

Return to practice

Consultation on rejoining or staying on our register following time away from practice

Sept 2018



Contents

About us	3
Why are we consulting?	4
What you need to know about registration	5
- Background	5
- Rejoining the register – what happens currently	6
- Revalidation and remaining on our register	7
Our role in education and our new standards	9
Our thoughts so far	11
How will this consultation work?	13
- What we will ask you about	13
How to respond to this consultation	14
The consultation	15

About us

The [Nursing and Midwifery Council](#) (NMC) is the independent healthcare regulator for nurses and midwives in the UK.

We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

From [2019, nursing associates](#) will also be able to apply to join our register.

The nurses' part of the register is currently divided into two sub-parts for first and second level registered nurses. Most second level nurses originally qualified as state enrolled nurses. Registration in either of these sub-parts allows individuals to be known as 'registered nurse' and there is no difference in the potential scope of practice of those on the two sub-parts. The [second level nurse sub-part was closed](#) to all new applications in July 2018, but nurses currently or previously registered in this sub-part of the register can still revalidate, renew their registration and apply for readmission and restoration.

The proposals in this consultation will therefore apply to all nurses including second level nurses, midwives and nursing associates, who have been away from practice for a period of time and wish to return to, or remain on, our register.

Our role, functions and powers are set out in the [Nursing and Midwifery Order 2001](#) ('the Order').

Why are we consulting?

We want to find out what you think about how nurses, midwives and nursing associates (from 2019) rejoin or remain on our register after time away from practice.

We manage a practising register. Our legislation specifies the minimum number of hours of practice that nurses, midwives and nursing associates have to complete to [revalidate](#) or to rejoin our register (if they have not been registered for a period of up to five years).

If they have not completed these minimum practice hours, or have been off the register for more than five years, then we can set standards specifying what education, training or experience they need to be allowed to stay on or rejoin the register. These standards are intended to make sure professionals renewing their registration and individuals rejoining the register meet the standards necessary for safe and effective practice. These are called the [return to practice \(RtP\) standards](#).

Under our current RtP standards, nurses and midwives are required to complete an NMC approved education programme.

We're modernising all our education standards. As part of this work we need to review our approach to return to practice.

We're considering the barriers faced by those rejoining or wishing to remain on the register but who do not meet our minimum practice hour requirements. Our Council will use the findings of this consultation to inform its decision to approve new standards for return to practice.

Here are some examples of when a nurse or midwife may need to complete a return to practice programme:

- Individuals who have not been practising and whose registration has lapsed may seek to rejoin our register.
- Individuals who have been practising outside the UK and whose registration has lapsed may seek to rejoin our register.
- Individuals who have been away from practice and want to stay on our register but haven't practised for the hours required to revalidate. This might be due to maternity leave or ill health.
- Individuals who have been struck off our register following a fitness to practise hearing, and have now been allowed by a fitness to practise panel to rejoin our register.

We want to hear your views. We welcome responses from any interested organisations and individuals.

This consultation will run from 24 September 2018 to 16 November 2018.

What you need to know about registration

Background

In order to practise as a nurse or midwife in the UK or a nursing associate in England, a nurse, midwife or nursing associate must be registered with us. 'Practising' is defined as 'working as a registered nurse, midwife or nursing associate'.

The full requirements for registration are set out in [our legislation](#).

Nursing and midwifery professionals who join, rejoin or stay on our register must meet the standards necessary for safe and effective practice. The return to practice standards apply to nurses and midwives who have:

- not been on our register for some time and can't meet the minimum practice hours for rejoining the register, or
- not completed their minimum practice hours for revalidation.

These standards specify what education, training or experience a nurse or midwife needs to be allowed to rejoin and remain on our register.

Under our current standards, there is only one way in which anyone who has not practised for some time can return to the register. This is by successfully completing an NMC approved return to practice nursing or midwifery education programme. There are separate programmes for nurses and midwives. They're run by universities and normally last between 3 and 12 months.

We want to provide more flexibility in this area of regulation while ensuring safe and effective practice.

