



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Sample CPD Profile for the HPC CPD Standards¹

1.1 Full name: Junior Physiotherapist
1.2 Profession: Physiotherapist
1.3 Registration number: AB1234

2. Summary of recent work/practice

I work as a junior physiotherapist (Band 5) in a large acute trust, full time and have been qualified for 2 ½ years. During the last two years I have worked across 5 rotations in outpatients, respiratory care, paediatrics, ITU and oncology. I spent four months in three of them and six months in two.

In each rotation, I was supervised by a senior 2 (band 6) physiotherapist who monitored my patient assessment and treatment processes and provided clinical supervision on a monthly basis.

In all rotations my responsibilities include:

- Management of my own diary and time management, including sending DNA and discharge letters
- Assessment and treatment planning
- Being proactive in seeking advice from senior staff
- Contributing to the CPD activity in the department eg presenting at in-service training, audit
- Being an active member of the team including teaching and advising students and assistants. (**evidence 1 – job description**)

During my rotations, I took part in a range of learning activities in-house to develop my skills and knowledge. Following completion of my last rotation, I am currently seeking a static post within the outpatient clinic.

Total words: 189
(Maximum 500 words)

3. Personal statement

¹ This sample profile has been developed by the CSP with feedback from the Health Professions Council (HPC) stating that it meets their CPD Standards

Having qualified in 200X, I have accessed a range of learning activities (in-service training, clinical supervision, journal clubs, junior grade peer learning group, reflective practice, formal courses, self-directed learning using evidence-based health websites, contributed to in-service training sessions using presentation skills) to support my practice during my rotations. The activities I have chosen to undertake have been selected to meet my learning needs as identified by myself and my supervisors or line managers during my rotations within my personal development plan. These learning activities have been undertaken to ensure I am able to meet my objectives and the skills and knowledge requirements identified in my KSF post outline. I have drawn on a number of these learning activities and the personal development planning process to explain how I have met the HPC CPD standards directly.

HPC CPD Standard 1

Throughout my undergraduate training programme and during my rotations I have kept a record of my learning activities, what I have learnt from them and how they have developed my practice using a portfolio. The portfolio is one I created myself using guidance from my professional body. Proformas from my professional body's portfolio guide, as well as from my workplace, have been used to record my learning. I use time allocated in work to update my portfolio on a monthly basis and use the contents of my portfolio to discuss learning needs with my rotation supervisor. I have submitted a copy of the CPD reference list (**evidence 2**) I keep at the front of my portfolio which provides an overview of activities I have undertaken and the dates they were completed.

HPC CPD Standard 2

As highlighted above and in my evidence (**evidence 2**), I have undertaken a range of activities as part of my CPD. These activities have been directly related to my KSF post outline requirements and are therefore essential for my previous and current roles and have been instrumental in fulfilling the requirements of my previous and current rotational objectives. I discuss my learning needs with my rotational supervisor and match appropriate activities to them at the beginning of each rotation, review learning with my supervisor throughout the rotation to ensure my needs are being met and I am applying my learning appropriately to practice. I have included extracts from my personal development plans from the preceding 2 years which show the clear links between my learning needs, learning activities undertaken, KSF post outline dimensions and rotational objectives (**evidence 3**). I have highlighted clearly the key learning activities I am referring to below to demonstrate how they meet standards 3 and 4 of the HPC CPD standards. In summary, these activities are:

1. Significant incident analysis x 2
2. Clinical supervision with supervisor
3. On-call training course

4. Paediatric in-service training session
5. Musculoskeletal in-service training session
6. Journal club

HPC CPD Standards 3 and 4

Activity 1 – Significant Incident 1

I attempted to assist a patient who had fallen to the floor but did not use the correct procedure and injured myself. As a result of this experience and subsequent reflection (**evidence 4**) on it with a peer, I felt that I needed to develop better manual handling skills and raised this with my supervisor. We discussed the most appropriate method to meet this need and agreed that, as I had already undertaken my annual manual handling skills training, it would be appropriate to practice these skills further using a group of peers. This was arranged shortly afterwards and, through peer observation and feedback, I was able to significantly improve my handling skills. This will be essential for future practice both for my ability to assist patients to move safely and to ensure I protect myself.

