



PROFESSIONAL BRIEFING:

RETURN TO *HEALTH VISITOR* PRACTICE

Rita Newland, Professional Officer, Unite/CPHVA
June 2010

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■ EXECUTIVE SUMMARY

Nurses, midwives and specialist community public health nurses (SCPHN) are required to undertake a return to practice programme if they fail to activate their registration status on the Nursing and Midwifery Council (NMC) register for more than five years. Regulation states that in order to reactivate NMC registration the nurse, midwife or SCPHN must successfully complete a return to nursing practice programme. However, there is no requirement in regulation for the SCPHN/health visitor to complete a return to health visitor practice programme in order to reactivate their SCPHN/health visitor registration. This raises concerns about public safety, and fitness for practice and purpose of those planning to re-enter the health visitor profession.

A recent scoping of current provision has identified wide regional and national variation in the provision of return to health visitor practice programmes in the UK with only nine Higher Education Institutions (HEIs) providing a programme which meets the requirements for SCPHN/health visitor registration. The apparent lack of an effective infrastructure in which to develop and sustain these programmes over time means that much work is required in order to achieve ***The Action on Health Visiting programme: Getting it Right for Children and Families***, pledge to increase the number of health visitors in the profession and in the service, via the return to practice route.

This document provides information about the requirements for re-registering the health visitor qualification on the NMC register and outlines current provision of these programmes in the UK. It calls for urgent action to create an infrastructure which supports the development of consistency and clarity for programme provision and the requirements of practitioners re-entering the profession.

■ INTRODUCTION

Return to practice programmes for health visitors have taken several guises over the years from residential courses with no academic accreditation to the current design of non-residential/short courses with associated academic accreditation, delivered by the higher education institution (HEI).

There is much regional and national variation in the availability of return to health visitor practice programmes. This is perhaps due to the low demand for places especially over the last ten years. Unite/CPHVA has recently received many enquiries about return to practice programmes from people who are keen to re-activate their health visitor registration with the Nursing and Midwifery Council (NMC). This is perhaps in part a response to the ***Action on Health Visiting programme: Getting it Right for Children and Families***¹, which pledges to review and revitalise return to health visitor practice programmes as a way in which to increase the number of health visitors in the profession and in the service.

This document provides information about the requirements for people wishing to reactivate their registration on the Specialist Community Public Health Nurse part of the NMC register. It will also provide information about the current provision of return to health visitor practice programmes in the UK. Throughout the document the term health visitor will be used to represent a practitioner who is registered as a Specialist Community Public Health Nurse with the annotation of health visitor.

Return to Practice

In order to maintain registration on the NMC register the nurse/midwife or Specialist Community Public Health Nurse (SCPHN) must meet the requirements for Post Registration Education and Practice (PREP)². This includes:

PREP (CPD): 35 hours of learning in the three years up to registration.

PREP (Practice): 450 hours in practice in the three years up to registration.

If a person has been out of practice for 5 years or more and is not able to meet these requirements s/he must successfully complete an NMC approved return to practice programme in order to reactivate her/his registration. The return to practice programme must enable the person to meet the nine generic learning outcomes in relation to practice and theory, which have been set by the NMC as outlined in table 1.²

Table 1: Generic Return to Practice Learning Outcomes²

1.	• An understanding of the influence of health and social policy relevant to the practice of nursing and midwifery.
2.	• An understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery.
3.	• An understanding of the current structure and organisation of care, nationally and locally.
4.	• An understanding of current issues in nursing and midwifery education and practice.
5.	• The use of relevant literature and research to inform the practice of nursing and midwifery.
6.	• The ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care.
7.	• The ability to use appropriate communications, teaching and learning skills.
8.	• The ability to function effectively in a team and participate in a multi-professional approach to people's care.
9.	• The ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence.

However, the person seeking to re-register on the SCPHN part of the NMC register following completion of a return to practice programme must also be able to illustrate her/his ability to meet the SCPHN proficiencies³ (Table 2).

