Requirements for re-registration and re-entry of physiotherapists into the workforce in Australia and overseas

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Objectives: A narrative literature review is developed using international research to describe requirements and programmes for re-registration and re-entry internationally using the example of physiotherapists.

Methods: Literature was sourced from databases including MEDLINE, Cochrane, PEDro, PubMed and CINAHL, from 1970 to date. Key search terms applied were the title of various health professions, re-entry, re-registration, and programmes. Research published in peer-reviewed articles and policy documents (grey literature) were included. Research was appraised critically and data analysis involved extracting information via a process of thematic analysis.

Results: Seventeen studies and physiotherapy policy documents from Australia, Canada, UK and New Zealand were included in this narrative review. Re-registration is where registration has lapsed and a programme of study or practice is required to register again. Re-entry is where a person has maintained registration and after a period away from active practice wishes to begin practice again. Programmes were analysed across admissions and finance; theory components; practice components; and, programme evaluations.

Discussion: The quality of the articles used to make decisions was poor. No evidence for programmes which use the key criteria of time away from practice or years of practice before ceasing was found, though some models reviewed adopted these criteria. Many countries lack a simple process for physiotherapists wishing to re-register or re-enter the workforce.

Conclusion: New models which include flexibility and support through mentors with clear articulation of expectations can be expected to facilitate re-registration, but no evidence was found to support this.

Keywords: Systematic review, physiotherapy (specialty), retraining, curriculum, health manpower

Introduction

Internationally, physiotherapists are expected to maintain currency of practice. In some cases, this is explicitly stated in legislation governing the practice of physiotherapy. In Australia, the physiotherapy registration boards are governed by various state and territory legislation which require physiotherapists who have allowed their registration to lapse to undertake a process of re-registration. However, there is limited information describing the process of re-registration or re-entry, including the determination of eligibility and programme content. Further, there is a shortage of physiotherapists in practice in Australia, particularly in rural and remote areas, and one method of increasing numbers is to facilitate re-entry into the profession.[1]

Education models for re-training physiotherapists who may have been absent from the workforce for

extended periods of time are needed. Methods of re-entry, such as training programmes that respond to a returner's requirements and legislated eligibility for registration, have the potential to increase the number of physiotherapists returning to the workforce in times of continuing shortages. To facilitate this, an understanding of the needs of those physiotherapists wishing to re-register or re-enter the workforce is required. In response to these needs, the appropriate development and delivery of programmes are required which assess the re-registrant's or re-entrant's ability, knowledge and competence. The programmes should match the needs of the individual and the legislative requirements where the practitioner will be working.

Throughout this paper, the term 're-registration' is used to identify situations where a person has allowed their registration to lapse and is required to undertake a programme of study or practice in order to register again with their professional or statutory body. It does not include any situation where registration may have been suspended or withdrawn by a professional or statutory body. 'Re-entry' is used to refer to situations where a person has maintained registration with their professional or statutory body and who, after a period away from active practice, wishes to begin practicing again.

The aim of this paper is to understand the requirements and programmes used for re-registration and re-entry internationally using the example of physiotherapy.

The narrative review aimed to identify the education models of re-registration and re-entry that are being used in physiotherapy. It was also recognised that comparisons should be drawn with programmes available in other health professions such as: medical practitioners, dental health, nurses, optometrists, pharmacists, psychologists, and radiographers. Focus was also placed on:

1. the different models of education for re-entry,
2. methods used to implement the re-entry programmes, such as peer and mentor support, flexible delivery of education, and simulation training,
3. strategies used to recruit applicants.

Method
Search strategy

The search terms used were identified in two parts. The first part was determining which health profession groups should be included in the search to gain

an understanding of their re-registration and re-entry programmes. It was decided to limit the search to the nine professions listed in a proposal from the Australian federal government to create a single national registration and accreditation system for these professions.[2] This list of professions was supplemented by other health professions (including occupational therapist, podiatrist, radiographer, sonographer, and speech pathologist) and the general term 'allied health' to ensure a greater reach of health professions in the literature. A full list of professions included is listed in Table 1.

