Enclosure 8/HPC8/06

Health Professions Council
1 March 2006
RETURNERS TO PRACTICE

Executive Summary and Recommendations

Introduction

The Council consulted on proposals for a new returners to practice process from 1st July – 9th September 2005. Responses received during that consultation have been analysed, and a draft decisions document is attached to this paper.

This document has been considered by the Education and Training committee, who agreed it with minor changes, and have recommended that the Council take the decision outlined below.

Decision

The Council is asked to agree:

- the text of the attached responses and decisions document;
- to publish this document on the HPC website; and
- to implement the recommendations in July 2006.

Background information

The original consultation document can be downloaded from the HPC website here:
http://www.hpc-uk.org/publications/consultations/index.asp?id=74

Resource implications

Training of registration officers, preparation of forms, and of materials for returners.

Financial implications

The addition of capacity within the 'Lisa' registration system to hold information about returners.

Background papers

None.

Appendices

'Returners to practice, your responses and our decisions'.

Date of paper

16th February 2005

Returning to Practice
Your responses to the consultation, and our decisions

1.

Introduction

(a) The consultation

We consulted on our proposals for a new return to practise process from 1st July 2005 until 9th September 2005. We published a document with our proposals, and 17 prompt questions, designed to help respondents to structure their answers, and to enable us to judge reactions to our proposals.

You can download our original consultation document from our website:
www.hpc-uk.org

When we had received all of the responses, we analysed them in order to assess the overall responses to the questions, and also in order to draw out key themes.

We received 49 responses to our consultation from organisations, and 17 responses from individuals.

(b) This document

In this document, we first go through some of the topics that we were given in responses which did not deal with individual questions. We then tackle the legal background and the context to our responses.

The rest of the document then deals with each consultation question one by one, giving a summary of responses, our comments (if applicable), and the decisions that we have taken as a result.

At the end of the document, we have reproduced separately all of the decisions that we have taken, and included a list of all those who responded to the consultation.

(c) Other regulators' processes

As part of this consultation process, we have also investigated the approach taken by other regulators to the issue of returners to practice. We found considerable variation across the health regulators:

The General Medical Council has no requirements for returners to practice. The Royal Pharmaceutical Society of Great Britain also currently has no requirements, although they plan to bring in new requirements in 2006. The Nursing and Midwifery Council approves 'return to practice' courses, which returners must complete in order to be re-registered. The General Dental Council's requirements for returners are linked to their CPD requirements, which work on a 5 year cycle. This means that returning dentists must do a certain number of hours of CPD in order to re-register, and the number of hours they must do is linked to where in their 5 year CPD cycle they wish to return, not to the amount of time out of practice.

2. Your responses

(a) Key themes

Most of the responses we received to the consultation tackled the questions that we suggested, one by one. We have therefore presented our summary of the responses in this format. However, in addition, we received some responses which made additional comments on other topics or suggestions, and some responses which gave an 'overview' response to the consultation. We have therefore begun by summarising these responses, and the themes raised, before moving on to answers to our questions.

'The onus of retraining must not fall on the laboratory'

Comments were made about the impact of our proposals on employers, with requests for more information about the responsibility of an employer, and our responsibility as the regulator. The National Blood Service wondered if our proposals would be a disincentive to employers to take on returners to practice, because the first month of employment would be spent training.

We also received a number of responses which agreed with all of our proposals. The Parliamentary and Health Service Ombudsman said, 'I shall close by repeating my welcome for the general approach outlined in your document,' the Society of Chiropodists and Podiatrists said, 'The Society is happy to endorse the new policy, which we believe is far more practical and flexible than the previous arrangement,' and the Welsh Scientific Advisory Committee said, 'We feel that the proposals contained in both documents are very reasonable and we are happy to endorse them as they stand. Indeed, we are encouraged by the well-balanced approach that the Health Professions Council have taken as regards these issues.'

Unison said, 'there are nine registration bodies in healthcare ... and one in social care, all of whom act independently of each other and have differing standards and processes. It would assist staff to have multiple registrations and to move across professional boundaries in their careers if standards of conduct, CPD and processes were common across registration bodies.' Unison also asked if our proposals would apply to individuals who have been struck off the Register after a fitness to practise hearing, and wish to be re-registered.

Many of the comments we received mentioned the role of the professional bodies, with respondents suggesting that they could become involved in creating more guidance / frameworks for updating, or approving courses. The College of Occupational Therapists noted, 'the absence of any proposals for partnership working with professional organisations'.

Some respondents referred us to existing schemes for returners, including a response from an individual working on the development of a flexible, work-based, distance learning programme for returning therapy radiographers, an individual commenting on an Employment Career Break Schemes which they said should contribute towards the required number of updating days, and the Chartered Society of Physiotherapy who referred us to the CSP curriculum framework for return to practice.

The majority of the more 'general' comments we received were about the status (employment, legal, registration, otherwise) of a returner who is completing a period of supervised practice. Some respondents suggested should have some form of 'temporary' 'transitional' registration for returners, others asked for clarification on the professional title that returners should use. The British Association of Counselling and Psychotherapy asked how an unregistered person could practise without breaking the law, and the British Paramedic Association asked whether people should apply for registration before or after their updating period.

'Liability issues for both the supervisor and employer if the registrant is not part of the HPC register – under a special category – may prove a barrier in respect of the supervisors liability and the employer's vicarious liability'

The Royal College of Speech and Language Therapists suggested that we should pursue with the Department of Health the use of temporary grades for professionals returning to practice. Other comments were made where respondents felt it was inappropriate for returners to be employed as assistant practitioners, and around issues of insurance and pay.

3. The context to our responses

(a) The legal framework

Article 19(3) of the Health Professions Order 2001 (the 2001 Order) allows us to, "require persons who have not practised for or during a prescribed period to undertake such education or training or to gain such experience as it shall specify *in standards*…" (emphasis added).

The inclusion of the phrase "in standards" means that we cannot carry out individual assessments of returners' requirements. The standards can make different provision for different classes of returner. However, they must do so on an objective and non-discriminatory basis, so that a person who, for example, has been out of practice for a certain number of years can identify what is required of him or her from those standards and without the need for any form of individual assessment.

Also, while the 2001 Order allows us to make requirements for "additional education, training or experience" on those returning to practice, it does not regard those health professionals who have been out of practice for an extended period as if they no longer hold an approved qualification. It is therefore important for us to ensure that any requirements we make are reasonable, proportionate and do not amount, in effect, to a requirement to complete another approved course.

