up to the HEE RtP programme for funding and support
- undertaking occupational health, DBS and reference checks, and providing uniform if spare stock
- confirming placement arrangements including full induction and named supervisor

Step 8: Returnees should complete the Organisation's induction and mandatory training and have access to any preceptorship programmes or relevant learning forums. Returnee completes the agreed number of supervised hours, using any local return to practice workbooks for guidance.

Step 9: Supervisor signs hours form for Returnee to submit to HCPC.

Step 10: Returnee completes placement providers evaluation form.

Step 11: Funding is claimed by the Organisation for £500 for the placement provider fee. A standard invoice needs to be sent by the Organisation (including Returnee name, profession, placement dates, HEE RtP UID, and HEE's invoicing address which can be found on page 7 of this document) directly to HEE at sbs.invoicing@nhs.net. Please copy in the national RtP team (R2PAHP-HCS@hee.nhs.uk).

HEE are dependent upon Organisations to raise invoices. Invoices will be coded/approved and paid to supporting Organisations.

Step 12: Apply for a permanent position if one is available.

Employment route: key points for Organisations/employers to consider

Returnees need a supportive and proactive system to enable their return to practice. Opportunities within Organisations need to be promoted on each Organisation's individual website and social media platforms, so Returnees can easily find and apply for available return to practice roles, including support worker or band 5 roles.

The Organisation will need to:

- Identify and advertise the return to practice positions on NHSJobs/Trac, so Returnees can easily find opportunities/vacancies.
- Agree a centralised point of contact, who has knowledge of the HEE and HCPC RtP processes.
- Develop relationships/partnerships with relevant learning and education departments and other return to practice placement providers (or HEIs) that have return to practice courses.
- Develop a return to practice offer that has a joined-up approach to recruitment and interview, in partnership with the identified RtP Lead e.g. AHP/HCS Chief, Strategic Workforce Lead or PEF.
- Take responsibility for occupational health, DBS and reference checks, ensuring the internal HR lead can manage this process. Please note: the supporting placement provider is responsible for all checks throughout the unpaid/voluntary route.
- Link up with National/Regional HEE RtP and AHP Leads for support finding supervised practice placements.
- Link with key members including ICS, AHP Faculties/Councils, AHP and HCS Leaders and organisational support to define the regional and/or system-wide need and offer for return to practice to:
 - Look at careers difficult to recruit to based on vacancy data
 - Build a return to practice peer community of practice or steering group to share learning and work through any placement issues or other requirements.
 - Understand the opportunities in services for return to practice and who can support
 - Develop opportunities in job plans to support return to practice

Supernumerary status of Returnees: unpaid/voluntary and paid/employer-led

We recommend placement providers offer Returnees protected study time, increasing chances of successfully completing their overall return to practice and meeting the HCPC's RtP standards. How the placement provider does this is discretionary. Returnees on the voluntary route will be supernumerary, whereas Returnees on the employment route are part of the workforce.

DBS: A DBS is required, and Returnees should be under the supervision of a qualified HCPC professional. Any costs relating to an enhanced DBS should be covered by funding provided from HEE, and should not be passed onto the Returnee. This funding is for £500 and is to be used by the Organisation to support any expenditure incurred in relation to set-up costs of a placement (e.g. DBS, setting up of honorary contracts). The monies can also be used to benefit the service in educational development through funding of courses or education equipment.

Insurance/Indemnity: This is covered by an Organisation’s existing liability insurance, providing Organisational processes are followed and the learning and education lead is involved. While the majority of HCPC Returnees are not affiliated to a University, both employment route contracts and honorary contracts contain the necessary insurances and indemnity cover. Therefore Returnees can assess and treat patients. Indemnity insurance, in most cases, is also provided by professional bodies if they join them, and require this for supervised practice where not provided by the Organisation.