The second search term required was one to capture the types of education programmes available to the health professions which, on successful completion, allowed them to re-register or re-enter the workforce. Through an initial reading of articles found on re-registration and re-entry education programmes and a brainstorming session, the re-registration and re-entry search terms identified are outlined in Table 1. This second set of search terms were used in combination with 'course', 'program', and 'programme' so that the results could be limited to education rather than therapeutic situations. However, because the search terms are in common use throughout the health literature, a large number of items were returned which were unrelated to the topic under consideration. This required a great deal of manual searching through the results for relevant items.

Repositories and databases which related to health care and management were searched as outlined in Table 1. As a final search strategy, the reference lists from chosen articles were inspected to determine if any literature was overlooked.

Finally, it was decided that owing to the nature of the review, a detailed exploration of the grey literature was required to determine the provisions of various physiotherapy registration bodies. In particular, the requirements for re-registration and re-entry of physiotherapy regulatory bodies were sought. This search was limited to Australia, New Zealand, United Kingdom, Ireland, Canada, and South Africa as these countries have a similar structure in terms of physiotherapy and other allied health programmes.[3–5]

Selection criteria

Only articles which addressed the main aim of the narrative review were included. To this end, the focus of the articles needed to address the design, implementation, or critical examination of a re-registration or re-entry programme. Owing to the initial volume

of material retrieved, it was decided to limit the search to material from 1997 to 2007 inclusive. However, this criterion was modified during the search phase as it was discovered that there was a lack of material relating to allied health. As a result, all allied health related articles were included, regardless of date.

The abstracts or basic details of 235 articles were read and assessed for eligibility. From this list, 92 articles were identified as having relevance to the overall aims of the review. On further reading and analysis, 17 articles were identified as meeting the aims of the research. The main reason for exclusion was that although many articles mentioned re-registration or re-entry it was from a workforce, professional development, or continuing education perspective rather than from the perspective of a re-registration or re-entry programme. Table 2 shows a breakdown of the articles by type.

Data analysis

The articles identified were analysed using thematic analysis and a critical appraisal tool. Thematic analysis was used as the articles retrieved were mainly qualitative in nature. The themes identified, based on an initial and subsequent readings of the articles, were: general information; admissions and finance; theory components; practical components; and, evaluation of the programmes.

A modified version of the McMaster University/CanChild critical review form for qualitative studies[6] was used to appraise the articles. This appraisal tool was used as it was found that all but one article was qualitative in nature. The modification of the tool was minor and amounted to replacing the list of qualitative research methods with a broader list of qualitative and quantitative research methods. Yes/No questions were moved to the left-hand column of

Table 2 Articles reviewed by type

Article	No.
Assessed for eligibility	235
Excluded: preliminary reading	143
Excluded: in-depth reading, with reason	75
Continuing education (23)	
Experience (13)	
Why leave/return (15)	
Workforce issues (24)	
Included: meet criteria	17

Table 3 Scoring system

Section	Max score
Study purpose	3
Study design	3
Sampling	5
Data collection	5
Data analyses	9
Conclusions	2
Total	*27*

Table 1 Search terms and resources

Key search terms

Profession terms	*Re-registration and re-entry terms*
allied health	education, re-education
chiropractor	refresher, refresh
dentist (inc. dental hygienist, dental prosthetist, dental therapist)	re-accreditation, reaccreditation
medical practitioner (inc. GP, general practitioner, doctor)	re-activation, reactivation
nurse and midwife	re-certification, recertificiation, re-certify, recertify
occupational therapist	re-credential, recredential, re-credentialing, re-credentialling,
optometrist	recredentialing, recredentialling
osteopath	re-entry, reentry, re-enter, reenter
pharmacist	re-registration, reregistration
physiotherapist (inc. physical therapist, respiratory therapist)	'return to practice', 'return to practise', 'return to work'
podiatrist	training, re-training, retraining
psychologist	
radiographer	*[All the above were searched in combination with: course,*
sonographer	*program, and programme]*
speech pathologist	

