

# CPD example profiles update

## Executive Summary and Recommendations

### Introduction

Following feedback from the consultation, many registrants asked for example profiles to be made available, as a source of information to reassure registrants about the CPD audit process.

The professional bodies are ideally placed to work with the HPC on producing these example profiles. Hence, an initial letter has been sent to the professional bodies asking if they would be willing to take part in this project (the letter is appended to this paper).

Thus far, the response has been positive, and a summary of responses is attached. We remain hopeful that the majority of professional bodies will want to take part in this project.

Eventually, if each professional body was willing to compile CPD profiles, these profiles could be joint-badged with the HPC logo and the professional body logo, and could be published both on the HPC website, and on the professional body website.

Longer term, once CPD assessors are recruited, the example profiles could be used as part of their training. They could also assess these profiles, and the CPD assessors' feedback could be published on our website, to provide further information to registrants concerned about the CPD audit.

### Decision

The PLG is asked to discuss and agree the attached workplan for sample profiles, and for involving the professional bodies in this ongoing work.

### Background information

None

### Resource implications

Not applicable.

### Financial implications

Not applicable.

### Background papers

Council paper agreeing to establish a PLG to draft further information:

[www.hpc-](http://www.hpc-uk.org/assets/documents/10000852council_meeting_20050718_enclosure05.pdf)

[uk.org/assets/documents/10000852council\\_meeting\\_20050718\\_enclosure05.pdf](http://www.hpc-uk.org/assets/documents/10000852council_meeting_20050718_enclosure05.pdf)

NB: This paper was amended during the meeting to reflect the fact that the information drafted will not be formal guidance, and so will not be the subject of a 3 month consultation.

**Appendices – attached for information**

Appendix 1 Letter to professional bodies

Appendix 2 Summary of responses received from professional bodies

Appendix 3 First sample CPD profile kindly provided by Gill Pearson and colleagues.

Appendix 4 Second sample CPD profile kindly provided by Gill Pearson and colleagues.

## Suggested workplan

**August 2005:** Professional bodies are approached re: willingness to participate in project.

**September 2005:** CPD meeting – decides upon text for profile pro-forma (see next paper)

**September 2005:** Send more detailed information to nominated contacts (and to those organisations who have not responded) regarding the project: purpose of profiles, timescales, etc. Invite draft submission of 3 profiles from professional bodies by end of November 2005. Professional bodies are also asked to send in any questions that they felt were raised by completing the profiles, so that the PLG can consider tackling these queries in its documents.

Professional bodies are asked to include, where possible, an example of a registrant whose situation provoked questions during the CPD consultation, including for example a registrant working in education, a registrant working in management, a registrant in private practice, a registrant whose employer does not support their CPD with time or resources, or a registrant working part-time.

(NB: professional bodies that wish to and are able to submit more than 3 profiles will be encouraged so)

**November 2005 onwards:** The example profiles are then considered by the PLG in the development of assessment criteria.

**February 2006:** Depending on the outcome of the discussions of the PLG, the professional bodies may be invited to change aspects of the profiles, to reflect the work of the PLG.

**March 2006:** Working draft of CPD supplementary information is sent to professional bodies, inviting their comments.

**April 2006:** CPD supplementary information is published on HPC website. Sample profiles from each profession are published on HPC website, and professional body websites.

## ***Appendix 1- letter sent to professional bodies***

Address1  
Address2  
Address3  
Address4  
Address5

17<sup>th</sup> August 2005

Dear Chief Executive,

### **Re: Continuing Professional Development and the HPC**

At its meeting on July 18<sup>th</sup>, the Council agreed the standards for Continuing Professional Development, which will be used when registrants' CPD is first audited by us, in 2008. The Council has also agreed to produce additional information about CPD and the audit process, and to publish this information by April 2006.

Part of the additional information that we would like to publish would be '*example profiles*'. A substantial part of the feedback from our consultation on how to link CPD with re-registration focussed on this, with registrants asking for specific examples of people's profiles from their profession. We hope that these profiles would show in an example-based, practical way how, if audited, registrants can complete their profile, demonstrating how their various CPD activities meet our standards.

We know that some professional bodies operate their own CPD schemes, many offer their members advice and guidance on continuing learning and development, and have much experience in this field. We are therefore very keen to involve the professional bodies in this part of the information, which is why I am writing to you.

We wondered whether you would be prepared to be part of the process of providing additional CPD information, and to prepare profiles which could represent people in your profession and their CPD. If so, these profiles (either real and anonymised, or fictional, as you think is most useful) could be published on both of our websites, where they would form a vital part of registrants' information about how to ensure their CPD meets the HPC's standards. We could of course attribute the sample profiles to your organisation, agreeing wording with you, and using your logo if you felt this to be appropriate.

We need to develop more information about how CPD profiles will be assessed, and we think that example profiles, if you were willing to provide them, could form an important part of the development of this information. We could use your example profiles to revisit our additional information, and revise it, to improve it and ensure our processes and requirements are clear to registrants and support their further learning and development.

