

Returners to practice – consultation document

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Introduction

Although the Council's current return to practice policy has proved effective, small but nonetheless significant number of registrants, particularly in rural or remote areas, have experienced difficulties in meeting the requirements of that policy. The Council has therefore decided to review its requirements and, because of the difficulties that have arisen, to suspend the present policy. Therefore, from 14th April 2005, the existing policy is no longer effective.

With the suspension of the old policy, the end of the Grandparenting period for the original twelve professions, and the advent of our CPD requirements, we are therefore taking this opportunity to consult on a new policy, the full details of which are set out below.

This consultation will put the Council's proposals before a wide range of stakeholders, including professional bodies, employers, and others with an interest in the regulation of the thirteen professions we currently register. We would like to invite any individual or organisation with an interest in these issues to respond to this consultation. We would prefer responses to address the questions that we have asked, but if you would prefer to respond in another format, or if you have more general or over-arching comments then please feel free to respond in whatever format is useful to you.

The consultation will run from 1st June to 9th September, and further copies of this document will be available on our website to download.

If you would like to respond to this consultation, please send your response to:

Returning to practice consultation
Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Email: consultation@hpc-uk.org

Phone: 0207 840 9760

Website: www.hpc-uk.org/consultation/returners.htm

Please send your response by 9th September in order for it to be included. If you would prefer your response not to be made public, please indicate this when you respond.

When the consultation period has ended, we will analyse the responses that we have received, and will publish a summary of them. We will also publish the decisions that we have taken, in the form of standards following the consultation. A full timetable for the proposed implementation is at the back of this document, on page 18.

Returning to practice: an overview

During the course of their career, many health professionals may not practise their profession for a period of time.

This may occur for many reasons, which could include:

- parental leave;
- extended travel;
- caring responsibilities; or
- illness.

We recognise that these health professionals may wish to come back to their profession and resume their practice. We therefore want to set up a system for people who return to practice which:

- is fair and proportionate;
- does not discourage people from returning to their profession;
- ensures that health professionals who have not been practising can update their skills;
- protects the public and upholds our standards; and
- takes account of the different needs of individual professionals working in different environments.

An overview of our proposed requirements

We propose that in order to return to practice, health professionals will need to meet the Council's requirements, which will vary depending on how long they have been out of practice.

0 – 2 years	no requirements
2 – 5 years	30 days of updating their skills and knowledge
5 years or over	60 days of updating their skills and knowledge

0 – 2 years no requirements

We propose that any health professional who takes a break in their practice of less than two years may resume practice without having to meet any additional requirements set by us. We think that this is flexible enough to accommodate registrants who take a short break from practice, and particularly for registrants who take parental leave, without compromising public protection and our role in upholding standards.

2 – 5 years 30 days updating skills and knowledge

5 years or over 60 days updating skills and knowledge

We propose that if a health professional has been out of practice for more than 2 years, then they will need to spend 30 days updating their skills and knowledge. If they have been out of practice for five years or more, they will need to spend 60 days doing so.

Question 1

What are your views on these periods of time out of practice, and on the periods of time that health professionals will need to spend updating skills?

We propose that the activities which could be included in a period of updating skills should be:

- supervised practice;
- formal education; and
- private study.

We also propose that the way that a health professional chooses to structure their updating period, including which activities they choose, and the amount of each, should be up to the individual. We expect that health professionals would want to structure their updating period to reflect:

- the area in which they intend to work when they begin practising again;
- their prior experience;
- any relevant skills they gained whilst out of practice; and
- any relevant developments in the profession of which they need to make themselves aware.

We propose that someone who wishes to return to practice can make up their required number of days by any combination of supervised practice, formal study or private study. They can make up the entire amount through one of these activities, or a combination as they prefer, or as is convenient or relevant to them. They would then need to have their entire updating period signed off by a health professional from the relevant part of the Register.

We believe that these proposals are flexible enough to accommodate registrants working in a variety of settings, and do not restrict registrants who, for example, live in rural or remote areas, or who are unable to gain a period of supervised practice or cannot access a return to practice course.