Table 2: Learning Outcomes for SCPHN³

KNOWLEDGE AND UNDERSTANDING
<ul style="list-style-type: none"> • Critically discuss the influence of legislation and health and social policy relevant to the practice of the nurse and/or specialist community public health nurse (health visitor).
<ul style="list-style-type: none"> • Outline and critically discuss the structure and organisation of health and social care, nationally and locally, particularly the relationship between provider and commissioner, public and private sectors, and user and carer involvement.
<ul style="list-style-type: none"> • Outline and critically discuss current issues in nurse and specialist community public health nurse (health visitor) education and practice, such as the identification of, and where possible, identification and elimination of environmental hazards, e.g. infections, knowledge of contemporary ethical issues, the impact of ethical issues on care delivery, the identification of risk and safeguarding.
<ul style="list-style-type: none"> • Collect structure and critically analyse data and information about health and wellbeing relating to a defined population and use these data to facilitate judgments and decisions about service delivery.
<ul style="list-style-type: none"> • Critically analyse information in order to identify individuals, families and groups who are at risk and in need of further support.
<ul style="list-style-type: none"> • Outline and critically discuss the approach taken to initiate the management of cases involving potential or actual physical or psychological abuse and potentially violent situations and settings.

VALUES AND ATTITUDES

- Describe and critically reflect on your ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence.
- Critically discuss your personal professional development needs and outline the strategy you will use to achieve your personal development plan.
- Critically reflect on your practice and illustrate the ways in which you act in accordance with an ethical and legal framework that ensures the primacy of patient/client interest and wellbeing and respects confidentiality.
- Outline and critically discuss the way in which you plan to meet the requirements for personal learning using group and individual approaches.
- Outline and critically discuss ways in which you would demonstrate sensitivity, awareness, and understanding of cultural and lifestyle diversity and use these data to influence decisions and judgments about service delivery.

COGNITIVE/INTELLECTUAL SKILLS

- Demonstrate and critically discuss the strategies that you use in practice to promote effective communication, teaching and learning.
- Demonstrate and critically discuss the strategies that you use in practice to develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing.
- Critically analyse accountability issues in relation to management of the role and responsibility of the specialist community public health nurse for example, when delegating workload to junior members of the team, and allocating workload to the peers within the team.
- Demonstrate and critically reflect on your ability to use and develop key skills in practice for example, numeracy, record keeping and documentation, information technology and assessment and problem solving.

SUBJECT SPECIFIC SKILLS

- Outline and critically discuss the requirements of clinical governance in relation to legislation, guidelines, codes of practice and policies relevant to the practice of the nurse and the specialist community public health nurse (health visitor).
- Demonstrate and critically reflect on your ability to work effectively in a team and use a multi-professional/disciplinary approach to the care of clients.
- Collect structure and critically analyse data and information about health and wellbeing relating to a defined population and use these data to facilitate judgments and decisions about service delivery.
- Identify and critically analyse service provision and support for individuals, families and groups in the local area or setting.

TRANSFERABLE SKILLS

- Outline the principles of effective team work and critically discuss strategies used to promote this in practice.
- Outline and critically reflect on your ability to lead the team and work as a member of the team.
- Critically discuss the importance of multi-disciplinary and multi-agency working and outline ways in which this helps to improve the care of individuals, groups and communities.
- Describe ways to access literature and research relating to practice and critically discuss how this should be used to inform the practice of the nurse and/or specialist community public health nurse (health visitor).

Unfortunately, this is not explicit within the NMC documentation about return to practice². The current advice from the NMC states that people returning to health visitor practice can do so via an approved return to nursing practice programme. The consequences of this are far reaching and if left unchanged have the potential to place the return to practice health visitor in breach of the NMC code⁴. Indeed the Code provides the professional and regulative context for this, particularly in terms of the need for registrants to keep knowledge and skills up-to-date and to illustrate accountability (Table 3).

Table 3: The Code: Calculating Learning Needs for Return to Practice⁴

Keep your skills and knowledge up to date	You must have the knowledge and skills for safe and effective practice when working without direct supervision.
	You must recognise and work within the limits of your competence.
	You must keep your knowledge and skills up-to-date throughout your working life.
	You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.
Accountability	As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions.