(b) The role of employers

We also feel that it is important to stress the role that any employer would have in employing a health professional who was returning to practice. Our requirements are complementary to those that any employer would make, and they do not replace the processes that an employer would go through in order to employ a returner.
Being registered with us does not guarantee that a registrant can work in any environment where registrants practise: it means that the registrant meets our threshold standards for their profession. Any employer who wants to employ a registrant will need to set their own requirements in terms of knowledge, skills, qualifications and experience for that particular post, and will assess applicants for the post in order to ensure that a suitable appointment is made. We expect that an induction process would follow, and for a returner in particular that the employer would wish to put in place a process of support for that person while they become familiar with practice again.

Our requirements do not replace these processes, but any requirements we make may sit alongside these. We realise that not all registrants have employers, and some in particular are self-employed. We also realise that not all registrants work in the NHS, which is why we make our own requirements rather than relying entirely on local induction or support methods.

(c) Taking proportionate action

Certain responses we received to the consultation seemed to suggest that there was a significant risk to the public from returners to practice who had been out of the profession for a period, and who would try to practise in areas where their skills and knowledge were not at the level required.

We have been running our fitness to practise processes since July 2003, and in that time we have not become aware of any competence allegations against returners to practice who have

failed to update adequately. We do not have any evidence that registrants returning to practise are unwilling to update their skills and knowledge, or that returners are practising outside their scope without sufficient updating to ensure that they are safe. We do know that there are issues around returners to practice which need attention, including funding, and ways of supporting returners. These kinds of issues do not fall within our remit, and are therefore best approached by other organisations.

We believe that as a statutory regulator, funded by registrants' fees, it is vital that any action we take is entirely proportionate to the risk posed to the public. We therefore believe that we should set out clear, threshold requirements which allow returners, professional bodies and employers to work together to develop more detailed programmes of updating, which reflect the individual needs of the professions, work settings, and professionals.

(d) Reviewing our requirements

As a public organisation, we believe it is essential that we keep our processes and standards under review to ensure that they are necessary, proportionate, and that they fulfil our aim of protecting the public. We will therefore keep our returners to practise process under regular review, and will consider whether it needs to change to reflect a need to protect the public, availability of other methods of updating, or changes in good practice.

4. Answers to our questions

(i) 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 their skills and knowledge?

Opinion was split in response to this question, between those who felt that it was appropriate to specify a time for updating skills, and those who disagreed with the premise of the question, and felt some other measure was more appropriate.

Some respondents suggested that we should measure the time period in hours not days, and several others had detailed suggestions on how we could alter the time periods, including suggestions for a gradual increase in our requirements rather than what some perceived to be a steep rise from 30 to 60 days.

Some respondents felt that more time updating was required, in particular the Association of Operating Department Practitioners (AODP), who encouraged us to balance the encouragement of returners to practice with public protection. Other respondents felt that the time periods suggested were too long, including the Royal College of Speech and Language Therapy which said that if we did have a prescribed period, we should require 100 hours updating for those out of practice for between 2 and 5 years, and 150 hours updating for those out of practice for more than 5 years.

Other respondents were concerned at our suggestion that there should be no requirement for people who are out of practice for less than 2 years. Operating Department Practitioners (from the AODP and Unison) felt that updating was needed after less than 2 years. The Association of Clinical Biochemists suggested a period of 7 – 14 days orientation following a 0 – 2 year break, and the British Psychological Society suggested that we should make requirements of anyone who is out of practice for longer than one year.

The Royal College of Speech and Language Therapists suggested that we should publish an ‘indicative period’, and the Society and College of Radiographers felt that there should be no prescribed period. Other respondents felt we should stress that these periods are only ‘minimum’ and that some health professionals may want to update after a shorter period, and that further updating should be encouraged if needed.

However, overall, of those who agreed with specifying a time period, there was general agreement with the timescales. The British Association of Play Therapists thought that our proposals for 30 or 60 days were ‘fair and reasonable’.

In addition to the comments made on the updating period we suggested, there were a number of responses suggesting a different approach. Several respondents believed that case should be considered individually, rather than a standard approach, 'The specification of 30 and 60 days will be too much for some and not enough for others,' said one response.

'Just as the HPC does not regulate the number of hours required to maintain practice, why should the number of hours spent training be the key component?'

The Chartered Society of Physiotherapy, the College of Occupational Therapy, NHS Lothian, the Royal College of General Practitioners, the Royal College of Speech and Language Therapy, and the Royal Pharmaceutical Society of Great Britain (RPSGB) all believed that we should not specify a number of days' updating, but should instead consider the outputs / competencies / learning outcomes required in order for someone to be fit to practise. The RPSGB said '…the important thing is not the time spent updating skills and knowledge, but rather …the presence of measurable outputs to demonstrate that skills and knowledge and in fact been updated.'

Several respondents also commented that the need for updating will depend on the individual's time in practice or seniority before the break.

Our comments

As explained above, the 2001 Order does not give us the power to assess applicants for readmission individually, or to set individual requirements for returners. We can make requirements for different categories of returner (eg: those out of practice for different periods of time) but we cannot look at an individual's time in practice, for example, or their previous expertise, or the area of practice to which they intend to return.
We have therefore made the decision that the periods of time out of practice, and the periods of time spent updating, will remain as we originally proposed:

We will emphasise in our information for returners that these periods are minimum requirements, and that they may do more updating if it is necessary, and we will explain the relationship between our minimum updating period, and any employer's process of induction and/or support. We expect that in certain professions, employers will make additional requirements which are in addition to these below.

Decision

Health professionals who have been out of practice will be required to complete a period of updating before they can come back onto the Register. They should complete this period before they apply for 'readmission'. The periods required are as follows:

0 – 2 years out of practice : no requirements
2 – 5 years out of practice: 30 days updating
5 or more years out of practice: 60 days updating.

(ii) Question 2

Do you think that we should set additional requirements for people who have been out of practice for longer than five years? For example, a requirement for people who have been out of practice for longer than ten years, or longer than fifteen years?

Overall, the majority of respondents did agree that there should be some extra requirement, but there was a considerable range of suggestions as to what the extra requirements should be, from complete re-training, to the suggestion of assessment by the professional body, to a response from allied health professionals and healthcare scientists of Oxford Radcliffe Hospitals which said there should be no additional requirement since, 'out of date is out of date whatever the length of time'.