These proposals mean that someone who wished to re-register in order to work in a University department could make up their updating period with only private study in their particular area of specialism, while someone who wished to go into clinical practice could complete a 'return to work' course, and make up the rest of their updating period with supervised practice if they wished.

Question 2

What are your views on our proposal that health professionals can make up their period of updating by any combination of supervised practice, formal study and/or private study?

Question 3

What are your views on the activities that we suggest should make up the period of updating skills? Do you think we should include anything else?

The activities which health professionals undertake in order to update their skills

Supervised practice

Supervised practice is a period during which a person practises under the supervision of a registered health professional. During a period of supervised practice, the returner to practice can be employed as an assistant in their profession, if this opportunity is available to them (but they do not have to be employed as an assistant).

We propose that the supervisor should:

- be on the relevant part of the HPC register;
- have been in regulated practice for at least the previous 3 years; and
- not be subject to any fitness to practise proceedings or orders.

We do not propose to set detailed requirements regarding the level of supervision, or the tasks that should be undertaken. We believe that this is best negotiated directly between the supervisor and the returner, on the basis of their learning needs.

We do propose, however, that the supervisor should only supervise those activities which are within their own scope of practice. We also propose that the supervised practice would not have to be solely in clinical practice, but could be undertaken, for example, in teaching, management, or research.

Question 4

What are your views on our proposals for supervised practice? What further information do you think we should provide?

Formal study

The term ‘formal study’ can include distance learning or e-learning, or any other type of course or programme that is relevant to your practice.

The types of formal study that returners might choose to take could include:

- “return to practice” programmes run by educational institutions, health trusts / boards or other bodies;
- relevant “continuing professional development” courses;
- relevant modules or elements currently included in programmes run by educational institutions; or
- programmes offered by professional bodies.

We do not propose to approve return to practice courses, since we believe that individuals are best placed to determine which courses are most appropriate to them, and which types of formal study will best update their skills so that they can re-enter practice safely.

We believe that limiting the formal study options to only those courses which we have approved could seriously limit the opportunities for people to return to practice – particularly to the smaller professions, where it is unlikely that such courses could be offered in locations that would be convenient for all professionals.

We believe that this system will best offer flexibility both to the providers of return to practice courses, who may wish to develop and change courses in response to local or national demand, and also to returners themselves, who may have different and individual needs.

Question 5

What are your views on our proposed approach to formal study?

Question 5a

Do you agree with our proposal not to approve return to practice courses?

Private study

Those undertaking a period of private study in order to return to practice may use resources which could include:

- online information;
- libraries; and
- journals.

We believe that private study will be a particularly useful option to those health professionals who plan to return to a field which is extremely specialised, for example certain areas of clinical science, where there may be limited opportunities for formal study or supervised practice. It may also prove useful for those who live in areas where it is difficult to gain a period of supervised practice, or who need to fit their updating period around other demands on their time, such as another job, or caring responsibilities.

Question 6

What are your views on our proposed approach to private study?

Making up the required period of time

We believe that most health professionals who undertake an updating period will want to do so quickly, in order to renew their registration or to apply for readmission to the Register. We therefore believe that they will generally choose to complete their period of updating for five working days per week, until completed.

However, we do not propose that this should be mandatory. We recognise that those returning to practice are likely to have other demands on their time which may mean they

can only work part-time. We believe that this will particularly apply to health professionals returning to practice after parental leave, who need to balance the requirement to meet our standards with their family commitments.

We therefore propose that the period of updating skills can be completed part-time, if required, and that for the purposes of completing the form one day should equate to seven hours. We also propose that the period should not have to be completed consecutively and continuously – ie that a health professional can undertake part of their required period, then take a break in order to fulfil other commitments, then complete the rest of the required period.

We propose to set a “long stop” requirement that a person must have completed their updating period within the 12 months immediately before the date on which they apply to have their registration renewed or to be re-admitted to the register.

Question 7

Do you agree with our proposed “long stop” period during which these activities must be completed?