Furthermore, the manager or employer seeking to employ health visitors following successful completion of the return to practice programme must also be mindful of and work to the Standards for Reporting Lack of Competence and The Standards for Reporting Lack of Fitness to Practice.^{5, 6}

It is evident therefore that the information about return to practice is not confined to one NMC document. Rather it can be found in several NMC documents and in many of the documents the relationship of the information to return to practice is implicit rather than explicit, which may make it difficult to identify. In explanation, people who are interested in returning to health visitor practice must therefore ensure that they read and understand the content of the following NMC documents in order to be accountable for their practice and choose the programme that best meets their learning needs and requirements for professional practice:

- NMC (2008) Standards to Support Learning and Assessment in Practice. London, NMC.
- NMC (2008) The Code. London, NMC.
- NMC (2008) The PREP Handbook. London, NMC.
- NMC (2004) Standards of Proficiency for Specialist Community Public Health Nurses. London, NMC.
- NMC (2004) Reporting Lack of Competence: A guide for employers and managers. London NMC.
- NMC (2004) Reporting Unfitness to Practice: A guide for employers and managers. London, NMC.

■ DURATION OF THE PROGRAMME

An approved return to practice programme must consist of at least five study days. The length and nature of the programme is not set by the NMC but is determined by the education provider and the person undertaking the programme². This failure to standardised expectations has the potential to increase the risk to the public, and presents a definite challenge to those returning to practice because it creates confusion and inconsistency in relation to the required level of knowledge and skill that each return to practice health visitor must have and illustrate in terms of their fitness for practice and purpose on completion of the programme.

Currently the NMC state that the length of time that the person must complete will be calculated in relation to:

- Their registration history (e.g. time in and out of practice, experience during practice).
- Their current level of knowledge and skill in relation to health visitor practice.
- Any relevant experience undertaken while the person has been out of professional practice.

A scoping of the Higher Education Institutions (HEI's) that provide a return to practice programme illustrates that the number of hours in practice which each programme requires varies greatly from 40-600 hours (Table 4). The lack of a formula which apportions a numerical value to each of these factors means that it is not possible to be consistent or explicit about the number of learning hours that each person must complete during the programme. The development of a formula would provide a consistent guide for all involved including, the person seeking re-registration, the HEI confirming academic achievement, and the employing organisation assessing competence in practice via the sign-off practice teacher's assessment⁷. It would also create a situation in which the required number of learning hours (theory and practice) is directly related to the length of time out of practice, which would enhance the potential for the return to practice health visitor to be fit for practice and purpose and would also increase the ability of the NMC to consistently maintain the safety of the public.

Table 4: Current Provision: HEIs providing the Return to Practice Programme

HEI	Lead	Required hours in practice	Academic level of assessment	Academic credits on completion (if successful)	Who can apply	Forthcoming dates
Anglia	David Fogg David.fogg@anglia.ac.uk	120	5,6	30	N, HV, MW	Chelmsford 2010 Feb-March: 10 days Cambridge 2010 Feb-March: 10 days
De Montfort University	Out of approval					
Homerton School of Health Studies	Out of approval					
Nursing Education & Development Consortium North & West	Out of approval					
University College Northampton	No information	No information	No information	No information	No information	No information
University of Bedfordshire	No information	75 minimum	No information	No information	N, HV MW	No information
University of Brighton	A.M.Lane@brighton.ac.uk E.Mercer@brighton.ac.uk	100 minimum	5,6	20	Not stated	No information
University of Chester	No information	No information	No information	No information	No information	No information
University of Cumbria	Kim.Leong@cumbria.ac.uk	100-600	6	20	N, HV MW	3 days & Virtual Learning Environment
University of Derby	No Information	No Information	No Information	No Information	No Information	No information
University of Glamorgan	No information	No information	No information	No information	No information	No information
University of Hertfordshire	D.Knight@herts.ac.uk	No information	5	15	No information	No information

