NHS England

End of Project Report

Birmingham City University AHP Return to Practice Research Report

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Introduction

Recently, the School of Health Sciences at Birmingham City University (BCU) won a tender with Health Education England to deliver a programme of learning for qualified staff who have been out of practice and are no longer on the Health and Care Professions Council (HCPC) register. A distance learning return to practice (RTP) programme was developed by BCU to provide learning for 13 different Allied Health Professions (AHPs) wishing to return to practice and re-register with HCPC. This course is one of two provided by higher education institutions that are currently running within the country.

Our current RTP programme at BCU supports the AHP workforce strategy for England to help AHPs who have left their profession to return to practice. This is important considering the retention problem facing the NHS currently (Weyman et al, 2020). However, there is a paucity of research concerning the views and experiences of AHPs returning to practice.

Coates & Macfadyen (2021) conducted focus group interviews on a sample of returnees in the nursing profession to find themes relating to an experienced ambiguity regarding returnees' identity as both a student and practitioner. Returnee nurses expressed anxiety concerned with how they would be perceived by other staff and how staff would react to their personal journey, including reasons for leaving and returning the profession. The anxiety expressed by the returnees was exacerbated by facing the unknown, especially regarding changes to practice, yet returnees still displayed a motivation and enthusiasm to return to practice. Anxieties were partly managed by enabling ownership over the learning experience and by engaging in a joint collaborative learning experience with their supervisors that incorporated positive feedback that built confidence and resulted in a transformed perspective of equal status. The authors emphasise the need to understand the identity of returnees and their learning needs when aiming to retain staff in the nursing discipline and acknowledge that considering the current retention problem documented within the NHS, the individual needs of returnee staff within the allied health professions should also be explored. Return to practice courses have also shown to support nurses' decisions to return to practice, especially courses that meet returnees' expectations of providing flexible working conditions (Barriball, 2007) and so there may be potential for similar findings to occur within the allied health disciplines.

The proposed research project aims to explore returnees' expectations of returning to practice and their views and experiences of attending the RTP programmes at a HEI in the UK (including at BCU) with aim of further enhancing the support for

AHPs who have left their profession and encouraging their return. This is aligned with the recent Allied Health Professions Strategy for England that states the importance of staff retention in order to ensure the system has the right workforce, with the right skills, in the right place to deliver high -quality care.
An increased understanding of factors attracting AHPs to return to practice, including the barriers/facilitators, will be gained and will impact future initiatives/incentives for HEE and for HEIs offering RTP programmes. This will include strategies for supporting the diverse individual needs of returnees including those studying at HEIs.

The project will explore the following research questions:
a) What are returnees' perceptions and expectations of returning to professional practice within the disciplines of allied health?
b) What are returnees' experiences as a RTP learner/and of their RTP programme of study?
c) What are participants' career plans on completion of their RTP programme?

Methodology

A qualitative research methodology that encompassed a phenomenological approach was used to explore the lived experiences of professionals who were returning to practice within the disciplines of allied health. This experience was explored using individual semi-structured interviews to obtain rich detailed accounts from each returnee. This qualitative method provides a structured schedule that enables specific research questions and topics to be addressed whilst also allowing flexibility to probe and prompt (Silverman, 2010). The research team who conducted the online interviews were briefed on how to conduct the interview using the schedule but to also incorporate prompts and probes where appropriate to ensure that the experience of each returnee was fully captured.

Information about the research was posted online to a SharePoint site and Facebook page both monitored by Health Education England that was accessed by current returnees or professionals who had recently returned to practice. The same information was also added to a university Moodle site that was accessed by professionals studying a RTP course. A final purposive sample of eleven returnees who were currently returning to practice (including those who were studying a formal programme at a HEI) or who had returned within a year in a discipline of allied health contacted the research team to provide their expression to participate. They were then provided with further information about the project including a consent form to sign and return. Following this, a date was agreed with participants to conduct the interview online. Each interview lasted approximately 1 hour in duration.

To capture the diverse rich experiences reported by the sample of returnees, which differed in the specific discipline of allied health practice, inductive framework analysis was the chosen method of analysis for this data set. Framework analysis

allows one to document important differences in participants (in this case allied health discipline) that could result in the formation of unique typologies that reflect slightly different experiences. The framework provides a clear audit trail for each theme and how participants' experiences align to these themes and sub-categories and the mapping of each participant's account to the framework enables the analyst to capture any unique trends or differences that could reflect specific typologies. Interview transcripts of both cohorts were therefore analysed collectively to form one framework. Following the recommended steps set out by Ritchie et al (2014) each interview was transcribed and then read through to enable familiarity and initial impressions to be formed. Line by line coding was then applied to each transcript containing both descriptive and interpretive codes that were subsequently combined into distinct categories from which an initial framework was formed.

Results

Participant	Discipline of work	Approx years in work prior to leaving	Duration of career break
Rachel	Occupational Therapist	16 years	5 years
Jeff	Paramedic	8 years	3 years
Kevin	Radiographer	12 years	8 years
Anna	Physiotherapist	2 years	16 years
Charlotte	Physiotherapist	NA	8 years
Melanie	Physiotherapist	10 years	20 years
Deborah	Dietician	40 years	4 years
Faye	Dietician	12 years	15 years
Sarah	Physiotherapist	10 years	11 years
Tracey	Physiotherapist	10 years	6 years
Georgia	Occupational Therapist	8 years	3 years

Theme 1 - Leaving the profession to re-focus, refresh and re-prioritise

For many of the returnees, significant life events had forced them to re-focus and re-prioritise their commitments, which meant taking a break from their career aspirations. Four of the participants referred to childcare as the reason for needing to leave practice, coupled with other factors such as having to relocate for their partner's work. The need for providing full-time care for their children prevented them from returning as was the case for Anna.

