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Equalities Office

Return to Practice Programme

Evaluation of the Allied Health Professionals and Health Care Scientists Return to Practice Programme

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Graham Thom, Jo Hutchinson, Kate Davies, and Joanne Barber

SQW

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Allied Health Professionals (AHPs) and Healthcare Scientists (HCSs) provide valuable services to patients and are a core part of the NHS and health sector workforce. Returners who have left employment for caring responsibilities or other reasons and who wish to return to practice must apply to be re-admitted to the Health and Care Professions (HCPC) Register before they can be contracted to work as a professional practitioner. The Register is a publicly available list of all health and care specialists who meet the HCPC standards of training, professional skills, behaviour and health. As part of the re-registration process AHP / HCSs wanting to return to practice devise a bespoke professional development programme that best fits their personal circumstances. Requirements state that this programme must combine placement or supervised practice with formal and self-directed study. This must amount to 30 days for an individual who has been off the register for more than 2 years, or 60 days for someone who has been off the register for more than 5 years. This flexibility means that individuals can tailor their return to practice journey to suit their personal circumstances, but it can be confusing and uncertain for them.

The Return to Practice programme operated between August 2017 and March 2019. It was designed to provide personal support to returners from across all the professions to overcome any such uncertainty, whilst opening up placement opportunities across England. The programme developed from an East Midlands pilot, and was a partnership between Health Education England, the Government Equalities Office and the Department of Health and Social Care. The programme was delivered by a full time Programme Lead with a Support Officer. The programme itself funded a social media campaign (#IAmReadyToReturn) and website content, the payment of up to £500 of eligible expenses to returners and a further £500 to cover placement provider costs, and support to higher education course providers of £1000 per student.

The 523 registered programme participants came from across a wide range of AHP and HCS backgrounds. The majority (57%) were aged between 40 and 55 years and 89% were female.

Evaluation research used a wide range of data: programme monitoring information, an online survey of returners, and interviews with twenty returners, five placement providers, three higher education programme leaders and two professional bodies.

The provision and accessibility of training relevant to all AHPs and HCSs affects returners' experiences. Returners often mixed a range of different courses and found the overall quality of training to be good. However, they also reported a limited choice of courses in terms of professional relevance and accessibility. One quarter of survey respondents said that they would not have been able to access training without the support of the programme.

The programme had some influence on placement providers through raised awareness of returners or direct interventions. However, most placement providers said they preferred to continue to use their own local practices to supporting returners with a preference for supporting returners who are known to them.

Returners who participated in the evaluation were very supportive of the programme. They valued the personal advice and guidance from the programme team as well as the support and encouragement of peers through the Facebook group. While some of those on the programme said that they would have achieved their positive outcomes anyway, one-third of survey respondents said that they would not have re-registered without the programme. In addition, over a quarter of survey respondents said that they had previously tried to return to practice but failed. There is therefore evidence that the majority of those on the programme would either not have been re-registered or not be close to re-registering without the programme, or they would have taken longer to achieve reregistration or employment.

By June 2019 the programme had engaged with 523 individuals of whom 268 were re-admitted to the register. Of these, 134 had secured professional employment, with the remaining registered returners still seeking employment.

1 Introduction

In the 2017 Spring Budget, £5 million was allocated to the Government Equalities Office (GEO) to increase the number of opportunities for people who have taken time out of employment due to caring responsibilities, and who wanted to return to paid work. The objectives were to:

- increase the number of opportunities for returners in the public and private sector;

- develop the evidence base to understand the barriers returners face and what employers can do to harness their skills and experience;

- increase awareness of returner opportunities and best practice on gender equality and deliver culture change in the workplace.

For the GEO, a returner is someone who has taken a career break for a year or more to care for children or family members. Health Education England (HEE) are also keen to support returners to ensure that health and social care employers have the right skills and experiences to help tackle the skills shortages across the NHS and the wider healthcare workforce. Therefore, there is overlap in the objectives of GEO and HEE, which led to them both supporting the Return to Practice programme.

The national Return to Practice programme provided funding and support to extend an East Midlands pilot initiative. The pilot focussed on allied health professionals (AHPs) and healthcare scientists (HCSs) because there is no clear route back to practice for them, unlike nursing and midwifery. The national programme ran between August 2017 and March 2019.

AHPs include a wide range of occupations: art therapist, diagnostic radiographer, dietitian, drama-therapist, hearing aid dispenser, music therapist, occupational therapist, operating department practitioner, orthoptist, paramedic, physiotherapist, podiatrist, practitioner psychologist, prosthetist/orthotist, therapeutic radiographer, social worker, and speech and language therapist (HEE 2018). Each of these occupations have their own professional body but convene together as part of the Health and Care Professions Council (HCPC). An individual has to be registered with HCPC as a condition of employment within their profession.

The Return to Practice programme had the objective to support returners through the programme and for 300 to successfully re-register on the HCPC register. It was comprised of four key elements:

- A national social media campaign (#IAmReadyToReturn)

- Peer support through a closed Facebook page

- A national HEE-funded Programme Lead with Support Officer to provide personal advice to returners and raise awareness of the issue among Trusts and professional bodies

- Funding to support returners (£500), placement providers (£500) and course providers (£1000).

As part of its Return to Practice programme, the GEO required an evaluation of the programme. The evaluation has considered three key questions:

- How effectively has the HEE project engaged, recruited and supported returners to practice?

- How can employers of AHPs and HCSs best support returners to practice?

- To what extent does the requirement vary across different professions, and for different groups (e.g., BAME, disabled and older workers)?

SQW was commissioned to undertake this work. This report presents evidence from four data sources:

- Interview and monitoring data provided by the programme management team based on returner registrations and tracking through to the HCPC register

- Four stakeholder interviews undertaken with HEE, NHS England, and the Department of Health and Social Care (DHSC), and two interviews were held with professional bodies

- Survey data from a self-completion online survey open to all returners which ran between 19th December 2018 and 5th February 2019 and was completed by 161 returners followed by telephone interviews with twenty returners undertaken in January and February 2019

- Interviews with two university course providers that run bespoke returner programmes, and interviews with five placement providers that hosted, supervised and mentored returners on the programme.

This report presents the evaluation findings. It is structured as follows:

- Section two outlines the rationale for the programme and its policy context

- Section three describes how the programme was structured and profiles key partners and participants

- Section three presents feedback from placement providers and course providers regarding the effects it has had on structural support for returners

- Section five provides survey and interview feedback from returners who participated in the programme and their perspectives on what, if any, difference it made to their journey back to practice

- Section six provides a summary with recommendations.

2 The rationale for the Return to Practice programme

2.1 The National Health Service workforce policy context

The Five Year Forward View (NHS 2014) provided the policy context for the programme when it was being developed. This set out the route for the NHS (2014-2019) to enable the health service to address emerging gaps in health and wellbeing, quality of care, and funding and efficiency:

> *Health care depends on people — nurses, porters consultants and receptionists, scientists and therapists and many others. We can design innovative new care models, but they simply won't become a reality unless we have a workforce with the right numbers, skills, values and behaviours to deliver it –*
> NHS (2014) Five year forward view (page 30).

The subsequent 'Next Steps for the Five Year Forward View' specifically mentions return to practice recognising that future services will need "*more training, more recruitment, better retention and greater return to practice after time out of the workforce*" (NHS 2017).

Subsequent policy papers and influential statements have set out the importance of AHPs in particular to fulfilling the aims of the Five Year Forward View. For example:

- **The AHPs into Action** report from the Chief Allied Health Professions Officer (2017) outlines how AHPs are crucial to supporting future health, care and wellbeing services delivery.

- **Stepping Forward to 2020/21 The mental health workforce plan for England** (Health Education England, 2017) specifies how, over the next few years, there will be a substantial increase in numbers of AHPs needed in the NHS mental health workforce. It concludes that innovative training and recruitment practices will be needed to ensure a sufficient number of skilled AHPs.

2.2 Workforce issues for AHPs and HCSs

There is limited information available on skills shortages across all AHPs and HCS professions. It is reported that over the past five years, AHP staff have increased by nearly 10.7%, however, the number of posts have increased by almost 15.7% (Health Education England 2017). Skill shortages are profound for particular professions (diagnostic and therapeutic radiography, sonography, orthotics, paramedicine and prosthetics). As a result, these professions are part of the Tier 2 Shortage Occupational List (Home Office 2018) which opens up these roles to international recruitment and allows for certain visa exemptions.

Anecdotal evidence of AHP vacancy rates, and reports produced for specific professions and geographies, highlight skills shortages across AHPs. For example, physiotherapy managers have reported a lack of applicants for advertised positions, citing that 8% of physiotherapy posts were vacant in May 2016, and 5% of these were vacant for at least 3 months (Chartered Society of Physiotherapy 2016). Similarly, in 2017, HEE and the College of Occupational Therapists highlighted the difficulty of filling posts with vacancy rates for occupational therapists of up to 40% across London (Royal College of Occupational Therapists 2017).

The difficulties in retaining people in positions was demonstrated through a freedom of information request of the numbers leaving the HCPC register. Table 1 shows that across fifteen professions there were a total of 264,599 registered practitioners in June 2018. Occupational Therapists and Radiographers are the largest professional groups while Prosthetics and Orthotics and Orthoptists comprise the smallest groups. The data also suggests that in the last five years (since 2013) over 30,000 registered professionals (11% of AHPs) left their profession. This could be due to retirement or ill-health as well as other factors such as career breaks.