Repositories, databases, and search engines
CSA (ERIC, PsycINFO)
Gale (Expanded Academic ASAP International, Health Reference Center Academic)
Informit (A+ Education, AIMMAT, Australasian Medical Index, APAFT, APAIS-Health, Australian Sport Database, Health and Society, Informit e-Library, MEDGE, Meditext, RURAL, WORKLIT)
Ovid (Journals@Ovid, CINAHL, EconLit, MEDLINE, SPORTDiscus)
ProQuest (5000 International, Education Journals, ABI/INFORM Global)
IngentaConnect
ISI Web of Science
ScienceDirect
SpringerLink
Google scholar

the form and a total score for each article was obtained by counting the number of questions that could be answered 'Yes' (Table 3), meaning that the maximum possible score was 27.[7] For expediency, articles scoring 0–9 (0–33%) were rated as 'Low', articles scoring 10–18 (34–67%) were rated as 'Medium', and articles scoring 19–27 (68–100%) were rated 'High'. The articles were scored by a minimum of two reviewers and the results collated. Any discrepancies between reviewers were discussed so that an agreed score was obtained. Where necessary, a third reviewer was used to arbitrate. Table 4 shows a brief summary of the articles' scores.

Results

From a research perspective, the articles were poor with 16 of the 17 articles rated 'Low' (0–9 points), one article[8] rated 'Medium' (10–18 points), and no article rated 'High' (19–27 points). Fourteen of the articles were anecdotal descriptions of re-entry or re-registration programmes. Of the remaining three articles, one was a case study and two were surveys.

Twelve of the studies were from the USA, three from the UK, and two from Australia. All but one study explored re-entry or re-fresher programmes for nursing (including midwifery). The single study not from nursing was from medicine.

Twelve articles described the goal of the programme as suitable for re-entry only, while six articles described the goal as being re-entry or re-registration. The programmes described were provided by a health care facility in six cases, while in twelve cases the programme was provided by both a tertiary institute for the theory component and a health care facility for the clinical practice component. Throughout this paper the two programmes compared by Morrison *et al.* (2005) will be treated separately so that the total number of cases compared is 18, even though 17 articles were reviewed.

Admission and finance

Information regarding programme admission and who carried the costs of the programme was included in 13 cases from a total of 18. The cost of the programme was borne solely by the student in three

Table 4 Summary of articles

Score[1]										Content in hours[5]				
Total	Rating	Main author	Year	Career	Place	Evidence	Edu[2]	Goal[3]	Fee[4]	Class	Multi	Sim	Clin	Total
1	Low	Blankenship	2003	Nursing	USA	Anecdotal	T,H	RE	S[R]		Y	[m]15	115	
1	Low	Bouwman	2004	Nursing	USA	Anecdotal	H	RE	H[18]	[e]56			[e,m]48	[e,m]104
3	Low	Burns	2006	Nursing	USA	Anecdotal	T,H	RE		25		Y	80	
3	Low	Cundall	2004	Nursing	USA	Anecdotal	T,H	RE,RR	S[R]	36		18	48	102
2	Low	Davidhizar	2006	Nursing	USA	Anecdotal	T,H	RE	H	60			96	156
2	Low	Ferguson	2000	Nursing	Aus	Anecdotal	T,H	RE		[a]80	Y		[m]60	
2	Low	Gottlieb	2002	Nursing	USA	Anecdotal	H	RE,RR	H[18]	120			160	280
6	Low	Griffiths	2003	Nursing	USA	Anecdotal	T,H	RE	H[15]	24		[m]24	96	[m]246
12	Med	Hall	1999	Nursing	Aus	Survey	T,H	RE,RR	S	[e]120			[e]60	[e]180
0	Low	Jacob	2005	Nursing	UK	Anecdotal	T,H	RE,RR	H[B]		Y		Y	
2	Low	McLean	2004	Nursing	USA	Survey	T,H	RE,RR	S		60		[m]60	[m]120
4	Low	Morrison	2005	Nursing	USA	Case study	T,H	RE	S[R]	[a]80			[a]40	[a]120
							H	RE	H	119			166	285
1	Low	Muller	2002	Medical	UK	Anecdotal	T,G	RE		Y			Y	
1	Low	Pinkerton	2006	Nursing	USA	Anecdotal	H	RE,RR	H	Y			Y	
0	Low	'Sigma Theta'	2007	Nursing	USA	Anecdotal	H	RE			40		40	80
1	Low	Strachan	1998	Nursing	UK	Anecdotal	H	RE	S	[a]56			[a]104	[a]160
4	Low	White	2003	Nursing	USA	Anecdotal	T,H	RE	H	36	12 for both		160	208
									Low	40[c]			40	80
									High	120[c]			166	285
									Average	72[c]			89	170
									Median	58[c]			80	158