Supervised practice placement: recruitment

Where appropriate, we recommend forming a collaborative working relationship with the following key members:

- Placement partners, HEE regional and National RtP Teams, Professional Bodies, HEIs

This will help create a joined-up process for recruitment and onboarding of Returnees, and guarantee the appropriate sourcing of placements. The gold standard would be for each placement provider to maintain relationships with the above parties and any local education providers that provide return to practice courses, and to link Returnees with their regional and Organisational RtP leads for pastoral support and support around matters concerning placements.

It is considered best practice for Organisations to source uniform prior to a Returnee’s first day on placement if they hold spare stock.

It is vital that Organisations are still continuing to support return to practice throughout and beyond Covid-19. The [HCPC have temporarily changed their requirements](#), increasing the timescale to complete the return to practice process from 12 months to 24 months. The HCPC now considers the use of simulated practice and virtual placements as evidence accepted towards return to practice.

Consequently, there is a need to think differently – the technology used in services and homes has increased greatly since the start of Covid-19, and should be fully embraced to offer alternatives to Returnees returning to roles across all professions.

HCPC Supporting former registrants

The COVID-19 pandemic has had huge impacts on the healthcare workforce, and we want to make sure we support registrants and applicants through this as far as possible

Take a look at the HCPC website for more information >

A whole-team approach to Returnee support helps the return to practice process, especially within busy teams. Everyone can contribute to a Returnee’s updating to spread the load, from reception staff to support workers. A Returnee must be working **alongside** someone from their profession on the HCPC register – this may mean they are working within a team with a registered professional, not necessarily in same room.

Supervised practice can occur in any area or specialism, including research and leadership placement posts. Share hours between teams or local Organisations, and think about inter-professional and group/peer learning or mentoring to deliver increased support and capacity to return to practice placements.

Returnee support during placement

It is important that the Returnee benefits from a rich learning experience, and feels valued and part of the team. To support this process, managers and supervisors should arrange a conversation with the Returnee about their needs and how the team can support these needs. The Returnee also has a responsibility to be transparent with their manager and supervisor about their learning needs. Supervisors may wish to adopt any educational resources that support transitional needs, e.g. from the Organisation's Preceptorship Framework.

As a minimum requirement, some form of identification badge should be provided to the Returnee by the placement provider, indicating their role as a Returnee and their profession. Additionally, before starting in their clinical area, Returnees should be provided with an introduction letter, key contact details of their RtP Organisation Lead, and details of their local supervisor.

If PEFs are available, they should visit the Returnee or make contact remotely to offer pastoral support. A joint approach between those involved in supporting the Returnee is recommended, ensuring all parties are kept up to date on progress or issues as they arise. Returnees should have access to the relevant IT and computer systems, and to any 'return to practice workbooks' the Organisation has developed to support the Returnee. This can guide their learning and outline what opportunities are available, as well as include the Returnee's reflections, supervision session notes and time sheets to gather evidence during their updating.

Pastoral support

Each placement provider Organisation should have pastoral support for its Returnees, in line with other learners. This may be a member of the Organisation's existing clinical education team e.g. PEF. The pastoral support will be an additional resource of support the Returnee can contact if needed, but should not be used to replace the existing supervisor.

The pastoral support should contact the Returnee at the start of their placement to introduce themselves, advising that they can be contacted for support or advice if needed. The pastoral support does not necessarily need to provide regular email or telephone support, but should keep in contact with the Returnee every week or two.

Pastoral support should escalate any concerns as soon as identified to the Returnee's placement manager and/or supervisor, and inform the Returnee of their doing so.

Practice supervisors

Practice supervisors are crucial to the success of the Returnee completing their programme. The supervisor must be of the same profession, have at least three years' experience, and not be subject to any fitness-to-practice issues. A practice supervisor's standard activities should include:

- Working alongside the Returnee and providing informal and formal supervision, and providing feedback on the Returnee's progress.
- Ensuring that the entire multi-disciplinary team is aware of the Returnee's role to ensure a whole-team support approach is delivered.
- Identifying learning opportunities and ensuring the Returnee is exposed to these as often as possible. Consideration should be given on allocating these learning opportunities fairly to Returnees, students etc.
- Encouraging the Returnee to reflect on their experience during the placement period, enabling them to identify gaps in their knowledge and skills.

