



CPD Profile

- 1.1 Full Name:** Senior Orthotist
1.2 Profession: Prosthetist/Orthotist
1.3 Registration number: PO1234

2: Summary of recent work/practice

I am a senior orthotist working for the National Health Service (NHS). I am dual qualified but purely work in orthotics.

I am responsible for the provision of orthoses to a wide range of patients in general outpatients' clinics as well as specialist clinics. Outpatients' clinics include paediatric and adult patients referred from all areas of the hospital and from Primary Care Trusts. I also run a community clinic. Specialist clinics that I am involved in include diabetic clinic and an under-fives joint physiotherapy and orthotist clinic. These clinics involve working closely with consultants and other health care professionals.

I assess patients need then measure or cast and fit and supply appropriate orthoses. I also make minor adjustments to orthoses and consult with in-house technicians regarding plaster rectification when necessary.

I am also responsible for keeping colleagues up-to-date with new products by organising visits from companies.

I take an active role in developing the orthotic service, improving the way clinics are run, developing ways to reduce patient waiting time and promoting the service to other professionals.

174 words
(maximum 500 words)

3: Personal Statement

Standard 1: A registrant must maintain a continuous, up-to-date and accurate record of their CPD activity

I keep an up-to-date and accurate record of my CPD in a paper file at work. This includes a list of courses with reflection, a copy of any work additional to clinics which help advance the department e.g. protocols for purchase of private orthoses and copies of emails highlighting additional activity and reflection on clinical and professional issues. I keep evidence of any activity undertaken outside clinical activity. I also keep a record of journals I have read and details of and research I have undertaken. I make note of any development of different or

new orthoses. This folder is added to regularly and organised every 6 weeks (evidence 1).

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.

I undertake a mixture of different learning activities. The CPD activities I undertake include:

- Courses
- British Association of Prosthetists and Orthotists (BAPO) Executive committee
- Shared research with colleagues
- Library time
- Talks to other professionals
- Clinical outcome measures

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery

Standard 4: A registrant must seek to ensure that their CPD benefits the service user

I have undertaken a number of activities over the last 2 years which demonstrate that my CPD meets standards three and four:

Courses

I have undertaken numerous formal courses since graduating and these have enabled me to keep up-to-date with new ideas and develop my practice. I ensure my workplace mandatory training is done to ensure I am safe in my day to day clinic. This includes manual handling, infection control and cardiopulmonary resuscitation (CPR). These are essential aspects of daily activity and are beneficial to staff and patients alike ensuring they are treated in a safe environment (evidence 2).

I have attended a course on lycra garments (evidence 3). This course involved the possible uses for lycra garment, assessment techniques and measurement skills. This type of orthosis was new to me and will be an extended skill to my current practice. This will improve patient care by enabling me to offer a different treatment plan if required. It also taught me a lot about different patient assessments and the different ways patients could be treated. These skills in assessment techniques will transfer to all areas of my clinical practice, especially in paediatrics.

I attend the BAPO conference yearly which ensures that I am up to date with new technologies and ideas, making sure that the patient is given the best possible orthosis available (evidence 5). This year the lectures I attended included stance phase control orthoses and biomechanics of the foot. These enhanced my knowledge in biomechanics. Both will enhance my further treatment of patients

by giving me the knowledge and ability to choose the best orthotic option for my patient.

I have recently organised a regional meeting with a very informative talk about biomechanics of the at risk foot. This helped me consider my clinical practice and improve my assessment skill. This will be beneficial to patients as sharing ideas with colleagues helps understanding of conditions, which ultimately enhances treatment. I organised this meeting to facilitate learning for regional colleagues (evidence 6).

BAPO Executive committee

I was voted onto the BAPO Executive Committee last year and am now in my second year in post (evidence 8). This has given me great insight into the workings of the Committee and the wider orthotic and prosthetic world. I have been involved in the working of the annual conference. This year I organised the prize giving and the demo stand (evidence 7). This was an exhausting and time consuming task but both showed me how much work goes into organising the conference and improved my organisational skills. These skills are transferred to many areas of my work.