- We want to remove unnecessary barriers to those returning to practice, while maintaining public protection.
- We recognise that changes in the workforce and working patterns may increase demand for more flexible ways to rejoin and remain on our register.
- We want to align our standards for readmission and returning to practice with our new outcome focused [Standards for education and training](#), these standards provide opportunities for innovation in education and greater flexibility for educators and students.
- We believe it's important to explore alternative ways an individual who has not practised for some time could demonstrate the required standards of proficiency and be enabled to rejoin or remain on our register.

- We now regulate nursing associates and we need to make sure the return to practice and readmission standards apply to the standards of proficiency for all professional groups on our register.
- In line with our public sector equality duty,¹ we're eliminating unlawful discrimination and advancing equality for nurses, midwives and nursing associates.

Rejoining the register – what happens currently

Nursing and midwifery professionals who have previously been on our register can seek [readmission to the register](#). They must meet a number of requirements set out in our legislation, standards and guidance. In brief, these are:

- minimum practice hours of 750 hours over 5 years or 450 hours of practice over 3 years, or completion of an approved return to practice course
- 35 hours of continuing professional development (CPD) of which 20 hours must be participatory
- health and character requirements
- professional indemnity requirements
- English language requirements
- references.

If a nurse or midwife applies for readmission within six months of the date by which they would have revalidated, they also need to meet additional revalidation requirements.

Minimum practice hours

Our legislation specifically says that nurses and midwives need to practise for 750 hours over the last five years if they're seeking to rejoin the register. We currently also allow a nurse or midwife to practise for 450 hours over the last three years in the same way as those seeking to renew their registration through [revalidation](#) (see below). Nurses and midwives only need to complete a return to practice programme if they don't meet either of these requirements².

Practising overseas

A small population of registered nurses and midwives practise outside the UK. They choose to maintain their NMC registration and continue to meet the requirements of revalidation, relying on their hours of practice overseas.

Some nurses and midwives do not maintain their NMC registration when practising overseas but are practising and registered with an overseas regulator. We allow them to rely on an equivalent

¹ Section 149 of the Equality Act 2010

² Occasionally, a restoration application can be made before five years has past

number of hours of registered practice in the country where they have been working when they apply to rejoin our register.

We're not seeking to change the current minimum practice hours (which would require legislation changes) or the alternative practice hours requirements. Our new return to practice standards will include the same requirements relating to the practice hours.

Rejoining the register following a striking off order

Five years after someone has been struck off, they can [apply to be restored to the register](#)³. The application will be considered by a fitness to practise panel which will decide if the applicant is a fit and proper person to practise the relevant profession. The return to practice standards apply to those seeking to be restored to the register after being struck off – so the panel can require someone to pass a return to practice course before rejoining the register.

The proposals in this consultation would apply to all those rejoining the register after a period away from practice, including those seeking restoration.

- [Read more about our current readmission requirements](#)

Revalidation and remaining on our register

Our legislation specifies the minimum number of hours of practice that nurses and midwives have to complete over a three year period since their registration was last renewed (or since joining the register) to remain on our register. The number of practice hours is a requirement to [revalidate](#). The table below sets out the practice hours requirements for revalidation.

Practice hours for renewal via revalidation

Registration	Practice hours for renewal via revalidation ⁴
Nurse, or Midwife, or Nursing associate	450 practice hours required
Nurse and SCPHN ⁵ Midwife and SCPHN	450 practice hours required
Nurse and midwife (including nurse/SCPHN and midwife/SCPHN)	900 practice hours required (to include 450 hours for nursing, 450 hours for midwifery)

³ Occasionally, a restoration application can be made before five years has past

⁴ Rule 3(4) of the Education, Registration and Registration Appeals Rules 2004 ('Registration Rules')

⁵ Specialist community public health nurse (SCPHN), part of the register for registered nurses and midwives working in public health roles. They will have completed SCPHN courses approved by us.

Where a nurse or midwife has not practised enough hours to revalidate (as set out above), they have to pass a return to practice programme before they can renew their registration⁶.