Activity 2 and 3 – Significant incident 2

I was treating a heavy smoker for Chronic Obstructive Pulmonary Disease (COPD) whilst on respiratory rotation but the patient became upset when discussing her prognosis. While I felt the patient had received appropriate treatment for her condition, I felt that I should have ensured that the follow on discussion with the patient took place in a more confidential area in anticipation of her becoming upset. I also felt that my ability to handle such an emotional situation was not as strong as it could have been and I wanted to improve in this area. Following my own reflection on the experience I brought the situation to a clinical supervision session (**evidence 5**). My supervisor and I identified that while in fact I had managed the situation as well as possible in the circumstances, we identified that future discussions should be conducted more privately and also that my confidence would improve if I went on counselling training. This has been planned as a future development activity and will enable me to effectively manage situations when patients become upset about future prognoses, to ensure patients feel in control of their own situation as far as is possible. This will also help me to fulfil my KSF post outline relating to the Communication dimension.

Activity 3 – on call training

Towards the beginning of my respiratory rotation, it was identified that I would need to undertake on call training to develop my competence in this area. I undertook a two day training course and carried out a detailed evaluation of my learning outcomes with my clinical supervisor on my return (**evidence 6**) and identified that I was now able to

- Work independently in intensive care
- Competently read chest X rays
- Competently carry out suction techniques

- Understand indications for the use of Continuous Positive Airways Pressure (CPAP)

I feel I have therefore evolved my scope of practice to enable me to be an effective and safe member of the on call team, enhancing the ability of the service to meet its requirements and ensuring that I would be competent to treat patients when on call.

Activity 4 – in service training paediatrics

As part of the personal development planning process, it was identified that I needed to develop understanding of disorders of the skeletal system. As part of this, I participated in an in service session based on evidence based research to improve my understanding of the treatment of idiopathic scoliosis. As a result of this session, I felt that I had gained a better understanding of treatment and exercise management for children with neuromusculoskeletal problems (**evidence 7**). I have since been able to apply these skills into practice on a number of occasions with good outcomes for the patients, such as increased range of movement; increased muscle strength; improved posture leading to reduced pain and better patient involvement in self management programmes.

Activity 5 – in-service training musculoskeletal

During my outpatient rotation, I participated in an in-service session on management of ankle sprains and developed a greater understanding of the use of strapping techniques not covered within undergraduate training. Within a busy outpatient clinic we see a number of patients with ankle sprains and I was able to implement appropriate strapping techniques (**evidence 8**) and improved my clinical confidence in this area. I also contributed to an out-patient department audit on patients presenting with ankle sprains (**evidence 9**). The results highlighted the effectiveness of the department's strapping techniques to patients as they have been able to return to work more quickly, and therefore the service benefited as healing times improved and waiting lists were reduced

Activity 6 – journal club

As part of ongoing development within my rotations, I have been involved in the departmental journal clubs. These sessions occur once a month and involve staff reading, discussing and critically evaluating the evidence presented within the research articles. On a number of occasions I had selected an article and lead the session (**evidence 10**). As a result of reviewing a research article that I selected on early mobilisation of fractured humerus, the orthopaedic department has reviewed its treatment for proximal humerus fractures. The impact of this learning is that I and the rest of the team have been able to use early mobilisation techniques on a number of patients. As a result the patients have had less pain and have returned to function sooner than with previous treatments, thereby having an impact on waiting lists.

Total words: 1368 (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
Example	Eg: 'Case studies' or 'Critical literature reviews'	Eg: '3 pages', 'photographs', or 'video tape'	Eg: Standards 2 and 4
1	Job description	3 pages	summary
2	Copy of portfolio learning activities list	2 pages	1, 2
3	Extracts from rotational PDPs linked to KSF outline	5 pages	2
4	Significant incident analysis sheet	1 page	3, 4
5	Significant incident analysis sheet and clinical supervision log	2 pages	3,4
6	On call training handouts and personal reflection with supervisor	4 pages	3,4
7	Inservice paediatric course programme and personal evaluation	2 pages	3,4
8	Inservice musculoskeletal course programme and personal evaluation	2 pages	3,4
9	Outpatient department audit – summary report	4 pages	3,4
10	Critical appraisal of journal article	1 page	3,4