I have also used this role to promote the profession to school children by taking part in a 'careers in health' open day. Promotion of the profession to school children is essential to ensure people are trained in the profession, especially with the current ageing population. I continued to promote the profession by writing an article for a careers magazine about the profession and how I became an orthotist (evidence 9). By encouraging young people into the profession we can make sure there are enough trained professionals to treat patients in the future.

Shared learning with colleagues

In my new workplace we ensure that one afternoon a week is spent together as a team to discuss complex patients, share ideas, inform each other of things we have learnt and invite guest speakers. This is invaluable learning as it makes sure all ideas and knowledge is shared between the team. It also instigates discussions which help find best solutions for the patients.

We also spend this time discussing ways to develop to service. We realised that reducing waiting time for patients and reducing the number of visits to the department was imperative for improving the service. We realised that more patients needed to be seen but we cannot employ more orthotists. We have decided on new clinics involving technicians and increasing stock levels to enable more one-stop clinics. This improves the patient pathway by reducing the number of visits to the department and ultimately makes sure the patient has what they need quicker. It also reduces the number of appointments needed for one course of treatment. This is beneficial for the patient but also ensures there are more appointment slots available (evidence 10).

Previously I initiated two specialist foot and ankle clinics (evidence 11). Here I worked closely with the orthopaedic consultant and physiotherapist. This improved patient care by discussing options at first consultant appointment and reducing the time for treatment and number of visits for patients. The close

working with the consultant was also a great learning opportunity where I was able to learn more about surgery and X-ray interpretation. I was also able to inform the consultant of the possibilities of orthotic treatment, this ensured the patient was offered all possible treatment options at the same time and could make an informed decision about their treatment.

Talks to other professionals

I have been asked on a number of occasions to give talks to other professionals about orthotics. I was asked to take part in a registrar foot and ankle training day where I talked to the doctors about foot and ankle orthotics (evidence 12). I have also helped student doctors in training who were preparing for exams. This was beneficial for me as it helped increase my confidence in talking to groups. It was beneficial to the doctors and patients as it gave the doctors a wider understanding of how orthotics could be used as a treatment.

Clinical outcome measures

While in the foot and ankle clinic I was asked to take part in a study of outcome measures for ankle replacements. This was an essential study for further use of ankle replacements ensuring that the best possible treatment was being used. I was involved in measuring ROM and visual analogue scores. It gave me the knowledge required to perform further clinical outcome measures. I also learnt more about ROM testing and visual analogue scores which I had not used before. The benefits to my practice were that I am now able to perform clinical outcome measures. My patients benefited because the outcome measures ensure that the treatments given are providing what the patients require. The waiting time for physiotherapist patients was also reduced (evidence 13).

1274 words
(maximum 1500 words)

4: Summary of supporting evidence submitted

Evidence Number	Brief description of evidence	Number of pages or description of evidence format	CPD standards that this evidence relates to
1	Summary of CPD activities	2 pages	Standards 1 and 2
2	Mandatory training certificate	1 page	Standards 3 and 4
3	Lycra Garments training certificate	1 page	Standards 3 and 4
4	Free walk training day certificate and copy of e-mails for organisation	2 pages	Standards 3 and 4
5	Copy of BAPO conference programme	2 pages	Standards 3 and 4
6	Regional meeting flyer	1 page	Standards 3 and 4
7	Prize giving powerpoint presentation	2 pages	Standards 3 and 4
8	BAPO EC meeting minutes	8 page	Standards 3 and 4
9	Careers magazine	1 page	Standards 3 and 4
10	Foot and ankle Clinic statement	1 page	Standards 3 and 4
11	Information for Doctors	7 pages	Standards 3 and 4
12	Outcome measure Sheet	1 page	Standards 3 and 4
13	Notes from meeting	3 pages	Standards 3 and 4