In addition to the practice hour requirements, [nurses and midwives have to meet other requirements](#). They include:

- 35 hours of CPD (of which 20 hours must be participatory)
- 5 pieces of practice-related feedback
- 5 written reflective accounts
- a reflective discussion
- meeting health and character requirements
- meeting professional indemnity insurance requirements
- confirmation

- [Read more](#) about our revalidation requirements.

That's all you need to know about registration. We will now tell you about our role in the education of nurses, midwives and nursing associates.

⁶ The standard can be found here: <https://www.nmc.org.uk/standards-for-education-and-training/return-to-practice-courses/>

If you have practised for fewer than the required number of hours in the three year period since your registration was last renewed or you joined the register, then you must successfully complete an appropriate return to practice programme approved by the NMC before the date of your application for renewal of registration.

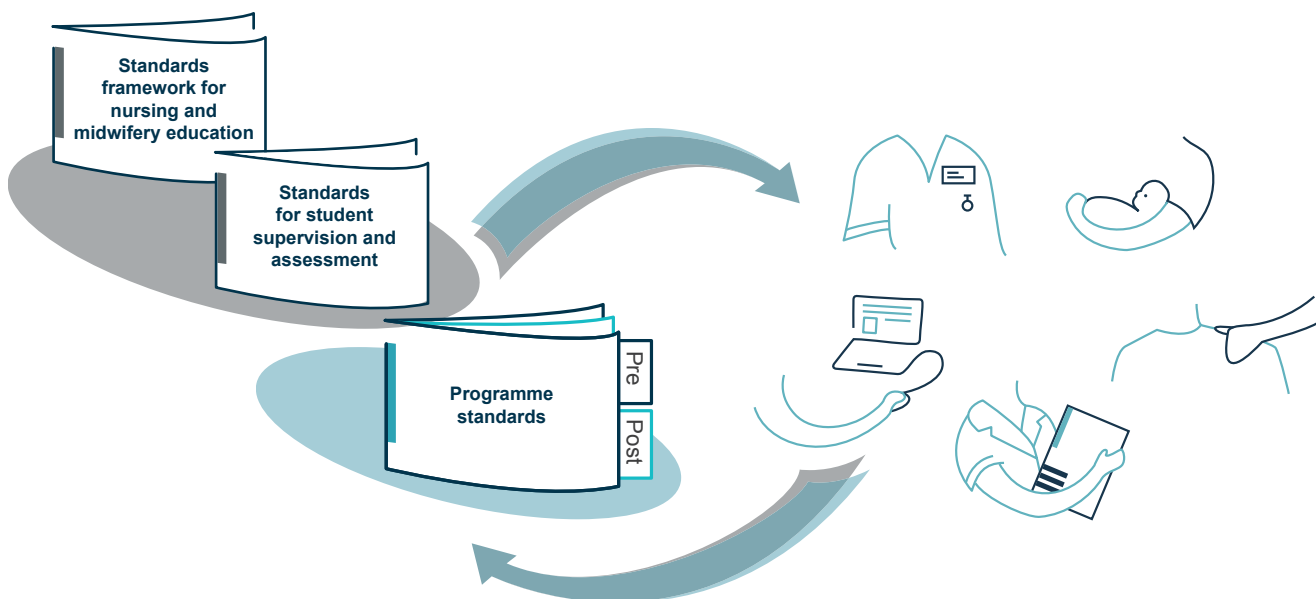
Our role in education and our new standards

In 2015 we began a [five year programme of change](#) for our education standards. Three years later, in May 2018, we published the first of our new standards for education and training. These standards are in three parts: [parts 1](#) and [2](#) apply to all education programmes and [part 3](#) has specific detail for each of the programmes that we approve. We also published [Future nurse: Standards of proficiency for registered nurses](#).

The consultation on [Standards of proficiency for nursing associates](#) is now closed. We expect to publish the standards in October 2018. We're also working on [Future midwife: Standards of proficiency for midwives](#) and expect to consult in February 2019 with the new standards being published later in 2019.