Providing information to the HPC

Once a person has completed the required updating period, we propose that they will need to complete a return to practice form setting out the activities that they have undertaken. We do not propose that health professionals should have to submit detailed reports about the skills they have updated, and what they have learnt, since we think that this would be un-necessarily burdensome on the individual.

Instead, we propose that the health professional should provide, on the form, a summary of the activities they have undertaken, with the number of days spent on each, and that this should be countersigned by a health professional from their part of the Register to verify that it is correct.

We suggest that for supervised practice, the health professional should provide the following information:

- where this took place;
- the dates;
- the total number of days; and
- the name and registration number of the person who supervised them.

We suggest that for formal study, the health professional should tell us:

- the name of the organisation offering the course;
- the address of the organisation;
- the title of the course;
- the total number of days; and
- a brief summary of the course content.

We propose that this brief summary should be limited to a few sentences (around 200 words) describing the main areas covered.

We suggest that for private study, the health professional should tell us:

- the total number of days of private study that they have undertaken; and
- a brief summary of their study.

We propose that this brief summary should be limited to a few sentences (around 200 words) describing the resources used.

We propose to provide a form for each of the above activities, to help returners to practice to provide us with the information that we need. We suggest that putting these online, with the rest of our forms, will allow health professionals to print out as many of the forms as they need. We propose that returners to practice should complete one form for each period of updating their skills activity.

(For example, someone who completed a period of supervised practice, followed by a period of private study, followed by another period of supervised practice, would need two supervised practice forms, and one private study form.)

Question 8

Do you agree with our proposals on the information that returners to practice should provide? Is there any further information that we should ask for?

Question 8a

Do you agree with our proposal to provide a form for each activity?

Verifying the information provided

We propose that the form, which contains the summary of the activities undertaken (detailed above) should be counter-signed by a health professional from the same part of the Register.

This means that the health professional who wishes to return to practice will need to identify a registered professional, from their part of the Register, before they begin their period of updating.

If the health professional who wishes to return to practise plans to include a period of supervised practice as part of their activities, then the supervisor *can* also sign off the entire period.

However, we suggest that the supervisor does not *have* to do this: if more convenient, the supervisor can sign against the supervised period, and another registered professional can sign off against the entire period of updating.

We propose that this will allow greater flexibility for health professionals returning to practice. In particular, we suggest that a health professional from a rural or remote area who wanted to complete supervised practice could then travel to stay with friends or family while they were practising under supervision, get this period signed off by their

supervisor, then go back home in order to complete their period of updating their skills, and get all of the information signed off by another person from the relevant part of the Register.

The health professional who signs off the entire period of updating skills does not need to physically supervise every day of that period, particularly those times that the health professional spends in private or formal study. But they do need to take reasonable steps to assure themselves that the health professional has indeed undertaken the activities that they say they have.

They may wish to see a certificate or similar evidence from formal study, to contact the supervisor from the period of supervised practice (if applicable) or to see notes or other evidence from private study to assure themselves of this before they sign off to verify that the person has undertaken these activities.

The registered health professional who signs off the updating period is not certifying that the person is fit to practise but simply that the requisite updating period has taken place. It would be unreasonable for us to expect another practitioner on the basis of a limited period of supervision, to certify that a person is fit to practise the full scope of their profession and we do not propose to do so. For that reason the person signing off should not have to assess the activities or learning activities undertaken, or whether the returner meets our standards. Those matters are the responsibility of the returner.

We believe that this approach to verification strikes an appropriate balance between:

- our need to ensure that the information provided is correct;
- the need to set up systems which are simple and cost-effective; and
- the need to set up processes which help health professionals to return to work, and do not discourage their return to practice.

We would also remind registrants that any information provided to us must be correct to the best of the health professional's knowledge. If we became aware that information provided to us was false, then this would bring the health professional's conduct into question. This could result in registration being refused, a fitness to practise allegation being made against them or a criminal prosecution

Question 9

What are your views on our proposals for verifying the information provided by returners to practice? Do you think that we should verify the information in any other way?

Renewing registration

In order to make our system fair and consistent we propose that the returners' requirements should apply:

- to those seeking readmission to the Register; and
- to health professionals who are renewing their registration but have not practised since their last renewal.

