



End of Project Report

Birmingham City University Return to Practice Allied Health Professions Course

Version 1, 31 March 2023

Contents

Introduction	2
Consultation and Development:.....	2
Marketing/Recruitment:.....	3
Enquiring about the programme:	3
Entering the programme (admissions):.....	4
Attrition/Retention:	5
Programme statistics/demographics:.....	5
Programme highlights:.....	7
Risks/on-going challenges for the programme/returners to practice:.....	9
Unexpected outcomes of the programme:.....	10
Case Studies:	11
Sustainability:	15
Further development / recommendations:	15
References:	16

Introduction

This report presents the results of a 15-month long project to develop a return to practice (RTP) programme that is suitable for all 14 Allied Health Professions (AHPs). The programme was commissioned by Health Education England (HEE) and developed in the School of Health Sciences at Birmingham City University (BCU). The programme needed to be delivered by distance learning methods and include up to 20 days of virtual practice based learning for returners.

Consultation and Development:

In January and February 2022, the programme development team held successful stakeholder consultation events which included a range of staff from AHPs across England, a large number of experts by experience and BCU stakeholders including library staff and academic (teaching) staff, as well as HEE national RTP project team. The programme took shape quickly, with a detailed project plan, resulting in a successful launch in April 2022 as per the requirement of the contract. The development of this commissioned programme allowed the university to build on the success of its existing programme (specifically content available as discrete e-learning units which learners can access from anywhere at any time) to produce something that was even more flexible with online face to face 'virtual practice learning' opportunities.

The Programme Structure and content:

The programme consists of 2 modules which were developed via the stakeholder events and then validated through the University module change procedure. These are:

1. LBR6645 Knowledge Focused Learning for Allied Health Profession (AHP) Returners.
2. LBR6644 Practice Focused Learning for Allied Health Profession (AHP) Returners.

Across these modules returners have access to specific learning units delivered via a virtual learning environment Moodle. The learning units are applicable to all AHPs for example leadership, reflective practice, safeguarding, evidence-based practice, equality, diversity and inclusion, legal and ethical aspects of practice as well as Health and Care Professions Council (HCPC) standards, study skills and work based skills such as clinical note writing, interview technique, and advanced communication skills. Each AHP also has a profession specific site containing learning materials that only members of that profession have access to.

In addition, there are 4 "virtual practice-based learning" (VPBL) weeks which operate on a rolling monthly programme allowing returners to join them whenever they start the programme, or whenever it suits them in their return journey. These are offered via teams and include project work, simulated cases and scenarios,

workshops, for example on finding and using evidence run by the teaching librarian, as well as opportunities to experience supervision and take part in a journal club. Whilst these modules provide structure returners are asked to develop their own action plan for returning and then use the programme to create their own unique learning journey through the material and learning opportunities. This means, as HCPC expect, that the process of returning is self-directed and tailored to their specific needs. A key person in supporting and guiding returners is their personal tutor who helps them achieve this. On entry to the programme each returner is allocated a personal tutor from the same profession as them. If there are not BCU academic staff members within this AHP (e.g. Occupational therapy) then the returner is allocated to any RTP team staff member, and allocated a mentor from the profession in a local organisation. The returner, personal tutor and mentor then run tutorials together.

Marketing/Recruitment:

The partnership working with the HEE national return to practice team has been hugely successful in supporting marketing of and recruitment to the programme; anyone enquiring with the HEE RTP programme is made aware of the 2 HEE commissioned programme, resulting in enquiries and applications. The same applies in reverse – any applicant or enquirer not mentioning HEE funding when enquiring or applying is provided with all the information for the funding and the support programme. The university website also refers anyone interested to the range of resources provided by the national RTP team as well as providing information on the programme itself and the student portal for applications. Both Universities and the national RTP team have also shared the information and opportunities with their networks, and this has encouraged people to visit the programme to find out more.

As part of the marketing strategy online drop-in sessions were offered via teams for returners who were interested in the opportunity to complete the programme in March and April 2022. These were also attended by staff from a number of different organisations who were interested in finding out more about the programme and the RTP process in order to support returners in their region/organisation.

Enquiring about the programme:

On average across the last 12 months the programme has received 3-7 enquiries each week; these enquiries frequently lead to applications, sometimes immediately, sometimes a few weeks later. At times applicants must apply for both programmes as we are notified when returners do not accept their offer that they have enrolled on the Coventry programme. Whilst this is disappointing for BCU the outcome for the returner and Health Education England is positive, in that they are still likely to return to the HCPC register.