Standards for education and training

Standards of proficiency for nursing and midwifery professions



The standards of proficiency and our register

In order to [join the register](#), a nurse, midwife or nursing associate must demonstrate that they meet the standards of proficiency⁷. They can achieve this through the following methods:

- **An NMC approved education programme**

In the UK we approve pre-registration education programmes for nurses, midwives and nursing associates. We also approve post registration programmes and return to practice programmes.

- **Mutual recognition of professional qualifications**

Nurses and midwives trained in the EEA can use their qualifications to apply for UK registration. This is set out in the EU Directive⁸. Nursing associates will have the same rights.

- **A test of competence (ToC)**

Nurses and midwives trained outside the EEA can undertake a two part test – which consists of a computer based multiple choice test and a clinical examination tailored for the part of the register the applicant is applying to join. The ToC is based on relevant standards of proficiency and aligns to our education standards. Nursing associates will also be able to take a ToC.

The ToC can also be used by nurses and [midwives trained in the UK who didn't register their qualification within five years](#). This is an alternative to completing their degree again.

When someone first joins our register, we assess them against all the standards of proficiency for their part of the register using one of the methods above.

Once on our register, everyone must maintain their proficiency and stay up to date within their individual scope of practice in line with [The Code: Professional standards of practice and behaviour for nurses and midwives](#).

People seeking to rejoin the register must demonstrate that they are still capable of safe and effective practice. The degree to which this requires them to retrain will depend on their previous practice, the time they have been away from practice and any other education, training or experience they have.

⁷ Articles 5(2), 9 and 10 of the Order

⁸ EU Directive 2005/36/ EC

Our thoughts so far

Our review of education standards for nurses and midwives led us to examine how we can improve our standards to clearly state our expectations for the return to practice programmes and also to consider two new approaches to return to practice: a test of competence and self-declaration.

We have spoken with people who have an interest in return to practice including employers, educators, nurses, midwives and students. We have also spoken with other UK regulators to find out about their approach to readmission and returning to practice.

Through our review and stakeholder engagement workshops, meetings and webinars we have developed the proposals we set out in this consultation. We are asking for your views on:

1. **The barriers to returning to practice**

We are considering what barriers there might be in the current approach, what might prevent people from taking up and completing an RtP programme.

2. **[New draft Standards for return to practice programmes](#)**

RtP programmes provide opportunities for theoretical study and practice learning experiences. These standards will replace the current [Standards for return to practice courses](#) and set out what we expect more clearly. We aim to allow more flexibility for education providers. We want to encourage use of new technology and innovation including the use of simulation and distance learning, while ensuring appropriate supervision and assessment for experienced students on return to practice programmes. These draft standards are to be read with Standards for education and training parts 1 and 2. They'll apply to programmes for people that have not been practising and are seeking to remain on, or rejoin, our register.