I had my second child and I couldn't cope with the childcare costs And the traveling and keeping it up anyway was impossible (Anna)

Not only was it perceived as impossible to work alongside childcare for some, but for anyone with children considering returning to work, it was made difficult due to the financial constraints this imposed upon them and their family.

I didn't go back (to work) until the children were at school as financially, it did not make sense to go back to work. We worked out with costs of childcare that I would not be brining any money back. Also, it would have been more stressful at home if I had worked as my partner wasn't able to be around much and travelled a lot for work (Tracey).

In addition to child-care, some returnees reported leaving their profession due to having to care full-time for family members who had been taken ill. Jeff comments on his experience trying to seek flexible working to enable him to continue working whilst also caring for his father, which was denied, resulting in his decision to leave the profession. In his own words, this decision was an easy one, placing more value on family then his own career.

We can't, we can't really do just one day a week a week. And, okay so that was that. I left… I'll say to anybody, you know, your family comes first and you look after your family because none of us are here long enough. You know the job's not going anywhere. (Jeff)

For other returnees, the decision to leave their profession was because of more individual reasons relating to their own perception of their job satisfaction. For Faye, even though childcare was one reason for leaving she also had become 'disillusioned' with her role commenting on not being able to meet the needs of her patients in the way she would have liked too. Deborah also comments on feeling fed up with her role, deciding to take a break from it all.

I was disillusioned working in hospital when I left as you're completely constrained by what's on offer… It became quite difficult what you were doing with patients. So I did find that quite frustrating (Faye)

Well most of the time you feel you're doing a really reasonable job, you're achieving something, you're contributing whatever, and then at other times you feel that it's driving you completely bonkers, and the sooner you get out, the better…. I was just coming up to retiring, so I felt elated and fagged out in equal measure (Deborah)

By leaving the profession it gave returnees a chance to consider alternative career paths and opportunities that they may not have considered had they decided to stay. For example, Faye has since found that working in primary care she is able to meet the needs of her clients and therefore feels satisfied in her role.

This isn't so much a problem now in primary care (Faye)

Similarly, Sarah and Kevin, both chose to leave their profession to explore alternate avenues that drew on related but slightly different skills that they wanted to explore and were passionate about.

I came back to this country then I started a course on industrial engineering, so I was willing to do something else…I was thinking of doing something that I don't have to use the machine all the time. You know something I can just sit down and do with my hands… You it's actually I need challenging field of engineering. It

involves a lot of practical skills… That's why I proceed on the field to go for a masters in a medical device. You know, because it's still all related, you know (Kevin).

I moved into more work related to research and policy as was doing that at the time and found it interesting. It was a barrier trying to do this research in practice so fine to leave that doing something more passionate about (Sarah).

The decision to leave provided returnees with the opportunity to reflect on their careers and to re-think their career pathway.

So that gave me freedom I suppose to develop my career and I think him taking early retirement made me sort of think ohh gosh I'm not ready to retire yet. I feel like I've still got some, I've still got some career left in me (Rachel)

You can re-define yourself as a physio. Let's go in another direction. Gives you an opportunity to rethink your career expertise (Tracey).

Most of the returnees had a long-term goal in mind to progress in a specific area of their career which often involved gaining a higher banding or a more specialist role.

In five to ten years time I would potentially moving up a band (Georgia)

For those who had a significant break often due to caring responsibilities, they were determined to return to practice and this was often perceived as a triumph over what had been a stressful period in their lives. Thus, they chose to adopt the narrative of returning as a positive act of resilience as opposed to viewing the decision to leave as an act of failure.

I mean it's giving me my whole sort of professional career back and really good self-esteem that yeah, you can actually you know when life deals you a pack of cards, which perhaps is not the ones you want to play like we did in my case. I was able to turn it round, it's been positive. It's given me loads of confidence, self esteem and resilience (Mel).

It's an achievement, you know, to me, because sometimes when you don't, when you quit your profession, some people view you as a failure. Coming back is to me it's an achievement. Coming back to me had more prestige. I feel great about it (Kevin).

For Charlotte, having not been in practice since graduating she took a break to increase her confidence through gaining relevant work experience as a way of navigating her role in her chosen profession.

I wanted to work in Community cause I felt that that was important and it was, from working in the community as a carer that I saw in the Community preference is more about community in their own homes rather than in a care home or a nursing home… what's different in the role, what I've noticed from my experiences, I've changed my perspective about the role (Charlotte).

Many commented on the fact that the covid-19 pandemic provided them with a little more time to consider their options as some decided not to go back due to infection risk. Whereas for others, they saw this as an opportunity to try out their return back to practice by supporting those in the frontline of the pandemic through signing on a temporary registration.

It did take a while, but to be honest, quite good to kind of you know clarify that I really did want to do it (Anna)

It shouldn't really have been that long because, I would have come back, but with COVID, it just wasn't a good time to return. So, I sort of waited until that had finished and then, so it's been longer really than I would have done. I think clinically would have just been too much of an infection risk really (Rachel)

Stop putting any barriers up. You're gonna do this regardless. And then COVID hit. It was like, well, that COVID is not going to stop me, so I literally when I contacted healthcare health education England, it was just before we went into the first national lockdown, I'm doing it (Mel)

Why don't you just go back and use, maybe you've got that temporary registration you can go back and do some work? And I thought actually that's probably not a bad shout and I probably could help you know I mean I can I know I've got something to offer. So that's kind of where it started (Jeff)

During the process of returning, returnees also commented on the advantages it had in being able to view the profession in a different way from the 'outside in' due to the different opportunities it provided them.