Enquiries often come in via email but returners also benefit from conversations with the admissions tutor and programme lead, and at times we have also matched prospective returners with existing or prior returners (who have had a similar amount of time out of their profession) to share thoughts and seek peer advice before submitting their application. This has definitely resulted in successful applications and entry to the programme. Not everyone who applies makes an enquiry. Others do and some need multiple discussions prior to making a decision. During the last 12 months we have offered a drop-in session every 2/3 months for admissions and these also seem a successful way of answering returners questions. Usually, they are questions that are more generally about returning to practice, and re-registering with HCPC, suggesting there continues to be a need for information.

Entering the programme (admissions):

BCU have exceeded the requirement of the contract for 3 entry points in the year by providing monthly entry points for returners. This means that once someone has decided they want to return they can just get on and do it. Typically, applicants are offered a place on the next cohort of learners (no more than 4 weeks away), though some request a specific timed entry point (for example when a work contract will be coming to an end or there is a change of circumstance such as a child entering school). In the first and second week of this cohort starting the team offer a collection of teams drop-in sessions. These enable returners to meet key tutors on the programme, meet peers and seek support for negotiating university processes (for example enrolling, accepting a place) which can be harder to penetrate at a distance and when juggling many other commitments.

TABLE 1:

Number of applications received:	80	
Number rejected	2	Both applicants from a biomedical/healthcare science background and were therefore not accepted during this admissions cycle
Number of offers made	78	
Numbers of offers declined	10	2 no longer wish to pursue RTP 8 accepted Coventry instead

Number of returners entering the programme:

BCU have exceeded the requirement of the contract initially recruiting 50 returners. Due to the initial recruitment success an additional 20 funded places were provided by HEE and 18 of these places were offered to students by 31st March 2023.

Attrition/Retention:

Retention on the programme is good, likely due to the flexible and part time nature of the programme:

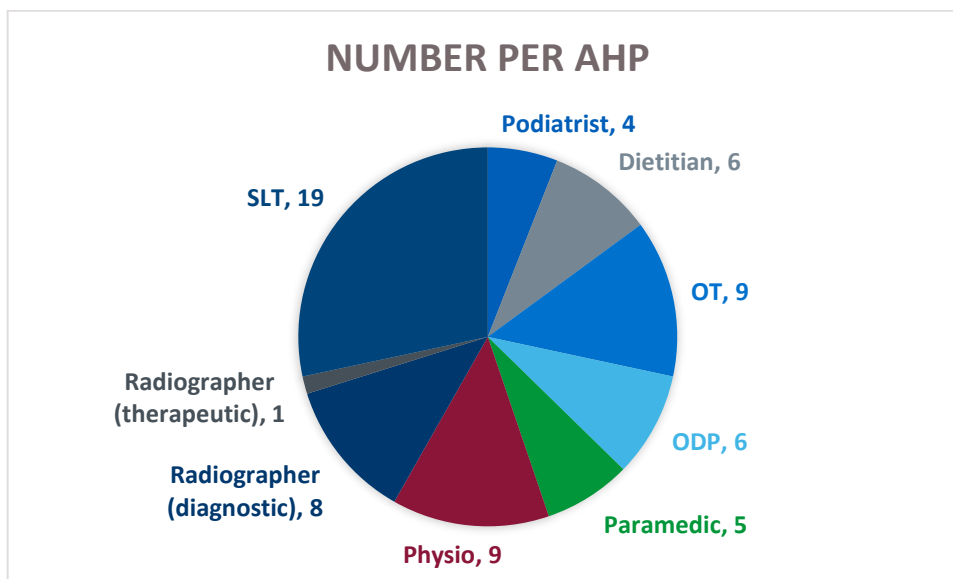
- 1 student has taken a period of intermission
- 1 student has formally left the programme citing that they no longer wish to pursue a return to practice.
- 1 student did not fully enrol due to taking a place with Coventry University.

Programme statistics/demographics:

Please note the statistics represented here are correct as of 31st March 2023. The overall number of students accepted for the programme at this point was 67.