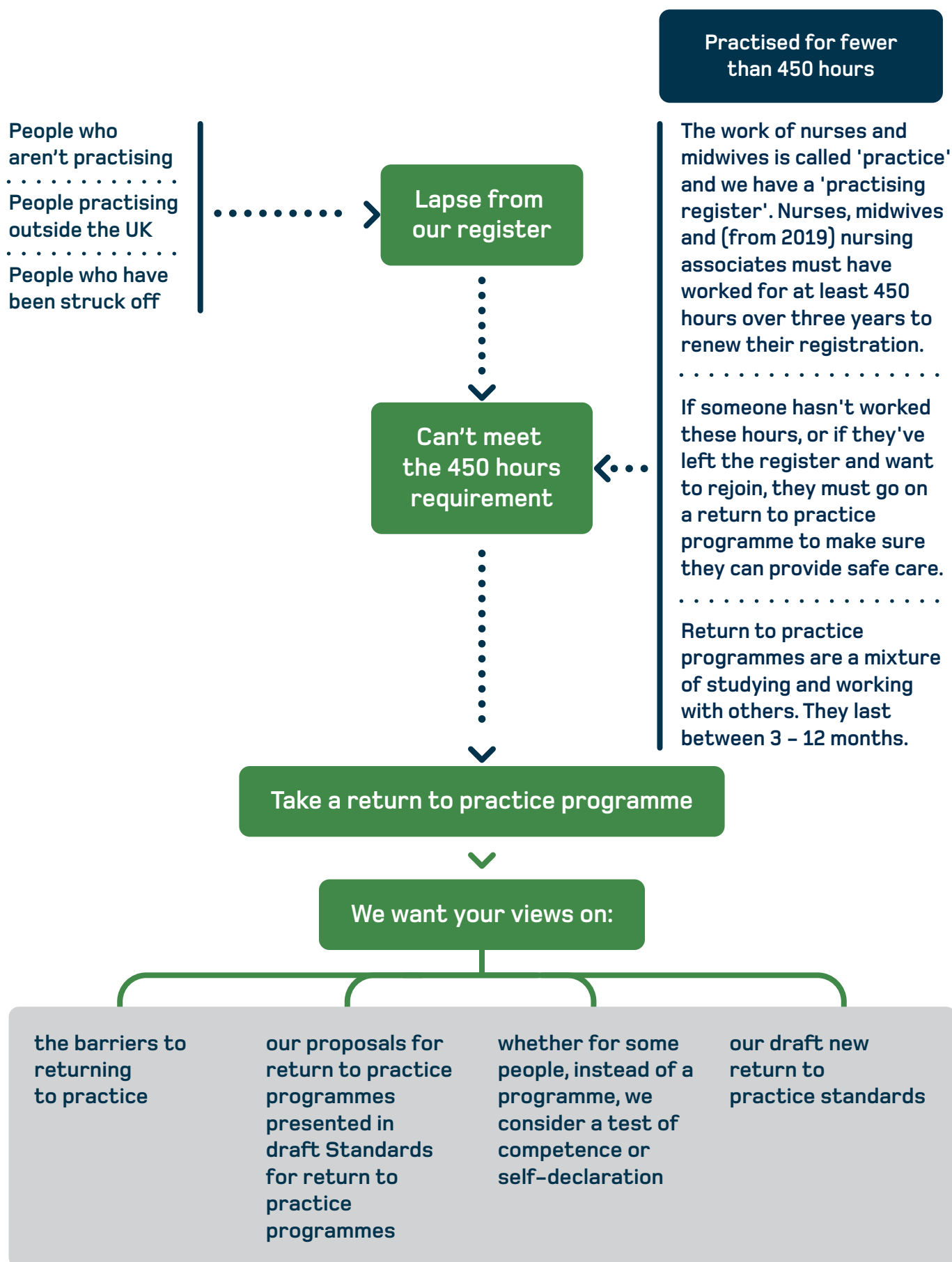
3. **The two part test of competence (ToC)**

We are asking whether, in principle, a test of knowledge and a practical examination of the application of knowledge and skills (via an objective structured clinical examination (OSCE)), may be appropriate for some people that have not been practising and are seeking to rejoin, or remain on, our register. This would be in the same way as it is used by those seeking to join our register from overseas for the first time.

4. **Self-declaration**

We are asking for your views on whether in the future we should also explore an option of allowing a portfolio submission in any circumstances when individuals have not been practising and are seeking to rejoin or, remain on, our register. This portfolio might demonstrate, for example, a blend of continuing professional development and some supervised practice.

Return to practice



How will this consultation work?

What we will ask you about

We would like to get your views on how we enable people to return to our register, or remain on our register, having been away from practice.

We have some proposals for developing return to practice programmes and are also asking some questions on two new approaches to this area of regulation. We have presented our proposals for:

1. [New draft Standards for return to practice programmes](#)
2. [New overarching draft RtP standards](#), including the minimum practice hours, RtP courses and the new alternative of a ToC.

Please read these draft standards before completing the consultation.