Table 1: Professions leaving the HCPC register

Profession	Number registered with HCPC (June 2018)	Numbers leaving register in last 5 years	Percentage leaving
Physiotherapists	55,132	4,643	8%
Occupational Therapists	38,183	4,942	13%
Radiographers	32,475	3,871	12%
Paramedics	25,465	2,107	8%
Practitioner Psychologists	23,104	2,333	10%
Biomedical Scientists	22,395	4,288	19%
Speech and Language Therapists	15,932	2,206	14%
Operating Department Practitioners	13,639	1,308	10%
Chiropodists/podiatrists	13,115	1,512	12%
Dietitians	9,585	776	8%
Clinical Scientists	5,818	756	13%
Arts Therapists	4,317	575	13%
Hearing Aid Dispensers	2,908	323	11%
Orthoptists	1,440	240	17%
Prosthetics and Orthotists	1,051	143	14%
Total	**264,559**	**30,023**	**11%**

Source: HCPC information provided to programme management team in June 2018

For some of the smaller professions the loss may have had a disproportionate effect on the ability of patients to access the professional support they need in their locality.

There is limited research available on why people chose either to leave AHP/HCS posts (leaving the HCPC register) or to return:

- There is low awareness of the role of AHPs in and outside of the NHS. As stated by the Nuffield Trust, their "contribution to care is often hidden, overlooked or potentially undervalued" (Dorning 2014). The professions therefore may **not have as strong a voice** nationally as other parts of the health services to advocate for changes and improvements to training and conditions.

- While most AHPs working in the NHS feel positive about their roles, some AHP professions are associated with **lower than average job satisfaction** (Dorning and Bardsley 2014). The AHP roles that face the lowest levels of job satisfaction are Art Therapists, Occupational Therapists, and Paramedics.

In considering returning to practice, there is no standard pathways for AHPs or HCSs. This contrasts with other health professionals where there are established programmes to encourage people to return to practice. For example, the Nursing and Midwifery Council oversaw a campaign (#ComeBackToNursing), that is supported by 40 university courses across the country and established placement provision.

People interested in returning to practice may therefore need both motivation and support to get back on the Register so that they can apply for professional roles.

2.3 Requirements affecting AHP and HCS returners

To return to practice, individual practitioners who have been off the Register for two or more years must first re-register with the HCPC. This requires them to update their skills and knowledge by undertaking any combination of self-directed study, formal study and clinical practice days. The formal study can be provided by university courses, online courses, or training days offered by professional bodies for example. Clinical days can be provided by placements from host organisations (often NHS Trusts or less so private clinics). HCPC specify the number of days required depending upon the length of time since the returner last practiced as follows:

- 0-2 years out of the profession – no requirements

- 2-5 years out of the profession – 30 days of updating skills and knowledge

- 5 years or more out of the profession – 60 days of updating skills and knowledge

On completion of their updating period, individuals then submit a return to practice form to HCPC with information about the activities they have carried out and for how long. The HCPC review the forms, and if all requirements are fulfilled, the individual can then be re-registered and return to practice. Accompanying guidance acknowledges that the form of updating will be individual to each returner and provides examples of the types of activities that might constitute updating skills and knowledge (HCPC, 2017).

There were a number of issues with the AHP/HCS return to practice journey identified in the business case for the Return to Practice programme (Harris 2017) based on the experience of the earlier East Midlands pilot, SuppoRRT (e.g. a lack of clarity in how to return to practice, limited university course provision, and difficulties associated with attaining placements). The current programme aimed to address these issues and improve the return to practice experience.

2.4 Summary

The NHS recognises the importance of having an appropriately well-resourced and well-trained workforce. Returners to practice are acknowledged in its Five Year Forward View. AHPs and HCSs are an important part of the wider workforce in this context.

Other parts of the NHS workforce have established programmes to encourage people to return to practice. Yet, there was no equivalent for AHPs or HCSs, other than a pilot that started in the East Midlands. This programme (Return to Practice) was the first programme, rolled out across England by HEE, DHSC, and GEO to redress this.

Returners who have not been professionally employed for more than two years need to re-register with the HCPC before they can be employed in a professional role. Readmission to the register requires them to update their skills and knowledge by undertaking a combination of self-directed study, formal study and clinical practice days best suited to their own professional development needs.

3 Return to Practice programme design

3.1 Aims

The AHP/ HCS Return to Practice programme was funded by the GEO and delivered in partnership with DHSC and HEE. The programme aimed to support through guidance and facilitation 300 AHPs and HCSs who had left the profession to re-gain their HCPC registration and ultimately return to practice (employment). The programme ran from August 2017 to March 2019. It built on the previous East Midlands 'SuppoRTT' project, which had similar aims to support returners back in to their AHP/HCS profession.

3.2 Activities

The Return to Practice programme had two strands of activity focused on engaging and supporting returners; a communication campaign and personalised support for returners.

3.2.1 Communications, marketing and engagement campaign

The communications, marketing and engagement campaign aimed to target potential returners from all AHP / HCS professions in order to encourage them to return to practice and to prompt local health and social care providers to support returners with clinical placements. The campaign began in January 2018, and tailored activity according to local geographies and specific professions, it comprised of:

- A dedicated website featuring the strap line 'I am ready to return to practice' and social media accounts which provided a range of resources and links to the programme (Figure 1).

Figure 1: Health Education England Return to Practice website

Source: https://www.hee.nhs.uk/our-work/return-practice-allied-health-professionals-healthcare-scientists [accessed 02.11.18]

- A range of individual case studies which were used for different recruitment campaigns (Figure 2)

Figure 2: Example of a case study

Source: https://www.hee.nhs.uk/our-work/return-practice-allied-health-professionals-healthcare-scientists [accessed 02.11.18]

- Promotion through published articles and presentations at local, regional and national events to raise awareness of Return to Practice amongst potential host partners and placement providers.

Website analytics provided by HEE show that for the year that the campaign was running (January 2018 to February 2019) there was sustained activity and interest in the website over the year. Specifically, there were 13,623 unique page views with a bounce rate (i.e. single page visitors) of 69%. For the social media campaign (#IAmReadyToReturn), 363 posts were made on both Facebook and twitter, generating 6010 clicks, 1,263 shares or retweets and 1,303 likes.

3.2.2 Actions to support returners to build skills to re-register

The second activity strand was support for potential returners. The Return to Practice programme provided:

- Guidance and advice to returners throughout their Return to Practice process. Returners were enrolled to the programme via completion of an online form. They were then invited to join a closed Facebook page to network and share information with each other and were able to contact the programme team for signposting to key information or networks.

- Funding for returners, with up to £500 available to cover out of pocket expenses paid via the placement provider. This could include travel, cost, parking, DBS checks, re-registration fees, ad hoc non-accredited courses fees, meals or uniforms.

- An incentive to academic training providers to support returners through grant funding equivalent to £1000 per returner for courses tailored to the needs of returners.

Programme activity was designed to facilitate and support AHPs / HCSs to return to practice. It provided a source of advice but did not direct returner to undertaken specific courses of action to take to update their skills or knowledge to obtain re-admission to the register.

3.2.3 Actions to create opportunities for returners

The programme management team undertook significant work with placement providers and other stakeholders to promote the programme. For example, the Programme Lead engaged with:

- NHS and Social Care providers through telephone conversations and presentations

- NHS Improvement, NHS England and NHS Employees via direct communications

- All professional bodies to various degrees through contact with professional and managerial leads at national and regional events including a presentation to the Chartered Society of Physiotherapy (CSP) national conference in October 2018.

This activity aimed to ensure that the wider sector was aware of the programme and the available funding for work placement providers who could claim up to £500 to cover their costs. It also sought to champion the potential value that returners offer the labour market.

The Programme Lead and Support Officer created a database of contacts of people who either offered placements or who co-ordinated placements provision in the different Trust areas. This provided a resource for returners (whose own professional network may be out of date) so they could find placement opportunities in their area. .

3.3 Programme management

The Return to Practice programme was overseen by representatives from the GEO, HEE, and the DHSC. The programme ran from 1st August 2017 to 31st March 2019. Both the Programme Lead and Support Officer were employed directly by HEE and line managed through their regional structures. The GEO funding supported the financial incentives for returners, training providers and work placement providers. It also funded the marketing campaign in the first year of the project.

The financial management of the programme was established through a Memoranda of Understanding (MoU). The MoU established the management relationships and structures for the duration of the project between GEO and DHSC. The total contribution of funding from GEO was up to £330,000.

The MoU established an expense claims process for funding so that all expenses from returners, placement providers and the academic training providers were paid by HEE, with invoices collated through HEE West Midlands. These were then approved by the DHSC before being submitted to GEO for reimbursement.

3.4 Programme participants

The programme registered 523 people in total. Information on returners was generated through an online registration form which was completed by returners who were interested in the programme. Because the form changed slightly mid-way through the programme, full background information is not available for all programme participants. The numbers reported in the monitoring information may not fully represent the reach of the programme, as some returners did not formally register but received guidance. Information regarding those registered on the programme is presented in Annex B (alongside key demographics) and summarised as follows.

- 523 people registered with the programme

- Most of those were female (89%)

- The programme attracted people aged 25 years to over 60 years, but it was particularly attractive to people between the ages of 35 and 54 years (74%)

- The programme also supported people from a wide range of AHP/HCS professions. Those that featured prominently were Occupational Therapists, Physiotherapists, Diagnostic Radiographers, Dieticians, and Speech and Language Therapists

- Most of the returners qualified over ten years ago (86% qualified before 2010)

- While a few have been out of practice for two or three decades, two thirds of the group (65%) last practiced since 2005.

3.5 Summary

The programme aimed to support and enable AHPs and HCSs who had left the profession to re-gain their HCPC registration and ultimately return to practice (employment).

The Return to Practice programme had three key components:

- a communications strand with a social media campaign (#IAmReadyToReturnToPractice) and a webpage hosted by HEE
- actions to support returners including advice and support for returners from the programme team and their peers through a closed Facebook page, and reimbursement of expenses for returners, and support for university providers of courses for returners
- actions to create opportunities for returners through promotion of placement opportunities with Trusts and providers, and financial support for work placement providers.