[1] Score: Total=maximum of 27; Low=0–9 (~0–33%); Medium=10–18 (~34–67%); High=19–27 (~68–100%)
[2] Edu (Educator): T=Tertiary institute (e.g. university, college); H=Health care facility; G=General Practice
[3] Goal: RE=Re-entry; RR=Re-registration
[4] Fees, funded by: S=Student ([R] Reimbursement available); H=Health care facility ([B] Bursary available, [15,18] commitment in months)
[5] Content: Class=Classroom, face-to-face; Multi=Distance, on-line, self-directed; Sim=Simulation; Clin=clinical placement
   Y=Type of content stated as being provided but time allocated could not be determined
   [e]=Estimate based on data provided, originally stated in weeks/days
   [a]=Estimate assuming an 8 hr day, originally stated in weeks/days without indication of hours per session
   [m]=Minimum hours required by programme, participants could opt for more time
   [c]=Combining *Class*, *Multi*, and *Sim* where possible

cases.[8–10] In a further three cases, the student paid for the programme up front, but the health care facility providing clinical placement were prepared to reimburse the cost if the student was willing to work at the facility on successful completion.[11–13] In one case the programme was financed by a mixture of the facility and a bursary.[14]

The student was employed by the facility before undertaking the programme in the remaining six cases.[13,15–19] In three of these cases, the student needed to sign a contract committing themselves to remain with the facility for a period of either 15 months[18] or 18 months[15,17] upon successful completion of the programme.

Numbers of students enrolling in programmes ranged from three[16] to a maximum of 12.[12] The students were, in general, female, aged from mid-20s to mid-50s, with 5–10 years out of professional practice.[8,17,19]

Theory component

The method of delivering the theory component was described in 17 of the 18 cases. The number of hours of theory delivered varied from a low of 40 hours to a high of 120 hours with an average of 72 hours and a median of 58 hours.

Completion of pre-reading before course commencement was recommended in one case[10] and a basic skills test evaluating current knowledge was used in another case.[12] The results of the basic skills test did not affect the student's enrolment or opportunity to enrol.

Limitation of content covered within the programme was noted in six cases. In four of these cases content was limited to the medical–surgical area[11,12,16] and in one case to acute care.[15] In a further two cases, the student could choose the content to study based on the area they wished to practice, for example aged care or surgical.[9,20]

The delivery method of theoretical content was varied with no single method being exclusively used by any one programme. Fourteen of the 18 cases (Table 4) involve at least some classroom or face-to-face based theory delivery, six cases describe providing multi-mode delivery, and five cases used some form of simulation. The most commonly used delivery methods mentioned were self-directed learning (six cases)[8,9,11,13,17,18] and case studies (five cases).[13,16,17,21,22] However, other methods mentioned include: role play, group work, reflective journals, video recordings, and computer-based tutorials. Eight of the cases state that they use multiple delivery and presentation methods to be flexible in relation to students' learning styles and needs.

