RCCP GUIDANCE ON CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Continuing professional development (CPD) can be defined as a broad range of activities that a person undertakes or participates in, in order to maintain, improve or develop their knowledge and skills to the benefit of the practitioner, those they work with and most importantly the patient.

By undertaking regular CPD activities a practitioner will ensure that not only is their knowledge up to date, but that they are working effectively, safely and legally.

Make sure you respect Caldicott principles with regard to confidentiality of patients in any CPD documentation. Make sure you are familiar with what is required. If you have any concerns about your knowledge of this then follow the link to this free e-learning resource which can provide you with more information: http://www.eiceresources.org/online-learning/access-to-information-and-information-sharing-in-the-nhs.

PRINCIPLES OF CPD

C	Continuing	Lifelong learning through CPD results in the continuing development of the person beyond a specific learning activity.
P	Professional	Learning objectives should be clear and serve the individual, and if possible the organisational and patient needs.
D	Development	Development is owned and managed by the individual, learning from experiences and reflection on activities. A good starting point is a realistic assessment of what needs to be achieved to meet the demands of the individual practitioner in their professional practice. A personal development plan, developed with your employer or one you have developed yourself, is a useful place to start your CPD plan.

PORTFOLIO DEVELOPMENT

Every practitioner has to undertake and record CPD continually throughout their working life. They are often required to submit this for audit to more than one regulating body, e.g. their employer, professional body and registration council, so it is imperative that this is undertaken and recorded constantly and in a format that covers all the requirements for a CPD profile.

To aid you in this the on-line CPD record format is included in Appendix 2 and examples of partially completed paper records are also added in Appendix 3 to indicate the type of content you need to submit.

Practitioners are encouraged to devise their own plans for personal and professional development. All current learning activities should be recorded and a record kept electronically or in a portfolio. The CPD record must contain evaluation of the learning that has taken place. In addition practitioners may structure their learning by selecting from a variety of activities. CPD evidence should be kept up-to-date and any professional should expect to present their portfolio to RCCP for verification at any time.

A CPD profile, which you will be required to submit if you are selected for audit, should contain:

- Summary of recent work/practice (approximately 500 words)
- Personal Development Plan*
- Evidence of CPD (for examples see Appendix 1). This would provide a minimum of 10 entries over a two year period and it is suggested that at least 75% of CPD should be from the list of topics below.

* It is important that these are included in order to help you prepare your CPD development plan. If objectives cannot be achieved, this should be recorded and an explanation given.

WHAT COUNTS AS CPD?

Evidence of CPD may be obtained from a variety of sources, including:

- o Lectures or Seminars
- o Workshops / courses
- o Employer in-service training / Mandatory NHS Training
- o Case presentation or discussion
- o Submitted papers or articles
- o Review of book or article
- o Undertaking or presenting research
- o Research supervision
- o Special interest group or meeting
- o Work shadowing / Job rotation
- o Teaching
- o Structured visits to centres of excellence
- o Planning or running a course
- o External examination

    o   Membership of professional committees

    o   Mentoring / Student supervision

    o   Specialist or multidisciplinary scientific meeting or conference

    o   Practical examiner for professional body

    o   Work-based assessor/Internal Verifier

* See Appendix 1 for more suggested activities

It is important that CPD activity is across a broad range of activities and not limited to one topic area. For each activity undertaken, the complier should include evidence in the form of attendance certificates, feedback sheets and reflective accounts.