'In my experience of running returners courses the two critical factors are the motivation of the returner and the quality of the supervision they receive, so the length of time out is not the most important issue and may exclude returners from practice'

There were concerns from the Royal College of Speech and Language Therapists, and from the Society and College of Radiographers that additional requirements would deter health professionals from returning to practice.

'All professions radically change in each ten year period', Society of Sports Therapists

There were also suggestions that instead of an increased period of time, we should have more definite requirements as to what form the updating should take, for example specifying a period of supervised practice, or formal education, or an approved course for those out of practice for a longer period.

Several respondents emphasised the role of the employer in assuring that those out of practice for more than 5 years was able to undertake their new role, with suggestions received for a further review or continuing training in the second year of employment.

Our comments

We agree that, in the case of those returners who have been out of practice for more than 5 years, employers will probably wish to take a more active role in supporting these individuals' updating, and offering further review and training.

We are not able to require that health professionals should re-train and complete the equivalent of another approved course, and in any case we feel that to require this would be disproportionate to the updating that these individuals require. Since we are reintroducing return to practice requirements, and we currently make no formal requirements at all, we feel that with this group it is best not to require any additional updating, but to keep this under review.

Decision

There will be no additional requirements for those out of practice for a longer period of time then five years. These returners will need to complete 60 days' updating.

(iii) Question 3

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

We received some responses that were supportive of our proposals for a period of updating, with respondents particularly welcoming the flexibility of our proposals.

However, this flexibility was also the subject of some comments and concern from a number of respondents. We received responses which said that a mix of all three activities should be required. Two primary care trusts, for example, said that a mix of activities should be required, and that the updating period should not consist of just one activity.

Some respondents felt that the responsibility for structuring the period should not rest with the health professional. The allied health professionals and healthcare scientists at Oxford Radcliffe Hospitals NHS Trust said, 'Allowing health professionals to make up their minds on this issue means that employers cannot feel confident in their fitness to practice.' Other respondents also felt that the period should be structured to reflect the learning needs of the individual, and that the returner would need guidance (or mentoring) in order to do this. The Association for Perioperative Practice said, "if a practitioner has been out of practice for a period of time, particularly if this is a long timeframe, are they in a position to fully assess and identify their learning needs or will they need assistance?"

'Professional bodies could provide guidelines of what should be classed as appropriate updating for their own range of professional practice'

Our suggestion of supervised practice provoked a range of views. Most of these were from those who felt that it was essential for returners to include at least an element of supervised practice in their updating. However, we did also receive a limited number of responses from those who shared their experience of finding it difficult to obtain supervised practice, or difficult to fit supervised practice into an already busy work environment.

On the topic of private study, several respondents said that they strongly felt private study alone was not sufficient for an updating period. Respondents had concerns about how private study could be relevant, and how it would be assessed or verified.

'difficult to verify in practice, and open to abuse'

Respondents had concerns about the resources available, and how these would be identified by the returner, and the relevance of private study to many of the professions on our Register. The Association of Operating Department Practitioners said that our process should include different requirements for different professions.

Several respondents also said that there should be an official assessment of each returner's competencies after they have completed their updating period.

Our comments
Regarding private study, we do not think that we should remove the option of private study entirely, since this was positively received by some respondents, who welcomed the flexibility it offered. But in light of the concerns received, we believe we should amend our original proposal so that private study can only make up half of the updating period. This, in effect, means it must be combined with supervised practice, or with formal study, as the individual feels is appropriate.

We will also suggest in our information for returners that they may want to seek advice in structuring their updating period, and that they can consult their professional body for more information. Although we received some useful specific ideas on how individuals could structure their updating period, these often related to one profession, or to one employer (often the NHS) or to one particular practice environment. We believe that our requirements should allow registrants from all professions, who intend to practise in any environment, to structure a period that will be useful and relevant to them. We also believe that keeping our requirements flexible will allow other organisations (professional bodies, employers, workforce development confederations, or any other relevant stakeholder) to develop more detailed programmes of updating for individuals that will meet our requirements as well as meeting the more specific requirements of particular groups.

Registration means that the health professional is responsible for their practice, for ensuring that they meet our standards, and for remaining within their scope of practice. Under our CPD standards, health professionals are responsible for identifying and carrying out the CPD which they believe will develop their practice. We therefore believe that it is consistent to introduce a system where the overall responsibility for structuring a period of updating lies with the returner to work.

Decision
Individuals who wish to return to work can structure their updating period to include the following activities:

- supervised practice;
- formal study; or
- private study.

Individuals can structure their updating period however they wish, with the requirement that private study should make up no more than *half* the updating period.

(iv) Question 4

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

We received a number of other suggestions of activities that could be included in an updating period, including conference attendance, volunteer work, committee work, professional networks, CPD workshops or events run by professional bodies (the British Association of Dramatherapists felt that at least one professional body event should be mandatory), simulations and workshadowing.

We received a suggestion that updating should include, 'basic revision and technological advances. This should also encompass governance changes within the NHS such as new policies relating to delivery of care, patient rights, confidentiality, freedom of information, clinical governance and changes in legislation both national and European.' (The British and Irish Orthoptic Society, the Advisory Committee for the Allied Health Professions, and the Southern Health and Social Services Board.)

Some respondents felt that returners should be required to keep a record of their updating, in a portfolio. The Faculty of Health and Wellbeing at Sheffield Hallam University said that there should be guidance referring returners to our Standards of Proficiency. Other responses felt that there should be an assessment of competence at the end of the updating period.

'Where some form of practical demonstration of competency already exists as part of the normal standard for a profession then this should be written into the return to practice requirement' – *Unison*

Play Therapy UK said that returners should check with professional body regarding 'any major new developments that have taken place during the non-practice period such as pharmacological or new therapies and undertaking training.'

Comments

We believe that most of the suggestions we have received for activities could be included in a period of supervised practice, private study, or formal study. For example, a return to practice course could include revision of technological changes, or changes to NHS policies.

Returners to practice may wish to keep a record of their updating, particularly if they feel that the activities may be relevant to their CPD activity, but we will not require them to, since we have no legal power to request that portfolio, and then to assess it.

Decision

The activities which can be included in a period of updating are:

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

(v) Question 5

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

The proposals for supervised practice provoked a large number of responses, with a great diversity of opinion about how supervised practice should be approached.