Between August 2019 and March 2019, 523 individuals across 15 different professions enrolled on the programme.

4 Programme influence on placement and course providers

In this section, we present evidence from interviews with five work placement providers, two professional bodies, and the two higher education institutions providing courses specifically designed to support AHPs / HCSs returning to practice. The interviews explored a range of topics, including: stakeholders' roles in supporting returners; barriers facing AHPs / HCSs returning to practice; programme activities and how effectively these have been delivered; any effects achieved and the extent to which these can be attributed to the programme, and; key lessons to inform future programmes to support AHPs / HCSs returning to practice.

4.1 Work placement providers

SQW interviewed five placement providers (all of whom were NHS Trusts) who had hosted placements from dietetics, speech and language therapy, occupational therapy, therapy services and physiotherapy. Providers were drawn from the team lists of 253 providers in November 2018, with contact details then shared with SQW by the programme team. The views of this sample may not be representative, but nevertheless provide an insight into a range of issues experienced by work placement providers.

4.1.1 Rationale for engaging with the programme

All placement providers were facing recruitment challenges. Recruitment was reported to be especially challenging during the Autumn/Winter months (when students are not graduating). Retention was also an issue, as practitioners were reported to leave the profession at entry level (Band 5) meaning that it was difficult to provide staff at higher levels (particularly Bands 6 and 7) as there are insufficient numbers of staff progressing to higher Bands. Therefore, supporting returners was considered by the interviewees to be an effective strategy to increase numbers of AHPs / HCSs in the workforce. It gave them the opportunity to recruit skilled and experienced returners once re-registered with the HCPC. Two providers stated their intention to employ named returners once they had re-registered.

4.1.2 Engagement with the programme

Placement providers heard about the programme through a variety of means including social media, emails from HEE, and directly from returners seeking a placement. Two providers explained that once they heard about it, the Programme Lead visited the Trust to explain more about the programme to their senior management.

For most, engagement with the programme involved receiving information and regular updates from the programme team, contacting the Programme Lead with any queries, following its social media presence, and claiming funding. Overall providers were satisfied that the programme had raised the profile of returners and had provided some with information and guidance. They appreciated the accessibility of the Programme Lead:

> *I didn't require much support, but it was useful to have a dedicated person to contact. Returners were well supported too so when they enquired about placements they were clear about what was required –* work placement provider

However, some providers felt that the programme could have been more widely publicised across the wider NHS workforce.

Furthermore, some placement providers said that whilst the provision of responsive information and support from the programme team was helpful, more formal and structured information for placement providers detailing the processes involved in supporting a returner, would also be beneficial. For example, one placement provider stated that they would like greater clarity on some 'grey areas' in current guidance such as the definition of a 'day' whilst on placement. Another favoured further links to university courses in a similar way to the Nursing Return to Practice programme[1].

Additionally, another placement provider did not receive much information from the programme but found their professional body to be really supportive.

> *I didn't feel that I got any support…the money's really nice to have, but it's the other bits that I would find more valuable –* work placement provider

All five placement providers said that they have or are in the process of claiming funding through the programme. Two claimed the full £500 available per returner. Whilst other providers were grateful for the funding and said that it contributed towards the costs of providing placements, they acknowledged it did not cover all costs. Furthermore, four providers commented that the process of claiming was problematic, as they felt it was very time consuming.

4.1.3 Placement provision and potential added value

The programme aimed to facilitate returners in gaining placement opportunities through signposting. The five placement providers interviewed had offered placements to returners prior to the programme. Small numbers of placements were offered reactively

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[1] https://www.healthcareers.nhs.uk/explore-roles/nursing/returning-nursing

with placement providers trying their best to accommodate returners when direct enquiries were received. This often depended on the timing of the enquiry, whether they were busy with student placements, and whether the Trust had a prior relationship with the returner. Across all the placement providers there were no formal programmes in place for returners.

Following the introduction of the programme, the informal process of offering return to practice placements did not change across most Trusts. Where providers altered their practices, changes and/or additional activity was focussed on communication. For example, one provider disseminated information about returning to practice (the programme) to clinical leads across the Trust, whilst another provider added a return to practice page onto their website.

Two of the five providers had, during the course of the programme, offered additional placements compared with their usual practice. One could not quantify how many, while the other said they had offered three additional placements.

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A range of factors that limited provision of placements were reported by placement provider interviewees, including:

- **A lack of capacity** – Providers who are committed to offering placements for undergraduate students explained that providing additional returner placements alongside these could overburden already stretched staff.

- **Preference to support previous employees** – Several providers preferred to offer placements to previous employees only, because they knew these returners work to high standards and this was important for building trust with their placement mentor.

- **Aversion to risk** - In addition, some providers explained that placement supervisors were sometimes anxious about providing opportunities for returners they did not know. They wanted to avoid being asked to confirm on the HCPC form whether a returner had participated in a placement, in case a fitness to practice concern arose. They were happier entering into a supervision with someone known to them or a trusted colleague.

Most providers were satisfied with the performance of returners during placements. Four of the Trusts interviewed had employed returners in permanent positions following their re-registration; the other provider had interviewed a returner for a post, but the returner was unsuccessful.

4.2 University course providers

There are only two higher education (HE) institutions (University of Derby and Birmingham City University) which run courses specifically to support AHPs to return to practice; none were available for HCSs. These courses are:

- occupational therapy: an online learning module alongside a placement

- diagnostic radiography: and intensive face to face training block with a placement-based assignment

- speech and language therapy: an online distance-learning module for returners.

The three programme leaders of these courses at the two universities were interviewed.

4.2.1 Rationale for engaging with the programme

Both HE providers offered all three Return to Practice courses prior to engaging with the programme, so their rationale was to support additional learners through their courses. For example, the speech and language therapy distance-learning Return to Practice course had been running for five years. It comprises one online module designed to take no more than 12 months to complete, although it can be completed intensively over three months. This course has been very successful with around twenty learners each year.

Recruitment to the diagnostic radiography course involves interviewing candidates alongside potential placement providers, four days intensive face to face learning followed by reflective practice and an assignment. There have been between 3 and 6 students each cohort; with three cohorts each year.

Applicants to the occupational therapy course must have secured a placement before they can enrol on the course. It is an online course with personal tutor support which is offered three times a year and has enrolled between 2 and 6 students on each cohort.

4.2.2 HE providers engagement with the programme

HE providers' engagement with the programme involved engaging with the social media campaign, participating in the Facebook group and supported production of case studies for the HEE website. They also referred students to the programme and processed financial payments from the programme through university systems. Contact with the Programme Lead was primarily to resolve issues around payment systems.

4.2.3 Potential Added Value

Neither HE provider altered their Return to Practice courses as a result of the programme. It is difficult to determine whether the programme has had any effect on the

number of enquiries and/or enrolments on these courses as course numbers fluctuate. However, one HE provider commented that the number of enrolments was particularly large during the running of the Return to Practice programme – this could be attributed to returners feeling a sense of urgency to complete the course whilst the funding was available. It is worth noting that only students who live in England were eligible for the programme, all others would pay course fees.

One HE provider stated that contrary to early expectations, they tended to refer students to the programme, rather than the programme referring potential students to them. No outcomes on re-registration or employment could be attributed to the courses as systematic records about returner reregistration were not kept by the HE providers.

Looking forward, the programme leader for the speech and language therapy course thought their course would be sustainable because of ongoing demand. The HE provider is currently expanding their course offer to include other AHPs (e.g. paramedics, radiographers and radiotherapists). The other provider said that their course would continue but they had no immediate plans for expansion.

4.3 Professional bodies

SQW interviewed two professional bodies who had engaged with the programme. Neither of them provided courses specifically for returners, thus their primary involvement was signposting returners to the programme. Both professional bodies have been in direct contact with the Programme Lead and both said they have worked in partnership to arrange placements for returners.

4.3.1 Context and barriers

The wider labour market context described by both the professional bodies was similar – employers are finding it difficult to recruit and retain staff which is having a knock-on effect on their ability to provide placements for returners. One professional body suggested that high vacancy rates were resulting in overstretched staff, whilst the other stated that there has been a decline in the number of managerial roles in the profession; the net effect of both is reduced capacity to supervise return to practice placements. Furthermore, some placement providers perceived returners as needing a similar level of supervision to that of students, when in fact they are qualified, often very experienced and therefore may require a lot less supervision. The lack of capacity (for example due to prioritising undergraduates, and a preference for working only with known returners) amongst providers to accommodate Return to Practice placements was said to be a major barrier encountered by returners.

Both thought that a focus on providing clear information was helpful. They thought that professionals may not consider returning to practice due to misconceptions about

requirements to pass qualifications or other forms of assessment. They therefore wanted to ensure that returners knew they would not have to pass any courses or take any further qualifications.

4.3.2 Influence of the programme

The professional bodies have helped to promote the programme through social media, monthly newsletters, and by adding links on their websites that signpost returners to the programme site.

> *"I think it's worked well in that when we tell people about it they are very pleased and reassured by it. I think it takes a lot of that pressure away from people, that they feel they have more support from a recognised organisation, rather than being left on their own and having a little bit of support here and there"* – Professional Body

One explained how their time spent on dealing with queries from returners has declined because they have been directing all Return to Practice questions to the programme. The professional bodies interviewed thought that the programme has provided the necessary infrastructure to support AHPs / HCSs returning to practice. They also reiterated the point raised by other interviewees that the existence of a programme has helped returners to feel both valued and reassured about their return to practice journey.

4.4 Summary

Stakeholders frequently stated that they valued the programme as it provided returners with support and a community that one organisation alone could not provide.