Assessment of content also varied. Of the seven cases using summative assessment, three assessed students throughout the programme,[8,11,22] two had assessment at the end of the theoretical programme,[17,20] and it was unclear in the final case.[18] The methods of assessment described were: a portfolio and overall participation,[11] multiple-choice questions,[17] regular minor tests,[8] and two end of class examinations.[20]

The need to provide emotional and academic support for students undertaking a re-entry or re-registration programme was mentioned in five cases.[8,15–18] Career and job application advice to students was also specified in three cases.[8,22,23] Classes were arranged around school times to minimise disruption to the family and reduce child care costs in two cases.[8,21]

Clinical practice component

A clinical practice component was required in all 18 of the cases reviewed. The number of clinical practice hours reported varied from a low of 40 h to a high of 166 h with an average of 89 h and a median of 80 h (Table 4).

Details about the clinical component were provided in 10 cases. Of these 10 cases only two indicated that the clinical supervisor received any training,[15,17] one case stated that guidelines were available for supervisors,[18] and two other cases stated that there was support for or evaluation of the clinical supervisor.[9,20]

Students were matched to placements based on their area of expertise, where they would like to work in future, their current circumstances such as where they lived, or the workplace unit they were hired to in five cases.[8,9,16,18,20] Two cases stated that a student was paired one-on-one with a clinical supervisor,[16,21] while a further two cases stated that there was academic support for the clinical supervisor throughout the students' placements.[8,20]

The method of assessing the clinical component of the programmes was only indicated in two cases. The Australian Nursing Council Competencies for Registration was used in one case[8] while the other states that the students' mentors and supervisors were responsible for assessment.[14]

Programme evaluation

Some statement of evaluation of the programmes was made in 16 of the 18 cases. The three main areas evaluated were the cost of the programme, the clinical

practice component, and student feedback and outcomes.

Cost as a major factor in the programmes was stated in six cases. These cases noted that the programmes were labour intensive and, owing to low numbers attending, courses were run on an as-needed-basis. Two cases recognised that, although the overall cost of a re-entry or re-registration programme was greater than orientating a new, registered nurse, it was still cheaper than staff shortages plus the combined cost of agency nurses, advertising, recruitment, and orientation.[13,16]

Good clinical supervision was described as a key requirement in five cases for students to achieve their aims and the aims of the programmes. In four of these five cases recommendations and feedback were for more time with the clinical supervisor, or longer hours of clinical supervision.[8,16–18]

On student feedback and outcomes, seven cases noted that students had high levels of anxiety and low self-esteem. It was important in these cases that students received support from academic and placement staff as well as fellow students.[8,12,14–17,22] Four cases stated that there was an employment rate or retention rate of between 82 and 88% after the programme.[8–10,13] There were three cases where students stated that it would be better to alternate theory and practice so that topics covered could be put immediately into practice and also help reinforce learning.[13,18,21]

Grey literature

A review of the grey literature found no evidence of programmes for physiotherapy re-entry and only one formal programme for re-registration in Australia. All state registration boards assess re-registrants on a case-by-case basis. States have different requirements for physiotherapists to enable continuing registration but this was generally 1000 h over the preceding five years (Table 5). In most states, the applicant was required to organise their own clinical placement with only South Australia having university involvement. No formal assessment was required to determine whether the re-registrant met current physiotherapy standards. It was found from the literature that there is no, or no clearly evident, formal curriculum pathway for physiotherapy re-registrants within Australia.

Internationally, the grey literature identified that different countries had similar variations on the situation found in Australia. Again, there was variety in the number of hours of practice required over the preceding years but there was usually a distinction between re-registrants who had a shorter break from

the profession as compared with those who had a longer time away. For example, in the United Kingdom, the Health Professions Council (HPC) requires health professionals (including physiotherapists) who have taken a break from practice of greater than two years to undergo a period of skills updating, based on:

- 30 days updating, if out of practice 2–5 years
- 60 days updating, if out of practice 5 years or more.[24]

In New Zealand, a similar distinction is made with regards to the amount of re-training required (Table 5). In both these instances, no formal assessment of clinical competence is required. In Canada, it was found that there was a variation in the number of hours re-training required but, in general, re-registrants were required to sit a national clinical examination.