I've spent some time with the neighbourhood teams to see how they would slot in when we discharge… all those things that I think as a as a band 7 you just would never have got the chance to do really (Rachel)

For Anna, shadowing her supervisor meant being able to spend more time listening to patients maybe than her previous role would have allowed her too.

It was probably the best treatment because they got my listening ear. And I think probably I found that I took a lot longer with patients than a more experienced, physio (Anna)

Returnees also felt like they were refreshed from their career break returning with a positive energy that may have been lacking in those who remained in such demanding caring professions.
I feel refreshed and ready, and I have energy for it and love for the role probably more so now than when I first qualified. I enjoy learning again and using bits of my brain what I haven't used for a while… It's a caring profession and you can't offer that level of empathy and concern without getting some kind of burnout so having a break re-energises that, which is lovely. (Tracey)

This break also enabled returnees to come back with a more critical eye, especially with some having received teaching materials relevant to appraisal skills and evidence-based practice as part of their guided self-study.

It was good to come back and to see it afresh…coming in with new eyes you often forget about things like comm models , leadership, resilience. so you're bringing in these new skills back into the workplace (Faye).

Theme 2 – A feeling of belonging: Being respected and valued as a returning professional

Despite choosing to leave their profession for many reasons outlined in theme 1, returnees missed the connection they had to their profession and to the colleagues that they used to work with. The sense of belonging to a professional group was deemed important for many and often the primary reason for returning to practice. This attracted a return to the job even through the job itself was deemed to have many challenges.

I always missed being a paramedic. I missed the you know, my, my job. I missed the people I worked with. I still have- all my friends are still in the ambulance service and I still keep in touch with them I still know now, oh yeah, best thing you ever did was getting out, it's terrible (Jeff)

There's some of my colleagues too, who are currently practicing all over here in UK are also a motivating factors. OK, let me come back and and join you guys… it's not even about the pay now. Its about the profession you have chosen. You don't just want to quit just like that. OK. I will do it. I'll come back to the register you know and then your colleagues that you see around because like I'm, I belong to this, the Society of radiographer. I belong to the college (Kevin).

For some returnees during the work prior to returning, they felt undervalued. The fact that Jeff's request for more flexible working hours to care for his father was denied left him feeling let down and disheartened by the service of which he had invested in so much prior to this. Jeff speaks about his colleagues who are also leaving the ambulance service due to feeling unappreciated and since returning to general practice role has felt more valued in comparison to what he describes as a profession losing touch with the needs of staff.

I was a bit disheartened with the service at the time, I wasn't particularly geting a great deal of help from them.. The ambulance service has become too, far too target driven. And they've lost track, I think, of their staff… I've got opportunities and I feel like I'm valued more here… people are leaving the ambulance service in droves and going into general practise… the ambulance service, they're never gonna look after you. (Jeff).

Rachel also comments on being moved around across roles that she wasn't interested in doing because she was working part-time, culminating in a feeling of being undervalued.

I was working quite part time. I was being moved around. So I wasn't always in this team, but actually I didn't really always like where I was moved to and I maybe I didn't feel very valued either really by the old manager (Rachel).

Feeling connected to their colleagues in the team they were working in was also very important for all returnees either during their supervised placement activity or in their new job post return.

Yeah, you have good days and bad days in any job, but it's the people you work with and the community group we have are just great. So I think and they've all sort of listened and they've been really supportive to me actually coming back (Anna)

Whilst feeling like a valued member of the team, it was still important that supervisors acknowledged and appreciated the learning needs of the returnee. Rachel comments on the balance that was achieved in being able to feel like she could share the workload as a team member whilst also having colleagues who would not take advantage of this additional help. They instead ensured that her learning needs and goals were still being met.

They would still, you know, come and ask me things or discuss things with me. They don't want me to feel used. They like say they might say oh, you know, we're really stuck or I didn't manage to get see these people today. Could you do it? Yet, they don't want to just use me. They want me to do it because it's, it's in line with what I need to do….she said as long as it's within her objectives, that's sort of, you know, it's been quite respectful (Rachel).

Being welcomed by the team and feeling as if the team and supervisors were aware of the learning needs and prior experience of the returnee was also recognised as adding to the perception of feeling like a valued team member by many returnees. *But like when I arrived here, my uniform was here, all the stuff, my name badge was here, you know, it was, it was all sort of they've got my objectives before I arrived. It was, you know, everybody was aware that I was coming and were welcoming (Rachel).*

I was received really well, so that they from day one everybody welcomed me. I was introduced. They all knew what role I was doing. They all knew of previous role had been (Mel).

It was considered important for colleagues and supervisors to be open to answering questions and supporting the learning journey of the returnees.

They answer your questions, were very welcoming and that that made it all worthwhile (Deborah).

He must have got sick of me asking so many questions, but my other boss was massively encouraging and supportive. They knew my situation and did not take me on naively (Tracey).

Part of the feeling of being valued and respected came from an appreciation of being listened to and understood by their colleagues and supervisors. It was agreed that the role of the supervisors was to support the learning process and to respect that returnees were still learning despite any prior experience.

They are coming to learn so give them space. You know mentorship is about you appoint a mentor to that person. So the person will see it as a responsibility or will see it as a challenge to mentor the person and guide him (Kevin).

They have to accept that you're there to learn and so you need to try and fit in and encourage people to teach you as an equal that still needs to learn (Faye).

But with regard to the return to practice, she (tutor) didn't necessarily know how to support me. And then I had personal tutor change so, it was a good few months into the course and we had this meeting and she was absolutely amazing for talking through with me and listening to what I was interested in and then kind of helping me identify how to find out what I wanted to focus on (Charlotte).