Provision of information and other support from the Programme Lead was valued by providers, specifically having a dedicated point of contact.

Most placement and course providers said that they thought that the national social media campaign delivered through the programme was particularly effective. It was considered a good way to make returners feel valued and increase their confidence, and ultimately provide them with 'a way in' to begin their return to practice journey.

The funding available was welcomed both by placement and HE providers who said they hoped the funding would continue after the programme ends. While the latter could not attribute any change in student numbers due to the programme (because they fluctuate so much) course providers said that funding may have encouraged hesitant returners to commit to completing the Return to Practice programme while funding was available.

> *'[students] knew the funding wouldn't be there forever so needed to act quickly to take advantage.'* HE course provider

The process of claiming funding however could have been more straightforward with placement providers saying that it was too bureaucratic and did not fit with their usual claiming procedures.

The current programme covered England alone, whereas professional bodies representing each of the AHP / HCSs more often have a UK membership. Going forward, both of the professional bodies that participated in the research expressed interest for a programme across Wales, Scotland and Northern Ireland. They also wanted returners to better understand the processes involved in returning to practice.

The Return to Practice programme supported existing learning providers and sought to connect returners with placement providers by building a national network of contacts. It operated in a context where a number of structural factors such as the location of placement providers, the rules governing re-admission to the register and the availability of courses influenced returners' journeys. Within this context the programme has encouraged some placement providers to increase the number of placements offered to returners, as two of the five that we consulted had provided additional placements. Providers also reported themselves to be happy with the quality of work delivered by returners with four of the five subsequently employing the returner. However, provision of placements more generally was limited by a number of factors including demand from undergraduate students, pressure on staff to supervise, and a cautious approach to taking on unknown returners. Therefore, in terms of general influence the programme may not have effected structural change, but it has nevertheless made local differences.

5 Effects on returners

5.1 Research participants

The evaluation research sought the perspectives of returners in two ways: a self-completion survey open to everyone who was registered on the programme; and follow up phone interviews with twenty returners who, in the survey, volunteered to participate. For clarity, this section will refer to those who answered the survey as **respondents**, and those who were interviewed as **returner interviewees**. In this section we present key findings from the returners' perspective, specifically, returner motivations for returning to practice, what they did, their placement experiences, formal and self-directed study, and personal outcomes in terms of access to the register and employment. Each sub-section will draw on a combination of data to include both quantitative and qualitative data.

The programme accepted returners on an ongoing basis with people joining the programme and then leaving when they re-registered with HCPC. The population of active returners on the programme therefore changed throughout its lifetime. The survey was distributed to all returners who were actively completing or had completed the programme at the time of issue (which was 375 in total). This was a sub-sample of all the 523 individuals that participated in the programme across its lifetime. For the survey, there were 161 full responses (43% response rate). As with all self-completion surveys, there may be some respondent bias included in the results.

The survey respondents were primarily physiotherapists (23%), occupational therapists (21%), radiographers (16%), dietitians (14%), and speech and language therapists (9%). Most had been away from professional practice for a long period of time, indeed, as Figure 3 shows, 37% had been away for between 5 and 10 years and a further 44% had been away from practice for over ten years.

Of the returners who completed the online survey, 66 volunteered to take part in an interview. SQW selected twenty returners to invite to interview based on their profession, age and progress towards HCPC registration. Of the twenty interviewees, eleven were close to sending their form to be re-admitted to the register, while nine had already re-applied. Seven were under the age of forty years, eight were in their forties and five were over fifty years old.

Figure 3 How long has it been since you last practiced in your profession?
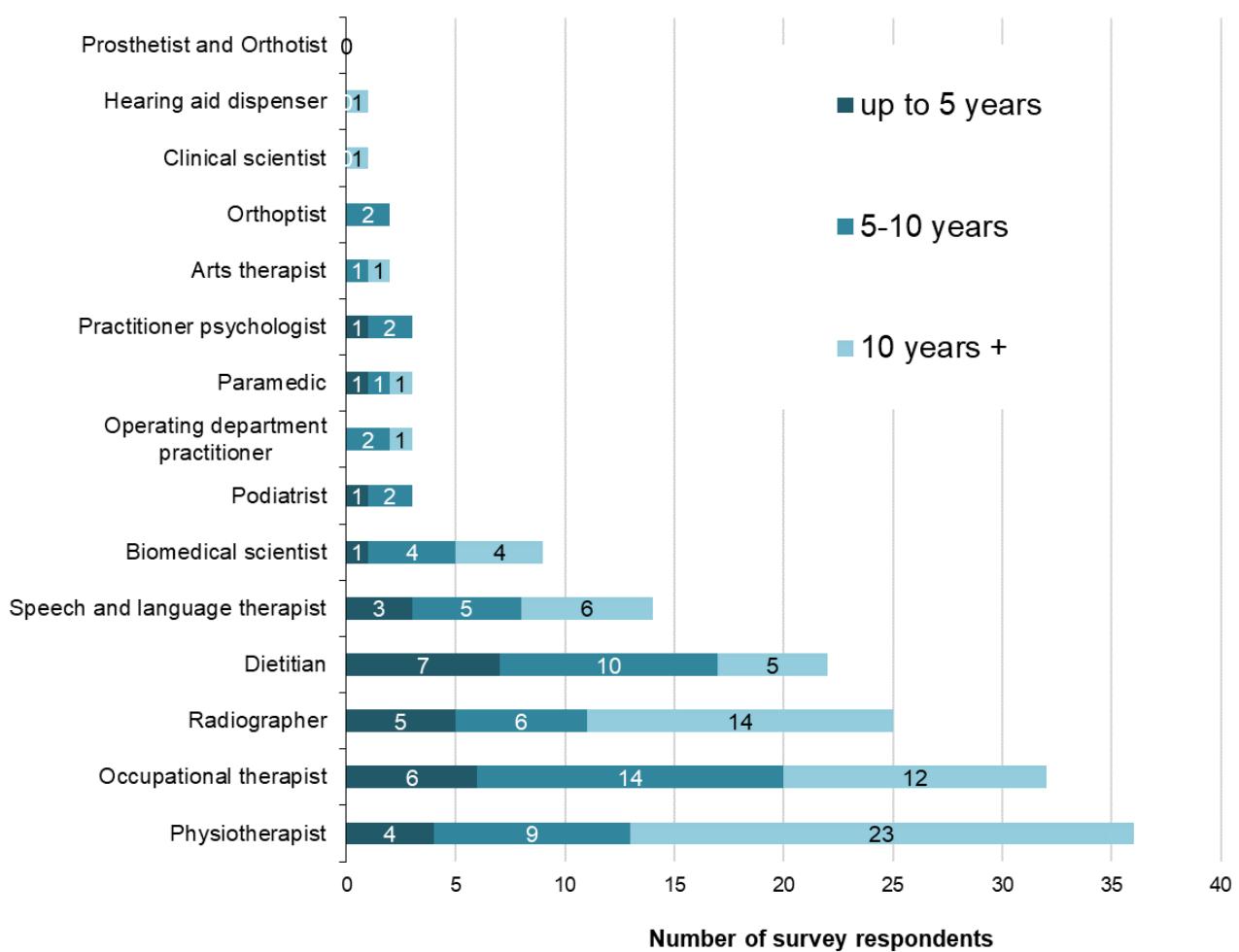
Source: SQW analysis of survey (n=156)

5.2 Motivations for returning to practice

Respondents left their profession for a variety of reasons: childcare was the most often reported (by 49% of respondents); alongside other pull factors such as being attracted by a different career opportunity (13%) and relocation (9%); and push factors such as low job satisfaction (7%) and inability to find work (6%).

> *I had three children under eight, my husband's job involved a lot of travel, so that's one of the main factors [for leaving]. I was only working two days a week and was feeling that I couldn't do a very good job in that time. So it felt like I wasn't doing a good job at work and wasn't doing a good job at home. So with three kids, I made a decision to focus*

on that, and then, when I had more time, to return. – returner to occupational therapy

Decisions to return to practice were similarly based on a range of different factors. Returner interviewees suggested that these included wanting to return to paid work as their children got older, or to move back into professional practice after a period of employment in other roles. Many felt it was important to return to the profession for which they were formally qualified having invested time and money in their training. Enjoyment working in the profession also motivated returners.

> *One of my children is off [to university], and eventually they are all going to go. It's nice to have a career in something, and I can focus on doing the job that I had trained to do… I've just got more time to focus on my career and something that I want to do, and do something for me, instead of cleaning and taxiing the kids around all the time.* – returner to occupational therapy

5.3 Returning to practice

5.3.1 Joining the Return to Practice programme

Survey respondents found out about the programme through a variety of channels. The most common was through a google or internet search (27%), while others found out about it through word of mouth (13%), the HEE website (12%), the HCPC (12%), a university or employer (10%), a professional journal (7%) or a cumulative variety of other sources (20%). The high proportions who found information through the web-based resources suggests that this is an effective way to target information specifically for returners.

Not all participants joined the programme at the outset of their return to practice journey; forty four survey respondents said that they had tried to return previously (27% of all respondents) but were prevented from continuing either because they could not get a placement / supervised practice (20%), did not know how to go about it (11%), or were prevented due to the financial costs of returning (8%).

### 5.3.2 Information, advice and support

Most survey respondents (86%) said they accessed information and advice through the programme. Their most common queries related to:

- the requirements for getting re-registered (77%)
- how to find a placement / supervised practice (64%)

- how to find learning that would be relevant for re-registration (61%)
- help with confidence and motivation to return (45%).

