

# **CLINICAL PHYSIOLOGISTS BOARD**

**Continuing Professional Development**



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## **What is Continuing Professional Development (CPD)?**

There are many definitions of continuing professional development (CPD) in the literature. If CPD is to be monitored, therefore it is necessary to define what is meant by CPD in the context of the Clinical Physiologists Board.

In this context, CPD is the maintenance, enhancement and extension of the knowledge, expertise and competence of health professionals throughout their careers. It is important to recognise that we all learn in many and different ways and CPD may include formal and informal learning activities.

## **Why is CPD important?**

The community has the right to expect that registered health professionals providing professional services do so in a competent and contemporary manner. Consequently, health professionals need to be able to demonstrate that they are maintaining current knowledge, techniques and developments related to their profession. This applies in all areas of health professional services – clinical, education, management/leadership and research.

## **What is effective CPD?**

The literature suggests that effective CPD for health professionals is that which emphasises active learning and focuses on activities that have been demonstrated to result in behaviour change and subsequent improved clinical practice. Effective CPD requires active participation in learning throughout a professional's career.

An increasing number of randomised controlled trials and systematic reviews of CPD have demonstrated that CPD can produce changes in practitioner behaviour, improve competence, and result in better patient outcomes (Thomson O'Brien et al 2004; Jamtvedt et al 2004). It is important to note that activities that engage participants and provide an opportunity to practise skills can produce changes in professional practice and, occasionally, improve health outcomes, whereas didactic sessions, conferences and courses that do not include active participation do not appear to be effective in changing practitioner performance (Thomson O'Brien et al 2004; Jamtvedt et al 2004).

Research also suggests a strong link between evaluation, learning and enhanced patient care and service quality, with the majority of learning resulting from experience in practice, rather than from attendance at formal courses (Davis et al 1995, Davis 1998, Davis et al 1999). Knowledge and skills gained from formal activities have been found to have little effect on enhancing practice unless they are linked to experiential, practice-based learning (Berry & Dienes 1992, Houle et al 1987).

## **What counts as CPD?**

It is important that CPD is linked to the needs of the community to whom the health professional is providing services. All learning activities which help a health professional maintain competence and improve the quality of health care should be accepted as CPD. Learning occurs through a wide variety of formal and informal activities. Examples are:

### **Formal learning activities**

- tertiary courses
- accredited courses
- work based learning contracts
- conferences, forums and seminars
- undertaking research and presentation of work
- courses leading to degree, higher degree and research degree
- on-line learning
- in-service education programs
- making presentations

### **Informal and incidental learning activities**

- reflecting on experience in day to day activities
- reading books, journals, etc
- secondment and/or contact with other professionals
- quality assurance activities, such as accreditation
- participation in committees
- information sharing at meetings
- discussion with colleagues
- internet research

Appendix 1 and 2 provide examples of CPD activities and examples of types of evidence of CPD respectively.

## **What is the best way for a health professional to learn?**

Health professionals will learn best when they are motivated and their CPD:

- is highly self directed – each person is personally responsible for deciding on what CPD activities he or she wants to do;
- is based on an individual learning plan and the learning needs that the individual has identified for his or her self;
- builds on an individual's existing knowledge and experience;
- links an individual's learning and practice;
- includes evaluation of the effect of an individual's learning on his or her practice; and
- involves personal review of an individual's learning plan in response to his or her experience.

## **Is there a prescribed way that I must record my CPD?**

It is strongly recommended that you use a personal portfolio to record your CPD. Your portfolio should include:

- a personal collection of evidence of ongoing development;
- a record of reflection and evaluation of informal and incidental learning;
- a record of attendance at formal learning activities; and
- important supporting documents.

If you are required to provide the registration board with evidence of your CPD, your personal portfolio will enable you to demonstrate that you have met the minimum CPD requirements.

You will find your portfolio is also a useful record when compiling your curriculum vitae and completing your taxation returns.

## Record of Continuing Professional Development

CPD evidence should be kept in a simple ring binder and should contain:

- evidence of CPD
- job description
- curriculum vitae
- personal development plan
- all other documentation in support of your CPD

## Advantages and benefits

- It allows the individual to take responsibility for his or her own learning
- Encourages reflection on one's own practice
- Enables the planning and recording of personal and professional development
- Essential for performance management, staff appraisal, IPR
- Assist the process of accrediting post registration experience

## Key principles of CPD

- A CPD scheme must be equitable to all professions to whom it applies. As such, there must be the facility to adapt the scheme when necessary to suit both their educational needs and those of the organisation within which they practice
- Individuals must be responsible for managing their own CPD programme and for engaging in appropriate CPD activity
- Healthcare professionals have a responsibility to be proactive in their own personal as well as professional development
- Employers and managers must support the practitioners development by encouraging and facilitating work place based learning opportunities in order to meet local service needs
- Self-employed autonomous practitioners must take these dual responsibilities individually
- The development should be continuous and practitioners should be constantly seeking to improve and extend their knowledge and skills for the performance and execution of their professional duties
- The practitioner should ideally set clear objectives for learning that encompass both the needs of the individual and the organisation within which they work
- Professional Bodies and associations have a responsibility to ensure that a CPD framework exists to support their members
- Although the responsibility for a personal development plan rests with the individual healthcare professional it should be developed in cognisance of the employer's needs as well as those of the professional

## Experiential Learning

Learning through experience is, arguably, the most effective way in which practitioners continue to learn. It requires practitioners to question their activities and findings, challenge theoretical knowledge and accumulate and compare experiences. It is the means by which professional ideas and opinions are formed. It is important to understand how you learn if you are to gain maximum benefit from your daily work.

