

CPD profile

- 1.0 Name:** **Manager**
- 1.1 Profession:** **Physiotherapist**
- 1.2 CPD number:** **CPD1234**

2. Summary of recent work / practice (Maximum 500 words)

I am a Therapy Services Manager, working full-time, in a large independent hospital. I am also the Professional Lead for Physiotherapy for hospitals within the region.

The responsibilities of my role include:

- providing clinical leadership and clinical engagement
- devising service plans for the future delivery of therapy services and advising management about the operational impact of service development
- providing professional leadership holding ultimate accountability for service delivery within professional standards and boundaries
- promoting and supporting staff development
- analysis and evaluation of activity and performance in order to progress performance delivery in all specialties
- quality assurance: ensure that all elements of service provision meet the relevant performance standards, including the safety effectiveness and efficiency of the service and taking management responsibility for monitoring performance and achieving targets set for the service and supporting the on-going service development agenda across the region
- budgetary management

I report to the Deputy Director of service delivery.

(Maximum 151 words)

3. Personal statement

Standards 1 and 2

I record, evidence and evaluate my CPD in a simple digital filing system that is stored securely on my PC. The folders contain information, reflections and action points from courses and other formal events I attend; and documentation associated with any projects and strategic development work I am involved with. In addition to this 'formal' content, I maintain a personal section that contains appraisal and personal development planning documentation; feedback from staff, students and service users; notes from supervision sessions; and critical reflections about my practice. A copy of my CPD record covering the past 2 years is attached as Evidence 1.

My digital filing system helps me organise information and evidence of my CPD so that I can show how I am meeting the standards set by the HCPC, my professional body the CSP, and my employer. I set aside time each quarter to review, maintain and update the content of the folders. This enables me to see how my practice has changed, and

provides a space to critically evaluate how my learning has benefited me, my employer, and the people I work with (staff and service users).

Standards 3 and 4

I have selected three examples from my portfolio to show how I have met standards 3 and 4. These examples show how my learning and development activities have benefited the staff I manage, the physiotherapy service, and potential users of our physiotherapy service.

Example 1 Development of Leadership Skills

To help develop my leadership skills I undertook an Advanced Leadership course, which was part taught and part self-directed learning with peer support. My objectives were to improve my relationship management skills and develop my problem solving and risk taking skills. As part of the course I had to critically evaluate and evidence my existing leadership skills and produce a development action plan related to my role as a clinical leader (Evidence 2). This plan formed the basis of discussions with my personal tutor who was able to signpost me to course content and opportunities directed at addressing my specific learning needs (Evidence 3). As a result of the course I have felt more confident in helping teams of staff to critically evaluate their activity and performance, analyse the root cause of any short-falls and take the steps needed to optimise their performance.

Following the course I was invited to work with the therapy rehab team who had been struggling to meet the business performance targets over a period of nine months. I organised a team development day (Evidence 4) and worked with staff to review the team's collective and individual targets then analysing team members' development needs to meet these targets (Evidence 5). Team members are currently working through their development plans arising from the review. Feedback from the team members is that they feel more motivated and confident (Evidence 6); feedback from patients has been that the treatment they are receiving now is noticeably more focused than previously on identifying and meeting their particular therapy needs as individuals (Evidence 7).

I have not yet had an opportunity to put into practice my newly developed risk taking skills but the training in advanced problem solving skills has enabled me to implement changes e.g. provision of administrative support for clinicians by reviewing priorities and tasks undertaken by admin staff; and admin staff being trained to input patient data into the business monitoring system to free up therapists' time. By drawing on examples of good practice from the course, I could translate this into my own setting.

Example 2 Development of new out-of-hours service

I developed a new out-of-hours service drawing on feedback from local stakeholders that they would find it beneficial to access physiotherapy out of standard working hours. To facilitate this process, I needed to do a range of learning. Firstly, I reviewed appropriate literature and guidelines and also gathered evidence and examples of good practice through interactiveCSP (an online networking site hosted by my professional body the CSP) and through my personal contacts with other physiotherapy managers via LAMPS (the professional network of Leaders and Managers of Physiotherapy Services). I also used audit data from our service to consider which conditions should be included within the referral system. This required me to draw on my data collection and analysis skills and to identify a project plan for the development and piloting of the service in one hospital within the region.