The survey asked respondents about the helpfulness of potential sources of information or advice. The options presented included programme sources and partners (including HEE), alongside other places returners might go, but which are not responsible for advising returners (including universities). Figure 4 presents the results from this question. It shows that the majority of survey respondents (92%) who sought information, found the information, advice and support provided by the programme team either helpful or very helpful. This support took the form of direct phone calls and emails with the Programme Lead and Support Officer, who offered encouragement, links to useful resources, information on how to return to practice, introductions to potential placement providers, and other ad hoc support. Returner interviewees also made it clear that being able to directly contact the programme team for information, advice and support was a key strength of the programme.

Figure 4: How helpful was the advice or information about returning to employment or registration from the following?
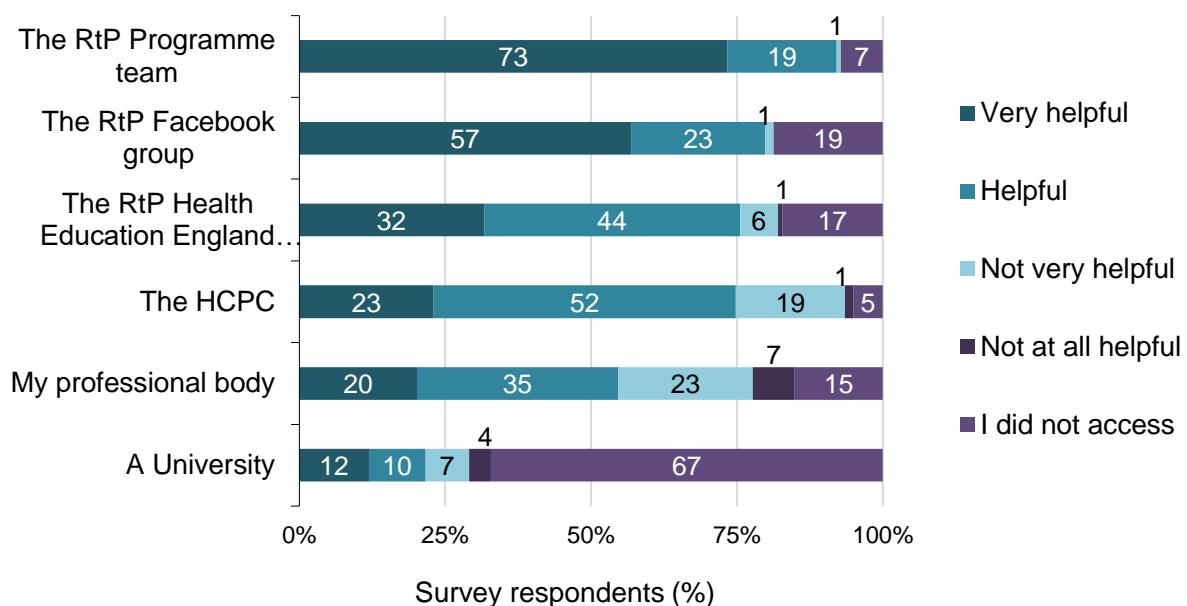
Source: SQW analysis of survey (n=139)

The closed Facebook group was a place for returners to share their experiences of returning to practice, post helpful information, and ask questions. The Facebook group was considered either helpful or very helpful by 80% of survey respondents who sought information and advice (Figure 4). Returner interviewees explained that they valued the Facebook group not only for the practical information it provided, but for the sense of

community it offered. Several said that they could sometimes feel isolated on their Return to Practice journey, but the Facebook group provided a sense that they were "all in it together". They also valued seeing posts from people who had successfully returned to the register, as this gave people the confidence to believe they could achieve this themselves, for example:

> *The thing I found most useful through the Return to Practice Programme was the contact with other Dietitians going through the process, and that worked through the Facebook group* – returner to dietetics

Website information held on both the HCPC website and the HEE Return to Practice page was said to be helpful by 55% and 54% of respondents respectively, with the remainder finding them not to be helpful or not accessing them. Universities were a source of information used by 42% of respondents which is unsurprising as only two universities offered courses relevant to returners from just three professions.

5.3.3 Financing return to practice

There are costs involved in returning to practice, including those associated with a supervised placement or clinical practice. Direct costs included:

- **Childcare** – some returners had to pay for childcare while studying or on placement.

- **Travel and parking at hospital** sites when on placement

- **Study resources** – including the cost of online courses, access to journals and manuals and texts.

- **HCPC readmission** – forms for readmission to the register must be accompanied by a non-refundable fee of £315 (HCPC, 2019).

Each returner could claim up to £500 in expenses under the programme. Some interviewees said that the funding offered through the programme was welcome and helped to cover their costs whilst others stated that the amount they could claim through the programme was not enough to cover the full costs incurred. Subsequently, opinions were mixed as to how far the funding had incentivised returning to practice; while it was not enough to persuade reluctant returners, it did demonstrate their return was valued and acted as a 'sweetener' according to one returner.

Most returners are not paid whilst on placement. Some returner interviewees said that they knew of others who had been able to find a paid placement, but this was said to be unusual.

5.3.4 Claiming expenses from the programme

Ninety respondents to the survey (56%) had planned to make a claim from the programme, or had already done so. Sixty-four respondents had not made a claim. Of these, sixteen said they did not make a claim because the process was confusing (25%). Most who claimed had requested the full £500. However, many encountered issues with the claiming process. This was mainly due to:

- **A lack of clarity around the claiming process** – many returner interviewees did not understand the mechanics around how to claim and receive payments, or did not know where to access this information. Many were also unclear about what expenses were eligible. One third of the survey respondents who did not claim said this was because the claiming process was confusing.

- **Long waits to receive payments** – many reported that it could take many months between claiming for funding and receiving it, which was not made clear at the outset. This may have been partly due to the fact that Trusts found it difficult to find ways to reimburse returners because they are not paid employees and therefore not set up on their payment systems.

5.3.5 Clinical placements / supervised practice

Clinical work placements are a key part of the return to practice journey, with over 90% of respondents undertaking, or planning to undertake a placement. Table 2 shows that 75% of respondents were doing or had completed a placement, 17% were searching for a placement while 7% were not doing one and 2% did not respond to the question.

Table 2: Have you done, or will you do, a clinical placement / supervised practice?

	Response Percent	Response Total
Yes – I have completed a placement / supervised practice	46%	74
Yes – I am doing a placement / supervised practice	29%	46
Yes – But I have not yet secured a placement	17%	27
No – I will not do a placement	7%	11
No response	2%	3

Source: SQW analysis of survey (n=161)

Many found that a successful route to a clinical placement was through contacting existing contacts, particularly former colleagues.

"My old trust were really helpful. I think because they knew me, everything happened a lot more quickly. They were happy to meet and get things set up." – returner to occupational therapy
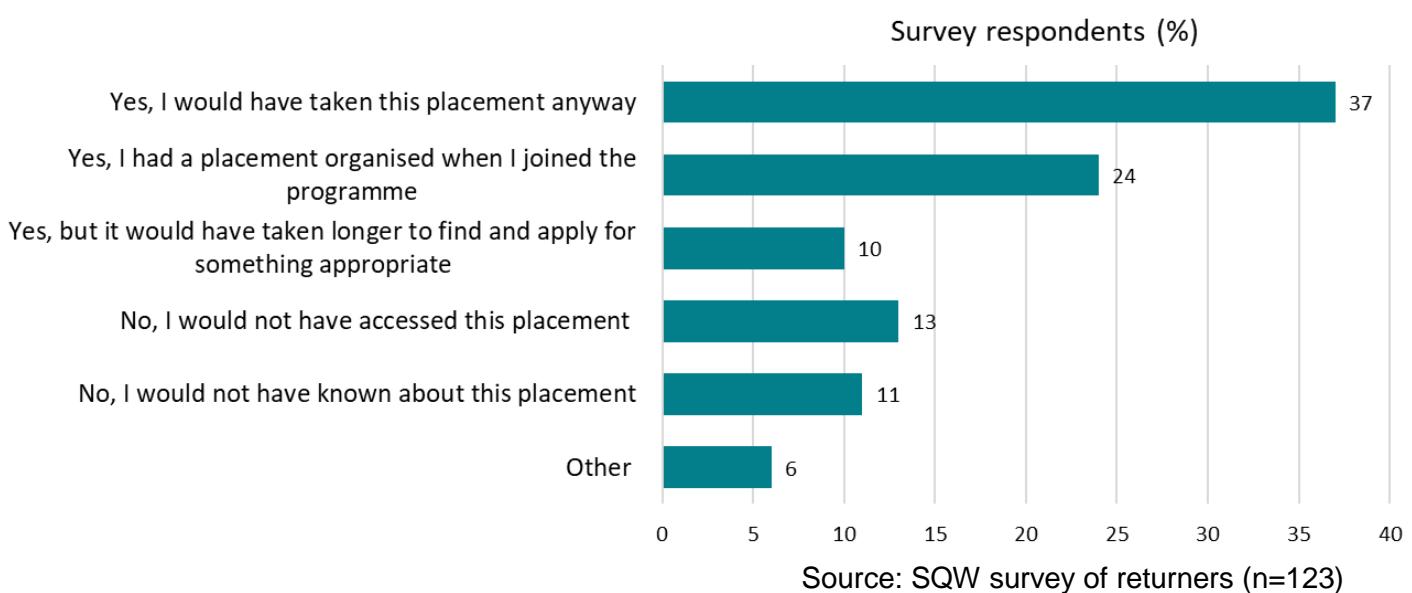
Returner interviewees who did not have links with former colleagues may have found it more difficult to secure a clinical placement. Some who contacted potential employers 'cold' to ask for a placement said they often received no response or a rejection.

Where returners have faced difficulties, the Programme Lead or training provider has supported some to find a placement. Figure 5 shows that the programme has helped one third (33%) of respondents on placements to find their placement or find it quicker.