At the time registration is renewed, health professionals are required to make a declaration that they have continued to practise their profession, or that they have met any additional requirements which apply to them. As renewal takes place on a two yearly cycle, we propose that a person who cannot make that declaration because they have not practised during the registration cycle that is coming to an end, should have to meet the returners' requirements in order to renew their registration.

For this purpose it should be noted that practice is not limited to UK practice and a person who has been practising abroad would not be required to undertake an updating period .

Question 10

Do you agree with our proposal to make these requirements apply to health professionals who are renewing as well as those applying for readmission?

This would mean that during the renewal period, a health professional who had not practised at all since their last renewal would need to complete an updating period and submit the evidence of this, with their signed renewal form and their registration fees, in order to remain registered.

If they could not complete the required period of updating their skills before their registration renewal deadline, we propose that their registration would not be renewed. They could then complete the required period if they wished to, and apply for readmission to the Register.

(NB: we do recognise that in order for this process to operate fairly, giving registrants an adequate chance to remain on the Register if they wish to, we will need to give registrants good notice of this new system so that they can undertake their period of updating their skills before their renewal deadline date. Please see the section on our proposed timescale for the implementation of this policy, on page 18.)

We therefore propose that in order to renew their registration, registrants will need either:

- to have practised their profession during the preceding two years (ie: during the registration cycle which is coming to an end); or

- to complete a period of updating their skills, the length of which will depend on how long it is since the registrant last practised.

Normally, those registrants who complete a period of updating their skills will be those registrants who have not practised during the previous registration cycle, but who plan to return to practice at some point during the coming registration cycle.

Health professionals who come onto the Register part-way through their registration cycle

We propose that our requirements for renewing registration should not apply to registrants who come onto the Register part-way through a registration cycle, whether they are first time applicants, or have just applied for readmission.

We believe that people who have applied for readmission to the Register will already have had to meet our readmission requirements as part of their application, and it could be unfair to require them to undertake an updating period again.

We also believe that first time applicants to the Register will either have recently completed their course, or (if they have a qualification that is more than five years old) will have needed to complete a period of updating with their application for registration.

Example

A graduate applies for registration and become registered in August, after her course has finished. Her profession is due to renew in September, and her job does not start until November. When she renews her registration, she does not need to complete an updating period.

Example

A health professional applies for readmission to the Register in January after a break in practice. Before she applies for readmission, she needs to do a period of updating her skills. She is still job-hunting when she renews her registration in May, so has not practised since she came onto the Register. However, because she has come onto the Register part-way through her registration cycle, she is not required to complete an additional period of updating her skills before she can renew.

The renewal form says ‘I have continued to practice my profession *since my last renewal*’, which is a further reason why it should not apply to those people who come onto the Register part-way through a registration cycle, since they were not registered when their profession last renewed.

Question 11

Do you agree with our proposals not to apply our return to practice requirements to people who come onto the Register part-way through a registration cycle?

Coming off the Register

The purpose of registration with the Council is to protect the public and those who are on the Register should normally be in practice, or should intend to return to practice during their next registration period. Health professionals who are out of practice for a longer period than two years should normally come off the Register, and apply for readmission if they wish to return to practice.

We recognise that registrants who are out of practice may wish to remain registered, but we believe that a minority of registrants may remain on the Register as a way of avoiding the need to undertake 'return to practice' arrangements, or because they wish to keep up to date with their profession.

Because we propose that our return to practice requirements should apply to people who are registered, and people who are applying for readmission, we believe that if our proposals are implemented, remaining registered will no longer be a way to avoid complying with return to practice requirements.

We also believe that registrants who wish to remain registered in order to keep in touch with their profession have the option of retaining their membership of their professional body, but should remove themselves from the HPC Register. Membership of their professional body may allow the health professional to continue receiving a journal, to attend any relevant events, and continue their involvement in any committees or other groups that are relevant. HPC registration allows the health professional to use the protected title for their profession, and we therefore believe that it is not needed when a health professional is out of practice for a continued period of time.