Those responses that were supportive of our proposals included, to name a few, responses from the Community Health Council, Eastern Birmingham Primary Care Trust, and several individuals who responded to the consultation. The Society of Sports Therapists said that our proposals were 'well thought out', but added that the supervised practice must be in the area to which the individual wishes to return.

One of the main topics on which respondents gave feedback was the experience or expertise required of the supervisor. The Association of Operating Department Practitioners pointed out that, since ODPs only joined the HPC Register on 18th October 2004, it would not be possible for any ODP supervisor to have been registered for 3 years. Other professional bodies asked on what basis we had suggested a requirement for 3 years' registration.

Other organisations also believed that there should be a training requirement for supervisors, with guidance on acceptable qualifications. Suggestions for acceptable qualifications for supervisors ranged from 5 years' experience, a qualification for supervising students, NHS grade 7, or someone who is specifically approved by the professional body to undertake the role.

NHs Lothian Workforce & Organisational Development said, 'it may not be appropriate that a supervisor of 3 years practice experience … [can supervise] someone who has been out of practice in the higher limits. .. On the other hand, we may be restricting ourselves in terms of availability of supervisors if we impose supervisor specification. Knowledgeable, safe and effective practice is perhaps far more important to the returnee then the length of time a supervisor has been qualified.'

Several respondents also queried what the supervisor should do if they do not feel that the returner is fit to practise, and others raised questions about the role of the supervisor in signing off the updating period, and what exactly was being confirmed by the supervisor to HPC.

'Supervised practice is essential and the challenge remains opportunities for returners to find these placements. Time needs to be spent addressing this issue. I agree with your proposal to allow local negotiation of learning needs.' *– North Central London Strategic Health Authority*

Access to supervised practice was a concern, with several respondents expressing their fear that it would be hard for departments to provide this. NHS Lothian Workforce & Organisational Development said that 'access to supervision must be a planned and coordinated process' and 'stakeholder partnership is fundamental.' Another respondent said that formal appointments of Training Officers in laboratories would be required in order to make this work.

Responses concerning the content of supervised practice emphasised the important of negotiation between the returner and the supervisor to identify areas which should be covered. The Insitute of Physics and Engineering in Medicine said, 'Nature and scope of period [should] be agreed between health professional and supervisor in a formal development plan.'

Other responses asked for more information for the supervisor on what constitutes supervised practice, and Play Therapy UK said that they did 'not believe that the applicant should undertake supervised practice until the supervisor has assured themselves that the applicant is fit to practice, which may require prior re-training.'

Comments

The responses above illustrate a great divergence of opinion concerning supervised practice, and we do not believe that it is possible to make a decision which will end the discussion around this topic. However, we do feel that it is vital in terms of flexibility that we do not introduce requirements for the qualifications needed by a supervisor which would effectively make it impossible for some individuals to return to the Register.

In particular, not all of our registrants work in the NHS, so we do not feel that we could fairly require a specific NHS grade. Likewise, not all of our registrants are a member of their professional body, so it could be unfair to require that a supervisor must be approved by the professional body for that purpose.

We believe that requiring the supervisor to have been registered for three years will strike a balance between requiring some experience in the profession from the supervisor, and setting other requirements which would further inhibit the availability of supervisors, particularly in the smaller professions. However, it would obviously not be possible to require this from ODPs, and we therefore believe that we should ask a supervising ODP to sign to confirm that they have three years in practice.

We will keep this requirement under review, and if it appears that it needs to be changed, then we will look at this again.

We sympathised with those respondents who had difficulty in locating a period of supervised practice, and also with those who felt that a co-ordinated approach was needed. We believe that our requirements are sufficiently flexible to allow those who cannot get access to supervised practice to update their knowledge and skills in other ways, while still providing a basis on which organisations who represent returners, or who have a remit to promote returning to work, can further develop access to supervised practice, or campaign for resources around this issue.

Our proposals suggested that the supervisor should sign to confirm that the period of updating has taken place, and not that the returner is 'fit to practise'. If, however, at the end of the updating period the supervisor is concerned that the returner should not be registered because they pose a risk to the public, they can either:

- explain to the returner why they are not happy to sign their form; or
- sign the form, and then contact us to make a complaint about that returner.

In either case, any registered health professional who is concerned that another registrant is not fit to practise has a responsibility to contact us, under the Standards of conduct, performance and ethics which all registrants must keep to.

Decision

Our original proposals for supervised practice will be adopted, but in the case of operating department practitioners, we will require a supervisor to have three years in practice (not three years' registration with us).

(vi) Question 6

What are your views on our proposed approach to formal study?
Most responses received were supportive of our proposals regarding formal study. Thames Valley Strategic Health Authority commented on what it felt was, 'Appropriate levels of flexibility,' and the Society and College of Radiographers added, 'There are only 12 Return to Radiography courses across the UK, most of which are run on an annual basis, therefore access to these courses may be difficult, especially for returners with work / family commitments.'

Several respondents said that they felt formal study must be directed, either by the supervisor, or by the department hosting supervised practice / the department the returner will be employed in.

The British Association of Prosthetists and Orthotists suggested that we could develop a generic course on governance and regulation for returners to practice. The Chartered Society of Physiotherapy said that our proposals were, 'broad enough to ensure returners to practice are able to use a wide range of opportunities to update knowledge and skills' They added that supervised practice should include formal study undertaken within the workplace, and emphasised the importance of negotiation between the returner and supervisor over the content of the updating period.

(vii) Question 6a

Do you agree with our proposal not to approve return to practice courses?
Overall, the majority of the responses that we received supported our proposal not to approve return to practice courses.
NHS Education for Scotland said, 'All formal study should be quality assured but agree it is not necessary to be approved by HPC', and an individual commented, 'there are many courses or places of learning that may be relevant, and only a few may be approved. Flexibility is required so as not to appear discriminatory.'

However, although the number of responses received that disagreed with our proposal was smaller, the opinions were very strongly held and stated. The Community Health Council felt that, 'Public safety and confidence will be compromised' and warned about substandard courses, with no control over quality. The British Paramedic Association advised that we 'should consider further' our proposal.

'We still think some health professionals would like some guidance as to what would be suitable. However this may be a role for professional bodies'
– National Blood Service

Several respondents suggested that this was an area for professional bodies to develop, and that professional bodies could approve or assist in developing return to practice courses.