We ask for your views on:

1. [The barriers to returning to practice](#)
2. [Our draft Standards for RtP programmes](#)
3. [The two part test of competence](#)
4. [Self-declaration](#)
5. [Our draft new return to practice standards](#)

How to respond to this consultation

We appreciate you taking your time to read and respond to our consultation. You are free to answer some or all of the questions. To make it easier for you to respond, we have also included a list of all of the consultation questions at the end of this document.

For some questions, we will ask you to read some relevant material before you give us your response.

You can [respond to this consultation](#) through our website.

If you can't submit your response using the online survey or need the consultation in a different format, please [email us](#). You can also use this email address if you have any questions.

We hope you will help us to capture your views by answering as many questions as possible. All consultation questions are optional. There are also some questions 'About you' which show us if we have engaged with a diverse and broad range of people. We understand if you prefer not to answer some of these questions. We'll analyse responses on behalf of organisations separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. But you can remain anonymous if you wish.

If you're responding as an individual we won't ask for your name. So you can't change your responses after you have submitted them. We also won't be able to provide a record of your responses.

Read more on our [statement on privacy and data](#).

The consultation will run from **24 September 2018 to 16 November 2018**.

This means that any responses received after this time won't be included in the analysis of the consultation responses.

The consultation

1. Understanding the barriers to returning to practice

There are many reasons why someone may not be working as a nurse, midwife or nursing associate, yet may wish to remain on, or return to our register.

1. People who have not been practising and have lapsed from our register may seek to rejoin our register.
2. People who have been practising outside the UK and have lapsed from our register may seek to rejoin our register.
3. People who've been away from practice may still want to remain on our register but do not have the required number of practice hours (450) to renew by revalidation. For example, this might be due to maternity leave or ill health.
4. People who have been struck off our register following a fitness to practice hearing and after five years have been allowed by a fitness to practise panel to apply to rejoin our register.

We would like you to think about the barriers that might prevent nurses, midwives and nursing associates returning to practice.

Q1. Do you agree that there are barriers facing nurses and midwives currently seeking to return to practice?

- | | |
|------------------------------|---------------------|
| - Strongly agree | - Disagree |
| - Agree | - Strongly disagree |
| - Neither agree nor disagree | - Don't know |

Q2. If agree, what would you say are the most common barriers:

Please tick the three that you think are most common:

- family finance
- caring commitments
- confidence
- personal health
- access to university
- eligibility for a programme
- student finance
- concerns about study skills
- length of programme
- pace of change in health and social care

Q3. Are there any barriers that we have not identified?

Q4. How might these barriers be overcome?

Q5. If you have any further comments please state them below:

Q6. Do you agree or disagree that there should be differing approaches in how individuals are readmitted to the register following a period of time out of practice depending on:

- if they have not been practising
 - if they have been practising outside the UK
 - if they are short of hours for renewal by revalidation
 - if they are being allowed to return to practice by a Fitness to Practise panel having previously been struck off our register
-
- Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Don't know

Q7. If you have any comments please state them below:

Q8. Do any of the following protected characteristics which are set out in equalities and human rights legislation justify a different approach to return to practice?

Age:

- Yes
- No
- Don't know

Disability:

- Yes
- No
- Don't know

Gender reassignment:

- Yes
- No
- Don't know

Race:

- Yes
- No
- Don't know

Religion or belief:

- Yes
- No
- Don't know

Sex:

- Yes
- No
- Don't know

Sexual orientation:

- Yes
- No
- Don't know

Marriage and civil partnership:

- Yes
- No
- Don't know

Pregnancy and maternity:

- Yes
- No
- Don't know

If you have selected yes for any of these protected characteristics, please state why:

2. Standards for educational programmes

Our role in education

We must make sure that nurses, midwives and nursing associates are consistently educated to a high standard. This means that they are able to deliver safe and effective care at the point of entry onto our register, and throughout their careers.