> *After hearing about the programme, I contacted the [Programme Lead] who told me that the Trust will be insured to take people on for placements ….. I met with the department team and started the placement 2 weeks later.* – returner to orthotics

It also shows that 61% of respondents had their placements organised when they joined the programme and would have started them anyway even without the programme.

Figure 5: Would you have known about or been able to access this placement/ supervised practice without the Return to Practice programme?

Survey respondents (%)

Response	%
Yes, I would have taken this placement anyway	37
Yes, I had a placement organised when I joined the programme	24
Yes, but it would have taken longer to find and apply for something appropriate	10
No, I would not have accessed this placement	13
No, I would not have known about this placement	11
Other	6

Source: SQW survey of returners (n=123)

Throughout the programme, the Programme Lead and Support Officer compiled a list of named placement provider contacts to link returners to opportunities. They used this alongside a range of other proactive measures, included tweeting about the returner and

asking if any provider could offer them a placement, or, directly introducing returners to potential placement providers.

> *Via that scheme [the programme], I listed off the Trusts locally to me that I was interested in doing return to practice with, and actually, I couldn't believe how easy it was to be honest, especially after my previous experience. I ended up securing three placement offers. So I was sort of blown away. I was really surprised* – returner to occupational therapy

The majority of survey respondents who undertook a placement were satisfied with it, with 81% considering their placement to be either high quality, or very high quality. The value of placements to respondents was clear from the interviews.

> *The NHS is changing so quickly so gaining clinical experience is crucially important when returning to practice…The hospital was fantastic. I did 3 consecutive days which is important for continuity …… I was initially treated like a student but latterly I was left to see patients and I felt like a normal member of staff. I completed 61 days of placement.* – returner to physiotherapy

> *They were very flexible in terms of the days and hours I worked… They had me enrolled on all the statutory mandatory training. I have been supervised by a Band 7 who is very experienced… It has been very very positive* – returner to occupational therapy

In addition, the opportunity cost of undertaking extensive periods of unpaid placement experiences was significant for some. A few returner interviewees said they arranged placements that were two or three days per week thus extending the period it takes for them to apply for reregistration and, by implication to be able to take up paid employment. Table 3 shows the duration of placement periods undertaken by all survey respondents, with 39% undertaking up to 30 days; and 32% doing more than 30 days. The remainder were not planning to undertake a placement which could be because they gained their qualification less than five years ago, or they have had other experience that satisfies the 'practicing your profession' requirement such as in education or management. Sixteen percent of respondents were however doing more than 51 days which can include some days that are counted as study days.

Table 3: Total number of days of clinical placement / supervised practice completed, and planned, for reregistration process

Days	Response Total	Percentage
51 - 60+	26	16%
41 - 50	11	7%
31 - 40	16	10%
21 - 30	49	30%
1 - 20	15	9%
0	44	27%
No response	3	1

Source: SQW analysis survey (n=161)

5.3.6 Formal study

One-hundred and twenty-four survey respondents (72%) were undertaking, or planned to undertake, formal study. Of those, over one quarter were completing a university course (26%), while others were undertaking a course from either a professional body (23%), an NHS Trust or service (17%), a dedicated training provider (9%), or an e-learning provider (8%). Table 4 shows that of those who were taking formal study, only one third were taking just one course, with others taking two or more different courses.

Table 4: How many courses have you taken / are you taking as part of your return to practice requirement?

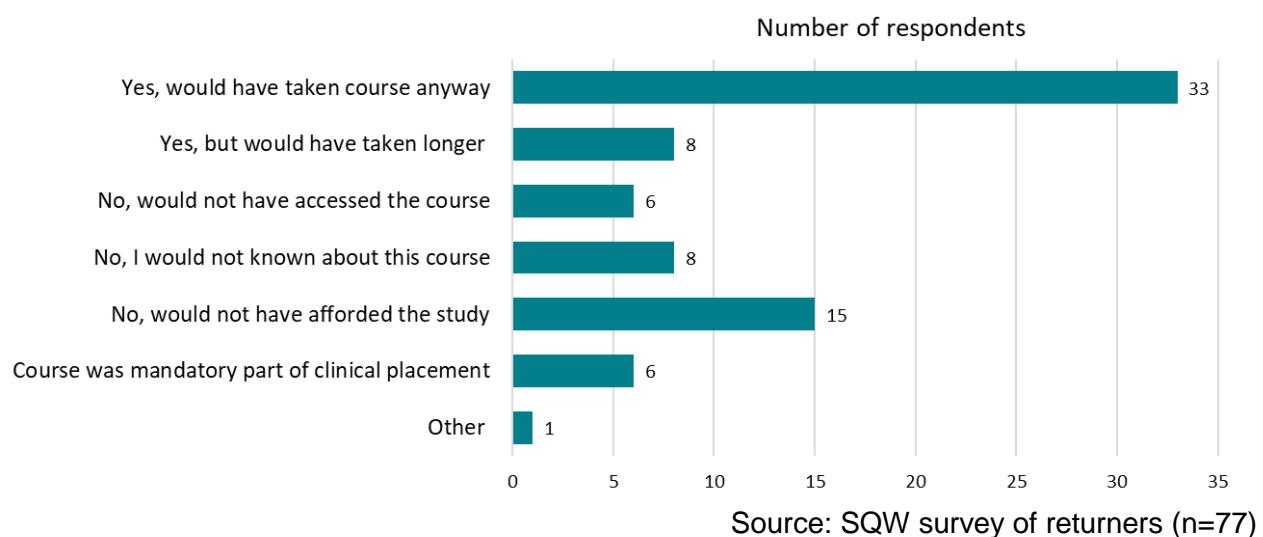|	Response Percent	Response Total
1	33%	36
2	13%	14
3	5%	5
4+	12%	13
Not applicable	10%	11
No response	27%	29

Source: SQW analysis of survey (n=124)

The majority of respondents indicated that their courses were either good or excellent, specifically the relevance and coverage of course materials (78%), the overall quality of the course provider (71%), and the teaching/ tutoring (60%).

Many respondents (33%) who were undertaking a course would have done so without the Return to Practice programme. However, for some respondents, the availability of financial help did make a difference as 23% said they would not have been able to afford to, or would not have accessed the course without the programme (Figure 6).

Figure 6: Would you have known about, or been able to access, this study without the Return to Practice programme?

Number of respondents

Category	Number
Yes, would have taken course anyway	33
Yes, but would have taken longer	8
No, would not have accessed the course	6
No, I would not known about this course	8
No, would not have afforded the study	15
Course was mandatory part of clinical placement	6
Other	1

Source: SQW survey of returners (n=77)

Over one in five respondents were not undertaking formal study and did not plan to. This was mainly because, according to returner interviewees:

- **There were no suitable courses available** – There are not a great deal of courses designed for returners to AHP and HCS professions, and so returners do not have a great choice of courses to find one that suits their needs, in terms of their particular profession, or the days of the week they are available.

- **Formal study was not part of their personal return to practice plan** – they could fulfil the HCPC reregistration requirements without undertaking formal study.

5.3.7 Self-directed study

Aside from formal study, many returner interviewees reported undertaking a wide range of self-directed study or other actions to demonstrate appropriate skills for their application to be readmitted to the Register. These included: reading books and articles, watching online videos and seminars, undertaking online courses, reviewing policy and legislation, and in the case of an arts therapist, practicing music skills. For example, one

interviewee was able to use her experience as a school governor to demonstrate transferable skills such as handling confidential data.

The reported benefits of self-directed study for interviewees included:

- **Flexibility** – self-directed study does not have to be done at set time, and as such can fit around responsibilities such as work and childcare.

- **Usefulness** – self-directed study can be a necessary step in updating knowledge and understanding in order to practice competently. For example, for those who have been out of practice for many years, reading up on policy and legislation updates is key.

However, some interviewees undertook no, or limited, self-directed study as they were concerned that it would be hard to evidence on their application. They thought this might make the HCPC more likely to reject their application. They were also unsure as to how many hours would make up a day of self-directed study, and where to find clarification information.

5.4 Outcomes

5.4.1 HCPC registration

Monitoring data shows that at least 268 of 523 programme starters (51%) have returned to the Register.
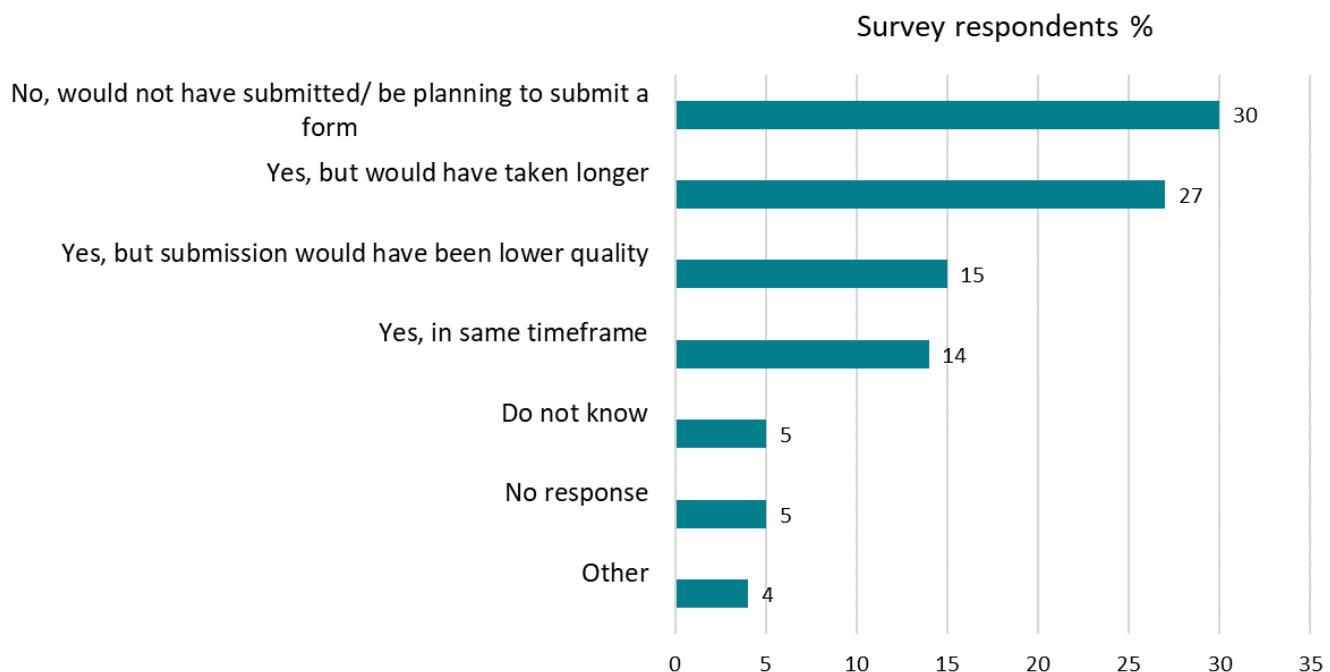
The majority of survey respondents (91%, 76 respondents) had either submitted a re-admission form to HCPC, or, planned to do so soon. The majority (84%) of those who had been accepted onto the Register had been accepted between four and twelve months after first contacting the programme (average of 8 months).