'Employers should set up locally co-ordinated initiatives and trial them…'
- NHS Lothian Workforce & Organisational Development

Unison said, 'publishing a course framework of possible options but which falls short of course "approval" would give the practitioner some idea of the knowledge framework in which they should be practising. If it is updated to include changes in the profession it would also signpost to registrants those areas of study that have changed since they last practised.'

It was also suggested that if we did not approve the courses themselves, we could approve the providers.

Comments
Our role as a regulator, in setting standards and keeping a Register, means that it would be inappropriate for us to develop a generic return to work course, although this does not prevent other organisations from developing such a course if it was felt to be relevant or useful.

We believe that some returners to work will complete their updating period before they have identified a future employer, and other returners will return to private practice. We therefore cannot require that all returners are directed in their formal study by their employer – although our proposals mean that returners who do have a potential employer will be able to seek direction and assistance from them where it is available.

Given the diversity of work environments and individual requirements, and the small number of return to work courses currently offered, we do not believe that it would be fair to approve return to work courses. To approve a small number of courses or providers would restrict readmission to the Register to such an extent that we feel it would not be a fair and equitable way of approaching this issue. Concerning the suggestion for a published framework for return to work courses, we believe that this could be best undertaken by professional bodies, who have experience and expertise in this area.

If the number of return to work courses increases, such that our concerns regarding access and fairness could be overcome, then we will reconsider this decision.

Decision
We will adopt our original proposals concerning formal study, and we will not approve return to practice courses.

(viii) Question 7

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

Most responses, although not entirely opposed to private study, expressed concerns, the main topics of which are set out below.

Most of the concerns were from individuals and organisations who felt that private study should not be used in isolation, as the only way of updating skills and knowledge. Some respondents felt that private study could be combined with a mandatory period of supervised practice, others that it should be combined with mandatory formal study.

The proposals are acceptable if private study is to make up only a proportion of the retraining requirements, but they are inadequate on their own' *– Royal College of General Practitioners*

Other respondents, while they did not specifically question the value of private study in making up the whole of the period, did feel that it would need to be directed or structured by either a supervisor, department, employer, or education provider.

There were other concerns about the assessment or verification of private study, and several respondents felt that there was a need for more guidance for registrants on appropriate study, appropriate resources, and recording learning.

The Chartered Society of Physiotherapy suggested that returners should work with a supervisor to develop a personal development plan, and added that this would facilitate sign-off. Other respondents suggested the completion of a portfolio, or reflective diary.

The Institute of Physics and Engineering in Medicine said, 'Part of the private study should be a record of what the health professional has learnt and how this links to their proposed scope of practice.'

However, we did also receive a number of responses which, although in a minority, were in favour of including private study as an option, and welcomed its inclusion in the list of suggested activities. The British and Irish Orthoptic Society said, 'we believe private study is a necessary option in updating.' The Independent Health Foundation said, 'your proposals appear very favourable in particular with the development of e-learning.'

Comments

We believe that including private study as one of the options for updating ensures that our proposals are modern and flexible, providing an opportunity for returners to structure a period of updating which is relevant to them, their profession, their intended scope of practice, and any relevant changes in the profession while they have been out of practice.

We believe that our proposals offer the opportunity for other organisations such as professional bodies, employers, workforce development confederations, or others, to provide additional guidance and information concerning detailed suggestions of resources, structure, or activities, including personal development plans, learning contracts, or similar.

We do, however, take on board the concerns expressed both in answer to this question, and to question 3, which is why we have now decided that private study should be restricted to only half of the updating period.

Decision
We will adopt our original proposals for private study, and will in addition require that private study should make up no more than half of the updating period.

(ix) Question 8

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

The large majority of responses received were in agreement with our proposal for a twelve month 'long stop' period during which updating must be completed. The Chartered Society of Physiotherapy said it welcomed 'the flexible approach'. However, some respondents suggested that this period was too long, and that 6 months would be more appropriate.

The British Association of Play Therapists asked what would happen to someone who applied after twelve months had passed, and the Federation of Clinical Scientists said that a returner should declare to the HPC and to their professional body their intention to return to practice 'at least two years in advance'.

Comments
We do not believe that it would be reasonable to require returners to inform us two years in advance of their intention to return to work, since individuals' plans may change over a faster timeframe than this, and planning ahead to this extent is not possible for those whose circumstances change quickly.

We also believe that returners to work are more likely to have family or other commitments which mean that they wish to practise (and therefore to update) part-time. Most returners will want to complete their updating period in a period of less than twelve months, but we do not believe that we should exclude those who cannot.

Decision
Returners will need to complete their updating period within twelve months immediately preceding the date on which they apply to be readmitted to the Register.

(x) Question 9

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?

Opinions on this question were split between those who agreed with our proposals, and those who did not because they believed that applications for registration from returners to practice should be assessed or verified in a fundamentally different way from that which was outlined in our document.

'The submission of a certificate following an approved return to practice course would simplify the information-gathering process'

From those who agreed with our suggestions, we also received a number of suggestions of additional information that we could ask for, including a contact name for a course tutor, case studies, the mentor qualification held by the supervisor, copy of learning contract signed by supervisor, logbook, number of cases seen, and others.
Unison said, 'a more precise and expansive set of questions should be asked on this to protect the individual registrant and the returner.'

We received a number of responses which said that instead of asking for returners for a description of the activities they have undertaken, we should be asking for the skills that they have updated / a summary of what has been learnt. Other respondents said that we should ask for a reflection on learning from returners, or pointed out that our approach in this area did not seem to be in line with our approach towards CPD.

The General Medical Council said, 'Whatever certification regime is adopted, it needs to be accompanied by mechanisms intended to verify the accuracy of the information provided by returning practitioners … a combination of random and targeted sampling may be desirable in the interests of public protection.'

' …suggest that the HPC provide interactive web/group and/or roadshow to support returners through the process'

However, NHS Education for Scotland agreed with our proposals, saying, 'Format and content are sufficient... It is important not to turn this task into a labour intensive paper exercise.'

There were also further concerns expressed about how to verify the private study that returners may have undertaken.

Comments
As explained above, we are not able to assess returners to practice individually, and we therefore believe that to ask for information relevant to an assessment (learning outcomes, reflective statements, etc.) would not be useful and would create additional, un-necessary work for returners.

In proposing information that the returner needs to provide, we are attempting to strike a reasonable balance between requiring so much information that it would be unnecessarily

time-consuming for returners, and on the other hand, simply asking the returner to sign to confirm they have updated as required.

