

# Myth 1

Does my competency need to be assessed?

Don't forget, returners hold a qualification, they just need to re-gain their registration with the HCPC to use a protected title. Returners submit their evidence of updating and self-declare they are fit and competent to practice.

Return to Practice is self-led by the returners, they identify gaps in their own knowledge and skills and come up with an action plan. The placement organisation or supervisor just 'signs off' their days of supervised practice or spent undertaking study.

# Myth 2

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Can I assess and treat patients, even in the community?

Yes, you can see patients. Remember, returners are qualified, Return to Practice is an opportunity to refresh, not start from scratch. It is common for returners to have an honorary contract, you are supernumerary under the supervision of a qualified professional.

Returners have so much experience that can make a big difference to patients, clients, carers and their families.

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Can I go on an honorary contact?  
What about a DBS and Occ Health Check?

Yes. Honorary contracts are used for individuals who aren't employed directly but will carry out work in the organisation.

The honorary contracts allow the host organisation to check and provide DBS and Occupational Health Checks as part of the recruitment process, which is a requirement for supervised practice.

Returners do not need to complete a university course or be affiliated to them - honorary contracts offer supernumerary status under the supervision of a qualified professional and the necessary indemnity and insurances. Funding is available if returners undertake a supervised practice placement to help towards any costs incurred around the setting up of clinical placements such as contracts, DBS, OH etc.

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**Myth 3**

# Myth 4

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Can I be in a paid employment role or volunteering post as evidence of Return to Practice days?

Yes! Any paid employment or volunteering that you undertake within your scope of practice alongside a member of your own profession can be used to count towards your hours on the Return to Practice programme and submitted to the HCPC as evidence for registration.

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# Myth 5

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Do I need my notes  
counter signing or  
what do I sign as?”

It isn't mandatory, but is recommended to sign all records with your name, profession and 'Returner to Practice' as your title. It's also good practice for supervisors to check and debrief Return to Practice notes. Organisations using digital signatures may need to provide access to clinical systems and use system and process such as Smartcards to record the digital signatures.

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# Myth 6

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Can I get funding?

Funding is available to support formal study, private study and supervised practice. Returners can claim for out of pocket expenses to undertake supervised practice and to put towards formal or informal study

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**Can I use support worker roles to Return to Practice?**

**Yes! Many returners who are qualified clinicians use support worker roles to update their skills. Check the NHS jobs websites for potential roles that may accommodate you. The other common route is working voluntarily with an organisation under an honorary contract.**

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**Myth 7**

# Myth 8

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I don't know where to start?!

Your Return to Practice can be a mixture of private study, formal courses and supervised practice. The HCPC website also has information/guidance and forms to download for you to start filling in to help you with your return to practice documentation and evidence building ready for submission.

Check the standards of proficiency for your profession, work out your gaps, needs and draft a learning plan, remember HCPC registration is a self-declaration of competency, any signatories are not signing you off as competent – you decide that.

The Return to Practice programme can provide free access to the e-learning for health modules and access to our closed Return to Practice Facebook page and a wealth of support.

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