For Anna, she recognised how one of her supervisors didn't trust her to carry out tasks as an autonomous team member, rather treating her more as a supervised student.

They (supervisors) were not confident at sort of understanding the supervised practice role. And they weren't quite sure about it. And to be honest, I probably wasn't that confident in saying I'm totally insured to see patients and whatever. The trust side of it was you know, obviously the more you get given to do, the more you feel valued (Anna).

She does acknowledge the fact that this wasn't initially sought after though, and she later acknowledges the perceived value in her supervisor appreciating her lack of confidence returning to practice.

All I really wanted to do when I first went back, all I wanted to do was shadow. I really didn't want to be taking the lead on anything… They've been really good and very supportive and understanding of my confidence issues going back (Anna)
The boundary between returnee and student is rather blurry as Faye also explained when her supervisors were unsure as to how best to support her needs which were not in her view adequately explored.

I found that quite difficult. I felt like they didn't know how to deal with me because I'm not a student, cause they weren't sure what my knowledge base was, which actually I felt my knowledge base at the time was quite low (Faye).

Sarah also found in her Trust that a lack of experience in supervising returners was evident through the absence of a structured plan to meet the needs or even explore these initially. Instead, Sarah comments on the extensive shadowing, which results in a feeling of disconnect from her team and a lack of professional identity since she was never introduced or acknowledged as a returning professional but instead treated much like a student having to compete for resources with other students on

placement. Sarah does still acknowledge the trust given to her by her supervisory team in allowing her to determine her own readiness to work.

But it's very much a kind of afterthought. It's not at all a kind of significant, you know, noticeable part of her role. I'm just kind of there. And, you know, I feel like totally incidental at times, you know, like it doesn't really matter if I'm there or not. I don't have an integrated, which I understand to a certain extent cause im part time and a super newbie… there's a student at the moment and you know, we neither of us have been given laptops right or no. So we're kind of, you know, endlessly trying to fight over the single really badly working desktop computer… People are people are really lovely and welcoming, but doesn't necessarily mean that you've got a defined role, you know (Faye).

The need for supervisors to provide case management experience in order for returnees to meet competencies required for their return to work was mentioned by Tracey. This was something she eventually received after a while of shadowing experience but was grateful that this was acknowledged initially by her supervisor.

At one point she was like you kinda need to do visits on your own and I was like yeah and then she was like ok then off you go. So then I had a caseload and I didn't feel like a student. We just checked in at the end of the day and she signed off my notes. I felt I was being treated like a rtp physio with 10 ears under my belt so it was like a respect thing (Tracey).

Theme 3 Demonstrating competence (a self and social sense of competence)

Self-confidence in being a competent returner

Many of the returnees reported feeling low in confidence returning to work and were anxious about making mistakes. Some described their return to practice as fraudulent and reported feeling like an imposter on the job despite having years of experience prior to returning.

Definitely have massive imposter syndrome. I feel like a fraud (Faye)
One of the most nerve-racking things I've done was my first day of paid employment. I felt like a fraud. I was anxious that someone would ask you about something and you wouldn't have a clue (Tracey).

Yet, once they had returned many reported feelings like they hadn't really lost their ability to demonstrate the key skills and knowledge required to practice.
I'm gonna be back out doing this again. And yeah, you've not been out. Am I gonna be a rabbit in the headlights and just freeze, or is it gonna work. And actually it's funny really, once I've got back out on the road, it's like you've never been away (Jeff).

The lack of perceived competence was in reference to changes that had occurred in processes, systems and policies within the NHS as opposed to general knowledge of theory.

There's a lot that changes within the NHS, obviously not within the anatomy and the human side of it, but all the policies and the guidelines (Charlotte).

This includes the use of digital, electronic equipment and systems that were now a regular part of health practice but were a novelty for many returning. Whilst returnees saw the benefits these changes had for practice, it meant having to adapt to a very different way of working which caused them anxiety. This anxiety was often related to the way in which they felt embarrassed in demonstrating a lack of experience with IT.

There were a few incidences like that with as if the electronic records because I was quite slow with that and I felt like that was frustrating for people sometimes (Faye)

Things that have changed as far as I can see, like the accessibility of IT, and you know, being able to do electronic patient records at the bedside which saves an awful lot of time. And certainly the remote working. So things like this, Teams, being able to talk to patients and relatives and carers and care staff via Teams. You know, in the, in the old days… a face to face contact actually meant to face to face contact (Deborah).

Well, I feel like, I feel like a complete twit doing them, but if if I had an Apple computer here. I'd be away, I'd be away. But it's embarrassing, you know? (Rachel) We didn't do computers it was all written medical notes. It was all on computers and I had to learn a computer system on how to document notes. It had all changed (Tracey).

Kevin refers to feeling like an old radiographer having to adapt to the digital equipment amongst younger newly qualified colleagues who were used to this way of working.

It was a little bit of a challenge. It was a little bit of feeling low. I feel low because of the the new generation of radiographers. A little, a little bit more digital, digital conscious than analogue so and people think if you are had an analogue radiographer it's like you are just an old radiographer… Especially when you when you have to work with someone that just finished maybe about a year ago (Kevin).

Despite being confident in the fundamentals of her job, Tracey also comments on a change in the role of a physio since she left the profession that incorporated more generic skills that she associated with other disciplines such as nursing and occupational therapy.
The lines have blurred it's no longer pure physio in any role you have to address the nursing side of it and OT side. It was all completely new to me. It's now very generic working. The fundamentals of physio are still there but it's much more generic (Tracey).