Rather than adopting either of these two extremes, we believe that it is reasonable to ask for some information (that proposed, and the counter-signature of a current registrant), in order to ascertain that the updating has taken place, but we also believe that returners are effectively 'self-certifying' their updating. If a returner provides information which is found to be untrue, then this could be tackled using our fitness to practise process, and considered at a hearing.

Decision
We will require returners to practice to submit the information that we originally proposed.

(xi) Question 9a

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

Responses to this question were split between those who felt that each providing a separate form for each activity would be appropriate, and those who were concerned about the potential bureaucracy. One respondent was concerned that, ‘filling in forms for each activity could become onerous and could become onerous and repetitive’. Several respondents suggested we should provide one form for all activities, with a summary section.

> ***‘SST would prefer if a template was provided rather than a form. A form could be deemed as being restrictive whereas a template would allow for the information to be given in as much, or as little detail as appropriate’*** *– The Society of Sports Therapists*

Some respondents who disagreed with our earlier proposals felt that they could not give a response which fell into an ‘agree’ or ‘disagree’ category: ‘Filling the form in should not be the objective. The objective should be to demonstrate a minimum standard of knowledge and skills,’ commented the Royal College of General Practitioners.

Comments
Because respondents were split between those who felt that we should require more information about learning outcomes, and those who felt we should require less in order to reduce bureaucracy, it has been difficult to draw any conclusions from the responses received to this question.

We believe that making a form available for each activity would mean that returners could download from our website only those forms that they required (for example, one form for their period of supervised practice, and one for a period of formal study), and that this could reduce the paperwork and burden on returners. When designing the forms, we will take into account the requests to reduce bureaucracy and paperwork.

Decision
We will provide a form for each activity.

(xii) Question 10

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

Responses to this question were split between those who said that our proposals were reasonable, and those who commented or had concerns, which are laid out below.

Of the supportive responses, North Central London Strategic Health Authority said, 'By making it clear that the registered health professional who signs off a period of updating is not certifying that the person is fit to practise but is simply confirming that the returner has done the requisite period of updating will encourage supervisors to come forward. Allowing for more than one supervisor to sign off creates flexibility for the returner and the registered supervisor.' The Association of Clinical Scientists said that verification was 'time consuming. ACS cannot see a better scheme than the one proposed.'

However, many respondents raised questions about the role of the registered health professional who signs to confirm that the period of updating has taken place, and what exactly they were signing, or confirming, or assessing. The British Dietetic Association said that this placed too great a responsibility on the supervisor, and asked for more guidance on their role. The College of Occupational Therapists, reacting to our proposal that the registrant would confirm that the period had taken place, and not that the returner was fit to practise, said that this was 'bewildering.'
The Association for Perioperative Practice said, 'The department manager/s need to also make a statement about the person's programme of study/practice and their competence for areas of practice.'

Several organisations asked what process should be followed if the registrant was not content that the returner was fit to practise.

The Chartered Society of Physiotherapy said that we should require returners to demonstrate what they have learnt, rather than providing a descriptive account of the activities. 'It may be more helpful to provide pro formas that allow individuals and supervisors to reflect on and evaluate how learning activities undertaken have achieved learning outcomes and met the Standards of Proficiency…. The Society recognises that the proposed process of verification attempts to guarantee the veracity of information provided, if not the knowledge and skills gained. However, in order to maintain consistency, the HPC may wish to implement a process of assessment of information provided, as it intends to do with its CPD standards.'

We also received suggestions that we could scrutinise a number of applications in further detail, perhaps by means of a random sample.

Thames Valley Strategic Health Authority asked us to clarify what we meant by the 'reasonable steps' that a registrant should take to assure themselves that the updating period has taken place before signing. They, and other respondents, suggested that a signed self-declaration might be more appropriate, since we emphasised the responsibility of the returner to ensure that they meet our standards.

'We would emphasise stakeholder partnership to put in place a quality assurance process underpinning local management of supervised practice. It is our experience that returnees respond positively to frameworks for signing off fitness for practice and purpose' *– NHS Lothian Workforce & Organisational Development*

As above, we also received comments about the training or qualifications of the health professionals who signs off the period of updating. The Advisory committee for the Allied Health Professions said that there would need to be specific procedures in place regarding permission and sign-off from a supervisor's line manager. Other comments included suggestions that the person signing off should be recognised for the training of students, or that the role of the supervisor needs to be recognised through Agenda for Change.

'… from the perspective of someone working in a rural or remote area…I would not necessarily know another registrant who could provide verification'

Thames Valley Strategic Health Authority said that the supervisor should also sign a form to declare any possible conflict of interests, and the British Psychological Society suggested that we should have a requirement for independent verification from a third party. They said that an application for readmission should be supported by two referees at least one of whom should be a registered professional.

Comments

In response to the queries about what constitutes 'reasonable steps' to ascertain that the updating period has taken place, we suggest that a health professional asked to sign off a returner's updating period might see a certificate of course attendance, or a letter from a trust where supervised practice has been undertaken, or a programme of private study, or notes from that study.

When a returner to practice applies for readmission to the Register, they (as with all applicants) will need to supply a character reference in addition to supplying required information about their updating period.

As above, we believe that requiring more descriptive information from returners would be unnecessary, since we do not intend to analyse or assess this information.

Decision

Each returner's application, with information about their updating period, will need to be counter-signed by a professional from the same part of the Register.

(xiii) Question 11

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

The majority of responses we received were in agreement with our proposal to apply the requirements to registrants who renew their registration, as well as those who apply for readmission to the Register. Respondents felt that this approach would be consistent and fair. The Royal College of General Practitioners suggested that all registrants renewing their registration should, 'demonstrate competence via appraisal, professional development programmes, and a revalidation approach'.

The Chartered Society of Physiotherapy reminded us that if we implement this, we will need to publicise the requirements.

We received a small number of comments from respondents who believed that a registrant who had not practised at all during their renewal period would still not have been out of practice for more than two years, and that this was inconsistent with our proposed requirements for readmission.

Comments
We do not have any legal powers for revalidation, so this is not currently an option that we can consider.

Regarding the comments on the timeframes:
If a health professional receives their renewal form, and they have not practised their profession at all during the current registration cycle which is coming to an end, then by the time their next registration cycle begins it will have been, at the very least, two years since they last practised.

Therefore we agree with the majority of respondents to this question in thinking that linking our requirements with renewal, as well as readmission is a fair and consistent approach to this issue.