The UK's Chartered Society of Physiotherapy[25] and the Physiotherapy Board of New Zealand[26] provide a curriculum framework which outlines the basic principles and structures required, thereby enabling local generation of programmes from clinical facilities as well as Universities or professional associations. The intention is that returning practitioners have a clear pathway toward competence and that the profession is involved in the re-registrants' programmes. The individual re-registrant is recognised for their skills and experience, and the area of clinical practice sought is drawn from their detailed application to the registering authority.

Within Canada, Manitoba has trialled a pilot programme where re-registrants are matched with practicing mentors and preceptors in practice settings.[27] The mentor guides the candidate through an experience that is intended to provide the candidate with orientation to the profession. Assistance with identifying learning needs, developing a learning plan, and support is given by the mentor. The preceptor provides supervision and assessment in a clinical practice environment.

In summary, it was found that within physiotherapy, the following elements are considered by registration bodies when applicants apply to re-register:

- time since last practiced,
- time, place, and areas of profession practiced since initial registration,
- measures taken to keep up to date with current profession's knowledge and practice.

Within the Australian context, re-entry into other professions such as pharmacy, radiation therapy, and

speech pathology followed similar patterns requiring re-registrants to undertake supervised practice and/or education courses and/or assessment to ensure competence to practice.[28–30] In pharmacy, practice was needed within the preceding two years while

speech pathology differentiates requirements between 5–10 years or 10–15 years non-practicing.

In New South Wales, the Allied Health ReConnect Project conducted re-entry programmes in pharmacy which is also offered to those wishing to change area

Table 5 Out-of-practice criteria

Location	Criteria	Requirements for re-registration/re-entry		
		Prerequisite	*Requirements*	*Check*
Australia				
Australian Capital Territory	>5 yrs OoP[1]	Interview	Supervised practice	Practice report
Queensland	>5 yrs OoP[1]			
New South Wales	>5 yrs OoP[1]	CPE[2] & future practice	Clinical practice	Practice report
Northern Territory	n/a			
South Australia	<100 h in 12 mths within 5 yrs	Interview	Clinical practice and theory	Practice & Uni report
Tasmania	<1000 h in 5 yrs	Application	Re-education, practical assessment, or clinical place	Practice report
Victoria	<1000 h in 5 yrs	Application	Supervised practice	Practice report
Western Australia	>5 yrs OoP[1]		Supervised practice	Practice report
New Zealand				
Physiotherapy Board of New Zealand	3–5 yrs OoP[1] & >3 yrs experience	PDP[3]	3 months oversight[4]	Report 1 & 3 months
	3–5 yrs OoP[1] & <3 yrs experience	PDP[3]	6 months oversight[4]	Report 1, 3, & 6 months
	5–8 yrs OoP[1] & >5 yrs experience	PDP[3]	3 months supervision[4]	Report 1 & 3 months
	5–8 yrs OoP[1] & <5 yrs experience	PDP[3]	6 months supervision[4]	Report 1, 3, & 6 months
	8–10 yrs OoP[1] & >10 yrs exp'nce	PDP[3]	6 months supervision[4]	Report 1, 3, & 6 months
	8–10 yrs OoP[1] & <10 yrs exp'nce	PDP[3] and competence assessment	Pass: 6 months supervision[4] Fail: Retraining plan and 6 months supervision[4]	Report 1, 3, & 6 months Report 1, 3, & 6 months
United Kingdom				
Health Professions Council	2–5 yrs OoP[1]		30 days updating[5]	Forms counter-signed[6]
	>5 yrs OoP[1]		60 days updating[5]	Forms counter-signed[6]
Canada[7]				
Alberta	<1200 h in 5 yr		310 h clinical (min 40 h in each of the 3 major areas)	Evaluation by 2 physical therapists and review by College[9]
	0 h in 5 yr		PCE[8] & 480 h clinical (min 160 h in each of the 3 major areas)	Mid and final evaluation by 2 physical therapists and review by College[9]
Manitoba	<1200 h in 5 yr		PCE[8]	Examination
New Brunswick	<1200 h in 5 yr		PNE[8]	Examination
Ontario	<1550 h in 5 yr		College Review Prog[10] or PNE[8]	Examination
Québec	<1200 h in 5 yr			
Nova Scotia	<10 mths in 5 yr		PNE[8]	Examination
Prince Edward Island	<1200 h in 5 yr		PNE[8]	Examination
Saskatchewan	<1200 h in 5 yr		PNE[8]	Examination