Jeff places value on what could be considered more of the tacit skills that are learnt on the job rather than through formal learning, which he found he could apply

instinctively on his return to work. Any changes that took him by surprise on his return were more to do with regulatory changes and changes to equipment.

This job, you learn stuff when you go to college or university, but once you're actually out on the road, it's where you learn this job, you know, doing the shifts time and time again, seeing people in every demographic you can think of or you know to a car crash or whatever in the pouring rain on the side of the motorway when it's blowing a hooly, and everyone's still rushing by, you know. It's very- there's lots of stuff and that you take away from every single job and some of these jobs, you'll never forget the rest of your life…I know that instinct, it's there and you don't forget a lot of these things, but actually, you know, equipment changes, drug protocols were changing all the time. when I first went back on the road. Bloody hell, this is completely different, everything's changed (Jeff).

Some returnees drew upon skills obtained through their life experiences outside of their clinical practice but that were still considered important in establishing a sense of clinical competence on return to practice.

I have a bit of a, erm, a a wisdom about situations really, because I can- because of my life experience, yeah (Rachel).

It was only through the course that I recognised my transferable skills and I knew that my communication experiences throughout the pub work and community care had really helped (Charlotte).

Anna describes an account she had with a patient whilst shadowing which allowed her to connect with the patient on similar life experiences that other younger staff couldn't relate to.

She said this girl (pointing to the young physio) I was working with, she's great, she's helped me and everything, but she just doesn't understand, you know, she's just got no life experience (Anna).

Differences were evident across the returners in the confidence they presented in their abilities when referring to NHS banding roles. Whilst there was an acceptance that they were not going to return in the same banding position that they once had, some were less willing to begin their return at a band 5 level. This was perceived as some as a step back in their career and considered such a move as undervaluing the wealth of experience that they had prior to returning.

I thought, well I'm not going back to band 5…. I could have done their job standing on my head…., I thought, well, you know, I haven't been a band 5 for 30 something years. I'm not, thank you very much (Rachel).

There was an expectation that I would go back into a band 5 role which was difficult to accept and it made me feel undervalued (Faye).

In some cases, returners applied for higher banding positions but were talked down by colleagues who viewed them to be at a lower level of competence given their break in practice.

I was offered a band 6 and some people frowned upon that and one person thought I should apply for a band 5 and work my way up (Tracey).

A social competence

For all the returnees, it was important that they portrayed a sense of competence to their colleagues in order to fit in with the team that they were working with. Many referred to not wanting to be seen as the odd one out that asked lots of questions or the one that was deemed to not know what they were doing on their return.

I feel conscious that I don't want to be thought of as old or not with it or, you know, not up with things. I feel like I wanted to say- you know what, I I can do all these things on an apple (computer) that I wanted to be defensive a little bit really. It's just made me feel like that because I was having to ask people… I don't wanna make a mistake. I don't wanna look stupid. (Rachel).

Anna talks about the benefit of returning alongside new band 5 colleagues as a way of 'fitting in'.

And other people being the ones to ask the questions, the other band fives going 'ohh hey, I don't remember, what's that?' because you do tend to feel like you're the only one asking questions for a while (Anna).

This desire stemmed from an expectation that they had of themselves and one that they perceived their colleagues might have of them now that they were deemed as returning practitioners as opposed to considered students. Demonstrating competence was a way of establishing a positive reputation as means to gaining respect from their working colleagues.

On placement I felt like a student asking questions and that was acceptable. But when I was paid to be a physio and had no confidence that was really difficult and the hardest point of the process (Tracey).

You need to establish your reputation, do as good a job as you can and then gradually move out into the difficult bits (Deborah).

For Charlotte, as she hadn't registered after graduating in the field, she made the choice not to reveal her history to her colleagues to reduce any potential negative judgment they may have on her experience.

I expect people to think, particularly because I've never practised that it's not just a break, it's an absolute pause or it's never started. So I think that that makes me feel like people would be more wary, less inclined to believe in me (Charlotte).

For Kevin, he refers to the way in which he felt judged by his working peers based on an expectation that they had of him as a returner but as mentioned above, this lack of knowledge was due to changes in the system as opposed to his knowledge of theory.

So they see you that because you are qualified you are expected to know some basic things. Meanwhile, those basic things, you know, have been modernized. You know, things have changed, so you need to learn from basic, you know, up. So that's why some of them look down on you… To apply it, application it's always challenging. Anatomy and Physiology remain constant (Kevin).

Similarly, for Faye, she also felt anxious about her performance on her return based on a perception that she was failing to meet the expectations of her supervisors when having to manage the novelty of IT systems in addition to having to manage clients and recall specific knowledge.

They expected me to know things, but I'd long forgotten (Faye).

The need for supervisors to recognise the learning needs of returnees was presented in theme 2 and is something Tracey states is important to avoid the mistake in thinking that returns will 'hit the ground running' as they start work. For some returnees, part of being competent was to accept that you can know everything and that part of their role was to accept and manage the unknown.

I'd like to get from return to practise to perfectly competent, confident know what she's doing. Everyone thinks she's amazing at her job. But there is that process, you learn from making mistakes. You learn from experience, and it's just that unknown bit that is the scary part (Charlotte).

As Deborah points out, for her being open to learning new things and admitting this is an important trait.

But I think whatever you're doing, whether you're a returner or whether you're just carrying on, there are things that you miss and things that you forget and you know, I don't think people should feel nervous about that because, we all forget stuff. If we're not working with it all the time, we forget stuff. So you ask somebody, don't you? If we all go to work and pretend we know everything all the time, then we are getting very dangerous, I think (Deborah).