I discussed the outline plan with my network of peers at a regional LAMPS meeting and reflected on their feedback before presenting it to physiotherapy staff drawing on the learning and development of my leadership skills (Evidence 8). I discussed the conditions for referral, criteria and system for referral and which conditions would be treated by a physiotherapist, and which by an assistant practitioner, with key staff using the evidence from the research and my facilitation skills to secure agreement. I reflected on the process and have learned the importance of engaging staff to engender service changes and have enhanced my communication skills and my negotiation skills. The guidelines were presented to relevant stakeholders and commissioners and agreement was gained to introduce the service on a trial basis. As a result of this learning process, the service was enhanced by having an out of hours service operating as a rota system developed in collaboration with physiotherapy staff to ensure adequate cover for these sessions and to address any clinical governance issues identified. These are dealt with through staff meetings and clinical supervision sessions.

Within the project plan, I identified the evaluation process which was undertaken after the first 2 months of starting the pilot. I conducted an evaluation by means of: a) questionnaires to patients, potential referrers and service commissioners (Evidence 9); and b) semi-structured interviews with two potential referrers, two patients and all physiotherapy staff (Evidence 10). Again I drew on my research skills and learning from previous projects to ensure the evaluation process was appropriate which I discussed with my manager. The evaluation findings demonstrated that in the main commissioners and patients valued the service, but some issues around quality assurance and consistency of applying the criteria were identified by the physiotherapy staff and potential referrers. I am currently undertaking work with the team to improve the service as indicated by the evaluation, where resources and other factors allow.

This pilot project has raised the profile of physiotherapy amongst potential service users and commissioners within the region, and has enhanced my project management, research, evaluation and quality assurance skills. I have undertaken reflective practice to identify my learning and how I can apply this in future service developments and managing staff.

Example 3 Presentation of Service Development Plan

I made a presentation to the Board concerning my Service Development Plan (which included the pilot out of hours service outlined above). I knew there would be some contentious issues within this so I prepared well for the presentation. The preparation included reflecting and evaluating on previous presentations using feedback from colleagues, and my observations of handling meetings in my role as a member of the Board's Clinical Governance sub-committee (Evidence 12). I included my background research and the evidence for the business case I was making and presented the information as a Powerpoint presentation. I had been on a 'using Powerpoint' course (Evidence 13) and had learnt to present graphs so used these in the presentation to strengthen my case (Evidence 14).

The outcome was that I secured agreement for most of the plan (Evidence 15) and in the process I realised, through later reflection with a colleague who attended the meeting, that I had enhanced my negotiation skills; in particular, the presentation of complex information in a contentious environment. Their feedback also provided evidence that I had learned to handle challenging questions more effectively than I had done previously as I had undertaken the background research and could draw on the

experiences of others as well as anticipating possible problems and identifying solutions (Evidence 16).

In summary, the examples demonstrate the range of CPD activities I have undertaken, e.g. courses, discussion, research, audit, presentations. I have developed my leadership, negotiation, team-working, analytical and research skills and have reflected on and evaluated my learning. The resulting service developments have benefited the service and service users and enhanced the quality of the service. I have also enhanced the quality of my practice and that of the physiotherapy staff.

(1405 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standard(s) that this evidence relates to
1	Record of CPD activities undertaken during the past 2 years	5 pages	Standard 1&2
2	My personal development action plan from the leadership course	3 pages	Standard 3
3	Sample of my reflective diary and learning log from the leadership course	6 pages	Standard 3
4	Programme for the team development day I developed and facilitated with the therapy rehab team	1 page	Standard 3
5	Record of the team's agreed collective and individual targets for the coming year	4 pages	Standard 3&4
6	Anonymised feedback from a member of the rehab team about their experience of the team development day and a copy of the personal development plan they developed on the day	5 pages	Standard 3&4
7	Anonymised testimonials from 2 patients about their experience of therapy and what that helped them achieve	2 pages	Standard 3&4
8	The initial service protocol and after amendments made in light of feedback	3 page protocol x2	Standard 3
9	The evaluation questionnaire sent to 1. patients 2.potential referrers and 3. service commissioners	4 page questionnaire x3	Standard 3
10	List of semi-structured interview questions	Copy of interview cue cards (4 pages)	Standard 3
11	Executive summary of the evaluation report	4 pages	Standard 3&4
12	Sample of my reflections on previous presentations	3 proformas (8 pages in total)	Standard 3
13	Programme and learning objectives for 'Using powerpoint' course	1 page	Standard 3

14	My presentation	4 pages	Standard 3
15	Anonymised extract of Board meeting minutes summarising the discussion and decision taken	2 pages	Standard 3 &4
16	Notes from peer reflection with a colleague about my presentation to the Board meeting	2 pages	Standard 3&4