Under our proposals, it *would* be possible for a registrant to remain on the register whilst out of practice for a sustained period by completing a period of updating their skills every time they renewed their registration. However, we propose to encourage registrants who are in that situation to allow their registration to lapse if they are out of practice for more than two years, in order to promote better understanding of the purpose of the Register, and also so that the Register becomes a more accurate reflection of the professionals who are actually in practice.

Question 12

Do you agree with our proposal to encourage health professionals that are not practising to come off the Register?

What is the definition of ‘practising my profession’?

For the majority of registrants, the question of whether they are practising their profession is a simple one.

Most health professionals are required to remain registered because:

- they are using a protected title;
- they are practising their profession in the NHS or in a local authority¹; or
- their employer requires them to be registered as part of the requirements for the job.

However, for other registrants, the question of whether they need to remain registered, or can remain registered, is not as straightforward.

We have received a number of enquiries from health professionals who are concerned that their practice may not ‘count’ as ‘practising their profession’. The largest number of these enquiries were from health professionals working in education, management or research.

The Health Professions Order does not define what constitutes practice. However, as the Order provides that health professionals engaged in teaching, management or research are eligible to stand for election as a registrant member of Council, it is clear that practice is intended to be given a broad meaning and, for that reason, we state on renewal forms, and on our website, that ‘practice’ includes teaching, management or research (Schedule 1 of the Health Professions Order, Part 2, 2a, (iv)).

However, we have also received a number of enquiries from people who work on a voluntary basis, or do occasional part-time work, or who have moved into a role that is related to their profession, but not directly part of it.

We do not want to exclude people from the Register who work in these kinds of newer roles, or people who are using their professional skills in some capacity, but are worried that they will not be considered to be ‘practising their profession’ in a traditional, direct way. We also believe that in many cases the person best placed to decide whether someone is practising their profession will be the health professional themselves, rather than anyone from the HPC, who may not have the direct personal experience of that person’s scope of practice and their work.

We therefore propose that for the purposes of registration with the Council, in order to decide whether they are practising their profession, a health professional will need to make a personal, professional decision as to whether they are **drawing on their professional skills and / or knowledge in the course of their work.**

¹ Health Service Circular LAC (2003)19: Employment of health professionals by NHS Trusts, Primary Care Trusts and Local Authorities
This is available on the Department of Health website.

This will not supersede the requirements laid out above for those people who legally have to remain registered, but we believe that this definition will provide further information for people renewing their profession.

Example 1

A registered art therapist is taking a break from practice. During this break in practice, she is writing a book on art therapy, and running occasional training courses. For professional purposes, she wishes to continue to use the title 'art therapist'. When she renews her registration, she considers that she is still using her professional skills and knowledge for her research, and in running her training, so she ticks that she has 'practised her profession since her last registration' and renews her registration as normal.

Example 2

A registered occupational therapist has been seconded to a role looking at therapy provision across several NHS Trusts. The job advert required a registered occupational therapist, speech and language therapist, or physiotherapist. Although she is not practising, she is looking at the provision of services, liaising with managers, researching other ways of working across the UK. She considers that because her registration was required for the post, and because her experience of practising occupational therapy is extremely relevant and useful in her post, that she is using her skills, and therefore has 'practised her profession since her last registration' and therefore signs the form and renews her registration as normal.

We believe that dictating a more rigid definition of 'practising your profession' than this will inhibit individuals from remaining registered, and would potentially prevent the creation of new roles working across different fields. We believe that our proposals are sufficiently flexible in order to allow people to remain registered if it was relevant, which is beneficial for public protection.

Question 13

Do you agree with our proposed definition of 'practising your profession' for the purposes of registration? Can we add anything to make it clearer?

No minimum amount of practice

The Health professions Order does not permit us to specify how many hours or days that a health professional needs to practise within their two year registration cycle in order to renew their registration. Even if we did have that power, we believe that to set a minimum amount of practice that needs to be undertaken would run contrary to the spirit of professional self-regulation. We believe that health professionals themselves are the best people to decide whether they need to renew their registration, whether they need to update their skills, or when it is appropriate for them to come off the Register. We would be concerned that a system which dictated a minimum number of hours or days practice would not take sufficient account of increasingly flexible career pathways, and would

disadvantage those who wished to work part-time, without being justified in terms of public protection.