Mel also mentions how open she was to her supervisory team in acknowledging her weaknesses so that she could make the most of the learning experience.
I was quite up front to begin with and made sure that everybody in the team knew where my weaknesses were (Mel).

Theme 4: Navigating the return to practice process

All returnees commented on the lack of clarity and transparency regarding the process of returning, which included the process of documenting evidence and awareness of the options available for a path back into practice.

Lack of information and confusion, I think. I went to the HCPC website about reregistration. I didn't know that Health Education England would be involved at all. So I went to the HCPC website and they had of course changed the rules for reregistration as a result of COVID. It wasn't completely clear to me what had changed because it wasn't organised and presented in a way that was clear to me (Deborah).

It wasn't an easy it wasn't very obvious how to do it… (Jeff).

I feel a bit like I've just made it up as I go along (Rachel).

Some returnees commented specifically on the lack of outreach work and promotion of returning to practice which they felt contributed to the lack of awareness.

I'm not quite sure how there could be, apart from putting adverts on the telly or on, I don't know, whatever social media people look at to say, you know, did you use to be a physiotherapist? Did you use to be a dietitian? Did you use to be an OT? Did you use to be a radiographer? Had you thought about coming back? I don't remember ever seeing anything, I looked because I intended to do it anyway. If I'd not, then I don't know really how I would have found out (Deborah).

Well, actually HEE have got loads of resources, but I didn't know about them (Rachel).

For Rachel she was unaware of any university structured course that would support help through this process.

I feel like I came across things quite late in the day really that would have been helpful quite earlier (Rachel).

Charlotte had not come across the phase 'return to practice' prior to having a discussion with her OT having not considered herself as a returner.

It was only from the Occupational health appointment with the nurse where we were talking, just as you do in those kind of interactions. Just mentioning this sort of process and why I was doing that role. And she was talking about the returned practise process for nurses, and it was then that I got this 'returned to practise' phrase. Because I guess I didn't think about it as returned to practise because I'd never practised (Charlotte).

Returnees reported a lack of support and difficulty obtaining answers as they tried to navigate the process resulting in a feeling of isolation as they attempted to work their way through it.

I felt quite isolated, There wasn't anything. Nothing at all. No support. This was 100% self-directed return to practise. it just seemed like you're just, you can never to anybody at the HCPC, so you have to e-mail them and they just never seem to get back to anybody. It very slow (Jeff).

You know, just finding information at first I was flicking through Facebook to try and find things that might be useful (Rachel).

They would say I don't know why you've got my e-mail. But I'll forward your details to the next person and then they were like, no, it's somebody else, you know. But anyway you get there in the end. It just takes months (Anna).

It was also deemed important for returnees to have established contacts within practice as they often drew upon these networks in some cases by chance, to direct them to resources that aided the returning process. This also included funding opportunities that were otherwise unknown to the returnee.

It's not what you know, it's who you know. I: Do you feel like, the fact that you had a relationship with that person at XXX C: Oh yeah 100%. If I didn't have it, it (securing funding) wouldn't have happened (Jeff).

If you've worked in practise, then you've got you go to contacts of the people that your networked with before… trying to figure out how to do it is a barrier (Charlotte).

I decided that year I was going to do this returning there was actually a huge article… a whole article on returning. So I read that in, contacted him. But I mean, he doesn't do these articles every month. So if you were just like, randomly decided you were going to go back tomorrow, I don't actually know where you'd start (Mel).

The importance of contacts was also evident in the returnees' experience of obtaining supervised placement as part of evidencing their returning competencies. The process of securing a required supervised placement was considered much more difficult for those who were unable to draw on established contacts within the service.

Anna for example decides to walk into her local trust to establish a contact to support her return after not being able to identify a contact in an area that was new to her.

I live in Nottinghamshire now and I never worked here, so I didn't know any of the hospitals… So it was really difficult to try and find a contact and a way in. Eventually I actually just walked into Bassetlaw Hospital in Worksop, and I walked into the Physio Department and I said, can you just give me an e-mail of somebody to get me started (Anna).

Returnees also demonstrated confusion as to what to include in their self-directed study hours and what might be considered suitable evidence for demonstrating competence in preparation for their return. With a perceived lack of guidance in what to study, returnees commented on feeling lost in the process.

I've felt a bit like I've arranged my own return to practice syllabus and it's just, it felt a little bit like you're in the dark as to what you supposed to do (Rach).
I feel like it's really relevant, the skills that I use and the support that I give to families and the information that we share. And I'm organizing activities all the time

and pushing people's boundaries and blah blah. But, nobody would tell me from HCPC whether that could be used. So im still a little bit in the dark (Rachel).

So once I'd signed up to healthcare, health, education, England, they sent me a portal of elearning. And I just literally, I think spent hours, trolling through thinking, I don't actually know where to start I just like, went flop in the deep end and just got going. (Mel).

It's access not so much access in, but finding out what it is you need to access. Like particularly in my specific circumstances (Charlotte).

It's a huge subject and you have 30 days and you think what to do what to read and how to evidence what you read was a big thing to get your head around. A little bit of guidance would be useful. Was isolating sitting in your kitchen trying to get yourself upskilled (Tracey).

Being able to contact someone with queries about the process was therefore something that returnees would have valued at the time. This was also the case for those who had managed to access resources but were unsure how to use these effectively in identifying what was relevant and appropriate for their learning needs.

Chat for reassurance with structure Or HCPC could possibly offer a chat once a month or something. Uh, you know, and some structure then. It would just reassure you really that you're doing it right (Rachel).

But it was like right try this portal, but then I was let loose with it and I had to decide for me what was going to be beneficial to me. There were times and I thought I was. I was a little fish in a big pond and I was like, rolling in the middle of the ocean with no walls (Mel).