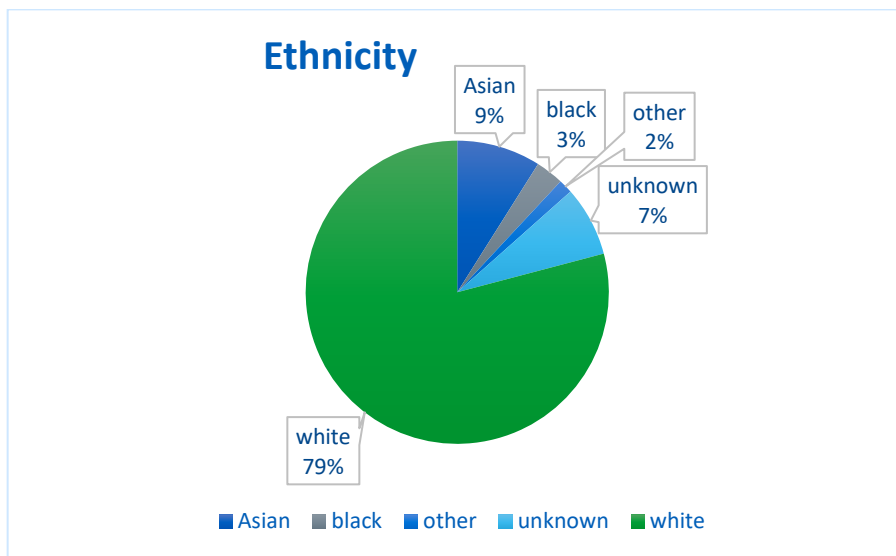
The following figures show the demographics of returners offered places on the programme.

Figure 1: Number per AHP offered places on the programme:



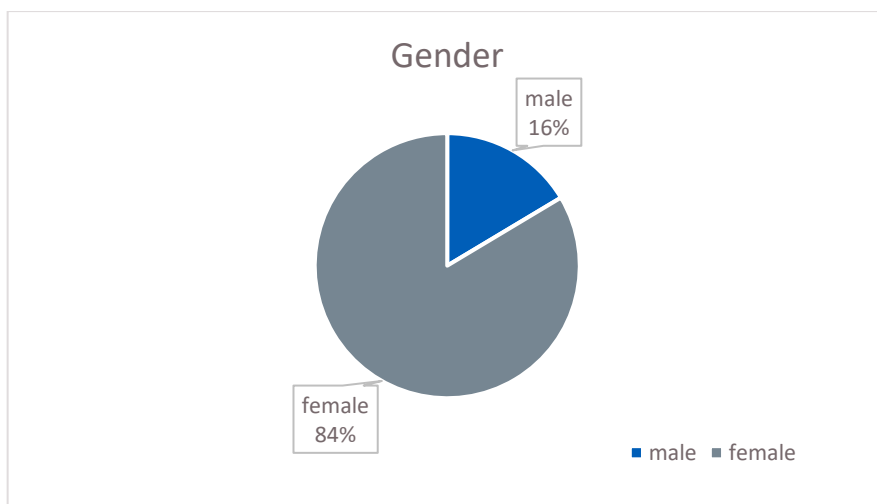
To date there have been no Art, Music or Drama therapists, Orthoptists or Prosthetists/Orthotists applying for the programme. There have been enquiries from 2 Art therapists, but these have not resulted in an application.

Figure 2: Ethnicity of returners:



The ethnicity of the returner group reflects the UK population average of 13.9% from a BAME background, and is above the AHP workforce average of 12.2% (Rastrick, 2020)

Figure 3: Gender of returners:



There are less men on the programme than women; this represents a smaller number than the typical gender divide within AHPs as a whole (typically 70% female to 30% male according to Eddison and Leslie, 2020). The reasons, however, cited for time off from the HCPC register are often related to raising children so it is perhaps not surprising that there is a high percentage of females.

Age of returners: The average age of returner on the programme is 45 years old. The age range is 28 – 63.