We do recognise that this could be open to abuse but every registered health professional has a responsibility to remain within their scope of practice, to keep up to date with their skills, and to ensure that they meet the HPC's Standards whenever they practice. Our return to practice requirements do not replace this responsibility. If any health professional practises outside their scope of practice or is incompetent, then we can take action against them which may include striking them off the Register.

Historic qualifications

We also propose that these requirements should apply to people who first apply to be registered on the basis of an approved qualification which was obtained more than five years ago and who have not practised at all since obtaining that qualification.

(Please note this requirement only applies to health professionals who hold a UK qualification obtained more than five years ago but have never been registered with either HPC or CPSM (or practised outside of the UK) and are applying to be registered for the first time.)

The legal basis

The Health Professions Order says that the Council may make additional requirements of a person applying to be registered whose qualification was awarded more than five years ago. (Article 9(2)(a)(i))

Our proposals

We propose to use the return to practice requirements for health professionals applying for registration for the first time, whose qualification was awarded more than five years ago. We recognise that not all health professionals will complete their education and then move immediately into employment, and we want to set up a process which:

- recognises that these people have completed an approved course, and so have in the past gained the professional skills necessary in order to register; and
- ensures that the skills of the people who we register are up to date, in order to protect the public.

We therefore propose that if you:

- apply for registration for the first time; AND
- your qualification was awarded more than five years ago; AND
- you have not practised in that time, (or you have practised outside the UK, but then ceased practice for more than two years),

then our return to practice requirements should apply to you.

Question 14

Do you agree that our returners to practice requirements should also apply to applicants with qualifications that are more than 5 years old?

Practice outside the UK

We recognise that some health professionals may spend time practising their profession outside the UK. During this time, they may not be registered with us, but registered by another regulator or practising in a jurisdiction where there is no system of mandatory registration

The requirements in this document will only apply when someone has been out of practice for more than the requisite period and not simply because they have been off the HPC Register for that period. The returners' provisions will therefore not apply to a person who can provide evidence that they have been practising abroad, unless they have since ceased practising for more than two years.

Example

A radiographer who completed a UK approved course in 1998 went to Australia in 1999 and has practised there ever since. If she applies for registration with us, she does not need to complete an updating period because she can show that she has been in practice.

Example

The same radiographer practised in Australia for two years, then began a career break in 2000. She then applied for registration with us in 2005. She would need to complete an update period, because she would have been out of practice for more than two years.

We propose that people who fall into this category should provide us with information about where they have been practising, including:

- the name of the organisation where they worked;
- the address;
- the name of their manager;
- their manager's contact details; and
- the period during which they practised there
- details of their registration in that jurisdiction

Question 14

Do you agree that our returners to practice requirements should not apply to people who have been practising outside the UK?

Our previous policy

We previously asked people who had been out of practice for two years or more to complete a period of supervised practice of thirty or sixty days, depending on how long they had been out of practice.

This policy was generally received positively, and seemed to work well, but it did raise a number of common queries, which included questions like:

- Where can I get a period of supervised practice?
- Why do I have to complete this period when, if I had remained registered, I would not need to do anything in order to return to practice?
- Are there more detailed guidelines for supervisors?
- I plan to work in education – do I need to do clinical supervised practice or not?
- Can I complete this period part-time?

We recognise that supervised practice may not be convenient or possible for some registrants, and we do not wish to exclude these people from the Register if they can update their skills, which is why we have designed this policy to be more flexible.

Return to practice and CPD

We held a consultation in 2004 on how we proposed to link evidence of continuing professional development (CPD) with re-registration. At the time of this document being produced, that consultation is now closed, and we are analysing the responses.

However, during the CPD consultation, many questions were raised about returners to practice, particularly from people who were registered, but out of practice.