We also believe that publicising these requirements will be absolutely necessary.

Decision
Our return to practice requirements will also apply to those who wish to renew their registration:

In order to renew your registration, you must have practised your profession at some point during the registration cycle which is coming to an end. If you have not, you will need to complete the required period of updating before you can renew.

(xiv) Question 12

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

There was agreement with this question, although the queries raised in response to it indicated that the proposal had been confusing for many of those who responded. Some respondents asked for more examples to prevent confusion, and the Institute of Chiropodists and Podiatrists suggested that, 'A sentence clarifying this could be put either on the form, or in the guidance notes'

Sheffield Hallam University commented that this was, 'a bit confusing if you are not familiar with the system.'

Comments
We agree with those respondents who commented that this was confusing, or difficult to understand, and when we put this into guidance for registrants, we will follow guidelines published by the Plain English Campaign as far as possible.

What we intended to say in this section of the document was that if a health professional has just completed an updating period when they applied to come onto the Register, it would be unfair to require them to complete an additional one, perhaps only a month or so later, when they renewed their registration.

This is because all the members of a profession renew their registration at the same time, and hence a health professional who was not practising might need to renew their registration even if they had only just completed an updating period as part of their readmission, or if they had only just graduated.

We believe that we could have phrased the question more clearly to make our intentions better understood, and we will take this on board when phrasing future consultation questions.

Among those respondents who were familiar with our registration system, and those who understood our suggestion, there was agreement with our suggestion.

Decision
When a profession is renewing its registration, we will not require those health professionals who have come onto the Register during the ending registration cycle to complete a period of updating, even if they have not practised during the registration cycle.

We will look at ways of making this requirement clear in our guidance notes and on our website, perhaps using examples to illustrate this.

(xv) Question 13

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

The large majority of respondents agreed with our suggestion that health professionals who are not practising should be encouraged to come off the Register.

> ***'The HPC must make practice a requirement for re-registration. Anyone out of practice for two years or more must be removed from the Register. This should not be an option.'*** – Association of Operating Department Practitioners

We proposed that health professionals who are no longer practising could remain members of their professional bodies in order to keep in touch with their profession. Some commented that they require HPC registration for membership, so this may not be an option for health professionals who are no longer practising.

We did receive some comments disagreeing with our suggestion, from respondents who were concerned at the loss of the ability to use a professional title, or that we cannot 'force' people to come off the Register. But overall there was strong agreement with this principle.

Comments
The latter comments are correct, in that we cannot 'force' health professionals to come off the Register.

But we believe that, for those health professionals who are out of practice, completing a period of updating and paying fees every two years will be a sufficient disincentive. We are also grateful for the clarification from the responses we have received – namely that there is a strong feeling that the Register should be only those health professionals who are in practice.

In the future, when we are contacted by health professionals who are not practising and who wish to ask advice on their registration, we will tell them that we advise health professionals who are not practising to come off the Register (although the decision will still be theirs to make). We will also state on our website that health professionals who are not practising should come off the Register.

Decision
We will advise health professionals who are not practising for more than two years to come off the Register.

(xvi) Question 14

Do you agree with our proposed definition of 'practising your profession'?

There was very strong support for our proposed definition of 'practising your profession', with the British Dietetic Association commenting that the clarification was 'extremely welcome', and only a very limited number of respondents expressing disagreement.

North and East Yorkshire & Northern Lincolnshire Strategic Health Authority said, 'We welcome both documents and the clarity it provides. In particular those relating to professionals who have moved into general managers and/ or become leaders for clinical policy. There is a little concern in respect of being able to remain registered. However, the scenarios outlined … are reassuring.'

We did receive a couple of ideas of how to improve the definition. The Federation of Clinical Scientists suggested, 'do the decisions you make and the responsibilities you exercise have direct or indirect impact, within your discipline, on the well-being of patients?' Whereas Play Therapists UK suggested that we should ask people if they consider that they are, 'drawing on their professional skills or knowledge in the course of their work to a significant extent' (by significant we suggest that at least one third of the tasks performed involve the skills / knowledge)'.

Some respondents felt that health professionals working in education, management or research should be required to do a certain period of clinical practice in order to remain registered.

'IPEM supports the view that those involved in teaching, management and research are practising. The samples in this section are helpful guidance for registrants' – Institute of Physics and Engineering in Medicine

Some respondents asked for more examples in order to make this definition clearer, and the Chartered Society of Physiotherapy suggested that we should balance these with examples of those who have progressed such that they are now no longer required to be registered.

Comments

The comments we received were very helpful and showed strong support for our definition of 'practising your profession'. Given the support shown, we believe we should adopt the suggested definition, but that we should keep this under review as the professions develop and as new roles emerge, to ensure that it reflects current practice.

Decision

If a health professional is unsure as to whether their role means that they are practising their profession, they should consider whether they are drawing on their professional skills and / or knowledge in the course of their work. (We will also illustrate this with examples.)

(xvii) Question 15

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

The majority of respondents agreed with our proposal to apply the same requirements to those who completed an approved qualification, but have never practised or registered. There were some queries about why we chose the period of five years, and not, for example, 2 years, or any other timeframe.

'I agree – with proviso that this is only for those who are registering for the first time'

The Society and College of Radiographers added that we should consider, 'that without the consolidation of clinical skills which occur in the first year after qualification, this group of radiographers may have difficulty reaching a level of competence.'

Comments

The 2001 Order allows us to make additional requirements of someone whose approved qualification was completed more than five years ago, and the Order stipulates this five year period. We therefore do not have any powers to make requirements of those who completed their approved qualification less than five years ago.

Decision

Our return to practice requirements will also apply to those individuals who apply for registration for the first time, whose approved qualification was completed more than five years ago.

(xviii) Question 16

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

Some respondents were concerned about how comparable practice outside the UK would be, and wanted further reassurances from registrants before they could be re-registered. The Foundation for Integrated Health said that we would need to check with the appropriate regulator that they had been registered.

The British Association of Prosthetists and Orthotists felt that these health professionals would need a test of competence before being readmitted to the Register.

NHS Education for Scotland suggested that our approach to this should be profession-specific, and that mapping of job profiles should be considered.

However, the majority of responses received were in agreement with our proposal that our requirements should not apply to those who can show they have been practising outside the UK.