Standards for education and training

To deliver NMC approved education programmes, approved education institutions (AEIs), together with practice learning partners, must meet the requirements set out under five headings in our [Standards framework for nursing and midwifery education](#) :

- **Learning culture** – relates to a learning culture that is ethical, open and honest. A culture which supports a safe and effective learning environment that respects the principles of equality and diversity and where innovation, inter-professional learning and team working are embedded.
- **Educational governance and quality** – relates to the legal and regulatory requirements that AEIs, together with practice learning partners, are expected to meet.
- **Student empowerment** – relates to ensuring students are provided with the learning opportunities they need to achieve the desired proficiencies and programme outcomes.
- **Educators and assessors** – relates to assurance that those who support, supervise and assess students are suitably qualified, prepared and skilled, and receive the necessary support for their role.
- **Curricula and assessment** – relates to curricula and assessment that enable students to achieve the outcomes required to practise safely and effectively in their chosen area.

In addition, the [Standards for student supervision and assessment](#) set out what we require for student learning and supervision in the practice environment. They also set out how educators assess students across theory and practice.

These standards are designed to apply to all NMC approved education programmes and are components of our Standards for education and training.

Our proposals for return to practice programmes

We set specific standards for each of the education programmes we approve. This means we have drafted new [Standards for return to practice programmes](#) that we would like you to read before answering the next set of questions.

In the past, we have approved separate courses for nurses and midwives. But we know that low numbers of applications for return to practice programmes can mean programmes are not viable and do not run. Some nurses and midwives who want to return to practice have difficulty accessing these programmes.

We propose programmes will meet individual needs, be outcome based and linked to the appropriate professional standards. Approved RtP programmes will be able to recruit a mixed cohort from all our professional groups: nurses, midwives and nursing associates. We suggest this will expand learning opportunities, facilitate inter-professional learning and improve viability of RtP programmes. Programmes must provide appropriate learning outcomes of placements with practice learning partners supporting relevant learning and assessment of proficiency for nurses, midwives and nurses and midwives who hold a SCPHN registration, as well as nursing associates.

Our aim is to enable development of new outcome-focussed and flexible return to practice through an approved period of education and training which includes opportunities for building confidence in practice.

We propose that in order to be approved to run RtP programmes, approved education institutions and their practice placement partners will be required to meet these programme standards.

These draft standards are presented under the following headings:

- **Selection, admission and progression** – standards about an applicant's suitability and continued participation in a return to practice programme
- **Curriculum** – standards about the content, delivery and evaluation of the return to practice programme
- **Practice learning** – standards specific to learning that takes place in practice settings
- **Supervision and assessment** – standards for safe and effective supervision and assessment on a return to practice programme
- **Eligibility for the register** – standards which specify the credits/award and set out information for rejoining, or remaining on, the NMC register.

Draft Standards for return to practice programmes

Q9. We are proposing that AEIs should map applicants’ prior learning and experience to the relevant [standards of proficiency](#).

Do you agree with this approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

If you have any further comments please state these below:

Q10. The AEI should then plan a programme according to the person’s learning needs and their current or previous periods of registration and intended area of practice.

Do you agree with this approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

If you have any further comments please state these below:

Q11. We are proposing that there should be approved RtP programmes with curricula that can apply to all parts of the register. This means recruitment of a mixed group of returning nurses, midwives and nursing associates would be possible. This should include appropriate placements with practice learning partners to support learning and assessment of proficiency for nurses, midwives, nurses and midwives who hold a SCPHN qualification, and nursing associates.

Do you agree with this approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any comments please state them below:

The draft standards require approved education institutions (AEIs) to tailor theory and practice learning on RtP programmes to individual learning needs that relate to the registration they are seeking to return to or renew. We propose that the AEI plan content (theory and practice) and length of programme depending on the students previous registration, experience and learning needs.

Q12. Do you agree or disagree that, depending on a student's previous registration, experience and learning needs the AEI should plan:

The content of the programme (theory and practice):

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

The learning outcomes:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

The length of the programme:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

The assessments:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further comments please state them below:

Q13. Do you have any other comments about our draft *Standards for return to practice programmes*?

3. The test of competence

We would like to hear your views on a potential new approach to return to practice: the use of a test of competence (ToC).