REFLECTION AND CPD

CPD is about assessing the benefits of what you have learned and how you will use this knowledge in your professional practice.
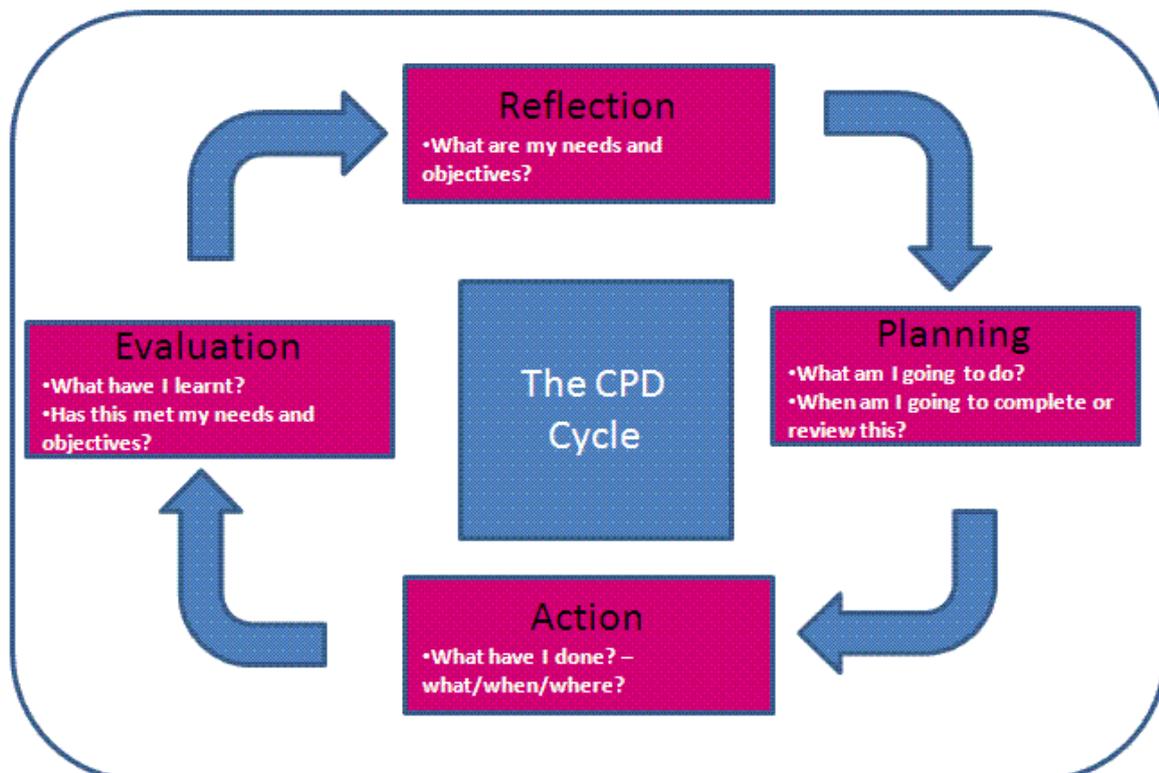
CPD uses the principles of reflective practice to help achieve the highest standards in your personal and professional development.

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The benefits of reflective practice are that it:

- Improves practice through clinical evaluation
- Develops flexibility
- Allows professionals to grow
- Gives professionals the freedom to choose
- Creates autonomy and confidence, reducing dependence on others for answers
- Advances the individual and the profession

When reflecting on work, it may be helpful to consider the following:

- What was I trying to achieve?
- Did I achieve what I set out to do?
- Could things have been done differently or better to achieve a more satisfactory outcome?
- What experiences can I draw on to help make decisions?
- What critical incidents took place which forced me to reassess the situation?
- How did these experiences make me feel (e.g. sense of achievement, frustration, boredom)?
- How might the patient have felt after this encounter? (Ill at ease, reluctant to ask questions, well or ill informed, motivated to undertake the treatment)
- What actions result from this?

APPENDIX 1

CPD ACTIVITIES

This list should give you an idea of the kinds of activity that might make up your CPD. It is based on work done by the Allied Health Professions' project 'Demonstrating competence through CPD'.

WORK BASED LEARNING	PROFESSIONAL ACTIVITIES	SELF-DIRECTED LEARNING	FORMAL/ EDUCATIONAL
Learning by doing	Involvement in a professional body	Reading journals or articles	Courses
Case studies	Membership of a specialist interest group	Reviewing books or articles	Further education
Reflective practice			Research
Audit of service users	Lecturing or teaching	Updating your knowledge through the internet or TV	Attending conferences
Coaching from others	Mentoring		Writing articles or papers
Discussions with colleagues	Being an examiner	Keeping a file of your progress	Going to seminars
Peer review	Being a tutor		Distance learning
Gaining and learning from experience	Branch meetings		Going on courses accredited by a professional body
Involvement in the wider work of your employer (for example, being a representative on a committee)	Organising journal clubs or other specialist groups		Planning or running a course
	Maintaining or developing specialist skills (for example, musical skills)		
Work shadowing	Being an expert witness		
Secondments	Membership of other professional bodies or groups		
Job rotation			
Journal club			
In-service training	Giving presentations at conferences		
Supervising staff or students	Organising of accredited courses		
Visiting to other departments and reporting back	Supervising research		
	Being a national assessor		
Expanding your role	Being promoted		
Significant analysis of events			
Filling in self-assessment questionnaires			
Project work			
Evidence from learning			

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activities undertaken as part of your progression on the NHS Knowledge and Skills framework Professional activities			

APPENDIX 2

RCCP CPD PROFILE

Your profile should be uploaded onto the CPD page on the website. You are able to save each section and return to your profile at a later date. When you have completed it you must click on 'Submit CPD'. You will not be able to edit your profile after it has been submitted.