We propose that if a registrant renews their registration, but has not practised during their registration cycle, then their period of updating their skills can, if they wish, also form part or all of their CPD activities. The registrant would need to make a decision themselves about whether their return to practice activities met the CPD standards, but we would not restrict them from using the same activities, if they wished, and if they could demonstrate, if audited, how these activities met the standards.

Subject to the results of this consultation, we will give further information about this interaction between returning to practice and CPD when we publish our decisions on how the CPD process will work.

Our proposed timescale for implementation

2005	June	Consultation
	July	Consultation
	August	Consultation
	September	Consultation ends 7 th September Analysis of responses
	October	Results of consultation taken to 5 th October Council meeting. If agreed: publish responses and key decisions Post information on website re: new requirements.
	November	Communicate new requirements to registrants.
	December	Registration team deal with any queries that arise from mailing. We prepare guidance notes and forms for new process.
2006	January	New requirements are implemented. Applications for readmission to the Register and applications to be registered with historic qualifications are processed under the new requirements from this date.
2006	May	Physiotherapists are the first profession to renew registration under the new requirements.

When a profession renews its registration, we send out renewal notices well in advance of the renewal deadline, in order to allow time for registrants to sign and return their form, and to pay their registration fees. Thus, although the Radiographers' renewal deadline is 1st March, we will actually send out the renewal notices in 2005, which under our proposed timetable would be before the requirements had become effective. Radiographers would therefore receive renewal forms which did not take account of the new process.

We believe that this would not allow adequate time for any radiographers who had been out of practice and wished to renew their registration in order to return to practice, to complete their period of updating their skills. We also believe that changing our requirements in the middle of their registration cycle could cause confusion, and we do not want some radiographers to be subject to the new requirements, and others not to. We therefore propose that the first profession to which these requirements will apply will be the physiotherapists.

We believe that in order to implement these proposals successfully, we must allow adequate time to inform registrants, and for registrants with queries to contact us.

Question

Do you agree that we should implement our proposals in January 2006?

From now until January 2006

Any registrant who has not practised since their last renewal, who wishes to renew their registration or who wishes to apply for readmission, can do so if they are able to sign the legally binding declaration which states that they 'continue to meet the HPC's Standards of Proficiency'.

In order to do this, health professionals may wish to undertake a period of updating their skills. We anticipate that most health professionals will want to do this, perhaps in conjunction with their new employers. But until our new requirements come into force, there will be no requirement to do so in order to renew registration or apply for readmission, and health professionals will not have to provide us with information about the activities they have undertaken to update their skills.

A summary of our questions

This section contains a summary of all the questions we have asked throughout the document.

Question 1

What are your views on these periods of time out of practice, and on the periods of time that health professionals will need to spend updating skills?

Question 2

What are your views on our proposal that health professionals can make up their required period by any combination of supervised practice and/or formal study and/or private study?

Question 3

What are your views on the activities that we suggest should make up the period of updating skills? Do you think we should include anything else?

Question 4

What are your views on our proposals for supervised practice? What further information do you think we should provide?

Question 5

What are your views on our proposed approach to formal study?

Question 5a

Do you agree with our proposal not to approve return to practice courses?

Question 6

What are your views on our proposed approach to private study?

Question 7

Do you agree with our proposal not to set a time period during which these activities must be completed?

Question 8

Do you agree with our proposals on the information that returners to practice should provide? Is there any further information that we should ask for?

Question 9

What are your views on our proposals for verifying the information provided by returners to practice? Do you think that we should verify the information in any other way?

Question 10

Do you agree with our proposal to make these requirements apply to health professionals who are renewing as well as those applying for readmission?

Question 11

Do you agree with our proposals not to apply our return to practice requirements to people who come onto the Register part-way through a registration cycle?

Question 12

Do you agree with our proposal to encourage health professionals that are not practising to come off the Register?

Question 13

Do you agree with our proposed definition of 'practising your profession' for the purposes of registration? Can we add anything to make it clearer?

Question 14

Do you agree that our returners to practice requirements should also apply to applicants with qualifications that are more than 5 years old?

Question 15

Do you agree that our returners to practice requirements should not apply to people who have been practising, but outside the UK?

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