Learning is assumed to be derived from four main sources:

- Learning from experience in the workplace

- Learning from structured sources (e.g. seminars, conferences, courses and materials)
- Learning from self-directed personal work (e.g. reading of 'learned' journals, library work or research)
- Learning from other environments that transfers into one's working life (e.g. voluntary work, membership of professional body committees)

In order to demonstrate satisfactory CPD it is proposed that practitioners should keep a record of personal learning against previously agreed learning objectives. The auditing of this process to ensure compliance will be monitored by the CPB or the appropriate professional society.

## **Reflective Practice**

This is an essential component of experiential learning, and forms the basis for the monitoring of CPD activity. It is important to recognise that undergoing an experience does not necessarily mean that one learns from it. Reflection is the means by which one learns from an experience. It may be defined as the mental process that gives meaning to an experience. It is the basis for the acquisition of new knowledge and skills through the monitoring of actions, the evaluation of the consequences and questioning whether a patient could benefit from different actions. Practitioners who question their actions can build on knowledge and develop clinical expertise.

## **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

## **Portfolio development**

Practitioners are encouraged to devise their own plans for personal and professional development. All current learning activities should be recorded and a record kept in a portfolio.

The portfolio must contain evaluation of the learning that has taken place. In addition practitioners may structure their learning by selecting from a variety of activities. Portfolio evidence should be kept up-to-date and any professional should expect to present their portfolio to the CPB or their professional society for verification at any time.

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## Appendix 1 - Examples of CPD activity

Work based learning	Professional activity	Formal/educational	Self-directed learning	Other
<ul style="list-style-type: none"> <li>• Learning by doing</li> <li>• Case studies</li> <li>• Reflective practice</li> <li>• Clinical audit</li> <li>• Coaching from others</li> <li>• Discussion with colleagues</li> <li>• Peer review</li> <li>• Gaining and learning from experience</li> <li>• Involvement in wider work of employer e.g. representative on committee</li> <li>• Shadowing</li> <li>• Secondments</li> <li>• Job rotation</li> <li>• Journal club</li> <li>• In-service training</li> <li>• Supervision of staff/students</li> <li>• Visits to other departments and reporting back</li> <li>• Role expansion</li> <li>• Critical incident analysis</li> <li>• Completion of self-assessment questionnaires</li> <li>• Project work/management</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement in a professional body</li> <li>• Member of specialist interest group</li> <li>• Lecturing/teaching</li> <li>• Mentoring</li> <li>• Examiner</li> <li>• Tutor</li> <li>• Branch meetings</li> <li>• Organising journal clubs or other specialist groups</li> <li>• Maintaining and/or developing specialist skills e.g. musical ability</li> <li>• Expert witness</li> <li>• Member of other professional bodies/groups</li> <li>• Presentation at conferences</li> <li>• Organiser of accredited courses</li> <li>• Research supervision</li> <li>• National assessor</li> <li>• Appointment to a promoted post</li> </ul>	<ul style="list-style-type: none"> <li>• Courses</li> <li>• Further education</li> <li>• Undertaking research</li> <li>• Attendance at conferences</li> <li>• Submission of articles/paper</li> <li>• Seminars</li> <li>• Distance learning</li> <li>• Courses accredited by professional body</li> <li>• Planning or running a course</li> </ul>	<ul style="list-style-type: none"> <li>• Reading journals/articles</li> <li>• Review of books/articles</li> <li>• Updating knowledge via www/TV/press</li> <li>• Progress files</li> </ul>	<ul style="list-style-type: none"> <li>• Public service</li> <li>• Voluntary work</li> <li>• Courses</li> </ul>

## Appendix 2 - Examples of types of evidence for CPD

Things you may have produced	Materials demonstrating reflection & evaluation of learning & practice	Materials acquired from others
<ul style="list-style-type: none"> <li>• Information leaflets</li> <li>• Case studies</li> <li>• Critical literature reviews</li> <li>• Adapted user/student notes</li> <li>• Policy or position statements</li> <li>• Discussion documents</li> <li>• Procedural documents</li> <li>• Documents relating to national or local processes (e.g. schemes for peer review, mentorship or clinical supervision)</li> <li>• Recent job applications</li> <li>• Reports (e.g. on project work, clinical audit, reviews of activity)</li> <li>• Business plans</li> <li>• Protocols</li> <li>• Guidance materials (e.g. for service users, colleagues or students)</li> <li>• Clinical audit tools</li> <li>• Clinical guidelines</li> <li>• Course assignments</li> <li>• Action plans</li> <li>• Course programme documents</li> <li>• Presentations</li> <li>• Articles produced for publication</li> <li>• Questionnaires</li> <li>• Research papers/proposals/funding applications/ethical approval applications</li> <li>• Induction materials for new members of staff</li> <li>• Learning contracts</li> <li>• Contributions to work of a professional body</li> <li>• Contributions to work of a special interest group</li> </ul>	<ul style="list-style-type: none"> <li>• Profiles drawn from learning portfolios</li> <li>• Adapted documentation arising from appraisal, clinical supervision, job evaluation, compliance with locally implemented competence frameworks.</li> <li>• Documentation from compliance with local or national CPD schemes</li> <li>• Evaluation of courses/conferences attended</li> <li>• Personal development plans</li> <li>• Documented and approved claims for academic credit for prior or experiential learning</li> </ul>	<ul style="list-style-type: none"> <li>• Testimonies</li> <li>• Letters from users, carers, students or colleagues</li> <li>• Course certificates</li> </ul>