If you would like to take part in this, we would be very grateful to hear from you; perhaps you could suggest someone from your organisation that we could liaise with – perhaps someone from your Education team, if applicable.

Please contact Rachel Tripp, Policy Manager, if you are able to participate and would like to suggest a contact from your organisation, or indeed if you would like to discuss our proposals and what is involved. She can be contacted on [rachel.tripp@hpc-uk.org](mailto:rachel.tripp@hpc-uk.org) or 02078409760. (Rachel is on annual leave from 19<sup>th</sup> August, but will be back on September 5<sup>th</sup> and can pick up messages and get back to you then, if needed.)

I thought it would also be useful to mention to you that the Council is about to review the Standards of Proficiency for the original twelve professions that we regulate. Information about how we intend to review the standards is available on our website: [http://www.hpc-uk.org/aboutus/council/councilmeetings\\_archive/index.asp?id=35](http://www.hpc-uk.org/aboutus/council/councilmeetings_archive/index.asp?id=35) (Enclosure 7, Council meeting on 2<sup>nd</sup> March 2005)

We will therefore be contacting you in the Autumn about your profession-specific input into the review of the standards, and very much hope that you will be able to take part in this project, as well.

Yours sincerely,

Eileen Thornton  
**Chair of the CPD professional liaison group.**

## Appendix 2

### Summary of responses received so far from professional bodies

Profession	Response
Art therapists	
Music therapists	8/9/05 Email from Judith Nuckolds. Keen to be involved. Emailed her to say I'd be back in touch.
Drama therapists	
Biomedical scientists	
Chiropodists / podiatrists Society	23/8/05. Email from Helena Basarab-Howarth. Nominated Kim Andrews.
Institute	
Alliance	
BCHPA	
ACPU	
Clinical scientists	9/9/05 Email from Derek Pearson. Will discuss at meeting 18 <sup>th</sup> October.
Dietitians	Letter received from Rosemarie Simpson; happy to be involved.
Occupational therapists	Letter from Anne Lawson Porter nominating Angela Hook.
Operating department practitioners	
Orthoptists	
Paramedics	19.8.05 Spoke to Roland Furber. Keen to be involved
Physiotherapists	6.9.05 Email from Julia O 'Sullivan.
Prosthetists and orthotists	
Radiographers	18.8.05 Phonecall from Gill at the Society of Radiographers. Spoken to Audrey Patterson – very keen to be involved. Said I would be back in touch with more.
Speech and language therapists	

## **Appendix 3**

First sample CPD profile, kindly produced by Gill Pearson and others

### **Profile for HPC submission – contents:**

- Section 1: Summary of practice history
- Section 2: Personal statement
- Section 3: Personal development plan
- Section 4: Evidence

<b>Description of evidence/learning activity</b>	<b>Ref. No</b>
Certificate of attendance at record keeping study day	(1)
Learning log on record keeping	(2)
Diet sheet on probiotics	(3)
Summary of literature search on probiotics	(4)
Notes from departmental critical appraisal session	(5)
Notes of Nutrition Screening Tool audit meetings x 3	(6)
Nutrition Screening Tool audit final report	(7)
Learning log on Nutrition Screening Tool audit process	(8)

### **SECTION 1 Summary of practice history:**

I am currently a Senior I dietitian, specialising in gastroenterology. I have been working in an acute hospital trust for the last 5 years since February 2000. I qualified in June 1997 and worked as a newly qualified dietitian for 2 and a half years in a district general hospital.

#### **Key responsibilities:**

- I am currently responsible for the provision of a specialist, evidence-based dietetic service to a gastroenterology inpatients and outpatients, providing expert advice and guidance for other healthcare professionals and acting as a resource for colleagues
- I am actively involved in education and training of other healthcare professionals and student dietitians
- Within my specialty, I routinely undertake research and audits in order to produce evidence-based resources, policies and guidelines

#### **Key working relationships:**

- Dietetic colleagues within the trust
- Outpatient Pharmacist

- ❑ Specialist Gastroenterology Nurses
- ❑ Consultant Gastroenterologists
- ❑ Junior medical staff
- ❑ Ward staff at all levels

Line manager: Chief Dietitian  
 Accountable to: Head of Dietetic Service  
 (excluding title)

162 words

## SECTION 2:

### Personal statement:

The profile contains 3 separate examples of relevant CPD that I have undertaken during the last 2 years. The evidence submitted (see section 4) demonstrates that this has involved a number of different learning activities.

#### ***Record keeping (evidence 1 & 2):***

I have learned how to improve my patient records so that they are now clearer, better structured and more complete, as I am making fewer assumptions about how the reader will interpret what I am writing or what they will know. Because I am thinking more about what I am writing in my records, I am now identifying areas where I could improve my patient care (see evidence 2).