[1] OoP: Out of practice
[2] CPE: Continuing professional education
[3] PDP: Professional development plan
[4] Oversight=Support and assistance by peer; Supervision=Performance monitoring and reporting by peer
[5] Any combination of supervised practice, formal study, or informal study
[6] Updating forms to be counter-signed by peer
[7] No criteria identified for British Columbia, Newfoundland & Labrador, Yukon Territory, Northwest Territories, or Nunavut
[8] Physiotherapy Competency Examination (PCE): Comprises of Qualifying Examination (QE) [written] and Physiotherapy National Examination (PNE) [clinical]
[9] College of Physical Therapists of Alberta
[10] College of Physiotherapists of Ontario

of practice within pharmacy.[31] This programme was developed based on a detailed narrative review of allied health literature which confirmed that re-entry programmes mostly demonstrated flexibility in delivery and included the essential element of undertaking a clinical placement.[32] The Allied Health ReConnect Project was expected to widen to other health professions including physiotherapy.

All programmes reviewed included some competency-based assessment, some of which is drawn from entry level practitioner components. For clinical programmes, three main areas of physiotherapy were expected to be completed: musculoskeletal, cardiorespiratory, and rehabilitation.[33]

Discussion

The quality of evidence available with respect to re-registration and re-entry programmes across a variety of health professions, and physiotherapy in particular, was very low. However, a number of common themes surfaced.

Firstly, the programmes used a wide variety of modes of delivery including distance education, face-to-face, multimedia, simulation, and self-directed learning. Traditional classroom based teaching was still the most used method with 14 of the 18 cases having at least some face-to-face teaching. There is no evidence to indicate which method or combination of methods is the best process for re-entrants but it is likely that more than one method would be appropriate as people have different learning styles. It is also likely that a combination of methods is the most appropriate curriculum framework for re- entry or re-registration programmes.

Secondly, all re-entry and re-registration programmes required the student to undertake a clinical practice component. The number of hours that is appropriate for a re-entry or re-registration programme can not be identified from the literature. For physiotherapy, there is no literature that outlines current programmes and hours undertaken. In Canada, eight provinces require a re-entrant to undertake a clinical examination before they can be fully registered. New Zealand and six registration boards in Australia require supervised clinical practice with a written report being submitted to the registration body on completion before full practice status is granted. This differs from the UK in which there is no specified requirement for clinical practice; only a certain number of days updating is indicated but this need not include clinical practice. There is no objective process to assess that the re-registrant is

clinically competent on completion of the experience, as the decision is left to the re-registrant to determine that they meet the professional standard before returning to practice.[24]

Literature covering other health professionals revealed a wide variation, not only in total hours but theoretical and practical hours. Most of the literature had very limited, if any, review of the programmes with most stating that participants thought that more clinical practice hours were required. It would appear that there needs to be some theoretical component to a programme to update factual knowledge with the minimum number of hours being sixty (this being the approximate median hours from the literature), although this can be nothing more than a best guess given the lack of evaluation of the theoretical component of programmes. Indeed, given the difference between nursing and physiotherapy for practical hours required outlined below, 60 hours may be an underestimation.