Status of the Returnee in practice

Returnees should be treated as part of the team. Return to practice is an opportunity to refresh, not start from scratch, and Returnees should be regarded based on their individual experience. It may be helpful initially to approach the level of support in a similar way to a newly qualified health professional, while also recognising that they are a practitioner with previous experience, rebuilding their confidence and skills.

Signing off patient records and counter-signatories

Although it is not mandatory to have Returnees' notes counter-signed, it is good practice for supervisors to check and debrief return to practice notes. It is recommended that the Returnee signs all records with their name, profession and that they are a, for example, 'Returnee Occupational Therapist'. The recording of a clinician's signature is part of good record keeping, and a legal requirement. Organisations using digital signatures may need to provide access to clinical systems, and record signatures using a system and process such as Smartcards.

If things are not going well

If a Returnee is struggling to complete their practice hours due to development needs, please note:

The placement supervisor is required to sign off the completed period of supervised practice hours, but not whether the person is 'competent' or fit to practice.

Returnees hold a qualification in their chosen profession. Returning to practice is about re-gaining registration with the HCPC and the use of a protected title. Returnees do not need to be re-trained or 'taught', as return to practice is led and managed by the Returnee. It is their responsibility to identify gaps in their skills/knowledge and create an action plan. Remember that HCPC registration is a self-declaration of competency – signatories are not signing off Returnees as competent.

If there are concerns about a person's fitness to practice after completing a period of updating under supervision, two options can be considered:

- Explain your concerns about signing the form to the Returnee to help them plan additional updating activities.
- Sign the form, and then raise a fitness-to-practice concern with the HCPC.

If there are serious concerns, or the Returnee behaves unprofessionally in a way that is not in line with the Organisation's values or the HCPC's standards, performance and ethics (<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>), the Returnee may not be able to update the required knowledge and skills. Subsequently, they will not be able to complete the RtP HCPC requirements, and cannot regain registration. It is important that potential termination of a supervised practice placement is part of the contract and discussions with HR when setting up the placement, to manage any risks of misconduct.

To prevent placement termination, risk management should be in place throughout the placement, including robust recruitment checks, a comprehensive induction, pastoral care, a supportive learning environment, and early and open conversations with the Returnee to address any issues – ensuring early internal support is provided. Any concerns about the Returnee should be discussed with the supporting manager. HR should be notified as soon as possible if the Returnee is struggling, so extra support can be put in place. Regional or National HEE RtP Leads can assist at any point where needed.

Evidence submission to HCPC

On completion of the updating period, Returnees can submit a return to practice form to the HCPC, with information about the activities they have carried out and the duration. [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. When submitting evidence of updating, Returnees will self-declare they are fit and competent, and have updated their skills and knowledge within their scope of practice.

Conclusion

HCPC professionals provide valuable services to patients and are a core part of the NHS, Health Education and Social Care workforce. The HCPC workforce is in need of a significant increase in growth and retention in order to meet the requirements of the NHS Long Term Plan. Therefore future services will need to analyse how they can offer more training, more recruitment, better retention and greater return to practice after time out of the workforce (NHS 2017).

The Covid-19 pandemic has caused rapid developments in the delivery of healthcare and education services, meaning now is the time to think broadly about how to develop and support Returnees' return to practice. As professional presence in clinical expertise, leadership, research and education evolves, so too can approaches to return to practice. Transferable skills and experience delivering blended learning within health, educational and social care sectors can now be used to support Returnees to re-enter their professional roles across all HCPC professions.

This document aims to support the above priorities and present Organisations with the different routes to support the initiating or expansion of return to practice opportunities in their service.

Authors & Acknowledgements

Natalie Matchett – Interim HEE National RtP Lead (HCPC)

Paul Chapman – HEE AHP Programme Lead

Editor: Megan Hughes – HEE AHP Programme Administrator

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