HEI	Lead	Required hours in practice	Academic level of assessment	Academic credits on completion (if successful)	Who can apply	Forthcoming dates
Leeds Metropolitan University	g.e.coverdale@leeds.ac.uk	No information	No information	No information	N, HV MW	No information
University of Northumbria	No information	No information	No information	No information	No information	No information
University of Reading	No information	No information	No information	No information	No information	No information
University of Wolverhampton	No information	No information	No information	No information	No information	No information
City University London	Rita Newland r.m.newland@city.ac.uk	100+	5 (nursing) 6 (health visiting)	30	HV, N	September 2010
University of Glamorgan	Mary Smith msmith1@glam.ac.uk Rees Evans revans6@glam.ac.uk	200+	5 and 6	No	HV, N	Twice per year
Glasgow Caledonian University	e.unwin@gcal.ac.uk	No information	No information	No information	N	January, September
Northampton University	ros.wray@northampton.ac.uk	75	5 and 6	No	HV, N	No information
Bucks New University	Kate Potter kate.potter@bucks.ac.uk	150	6	30	HV, N	September - January February - June
Canterbury Christ Church University	Jane Greaves jane.greaves@canterbury.ac.uk	No information	No information	No information	No information	Out of approval December 2009
University of Surrey	Kath Hutchinson k.Hutchinson@surrey.ac.uk	120	6	30	HV, N	September - January February - June
Manchester Metropolitan	Joanna Dunn j.dunn@mmu.ac.uk	40 - 160	Not stated	10 - 40	HV, N	September, January and May

Table 4 Key:

Section with white background = Information from the NMC website,
(Source:www.nmc.org/qualityandeducation)

Section with blue background = information from the Unite/CPHVA questionnaire and telephone enquiry

The ability to calculate the duration of the programme will also be influential when the person is trying to secure commitment from the employer to provide the practice placement and the sign-off practice teacher. For example, the person who is returning to health visitor practice after a twenty year break should be provided with more time and supervision in practice and more resource in terms of the practice teacher's skills and knowledge than someone returning after a break of six years. The employer will need this information when deciding whether or not the return to practice route is a feasible option when recruiting to the health visitor service. The outcome of this decision will in turn influence their decision of whether or not to support the return to practice health visitor through the programme.

If one considers the guidance from the NMC within the PREP standards it is possible to calculate that a registrant is required to complete a minimum of 150 hours each year in practice. This equates to twenty days in practice (based on a 7½ hour day). Table 5 provides a generic template which may give some objectivity and a starting point when considering the required duration of the programme. However, it is important to note that this is not currently supported in the guidance/standards provided by the NMC.

Table 5: Template for Minimum Hours in Practice

Years out of practice	Minimum practice hours required	Equivalent days in practice (7½ hrs per day)
5-10	150	20
11-20	300	40
>20	600	60

This guide may be used alongside the outcome of the assessment of practice, skills and knowledge that the sign-off practice teacher must complete in practice. The use of a learning plan/contract that is generated by the return to practice health visitor, will help the sign-off practice teacher and the return to practice health visitor to stage learning and calculate the duration of the course (Appendix 1).

■ CURRENT PROVISION: PROCESS OF SCOPING THE INFORMATION

Information about the current provision of return to health visitor practice programmes was obtained from the following two databases:

1. Nursing and Midwifery Council database available via the NMC website (www.nmc.org)
2. CPHVA database of Higher Education Institutions (HEIs) that currently provide a SCPHN programme.

The identified programme lead of each HEI on the Unite/CPHVA database was contacted via email and asked to complete a questionnaire in order to provide details about the programme content and outcome (Appendix 2). Eighteen questionnaires were sent out and eleven were returned which indicated that six HEIs currently provide a return to practice programme (Table 6). The details of the programme content and outcome are outlined in table 4. The seven HEIs that did not respond to the initial request for information were contacted by telephone and information was obtained from a member of the programme administration department if the programme lead was not available. This revealed that all seven provided a return to nursing practice programme. However, only one of these HEIs provided a specific return to health visitor practice programme. In total this scoping investigation revealed that currently six out of the eighteen HEIs on the Unite/CPHVA database provide a specific return to health visitor practice programme (Table 6).