Of the returnees who had access to an online course, provided by a HEI, they valued the much needed structure this gave them in being able to identify their learning needs.

They can't identify your goals because you know what you know and you know well, you don't know what you don't know. You're the only person that can do that, but they they guide and support you towards that and they're there to bounce questions off and have the conversations that help you to figure out that stuff (Charlotte).

Despite having experienced a formal programme, some still believed that a more structured pathway would support returnees as they work out their learning needs both in practice and self-study.

More structure would have helped me a bit more in setting up learning objectives (Sarah).

There is no progressive pathway for a returnee unlike students, so everyone has their individual pathway journey to learn. Some direct pathway to then divert into your speciality would help (Faye).

Returnees studying a course at a HEI valued the learning opportunities that were provided which consisted of practical simulation learning and expert by experience led sessions that enabled the application of theory to practice in preparation for placement

It was a really great course…you're doing practise with simulated patients or you know simulated scenarios. So you putting that work into practise (Faye).

Others valued learning opportunities that were provided by taught modules consisted of the understanding and critical appraisal of research and evidence-based practice as well as other key skills that were relevant for clinical practice.

The return to practice period that I was updating my knowledge was really, really good for showing the move towards more evidence-based practice (Anna).

You often forget about things like communication models, leadership, resilience. So you're bringing in these new skills back into the workplace (Faye).

Whilst Deborah was concerned that formal learning via a HEI could be off putting for some who had been away from formal education for years, many commented on the multi-disciplinary approach to the learning that meant the sharing of knowledge and stories that reduced the feeling of isolation that many experienced through the process.

I don't know whether university-based courses would frighten people. You know, if you if you spent ten years bringing up your family or running a flower shop or working in a post office I don't know how intimidating it would be (Deborah).

You will see someone, someone in the speech therapy talking about his profession. You will see someone in radiography too talking about his profession.

So we are able to understand, you know, what it what team work is all about (Kevin).

It was really good as well. Having the weeks where we all came together… But it it helps to spur you on and motivate you because you touching base (Charlotte).

For returnees who did not access HEI courses, the Facebook page that was set up by Health Education England was an avenue for accessing peer support and also enabled the sharing of stories that helped those who were struggling to manage with aspects of the process.

That Facebook page was actually really helpful when you're really feeling a bit low and demotivated, there's lots of people on there who are, doing the same thing. And in the same space. And it's great, it's very good support (Anna.)

Facebook group was probably the only thing that sort of sometimes you look at and think, OK, at least other people are having a bit of issue here (Jeff).

Theme 5 – Returning with resilience – Advice for future returnees

Returning for all was challenging due to having to manage this alongside other life responsibilities such as childcare or paid work. The latter being essential for many who still required an income whilst studying including on unpaid placement.

It's a substantial amount of work especially when not doing 60 days full time (Sarah).

I'm having to do like 60 days voluntary work. Well, that's not even two months because you've got weekends and, and I can't work full time. So actually it's quite a lot of time (Rachel).

Because life does get in the way of a return to practise process because it's not your full time role (Charlotte).

It was because of this that returnees felt it was important to be realistic about the amount of time and effort required to achieve competency.

I would say find a really good program that will give you a structured learning to get the hours in. Getting those CPD hours, it just takes a long, long time and to fit them around your life and to fit them it's tricky (Anna).

Being organised was also an essential skill that was recognised by the returnees especially in relation to identifying and prioritising learning needs during their return. *Be focused on what you want to learn and where you want to go and put some structure in what you're learning. Info overload so can be intimidating knowing where to start but when you begin where you're going you get clearer idea and you can map out where you want to go. Set yourself small goals (Faye).*

This was also why returnees studying a course at a HEI ideally sought to have their learning schedules available in advance.

It was frustrating to have the timetables so late for practice learning week (Faye) Some things, a couple of things actually needed to be done earlier so that you could apply that awareness throughout the programme to gain the most out of it (Charlotte).

Therefore, determination was key and evident in all returnees' accounts as was resilience in order to overcome the obstacles detailed.

I was able to turn it round, it's been positive. It's given me loads of confidence, self esteem and resilience (Mel).

Returnees encouraged a sense of self-belief in such circumstances and also advised potential returnees for being prepared to push yourself out of your comfort zone and to accept the ambiguity of the journey ahead.

You've gotta take the leap and it's gonna be uncomfortable. And that's how you learn…You just gotta hang in there and know that it's a big, big, steep learning curve (Anna).

Concluding comments:

In accordance with findings from research that have explored the experiences of returnees in the field of nursing, the AHP returnees displayed anxiety about coming back into practice. This was partly due to changes in practice, which were significant for many who had not practised since long before the pandemic, which significantly altered the landscape of clinical practice. Some returnees were also anxious about their perceived level of competence and how others would react to this. This was a theme that has also been reported elsewhere within the literature. To compensate for these feeling of anxiety, returnees welcomed the sense of belonging to their team and exhibited a preference for feeling a valued team member. There were unfortunately some instances in which this was not experienced by returnees resulting in an anxious return for them. It would be important for potential educators including supervisors likely to support colleagues' return to practice to be aware of the impact of such behaviours and attitudes and to provide guidance on how to effectively support clinicians returning to practice. From this research study, returnees reported the importance of being welcomed by their team and supervisors in addition to educators demonstrating a clear understanding of returnees' past experience and learning needs/goals. An explicit appreciation of the returnees' past experience with links to job roles and competencies should be made clear. Returnees wanted to be treated and acknowledged as returning professionals with learning needs that needed to be understood so that they could be provided with the autonomy to meet their goals during supervised practice.