I have also learned how to reconcile the extra time that keeping better records takes with managing my patient caseload. This learning has made my practice safer and more effective (CPD standard 3) as my colleagues will be better able to understand my intended plan of care and clinical reasoning, enabling them to continue this care more effectively in my absence. As a result they should spend less time trying to acquire information or asking the patient questions that they may already have been asked because my records are unclear (thus contributing to more efficient and patient-focused care and service delivery - CPD standard 4). It also means that my records are complying with the BDA Code of Professional Conduct and the HPC Standards of Conduct, Performance & Ethics and I am better protected in the event of future complaints or clinical incidents.

#### ***Development of a Probiotic diet sheet (evidence 3, 4 & 5):***

One of my appraisal objectives for 2004 was to update our departmental probiotic diet sheet as the current version is out of date. This involved undertaking a literature search (evidence no. 4), critically appraising the evidence (evidence 5) and writing the diet sheet (evidence 3). I have therefore updated my knowledge on the current evidence for using probiotics in patients with Irritable Bowel Syndrome that I see in the Gastroenterology clinic. My skills in critical appraisal have also improved, which means that I am now better able to appraise research evidence and decide whether or not my practice, or the advice I give to patients, should change as a result of new research being published. Finally, I have improved my skills in writing patient information, as I have learned how to avoid jargon and to write more clearly and concisely, so that the information is clearer and easier to understand. Both the knowledge and skills I have developed directly improve the quality of my future practice (CPD standard 3). The benefits to patients are that they will now have access



to clear, jargon-free, up-to-date, practical information in a user-friendly format (CPD standard 4). The benefits to the dietetic service are that it will be providing high quality, professional dietary information for patients (CPD standard 4). Dietitians using the information will also need to spend less time amending the diet sheet so that it is up-to-date (CPD standard 4).

***Nutrition Screening Tool audit:***

In 2004, I initiated an audit of the use of the trust Nutrition Screening Tool on the Gastroenterology ward. This audit was undertaken jointly with the ward sister and junior charge nurse (see notes of meetings – evidence 6) to assess whether the tool was being used weekly, and whether the nursing actions were appropriate and documented fully. See evidence 7 for further information on the audit and the results.

As a result of some initial difficulties with starting the audit (evidence 8), I learned that it was important to be really clear about what information we wanted to collect and how we wanted to use it. I also learned that when planning the audit and the timetable, I needed to allow for unexpected setbacks and to be realistic about what others could do within their current workloads (see evidence 8). I have also learned how to prepare for and run meetings, so that they are as effective as possible and there is no time wasting. Finally I have learned more about how to influence other colleagues, particularly when they have conflicting views and we need to reach a consensus about the way forward (evidence 8). These skills all contribute to CPD standard 3, as they enable me to work more effectively with others in the multidisciplinary team to achieve a joint goal. The results of the audit have led to a positive change in practice on the gastroenterology ward, so that nutrition screening has been incorporated as part of the routine nursing assessment and handover, leading to patients receiving more appropriate and timely nutritional care at ward level (CPD standard 4). It has also reduced the wasted time spent by the dietitian in requesting that patients are screened (Standard 4).

*All the examples of CPD submitted have a direct impact on my ability to deliver care to patients in my caseload who fall within my scope of practice as a specialist gastroenterology dietitian*

**830 words** (excluding title)

## **Appendix 4**

Second sample CPC profile, kindly provided by Gill Pearson and others.

### **HPC profile for submission:**

#### **1. Job summary:**

I am a Senior I dietitian, specialising in gastroenterology. I have been working in an acute hospital trust for 5 years. Before then, I worked as a newly qualified dietitian for 2 and a half years in a district general hospital.

#### **2. Personal development plan:**

Please see section 1 of the profile.

#### **3. Evidence of CPD:**

Please see section 2 of the profile.

#### **Description of evidence**

#### **Ref. No**

Learning Log on record keeping	(1)
Diet sheet on probiotics	(2)
Summary of literature search on probiotics	(3)
Notes from departmental critical appraisal session	(4)
Results of patient satisfaction audit on nutritional supplements	(5)

#### **4. Personal statement:**

The evidence submitted shows that I have undertaken a number of different CPD activities over the last 2 years. I have improved my skills in the following areas:

- ❖ Record keeping (evidence no. 1) – my records are more effective and clearer to colleagues, which will help continuity of care if they need to cover for me
- ❖ Writing patient information (evidence no. 2) – I have learned how to avoid jargon and to write more clearly and concisely, so that information I write for patients in the future will be clearer and easier for them to understand
- ❖ Critical appraisal (evidence no. 4) - I am now better able to appraise the evidence and decide whether or not my practice, or the advice I give to patients, should change as a result of new research being published.

All of these enhance my practice as a professional and benefit patients.

By undertaking a literature search on probiotics (evidence no. 3), critically evaluating the evidence, and assisting with drafting a patient leaflet (evidence no. 2), I have also been able to provide more up-to-date and evidence-based information to patients. By undertaking an audit of patient satisfaction (evidence no. 5), I have improved my skills in this and the results of the audit have been implemented across the department, which directly benefits patients.