Comments

While we take on board people's concerns about the comparability of practice undertaken abroad, we do not feel that it would be fair to make more specific requirements regarding practice abroad, when we have set such a broad definition of practice that takes place in the UK. Registration is based on the concept of individual health professionals making reasoned, individual decisions about their practice, and we feel that this applies to health professionals wherever they practise, whether in the UK or not.

We do, however, feel that it would be right to ask health professionals for a 'letter of good standing' or similar from the regulator in the country where they have been practising.

Decision

Our requirements will not apply to those who have been practising outside the UK. When someone applies for readmission or for registration, we will ask them for details of where they worked, as well as a letter of good standing from the relevant regulator (where one exists).

(xix) Question 17

Do you agree that we should implement our proposals in January 2006?
Some respondents questioned whether this was realistic, or were concerned that the timeframe was too ambitious. The Chartered Society of Physiotherapy recommended that we should, 'review requirements and implementation after 12 months' The National Blood Service reminded us that 'employers are at the moment completely overwhelmed by Agenda for Change,' before advising a later implementation date.

However, overall there was widespread agreement on this question, with respondents believing that we should bring in a new process as soon as reasonably possible.

Comments
Bearing in mind the comments from respondents, and the need they emphasised for communicating with registrant and other stakeholders, we now believe we should re-think our original proposals for the timescale, and should instead implement our proposals in July 2006.

This will allow adequate time for the required internal preparation of forms and processes, and will also allow us time to inform the professional bodies and other stakeholders of our new requirements – particularly those that apply to registrants who wish to renew their registration.

Decision
Our new requirements will come into force from July 2006.

5. Key Decisions

This summary section of the document contains only the decisions that we have made, without the summary of responses or our comments.

(i) Decision 1

Health professionals who have been out of practice will be required to complete a period of updating before they can come back onto the Register. They should complete this period before they apply for 'readmission'. The periods required are as follows:
0 – 2 years out of practice : no requirements
2 – 5 years out of practice: 30 days updating
5 or more years out of practice: 60 days updating.

(ii) Decision 2

There will be no additional requirements for those out of practice for a longer period of time then five years. These returners will need to complete 60 days' updating.

(iii) Decision 3

Individuals who wish to return to work can structure their updating period to include the following activities:

- supervised practice;
- formal study; or
- private study.

Individuals can structure their updating period however they wish, with the requirement that private study should make up no more than *half* the updating period.

(iv) Decision 4

The activities which can be included in a period of updating are:

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

(v) Decision 5

Our original proposals for supervised practice will be adopted, but in the case of operating department practitioners, we will require a supervisor to have three years in practice (not three years' registration with us).

(vi) Decision 6 and 6a

We will adopt our original proposals concerning formal study, and we will not approve return to practice courses.

(vii) Decision 7

We will adopt our original proposals for private study, and will in addition require that private study should make up no more than half of the updating period.

(viii) Decision 8

Returners will need to complete their updating period within twelve months immediately preceding the date on which they apply to be readmitted to the Register.

(ix) Decision 9

We will require returners to practice to submit the information that we originally proposed.

(x) Decision 9a

We will provide a form for each activity.

(xi) Decision 10

Each returner's application, with information about their updating period, will need to be counter-signed by a professional from the same part of the Register.

(xii) Decision 11

Our return to practice requirements will also apply to those who wish to renew their registration:

In order to renew your registration, you must have practised your profession at some point during the registration cycle which is coming to an end. If you have not, you will need to complete the required period of updating before you can renew.

(xiii) Decision 12

When a profession is renewing its registration, we will not require those health professionals who have come onto the Register during the ending registration cycle to complete a period of updating, even if they have not practised during the registration cycle.

We will look at ways of making this requirement clear in our guidance notes and on our website, perhaps using examples to illustrate this.

(xiv) Decision 13

We will advise health professionals who are not practising for more than two years to come off the Register.

(xv) Decision 14

If a health professional is unsure as to whether their role means that they are practising their profession, they should consider whether they are drawing on their professional skills and / or knowledge in the course of their work. (We will also illustrate this with examples.)

(xvi) Decision 15

Our return to practice requirements will also apply to those individuals who apply for registration for the first time, whose approved qualification was completed more than five years ago.

(xvii) Decision 16

Our requirements will not apply to those who have been practising outside the UK. When someone applies for readmission or for registration, we will ask them for details of where they worked, as well as a letter of good standing from the relevant regulator (where one exists).

(xviii) Decision 17

Our new requirements will come into force from July 2006.

6. Respondents

Below is a list of the organisations that responded to our consultation. Where we have quoted from these organisations in the text, we have attributed the quotation. Where the quotation used is from the response of an individual, it has not been attributed.

(a) Organisations

Advisory committee for the Allied Health Professions
Association for Clinical Biochemistry
Association of Clinical Scientists
Association of Operation Department Practitioners
Association of Perioperative Practice
British Association for Counselling and Psychotherapy
British Association of Dramatherapists
British Association of Play Therapists
British Association of Prosthetists and Orthotists
British Dietetic Association
British and Irish Orthoptic Society
Irish Branch of British Orthoptic Society
British Paramedic Association
British Psychological Society
British Society of Echocardiography
Chartered Society of Physiotherapy
College of Occupational Therapists
Community Health Council
Eastern Birmingham Primary Care Trust (allied health professionals: SLTs, OT, Physios, Podiatrists, Dietitians)
Federation of Clinical Scientists
Foundation for Integrated Health
General Medical Council
Heart of England NHS Foundation Trust
Independent Healthcare Forum
Institute of Chiropodists and Podiatrists
Institute of Physics and Engineering in Medicine
Joint Royal Colleges Ambulance Liaison Committee
National Blood Service
NHS Education for Scotland
NHS Employers
NHs Lothian Workforce & Organisational Development
North Central London SHA
North and East Yorkshire & Northern Lincolnshire SHA
Parliamentary and Health Service Ombudsman
Oxford Radcliffe Hospitals, Allied health professionals and healthcare scientists.
Oxford City PCT, Dietetic department, Thames Valley Dietetic departments
Play Therapy UK
Royal College of General Practitioners
Royal College of Speech and Language Therapists
Royal Pharmaceutical Society of Great Britain
Faculty of Health and Wellbeing at Sheffield Hallam University
Society of Chiropodists and Podiatrists

Society and College of Radiographers
Society of Sports Therapists
Southern Health & Social Services Board
Thames Valley Strategic Health Authority
Welsh Scientific Advisory committee

We also received responses from 17 individuals.

We would like to thank all those who responded to this consultation for their time and comments.

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