Practical hours required may be judged from the Alberta, Canada and New Zealand physiotherapy experience, although no evaluation has been undertaken of these requirements. The Alberta requirements are that 310 h supervision are required if a physiotherapist has worked a minimum set of hours in the previous five years or 480 h if they have not.[34] In New Zealand, they require between three and six months clinical practice before full practice can occur.[35] Although this does not state a set number of hours, if a seven-hour, five-day week for a 3-month (13-week) period is assumed, then the minimum is likely to be in the order of 455 h. This is vastly different from the nursing literature where the median number was 80 h, although in once case[17] a recommendation was made to increase practical hours from 160 to 320 h, it is not known, however, if this was followed through.

The third theme is the minimum number of practice hours a re-entrant has undertaken within a set timeframe before they are required to undertake a re-entry programme. In New Zealand and the UK, there are differing requirement levels for different amounts of time not in practice. In Canada they stipulate a rolling five year period and a certain amount of hours that need to have been completed within that timeframe. In Australia, Tasmania, Victoria and South Australia follow a similar process as Canada while in the rest of Australia the timeframe is simply less than five years out of practice. These differences may make the process confusing for re-entrants and once again the

literature does not identify which method is most appropriate or supply any evidence supporting the number of hours was chosen.

Fourthly, all programmes have a supervisor, mentor, or both. The evaluation of this is limited in the literature, but it would appear from returners' comments that to have a supervisor/mentor is extremely important to them. This is also true from a patient safety perspective and to provide the re-entrant with the practical, theoretical, and emotional supported required when returning to practice, sometimes after a significant absence.

The final theme is that people returning to physiotherapy practice, in most cases, need to find their own learning experiences and, once allowed to practice fully, their own job. This is different from the experience of many nurses within the United States of America where health care organisations recruit re-entrants, pay for them to undertaken re-training, and then provide them with their clinical experience in return for the person working for that organisation for a set period after re-registration.

In all, for a physiotherapy re-entry or re-registration programme to work, it will require significant investment in the creation of a suitable curriculum, providing adequate support to re-entrants, and for potential employers to be willing to provide either placements or employment to those wishing to return to the workforce. A system of programme evaluation, lacking in many of the studies described above, should also be undertaken so that others can learn from the design, implementation, and outcomes of any re-registration or re-entry programme.

Conclusion

Further research needs to be undertaken to identify which physiotherapists may wish to re-register or re-enter the workforce. Interviews with people who have undertaken the re-registration or re-entry process would also help to identify strengths and weaknesses of the current process and a re-registration and re-entry process may be developed. This narrative review will also help to identify models of education for re-registrants and re-entrants thus aiding the process and ensuring physiotherapists are competent and safe to return to the workforce.

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Appendix 1 Example of search strategy

Ovid (CINAHL, EconLit, MEDLINE, SPORTDiscus)

1. 'allied health' OR chiropract$ OR dentist OR dental OR 'medical practitioner' OR gp OR 'general practitioner' OR nurse OR midwife OR 'occupational therap$' OR 'optometr$' OR osteopath OR pharmac$ OR physiotherap$ OR 'physical therap$' OR 'respiratory therap$' OR podiatr$ OR psycholog$ OR radiograph$ OR sonograph$ OR 'speech patholog$'

2. education OR re-education OR refresher OR refresh OR re-accreditation OR reaccreditation OR re-activation OR reactivation OR re-certification OR recertificiation OR re-certify OR recertify OR re-credential OR recredential OR re-credentialing OR re-credentialling OR recredentialing OR recredentialling OR re-entry OR reentry OR re-enter OR reenter OR re-registration OR reregistration OR 'return to practice'OR 'return to practise' OR 'return to work' OR training OR re-training OR retraining

3. course OR program OR programme

4. 1 ADJ5 2 ADJ5 3

5. limit 4 to yr='1997 – 2007'

6. limit 5 to english language

7. remove duplicates from 6

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