When asked if the programme had helped them prepare to submit a return to practice form to the HCPC already, a third of survey respondents (31%) said they would not have submitted or planned to submit without the programme (Figure 7).

Forty-two percent said that they would have applied for re-registration but their application would have been of lower quality or taken longer. Only 14% said that the programme made no difference to their outcomes.

> *The programme has given me motivation when I needed it, it has given advice when I required it and it has been useful in providing support through the established return to practice group. I may have given up without this".* – returner to radiography

Figure 7: Do you think you would have submitted a return to practice form to HCPC without having participated in the Return to Practice programme?
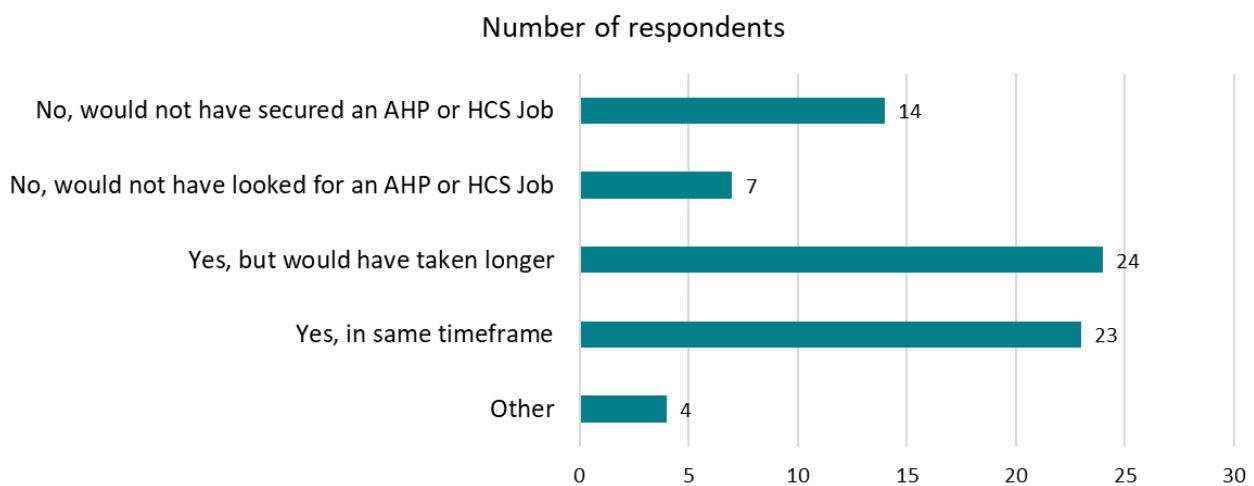
Survey respondents %

Response	Value
No, would not have submitted/ be planning to submit a form	30
Yes, but would have taken longer	27
Yes, but submission would have been lower quality	15
Yes, in same timeframe	14
Do not know	5
No response	5
Other	4

Source: SQW survey of returners (n=140)

5.4.2 Employment

The survey showed, at the time of its completion, that 72 of the respondents (45%) had secured a job as an AHP or HCS, this equates to nearly half of those who had re-registered or planned to soon. This compares closely with the monitoring data which shows that half of those who had re-registered had secured employment within the lifetime of the programme. Of those 72 that had secured a job, the majority (58) were employed by their work placement provider. Some of the respondents reported that they would have regained employment regardless of the programme (23 out of the 72) (Figure 8). However, nearly two thirds of employed survey respondents believed the programme had helped them find and/or secure a job in their profession or do so quicker than would otherwise have been the case.

> *"I was quite pleased that I'd got a [job] interview, and I don't think I would have got the interview had it not been for doing the Return to Practice placement."* – returner to dietetics

32

Figure 8: Do you think securing a job would have happened without having participated in the Return to Practice programme?

Number of respondents

Category	Value
No, would not have secured an AHP or HCS Job	14
No, would not have looked for an AHP or HCS Job	7
Yes, but would have taken longer	24
Yes, in same timeframe	23
Other	4

Source: SQW survey of returners (n=71)

Many returner interviewees were clear that, without the advice, information and guidance of the programme team and the Facebook group, they may not have progressed as far through their return to practice journey as they have. Those who had direct help from the programme team to secure a clinical placement believed they would not have been able to achieve this without the programme. This personal advice, information and guidance either enhanced or accelerated the returner journey.

> *"[The programme] has been really valuable and I do think it's a really important programme, and I think that [the programme team], and all the people behind the scenes, have been really responsive and encouraging, and I think that has made a massive difference to a lot of people."* – returner to occupational therapy

Monitoring data shows that 134, of those who have participated in the programme were known to have secured employment in a professional role.

5.5 Summary

Decisions to leave practice, and to return to practice, were complex and based on a range of factors including: age of children and different level of child care responsibilities; wanting to find a different type of job or, return to professional level employment; relocation; the local labour market and personal factors.

Survey respondents who registered with the programme heard about it through several different routes including: web searches; referral from professional bodies or course providers; and word of mouth. Over a quarter of those surveyed (27%) said that they had

tried once before to return to practice but had failed to achieve this because of a lack of information, difficulty finding a placement, or finance.

Many participants wanted information about returning to practice; 92% of survey respondents found information from the programme team to be helpful, and three quarters of survey respondents (76%) said they found information on the website helpful for this. In addition to information, returners also valued personal support. Over a third (39%) of those surveyed said they wanted help with improving their confidence and giving them sustained motivation to return and they valued the closed Facebook group and personal support from the programme team for this.

The financial costs of returning to practice can be significant for some individuals and include costs for childcare, travel, course materials and HCPC fees. The £500 available to returners does not cover all expenses for all returners but it was appreciated by many as a helpful contribution. Moreover, it signified to them that they were valued and that their journey to the re-join wider healthcare workforce was important. However, many encountered delays and difficulties in getting the money paid to them which tarnished this message.

Most returners responding to the survey completed a clinical placement or supervised practice, which were generally reported to be good quality. Almost a third of survey respondents were spending more than forty days on placement which extends the duration of their return to practice and generates associated opportunity costs.

The best way for returners to secure clinical placements or supervised practice was through their former employer or their professional and social networks. Where these were no longer in place or returners struggled, the programme provided support to a third (33%) of survey respondents.

The provision and accessibility of formal training relevant to all AHPs / HCSs affects returners' experiences. Returners often mixed a range of different courses and found the overall quality of training to be good. However, they also reported a limited choice of courses in terms of professional relevance and accessibility. One quarter of survey respondents said that they would not have been able to access training without the support of the programme. In addition, returners can undertake self-directed study as part of their re-registration. This includes a wide range of self-directed online study, reading professional journals or volunteering.

The majority of survey respondents took between four and twelve months to be re-admitted to the Register after enrolling on the programme.

Monitoring data shows that at least 268 of those who have participated in the programme have re-registered. Of those, at least 134 have secured employment in a professional role. Nearly two thirds of employed survey respondents believe the Return to Practice programme had helped them find and/or secure a job in their AHP or HCS profession or do so quicker than would otherwise have been the case.

6 Summary and recommendations

6.1 Overview

The Return to Practice programme operated between August 2017 and March 2019. It was designed to provide personal support to returners from across all AHP and HCS professions, whilst opening placement opportunities across England. The programme also funded a social media campaign, the payment of expenses to returners and placement providers, and support to higher education course providers. The programme successfully engaged with 523 individuals of whom 268 re-registered with HCPC, and 134 secured professional employment. This falls slightly shy of the targeted 300 returners re-registering to the HCPC register.

Returners who participated in the evaluation were very supportive of the programme. They valued the personal advice and guidance from the programme team as well as the support and encouragement of their peers through the Facebook group. While 14% of those on the programme said that they would have achieved the same outcomes anyway, one-third of survey respondents said that they would not have re-registered without the programme. In addition, over a quarter of survey respondents said that they had previously tried to return to practice but failed.

6.2 Discussion

6.2.1 Social media and online content

The social media and marketing campaign raised awareness of returners as a potential source of skills and experience among some employers, Trusts and professional bodies. Many of the returners found out about the programme through the social media campaign and valued the online community that it created. Having a dedicated return to practice site with key information provided an essential foundation for the programme and the social media campaign consistently attracted both returners and placement providers to the site.