Table 6: Number of HEIs providing Return to Practice (RTP) Programmes

Number of questionnaires returned	Telephone Enquiry	Number of HEIs providing RTP nursing programme	Number of HEIs providing RTP health visitor programme
11	7	12	6

Source: Unite/CPHVA (December 2009)

It is important to note that much of the information on the NMC return to practice website is incomplete and is not up-to-date. This may be because the demand for return to health visitor practice programmes has been low in recent years.

However, as much of the data within this website suggests, it may also be because many HEIs are providing a generic return to nursing practice programme in line with the current NMC advice². The lack of NMC guidance/standards relating to the content and duration of a return to health visitor practice programme means that the NMC is endorsing a situation in which return to practice health visitors are able to regain dual registration following successful completion of a programme which merely meets the requirements for re-registration on the nursing part of the NMC register and fails to recognise the significance of the SCPHN proficiencies. This is a major concern because it implies that there is no difference between the required skills, knowledge and practice of a first level registrant (nurse) and a registrant who has dual registration (i.e. registration as a nurse and registration as a specialist community public health nurse/health visitor). Unite/CPHVA is keen to highlight the importance of recognising the differences between these professional groups as illustrated in the professional briefing, ***Exploring the role of the health visitor and the registered nurse in the health visitor team and the health visiting service***⁸.

■ KEY FINDINGS FROM THE SCOPING INVESTIGATION

- Eleven questionnaires were returned. There is evidence that many nurses have completed a return to practice programme in the last three years. However, the number of health visitors who have completed the programme is not explicit within much of the data. Where it is explicit these equate to very low figures, the highest number is six health visitors in the last three years from one HEI.
- The NMC website provides a limited source of up-to-date information about programme provision and the expectations of people returning to health visitor practice. Currently there are sixteen HEIs on the NMC website. Three of these HEIs are recognised to be out of approval and currently do not offer a return to practice programme. A review of the individual university websites from this list reveals that only three of the sixteen actually offer a specific return to health visitor practice programme. The remaining ten HEIs offer a return to nursing practice programme.
- Eight out of twenty-four HEIs currently provide a return to health visitor practice programme.
- There is a wide national variation in the content and expectations of return to practice programmes, in terms of hours in practice (40-600 hours) and the achievement of academic credits (10-40 credits).
- All HEIs require the people completing a return to practice programme to submit a portfolio assignment in which they record their learning in practice during the programme. This method of assessment provides a useful way in which to encourage learner-led learning and will enable the return to practice health visitor (learner) to integrate theory and practice in a reflective, practice based way.
- The NMC does not provide a formula for calculating the required number of hours that people returning to practice must complete during the programme in order to achieve the required learning outcomes/skills and knowledge for competent practice on dual re-registration. One of the HEIs has provided a

formula for calculating the required number of hours in practice during the programme. However, the absence of a formula that is used by all HEIs which provide the programme means that there is a lack of consistency between programmes. This is an important issue to note because it means that the practice requirement for re-registration on the SCPHN part of the NMC register is not dictated within regulation. In explanation, this may create a danger to public safety because it allows a person who has been out of practice for more than twenty years to do exactly the same programme content as someone who has been out of practice for less than ten years.

■ CONCLUSION

In conclusion the findings of this scoping investigation illustrate the wide National and Regional variation that exists in the provision and content of return to health visitor practice programmes in the UK. Many programmes that are available provide a content which is focused on the re-registration requirements of the first level nurse/registrant at the detriment of the requirements for registration on the Nursing and Midwifery Council, SCPHN register. It is anticipated that the advent of the Action on Health Visiting programme: Getting it Right for Children and Families will increase the demand for return to health visitor practice programmes as measures are taken to address the reducing health visitor workforce¹. This means that return to health visitor practice programmes must be sufficiently robust to enable re-registered SCPHN/health visitors to be fit for practice and purpose and able to maintain the safety of the public.