The ToC is in 2 parts: a multiple choice test of knowledge and a practical assessment of the application of knowledge and skills via an objective structured clinical examination (OSCE). There are separate ToCs for nurses and midwives and we propose there be one for nursing associates to assess whether the applicant meets the standards of proficiency necessary for safe and effective practice to be admitted or renewed on the register⁹.

A nurse, midwife, or nursing associate would not have to undertake practice under supervision or attend an NMC approved programme if they choose to take the two part test. The ToC would be the same as the ToC taken by nurses and midwives who [trained outside the EEA](#) applying to join the register for the first time with overseas nursing and midwifery qualifications. This option might provide a flexible alternative for those who have a small shortfall in practice hours but have maintained their proficiency and are ready to be assessed without further education or training.

We are proposing that in some circumstances people should be able to choose to rejoin the register through a ToC instead of completing a NMC approved educational programme.

⁹ Articles 5(2), 9 and 10 of the Order

In principle:

Q14. Do you agree or disagree, that the following individuals who have previously been registered, and now seeking to rejoin our register, should be able to rejoin by successfully completing a ToC instead of completing an RtP programme?

People who have not been practising:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

People who have been practising outside the UK:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

People being allowed to return to practice by a Fitness to Practise panel having previously been struck off our register:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any comments please state them below:

Q15. Do you agree or disagree that an individual who is seeking to renew their registration through revalidation but does not meet our minimum practice hours requirement should be able to renew their registration by successfully completing a ToC instead of completing an RtP programme?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any comments please state them below:

4. Self-declaration

We would like to hear your views on whether we should also further explore a possible new approach to return to practice in the future: self-declaration.

Self-declaration is used by some other healthcare regulators. It can be a blend of supervised practice and CPD that leads to the individual seeking to rejoin the register by self-declaring that they meet the necessary criteria for readmission. This approach would require individuals to demonstrate that they are capable of safe and effective practice by submitting a portfolio. A portfolio approach could be similar to the requirements for revalidation and could involve some form of supportive declaration or confirmation. It might include:

- evidence of a minimum of 35 hours of continuing professional development (CPD):
20 of which must be participatory
- five pieces of practice-related feedback
- five written reflective learning accounts
- evidence of a reflective discussion with another registrant about their reflective accounts

Self-declaration could also include practice experience on a course that is not part of an approved programme and therefore would not be part of our quality assurance framework for nursing, midwifery and nursing associate education and training. This option could be a new route to rejoining our register or renewing registration. We are interested in hearing views about whether we should explore this alternative model in the future.

We are proposing that we explore an option for people who have previously been registered and are seeking to rejoin the register, to be able to rejoin our register through a form of self-declaration.

Q16. Do you agree or disagree that we should explore an option for the following individuals, who have previously been registered and are now seeking to rejoin the register, to be able to rejoin our register through a form of self-declaration?

People who have not been practising:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

People who have been practising outside the UK:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

People being allowed to return to practice by a Fitness to Practise panel having previously been struck off our register:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q17. Do you agree or disagree that we should explore an option for an individual who wishes to renew their registration through revalidation but does not meet our minimum practice hours requirement, to be able to renew their registration through some form of self-declaration?

- | | |
|------------------------------|---------------------|
| - Strongly agree | - Disagree |
| - Agree | - Strongly disagree |
| - Neither agree nor disagree | - Don't know |

If you have any comments please state them below:

Q18. What form/ model of self-declaration could take place?

If you have any comments please state them below:

5. Draft new return to practice standards

Our draft new [return to practice standards](#) bring all our proposed standards relating to returning to practice into one place so that all the alternative routes and required evidence are clear. These draft standards will be finalised in light of the responses to this consultation and will be kept under review to make sure they remain flexible and proportionate.

They include the current alternative requirements relating to practice hours and return to practice programmes and the new option of a test of competence outlined in this consultation. If we explore a self-declaration model this will result in further amendments to these draft standards in the future.

Q19. Do you have any other comments about these draft standards in addition to those you've made in response to any of the previous questions?