Programme highlights:

Particular highlights / areas of good practice identified by both staff and students have been:

- The real privilege of working with returners over the last 12 months, all of whom bring a unique set of skills, and who enter so willingly into a range of learning experiences. The programme lead is regularly contacted by staff who have taught on the programme and want to share how much they have enjoyed it.
- The role of experts by experience (EBEs) within the programme – the programme has been co-produced with EBEs and they support the programme in various ways including sharing their experience of healthcare, forming an expert panel to review student project work and teaching specific content such as sessions on mental health and stigma, and managing the suicidal patient. There are specific EBE simulations where the EBE plays themselves and provides feedback to the returners as part of this role. Returners have clearly valued these opportunities with EBE sessions specifically mentioned in VPBL week evaluations for example:

The first contact simulation with (EBE name) and being able to witness the multidisciplinary journey (was) very beneficial, forces out of comfort zone, educational, interactive. Definitely, the most useful experience of the week.

- The value returners place on the face to face (online) learning opportunities through the VPBL weeks. Each week is evaluated extremely well gaining an average rating of 9 on a scale of 1-10 (where 1 is not useful and 10 very useful.) Comments from past attendees have included:

"I gained so much from the VBP week, there was a lot more included than I had expected!"

"In particular, I enjoyed meeting a Returner, it was so helpful to hear her journey."

"Patient simulation was a great exposure to being put in a situation being out of practice makes quite unfamiliar, good way to break the ice so to speak. "

"Thank you for another fantastic week, this course is helping me shake off the feeling of being an 'imposter' trying to sneak back into SLT! My confidence is growing and I feel well-supported and motivated."

"I really enjoy the group work, as someone who would choose to work on projects/presentations alone, it's been so beneficial for me to go out of my comfort zone and realise how helpful and supportive it can be to work as a team. I also find working in a group helps to build my confidence by sharing similar experiences and realising we're all in it together."

"I also really loved the lecture on Resilience, it's so nice to feel like focus has shifted a little since I last worked and now mental health is considered much more."

"I particularly benefited from the IT session which really supported our group work throughout the week."

Risks/on-going challenges for the programme/returners to practice:

As discussed in quarterly meetings with HEE there are some risks or challenges though most are not specific to running the programme but to enabling returners to re-join the workforce. These are:

- Access to suitable mentors who are allocated when there is not a university staff member of that profession (Art/music/drama therapists and Occupational therapy are examples of this). Where there is a reliance on NHS organisations to provide a mentor or to keep learning materials up to date there is a risk – if clinical commitments become too much this is the kind of work that organisations may withdraw from. However, existing relationships are good, and NHS organisations are motivated by the potential to recruit these returners. Continuing to develop these networks should ensure these relationships grow ensuring a pool of mentors.
- IT skills – the digital world has moved on so much in recent years as a result of the Covid-19 pandemic, that many returners find the most challenging aspect of engaging with return to practice support is negotiating the IT requirements (from finding sites, applying for funding or a place, or using digital technology to access learning). Whilst some support is offered in the programme there is a need for consideration of this.
- Access to supervised practice remains an issue (whilst not part of the HEE commissioned programme) - if returners cannot find suitable experiences, they may be lost to the return process (see case study 1 for more on this).
- There remain on-going challenges to ensure those eligible to return to practice know what it is called, what support is available and how to access it. We continue to hear returners describing the challenges of finding information before they discover the HEE national RTP project or the University course. Continuing to work alongside our colleagues at HEE, within the RTP AHP networks and at Coventry University, as well as making use of recent research about what RTPs need should keep this moving forward.
- There is also still a lack of knowledge in some organisations about the return to practice process and what support returners need – again the partnership working established during this project will ensure continued progress here.

Unexpected outcomes of the programme:

The following are some lovely gains that have resulted from the return to practice programme:

- Strengthened links with AHP teams within the region and nationally.
- Contacts within organisations to approach to support returners in the region.
- Links with employers more generally. We are regularly contacted by trusts with vacancy issues to speak to the returners about working for their organisation. This is a huge development as it shows that returning to practice is firmly established as a way to recruit suitable staff.
- Connection of returners – the programme VPBL weeks provide many opportunities for returners to connect and develop relationships with each other. In some weeks returners have also formed working relationships that have resulted in 'online' working together sessions outside of VPBL weeks.
- True interprofessional learning – returners regularly mention how much they learn from working with others in the VPBL weeks and project work.
- Invitations to team meetings in various regional teams and to the AHP success event in Birmingham
- Use of technology to deliver the programme means that most returners do improve IT skills and are therefore more equipped to enter a digital workplace.

Case Studies:

The following case studies have been selected to illustrate some key benefits of the return to practice programme.