Recommendations

- Maintain the HEE website for returners to allied health and healthcare science professions
- Maintain the closed Facebook group for returners
- Work with professional bodies and HEE to update case studies and create social media stories that attract returners

6.2.2 Support and advice for returners from the programme team

Dedicated support and advice from the programme team was valued and appreciated by the returners. The programme provided personal support to returners who may have been off the register for many years which helped with their confidence and kept them motivated to continue their return to practice journey. The programme team also gave both returners and placement providers impartial advice and reliable information to help them make informed decisions. Throughout the research interview process the programme team were frequently mentioned and people expressed their appreciation of their support and responsiveness. The compact programme team has been able to achieve a lot but having such a small programme team brings risks associated with investing information and insight with one or two key individuals.

Recommendations

- Continue to have dedicated named individual(s) who provide support and advice for returners – they need to be both credible, visible and well networked amongst their respective professional communities
- Ensure that a future programme has a larger core team to benefit from shared networks and to ensure continuous service delivery

6.2.3 Financial support

Financial support was offered to returners, placement providers and course providers.

The programme supported returners with some of the financial costs associated with the requirements to re-register (up to £500). Some returners found the support made a material difference, but for most it was perceived to be a help towards covering the costs. It was also suggested that it validated their decision to seek to return to practice.

Placement providers appreciated the £500 they could claim, but there was little evidence to suggest that it made a difference when considering whether to take a returner on a placement or not. The complicated process of evidencing expenditure and reimbursing providers and individual returners was a key problematic element of the programme.

Higher education course providers have been able to continue to offer their courses to three professional groups in effect without having to charge fees to returners. They reported that this has been helpful in sustaining student numbers. However, student numbers are modest and recruitment numbers have always fluctuated, so it was difficult to attribute any change to the availability of funding. Moreover, courses were only available for three AHP / HCS professions, so this type of support was limited to just over a third (36%) of returners on the programme.

Most returners were not paid while on placement so for extended placement experiences, this created significant costs for the individual.

Recommendations

- Consider simplifying processes of financial assistance for returners on specific programmes
- Consider targeted financial support to those returners who are required to undertake more extensive periods of updating knowledge and skills
- Incentivise HE providers or other approved course providers to develop online learning courses, to improve choice for returners and to reflect learning needs of all AHP / HCSs professions

6.2.4 Linking potential returners and placement providers

The programme team also sought to link potential returners with placement providers to create opportunities. The programme has supported returners who have been out of practice for extended periods, whose personal networks are dated or lost, and who may also need support with confidence and motivation. Placement providers who have connected with the programme have valued the programme and some have offered additional placements or opportunities to returners with whom they have had no prior connection.

Recommendations

- Continue to build registers of potential recruiters and placement providers to be used to raise the profile of returners and connect returners with placement opportunities
- Encourage placement providers to share returner opportunities more widely via social media to open up access to a broader pool of talent

6.2.5 Wider issues and learning points for AHP and HCS

The programme has raised a number of prevailing issues and learning points for the wider stakeholder group and for any future Return to Practice programme.

The programme has raised awareness of the structural issues faced by providers of placements and supervised practice. These include: limited capacity to supervise returners alongside undergraduate students, geographic spread of placement opportunities, as well as an aversion to risks associated with offering placement opportunities to unknown individuals. These difficulties remain, and without changes to both policy and practice it is likely that the current system of variable local practices will prevail. More focussed attention on planning placement experiences for returners alongside students could create a more structured and transparent returner process. This includes a need to better coordinate placements at certain times of year for example, to avoid periods when providers are busy with supervision of undergraduate students.

The guidance for re-registration remains difficult for returners, placement providers and course providers, to interpret with confidence. Having a personal contact to talk to helped them to clarify the requirements, while the peer network group gave returners access to the personal experiences of others going through the same process.

Connections between core stakeholders around returner issues could have been stronger. For example, some AHP professional bodies have resources to offer training courses or advice to individuals, but this is not the case for all of them. While professional bodies have been supportive of the programme, their interaction and engagement with it has been limited. In addition, there have been some gaps in programme coverage. For example, neither returners from Wales, Scotland and Northern Ireland, nor those whose professional body is not part of HCPC were eligible for programme support.

Recommendations

- Map the needs of each profession regarding skills shortages and their geographical location to provide the basis for segmented and targeted marketing and networking activities.

- Mobilise professional bodies and the AHP / HCS workforce to increase awareness of the potential skills and experience that returners bring to the workforce

- Develop an HR network to help facilitate access to placement opportunities for returners

6.2.6 Transferrable Learning

Elements of the Return to Practice programme are relevant for any programme supporting returners. Programmes should be grounded in the recognition and understanding that an individual's career decisions are based on both practical and emotional factors. Furthermore, these factors are likely to differ for returners who have been away from their profession for a longer period of time. Returners who have been out of the labour market for several years may need more practical support (for example, training on new technologies that are used in the workplace), as well as emotional support that helps them rebuild their identity as a working parent or carer. The Return to Practice programme provided this support through financial incentives, advice and signposting. The programme also facilitated the creation of communities of learning and support, connecting peers with each other and with course providers. The use of social media, alongside web-based material, worked well for returners.

A further area of transferrable learning relates to connecting both the supply and the demand sides of the labour market. Raising employer awareness of the potential that returners can bring to the workplace, alongside supporting returners to become workplace ready was a feature of the programme. The Return to Practice programme recognised some of the practical issues faced by employers as well as those associated

with cultural practices. Financial support was offered to cover the direct cost of supporting a returner, with social media campaigns and networking used to advocate for changed practices. This principle should be adopted by other returner programmes, with consideration of the scale and spread of employers in the relevant sectors.

Some aspects of the programme are more specific to the wider healthcare sector. The programme objective was not to support returners to employment, but rather to support them to become work-ready by re-registering. The need for current registration is an absolute requirement for AHPs / HCSs, which may not be the case for healthcare workers in other sectors. In addition, there is national infrastructure that supports workforce development and professional standards in the healthcare sector, which is not the case for all other sectors. This provides advantages in terms of scale and reach, but there is still a need for local interventions (to recognise differences between regions) and profession-specific interventions (to recognise the different skills and employment opportunities that exist between each professional specialism).

Recommendations for other returner programmes

- Address both practical and emotional barriers that returners experience when returning to employment
- Adapt support for returners who have been out of the labour market for longer or who face multiple barriers to returning
- Address both practical barriers and cultural practices among employers
- Use social media alongside web-based material to raise awareness, provide accurate information, and support returners communities
- Seek to balance the reach of a national programme with the needs of localities and sub-sections of the workforce

Annex A: References

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Annex B: Profile of returners

The information in this annex is drawn from registration information provided by the Return to Practice programme management team on 5th March 2019.

Table 5: Returners AHP profession spilt by gender

AHP Profession	Female		Male		Total	
	No.	%	No.	%	No.	%
Arts Therapist	3	1%	0	0%	3	1%
Biomedical Scientist	34	7%	4	1%	38	7%
Chiropodist/ Podiatrist	11	2%	2	0%	13	2%
Clinical Scientist	4	1%	2	0%	6	1%
Radiographer - diagnostic	48	9%	12	2%	60	11%
Radiographer - therapeutic	17	3%	2	0%	19	4%
Dietitian	53	10%	0	0%	53	10%
Hearing Aid Dispenser	1	0%	0	0%	1	0%
Orthoptist	3	1%	1	0%	4	1%
Occupational Therapist	111	21%	6	1%	117	22%
Operating Dept Practitioner	9	2%	5	1%	14	3%
Paramedic	8	2%	8	2%	16	3%
Physiotherapist	98	19%	15	3%	113	22%
Clinical Psychologist	7	1%	0	0%	7	1%
Prosthetist/Orthotist	0	0%	0	0%	0	0%
Speech and Language Therapist	50	10%	1	0%	51	10%
Other	8	2%	0	0%	8	2%
Total	**465**	**89%**	**58**	**11%**	**523**	**100%**

Source: SQW analysis of programme registration data

Table 6: Age of returners

Age group (Years)	Number	%
25-29	24	5%
30-34	44	8%
35-39	89	17%
40-44	108	21%
45-49	112	21%
50-54	77	15%
55-59	43	8%
60+	7	1%
Not known	19	4%
Total	**523**	**100%**

Source: SQW analysis of programme registration data

Table 7: Returners ethnicity

	Number	%
White: British/Irish/English/Scottish/ Northern Irish	346	66%
Asian/Asian British	45	9%
Black/ African/Caribbean/Black British	35	7%
Any other White background (European)	24	5%
British (unspecified)	15	3%
Mixed/multiple ethnic groups	7	1%
Other	1	0%
Not known	50	10%
Total	**523**	**100%**

Source: SQW analysis of programme registration data

Table 8: Date the returner qualified

	Number	%
1960 - 1969	1	0%
1970 - 1979	5	1%
1980 - 1989	60	11%
1990 - 1999	176	34%
2000 - 2009	206	39%
2010 +	72	14%
Not known	3	1%
Total	**523**	**100%**

Source: SQW analysis of programme registration data

Table 9: Date the returner left the HCPC register

Date	Number	%
1980 - 1989	4	1%
1990 - 1999	18	3%
2000 - 2004	35	7%
2005 - 2009	93	18%
2010 - 2014	146	28%
2015 +	72	14%
Never registered	3	1%
Still registered	43	8%
Other	7	1%
N/A	16	3%
Not known	86	16%
Total	**523**	**100%**

Source: SQW analysis of programme registration data

Table 10: Date the returner last practiced

Year	Number	%
1980 - 1989	23	4%
1990 - 1999	21	4%
2000 - 2004	67	13%
2005 - 2009	128	24%
2010 - 2014	177	34%
2015 +	45	9%
Never practised	48	9%
Didn't practise after qualifying	5	1%
Other	1	0%
N/A	5	1%
Not known	3	1%
Total	**523**	**100%**

Source: SQW analysis of programme registration data

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