■ RECOMMENDATIONS

1. It is imperative that the NMC provide written explicit standards relating to the nature and content of return to health visitor practice programmes in order to develop consistency and promote public safety by recognising the specific requirements of those completing dual re-registration (Nursing and SCPHN/health visitor).
2. There is a need to increase the number of NMC approved return to health visitor practice programmes that are available both regionally and nationally.
3. A sustained marketing campaign to attract qualified but non-registered health visitors back into the profession is needed to establish the extent of demand for these programmes.
4. It is imperative that the practice teacher and sign-off practice teacher workforce is sustained within the health visitor profession in order to develop and maintain the required expertise within the workforce to support those who are returning to the health visitor profession.

■ REFERENCES

1. Department of Health. Getting it Right for Children and Families: Maximising the contribution of the health visiting team. London, The Stationery Office, 2009.
2. Nursing and Midwifery Council. The PREP Handbook. London, NMC, 2008.
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6. Nursing and Midwifery Council. Reporting Unfitness to Practice: A guide for employers and managers. London, NMC, 2004.
7. Nursing and Midwifery Council. Standards to Support Learning and Assessment in Practice. London, NMC, 2008.
8. Newland R. Exploring the Role of the Health Visitor and the Registered Nurse in the Health Visitor Team and the Health Visiting Service. Professional Briefing. London, Unite the Union/CPHVA, 2009.

■ APPENDIX 1: A LEARNING CONTRACT TEMPLATE

<p>Learning style (suggest that you complete an influencing style audit or a learning styles audit to identify the way in which you learn).</p>
<p>Personal learning strengths.</p>
<p>What I will be able to do at the end of the term (i.e. which learning outcomes will I work on).</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>4.....</p> <p>The number of learning outcomes will depend on the duration and content of the programme that you choose.</p>
<p>Areas of learning that I need to develop in order to address the learning outcomes stated above.</p>

Assessment of practice (this is for you and your sign-off practice teacher to complete).

Suggestions of issues to consider include:

- Knowledge and skills in relation to practice activity, ability to recall and use these in practice.
- Progress towards indirect supervision in practice.

It is imperative when identifying areas for development that the practice teacher outlines a structured plan for achievement which includes a timetable for reassessing learning.

Summary of the discussion that you have had with your sign-off practice teacher about your practice and your progress in practice.

Date

Signature of sign-off practice teacher

Signature of return to practice health visitor

Action plan agreed (include dates for completion).

Date of next review (this will depend on the duration of the programme and the things you need to learn):

NOTES

■ APPENDIX 2: THE QUESTIONNAIRE



Return to Practice: Health Visitor Programmes

Unite/CPHVA is currently undertaking a scoping exercise to investigate the current provision for return to practice health visitor programmes in the UK. Please take a few minutes to complete the questions in the table below. The information that you provide will be collated to develop source for people who are planning to return to the health visitor profession and practice.

Question	Yes (✓)	No (✓)	Comments/ additional information
Do you have an NMC approved Return to Practice course for health visitors within your HEI portfolio?			
Do you currently run a return to practice course for health visitors? If so please state the dates that the course takes place and the application process.			

Question	Yes (✓)	No (✓)	Comments/ additional information
<p>How many people have taken the course in the last 3 years?</p> <p>Do you have a course running this year?</p> <p>If so how many people are currently taking the course?</p>			
<p>Do all people undertaking the course have a practice teacher/sign-off practice teacher who facilitates and assesses their learning in practice?</p>			
<p>Please explain the design and content of the course.</p>			
<p>Do you have a formula that you use to calculate the required hours of practice that a person will need to complete in order to re-register with the NMC?</p>			
<p>What reference material do you advise people to read in preparation for starting your course?</p>			

Thank you for completing this questionnaire.

Please return it to: Rita Newland, Professional Office, Unite the Union/CPHVA:

rita.newland@unitetheunion.org

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35 King Street, London WC2E 8JG for permission.

Rita Newland
Professional Officer
Unite the Union/CPHVA
128 Theobald's Road
Holborn
London WC1X 8TN
Tel: 020 7611 2500
Fax: 0870 731 5043
www.unitetheunion.org/cphva