Case 1 – prevented loss

Case 1 (age 47), qualified as a paramedic via foundation degree and has 2 dependents. When they applied to the programme, they were working in an associate practitioner role in the NHS. Their registration lapsed 9 years prior due to personal circumstances (relationship breakdown and children with additional needs, alongside lack of confidence in decision making). They engaged with their personal tutor, attended an initial drop in, were actively engaged in Moodle online learning and attended virtual practice-based learning days when not scheduled on a working day. They were an active member of the group, completing project work, contributing personal experience and appearing confident in sharing their ideas and views. Initially they discussed challenges getting supervised practice but were assured by peer's experiences that the process can take time, and to keep at it. At the end of month 8 of the programme they contacted the programme-lead to say they were planning to leave the return to practice programme. This was due to their lack of supervised practice and feeling despondent due to the lack of response from local potential placements. Their feeling of overwhelm and despondency was obvious. The team stepped in and contacted paramedic colleagues in their area to drum up some support, the programme lead provided support and reassurance to the student and their enthusiasm was reinvigorated. In month 12 of the programme, they successfully sat their assessment for the programme and passed (achieving a first in one assessment and a very high 2:1 in the other). Most importantly they had a period of supervised practice set up for months 13-15 and they are aiming to be back on the register in month 16. In their assessed presentation they shared learning they had undertaken on how to gain confidence in clinical decision making and the complexities of this in paramedic science.

What is clear from this case is that, if this programme did not exist, we would (almost certainly) have lost this very capable returner. Whilst they are not yet back on the register there is no doubt they will submit after the final piece of the jigsaw fell into place for them. **Having personalised support available at short notice is fundamental to enabling returners to complete the process and get back on the register**

Case 2 – longest out of practice

Case 2 (age 63) qualified as a Speech and Language Therapist in the 1980s. Life events led them to leave the profession in the late 1980s meaning they have been out of practice for 33 years – the longest on the programme. They returned to education to complete a masters' degree in Computing Science in the early 90's, and since then they have worked in the field of strategic Information Technology and Digital Transformation where their work has involved managing complex change and enabling care transformation in the NHS.

They are now at a point in her life where the time is right to embark on returning to practice. They have started this process by enrolling on the programme after a lengthy conversation with the programme lead to reassure them that it is never too late / you are never too old. They aim to complete the BCU RTP programme and a clinical placement by the autumn of 2023.

Their primary motivation for returning to work as an SLT is to find a new type of meaning and purpose in work where they will use their specialist skills as an SLT to directly make a difference to people's lives. They are particularly passionate about working with families and support networks to maximise the impact of therapeutic interventions. They are also a talented furniture maker and excited by the prospect of exploring opportunities to bring aspects of this skill into therapy, for example, working as part of a multi-disciplinary rehabilitation team to use furniture making skills as a direct adjunct to physical, occupational and SLT, helping to maximise a person's overall wellbeing and sense of purpose alongside maximising the practical application of therapy.

They found connecting with a peer for project work in the virtual practice-based learning week inspired, reassured and supported them in their journey to return – someone else had a similar past and aspiration as well as being out for almost as

What is clear from this case is that, without the HEE National return to practice project and the course, this returner would (almost certainly) not have made the leap to give up work and return to their passion as an SLT. They have such a wealth of experience in strategic Information Technology and Digital Transformation as well as new skills in furniture making that they can bring to the workforce.

Having personalised support including someone to speak honestly with about returning is fundamental to recruiting talented people to innovate and transform within the NHS. Face to face sessions enable peer support – this feeling of connectedness and opportunity for interprofessional learning can also enable creativity and innovation

Case 3 – personalised support

Case study 3 (age 37) left speech and language therapy 8 years ago to raise a family (as is very common). They decided to return to practice, applied to the HEE RTP programme, and then found out about the BCU course from the lead at HEE. They attended all virtual practice-based learning weeks, benefiting from the flexibility in the timetable which schedules most face to face set timed sessions during school hours, with more flexible learning such as reflection, logging and action planning in the hours when children will be home from school. They worked through all of the appropriate content on Moodle regularly met with their personal tutor and completed efficient logging – a perfect student! The tutorial sessions with their personal tutor revealed that the returner lacked confidence in their own abilities (part of longer term self-esteem issues) but they were supported to undertake a short block of supervised practice in a local organisation. The team there were really keen for the returner to join them in a band 6 role, but the returner did not believe they could do this (confidence playing a massive impact again). Through the programme the returner was offered careers plus support - during VPBL weeks all returners are offered sessions focusing on applications and valuing their skills, and interviews, but via the personal tutor guidance they also approached the careers team to review their application and a practice interview. The personal tutor also guided them to a colleague offering coaching for an additional session (again the colleague also offers sessions for the whole group on resilience and coaching in 2 of the VPBL weeks) but this was in addition. The returner completed their supervised practice, applied for the role and successfully secured it. They applied to and successful re-entered the HCPC register in Feb 2023.