A clear, structured plan should therefore be put in place and agreed on by both educator and returnee. Some of the returnees in this study believed that a set learning pathway, (much like that provided to students) that incorporated key skills would help provide some of this structure for returnees as they work out their learning needs. This could then be tailored to meet the individual needs of the returnee specific to their area of clinical practice. A common example of a key skill that many of the returnees in this study struggled with was IT skills. This was mainly due to the increase reliance on digital equipment and systems as well as telehealth, which returnees had no prior experience of. Part of any structured programme should consider including learning opportunities that target such key skills and competencies for returnees that have had significant career breaks. Of the returnees who were studying a RTP course at a HEI, the practice-based simulation work and expert by experience led sessions were valued as learning opportunities

that provided clear relevance to practice in which theory and skills could be applied in safe spaces. These learning opportunities should therefore continue to be a core component of any structured programme for returners.

Educators should also appreciate the changes that may have occurred in the routine practices of healthcare, allowing returnees to return at a pace that is appropriate for them. There should be no expectation therefore that returnees should be returning at the same pace and level of competence as their fellow colleagues. A compassionate approach to supervision should be maintained to promote an atmosphere of acceptance including being open to errors and mistakes. This was also something returnees acknowledged was inevitable and important in promoting self-confidence in their own skillset and learning and so it would be important for educators to incorporate learning resources that promote similar mindsets and resilience. Returnees in this study demonstrated resilience in being able to overcome what were anxious and stressful situations and embracing the unknown landscape with positive self-belief were all mindsets encouraged.

One of the prominent themes from the research related to the process of returning, which was deemed by this sample of returnees as ambiguous and inaccessible. Of those returnees that were aware of the route back into practice, the process of obtaining and documenting evidence was unclear, and this was further hampered by the lack of support including available contacts that could be sought out for guidance. In response to this, it would be important to provide a clear transparent process with up-to-date websites and resources including examples of the type of evidence that would be considered for achieving competence during the return back into practice. A clear breakdown of what work could be incorporated in the total 60 days of practical and self-directed study would also increase the transparency of how much work would be required to achieve competency. Advertising the option of retuning back to practice would also increase the potential for outreach, targeting individuals who may be unaware of the possibility of retuning as many of this sample were. Providing examples of real-life stories and accounts may also help illustrate the different ways this could be done at various career stages to provide prospective returnees with a sense of possibility and self-belief, which was deemed important for this group of returnees. In addition, there should be clear options for contacting an available support network who could offer guidance to the process and support individual queries, especially for those who choose not to study a RTP programme offered via a HEI. Utilising and setting up peer network groups online (much like the Facebook page that was positively received) would also enable returnees to network and share stories as well as providing support to each other.

Returnees also reported difficulty in obtaining the necessary supervised placement for their return relying heavily on prior contacts made during their previous employment. The RTP programmes offered by HEIs have linked up some returnees with NHS employers, but further development work is needed to provide returnees with clear information of supervised placement opportunities with their local employers. This could be achieved by NHS AHP workforce leads advertising RTP placements. Contact could also be made easier for returnees by providing a register of named persons responsible for return to practice in a region or at an organisation or by having practice placement managers with responsibility for

AHPs/ RTP. Organisations could also provide ‘welcoming’ information to HEIs that could be posted on the HEI website and other online platforms, such as Moodle, signposting returnees to target organisations.

Returnees left for reasons that could be attributed to significant life events including childcare that required a level of working flexibility. Whilst returnees commented on being able to return on flexible working hours including bank hours, it would be important to continue to offer health practitioners in the disciplines of allied health, flexible working options to promote retention. To support returnees in organising their time and workload, educators who are involved in supporting a RTP programme via a HEI should aim to provide key resources to returnees as early as possible.

Recommendations

The findings from this research project suggest the following recommendations:

1. Learners to expect to take the lead in planning their learning journey by identifying their learning needs and exploring the learning choices available which will support their return and HCPC re-registration. Whilst there is an expectation to be an autonomous learner there should be an employer and/or HEI point of contact available to discuss their plan with.

   Returnees to be considered and treated as competent learners with prior experience who require a compassionate approach to supervision that increases confidence, self-belief and of which encourages a supportive and open dialogue in addressing individual needs and encouraging learner autonomy. Learners are still expected to lead in planning their learning journey, exploring the learning choices available to support their return and HCPC re-registration. This can be discussed with a point of contact at a HEI and or prospective employer (see point 2).

   HEIs to signpost returnees to relevant contacts within AHP local to the returnee.

2. AHP employers to have key contact staff /team responsible for supporting AHP returnees. They will understand the process, be pro-active in supporting returnees through this process, for example, with accessing placement opportunities and have an awareness of the potential individual needs of returnees, such as guidance with developing digital competence. The team will also support the returnee commencing their employment. Current employees

leaving their AHP employment should automatically be signposted to the RTP team for future reference should they wish to return to their profession at some point. Communication between this key contact and any HEI offering a return to practice programme should be established and maintained to enable the appropriate signposting of possible contacts local to returnees studying a return to practice programme.

3. AHP professional bodies should keep website RTP information, links and resources up to date to help signpost those considering returning to practice. This should include promoting the journey of returning by creating further case studies of learners from diverse backgrounds and with diverse experiences.

4. Continue to provide access to RTP Facebook group (currently hosted by HEE) to support learners with the process. Access to profession specific Facebook groups should also be available for returnees via their professional body.

5. Further research should be undertaken to explore:

    - the experiences of a wider group of AHP professionals
    - employers' experiences of supporting AHP returnees on placement and in employment.

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