A CPD profile consists of:

1. Summary of recent work/practice: (approx. 500 words)

2. Personal Development Plan

3. CPD record. This would provide a minimum of 10 entries over a two year period and it is suggested that at least 75% of CPD should be from the list of topics above. When you save section 3.1 further boxes open up so you can proceed through 3.2 to 3.10 (or more). Screenshots are shown below:

3. CPD Record.

This would provide a minimum of 10 entries from the period March 2014-April 2015 and it is suggested that at least 75% of CPD should be from the list of topics identified in the RCCP Guidance for CPD. Once you have entered and saved your first entry, further fields will be available for completion.

3.1:

What did you do and why?	What did you learn from it?	How have you/will you use this?

Description of evidence provided: [Choose File] No file chosen

Dates: From: [dd ▼] [mm ▼] [yyyy ▼]   To: [dd ▼] [mm ▼] [yyyy ▼]

[Save]   To add an additional CPD record please save the current record first.

[Submit CPD]

CPD Admin

Assessor: [None ▼]

[Send to the above assessors]

CPD Assessment

[-- Decision -- ▼]

Notes

CPD Final Admin

[Send Email]

[Mark as Complete]

APPENDIX 3: EXAMPLES OF COMPLETING A CPD RECORD

KEY DATES	WHAT DID YOU DO & WHY?	WHAT DID YOU LEARN FROM IT?	HOW HAVE YOU/ WILL YOU USE THIS?	EVIDENCE PROVDED
07.10.14 (1 day)	Attended ARTP training day to receive copy of and learn about new Part 1 IRCP. Need to be updated on new format in order to train WBA's and perform IV visits.	Format of new IRCP and how it will need to be assessed in the workplace. New paperwork and assessment requirements	Written and arranged new training days for my own WBA's around the country using this as a basis for the sessions. Re-written lecture for students on specialist modules to cover changes.	Certificate of attendance from ARTP

17.03.15 (4 hours)	Downloaded and read new MSC program document.	Proposed changes to training program for healthcare scientists.	This will have a big impact on the way we train our students. Potentially this will have a huge impact on our college and the future of our jobs. Have sent information to Head of school and proposed we have school meeting to discuss.	Copy of program and email to HOS outlining proposals
19.03.15 (2 hours)	Mandatory in-house training session on new student induction process for August.	All schools will follow new format for induction involving all staff manning stations throughout the 2 weeks.	This will not apply to our school as we only recruit from NHS departments so students already meet requirements for course.	CPD form issued in-house.
12.03.15 (1 day)	Attended annual hospital mandatory training which includes Fire, child protection, infection control and information governance. To keep up to date with Trust policy updates.	Learnt about the changes in hospital policies and procedures.	I will use the knowledge in my day to day work within the hospital.	Certificate of attendance and note made on staff records.
17.05.15 (1 day)	Lecturing to practice nurses. To enable them to pass their ARTP Spirometry course.	This is an agreement we have with the local PCT to improve spirometry in the community setting. .	Improved my teaching and mentoring skills. Improving my skills has helped me gain confidence when teaching.	Course feedback forms and letters of thanks.

15.06.15 (2 hours)	Attended lectures at St Thomas Hosp, London. About the therapies and treatments available to MND patients.	We are now seeing more patients with MND in the department for respiratory assessment and NIV. The lectures gave me an insight into problems MND patients face not just from a respiratory point of view. One example - EOL discussions.	I can use the knowledge when discussing therapy options in the muscle weakness.	Meeting programme and lecture notes.
27.06.15 (1 day)	Representing ARTP at a RCCP meeting.	Discovered the issues concerning registration of clinical phys.	Report back to the ARTP about meeting.	Minutes from meeting.
08.08.15 (1 day)	Reviewing clinical papers on non-CPAP therapies in OSA for a masters degree assignment.	Improved my literature search and review skills. Also learn about alternative treatments of OSA.	Enhancing my skills has helped me in gathering evidence for research and audits within the respiratory department.	Papers written from evidence gathered.