What is clear from this case study is that **joining a university-based programme enables personalised support through the personal tutor system. The tutor becomes a personal navigator through both the University systems, and the return to practice process.** Returners have access to all of the University support systems available to any university student for example careers support (as here), library tutors, academic skills development, and academic staff with specific interests (as here).

Case 4 – feeling valued again

Case study 4 initially stepped away from Occupational Therapy to raise children, as it was not cost effective to continue working at this time. In 2014 they started a part time job for a charity supporting women during pregnancy and pregnancy loss giving them an opportunity to utilise some of their occupational therapy skills. This role has also evolved to include working in a prison as part of the Healthy Relationship's Team. This helped them realise they have lots to offer as a returning to practice Occupational Therapist. The desire to return to practice and wanting to feel valued again within a professional space has been rumbling away for a number of years. However, due to the time needed to dedicate to the process and the challenges of juggling work and family life, it wasn't the right time for them. In 2021, the charity they work for appointed an Occupational Therapist. This provided them with an opportunity to shadow their colleague and they embarked on finally returning. Since then, they have started the BCU RTP course, continued their work alongside the Occupational Therapist one day a week and will shortly embark on a placement in the perinatal clinic. They would like to specialise in perinatal Occupational Therapy when they return to the register, having found a real passion for the area whilst working for the charity. They have been incredibly proactive in making the most of any opportunities that have come their way in Returning to Practice and they plan to submit to return to the register in June 2023.

What is clear from this case study is that returners bring new experience from their time out of the profession, and these may inform a new direction of travel for them. **Support from a programme gives the returner space and a platform in which to explore these possibilities.**

Sustainability:

The programme has a key position within the portfolio of courses in the School of Health Sciences. Within each professional area there is an allocated member of staff with responsibility for supporting returners. The current programme builds on the prior course which has had student returners on it since October 2013 – returners enhance the Universities community. The School is proud to be supporting returners back to the workforce and has a commitment to continuing the programme, regardless of funding streams, from April 2023.

This is clearly appreciated by returners as this quote from a recent evaluation shows:

“I just wanted to feedback how amazing these weeks have been, this course has gone above and beyond my expectations and I genuinely appreciate the time, effort and consideration that goes into making this both a positive and successful RtP course for students. Thank you.”

Further development / recommendations:

Moving forward into April 2023 and beyond the programme team would recommend the following

- Work begin on extending the programme to include biomedical and/healthcare scientists as well as clinical psychologists. The university has existing course and academic staff provision in these areas. The teams are interested in this possibility and can see the potential for this route.
- Continue to use drop-in enquiry sessions on teams enabling face to face conversations and support – if the National RTP project team can continue to share these through their networks then momentum will continue.
- Add case studies to the BCU website sharing the successes of the programme.
- Continue and further develop online face-to-face opportunities using returner feedback such as virtual clients, simulations, and updates.
- Continue support from the career service, library colleagues and other members of the academic community to ensure returners have access to the wealth of resources available to the BCU student community.
- Use the remaining 3 funded places (as 67 returners were recruited) for the first applicants in April / May 2023.
- Use the outcomes of the HEE commissioned BCU research project into RTP experiences to support future development both within the programme and at a national level with the RTP project team.

References:

Eddison, N and Leslie, R (2022) The Challenge of Diversity in the Allied Health Professions. Available at <https://ihm.org.uk/2022/06/08/the-challenge-of-diversity-in-the-allied-health-professions-by-dr-nicky-eddison-and-dr-ros-leslie/> [accessed 10.05.2023]

Rastrick, S (2020) Allied health professional workforce diversity. Available at <https://www.england.nhs.uk/blog/allied-health-professional-workforce-diversity/> [accessed 10.05.2023]

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of alternative formats on request.