Service user involvement in CPD

This resource has been developed for CSP members. Its content is designed to:

- Provide an easy-to-read explanation of the principles of service user involvement and how these apply to the process of continuing professional development (CPD)
- Offer a set of reflective prompts that will help you think critically about how you involve service users in planning, implementation and evaluating CPD in practice
- Signpost you to information, guidance, examples of practice and other learning resources that will help you maximise the benefit of service user involvement in CPD – for you and the people who use your service

Service user involvement in CPD makes the case for service user involvement in each stage of the CPD cycle – both for enhancing learning and for maximising capacity of the physiotherapy workforce to continually offer high quality services that meet the changing needs of people who use physiotherapy services. The resource recognises that service user involvement in CPD establishes a dialogue with service users that can help practitioners to recognise and act upon learning and development needs in ways that benefit the practitioner and the people who use their service.

What is service user involvement?

Service user involvement describes the principles and processes of actively engaging people in the design, delivery and evaluation of services they receive. It is a collaborative approach that incorporates the principles and practices of

- person-centred professionalism
- co-production

The move to involve service users in the design, delivery and evaluation of public services first appeared during the 1970s. The concept was introduced into healthcare policy during the 1980s as a way of understanding the relationship between clinicians and their patients. The drive towards service user involvement seen in today’s health and social care systems can be traced back to the 1990s through the legal and policy frameworks governing professional practice (see Appendix 1).

As the drivers for service user involvement intensify, there is a growing body of research exploring how service users are involved in the design, delivery and evaluation of healthcare services. There are two broad themes emerging from this research. The first highlights the positive impact of service user involvement for enhancing the quality of service provision and the benefits it brings for people using and delivering the service. The second theme points to the need to change the balance of power from a more traditional form of professional patriarchy (the idea that professionals know what is best for the patient) towards a mode of professionalism that values the experiences and expertise of the service user.

While some of the processes associated with service user involvement such as joint goal-setting and partnership working may seem to be an integral part of physiotherapy practice, the demands of

1 Person-centred professionalism describes values and behaviours associated with putting the needs of service users to the fore. Appendix A of the CSP’s Code explains what person-centred professionalism looks like in practice, & the professionalism pages of the CSP’s website offers detailed guidance around issues of consent, duty of care and duty to report associated with person-centred professionalism.

2 Co-production describes a collaborative relationship between a service user and provider that values and draws on the experiences and expertise of both parties to design and deliver solutions/services that are successful, sustainable and cost-effective.


4 CSP (2011) Code of members’ professional values and behaviour. London; CSP

CSP (2012) Quality assurance standards. London; CSP


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contemporary professionalism set an expectation that the service user is central and powerfully present in practice\(^5\) as the next section explains.

**Service user involvement: an expectation of contemporary physiotherapy practice**

The drivers for service user involvement seen running through policy documents are also present in documents that describe the expectations of contemporary physiotherapy practice:

**CSP Code of members’ professional values and behaviour**

Section 1.1 sets an expectation that CSP members use their autonomy to benefit others and accept and uphold their duty of care to individuals, while Section 3 of the code describes the principles and practices associated with person-centred decision-making.

**CSP Quality Assurance Standards**

Section 1 of the standards focuses on CSP members’ responsibilities for maintaining autonomy and accountability to the service user, the patient, the profession and the public;

Section 4 of the standards is designed to promote service user involvement in the design, delivery and evaluation of physiotherapy services; and

Section 8 promotes partnership working with service users to ensure that physiotherapy management and treatment is personalised to meet the (changing) needs of the individual.

HCPC Standards (these standards applies to CSP members who are HCPC registrants)

The principles of service user involvement are threaded through HCPC’s standards of practice. **Standards of conduct, performance and ethics** establish an expectation that registrants act in the best interest of service users;

**Standards of proficiency – physiotherapists** describe physiotherapy as a collaborative process that involves the service user in decisions about their care and in evaluation of practice.

**Standards of CPD** set an expectation that registrants seek to ensure that their CPD has contributed to the quality of their practice and service delivery (standard 3); and can show that it has benefited service users (standard 4).

The principles of service user involvement are evident in the standards governing the design and delivery of qualifying physiotherapy education\(^6\), and are becoming increasingly visible in organisational policies governing practice in health and social care\(^7\).

In practice, service user involvement is a dynamic relationship that is shaped by a number of different factors including the physiotherapy practice environment, organisational cultures and practices, individuals’ expectations of physiotherapy, and the professional values and behaviour that sit at the heart of physiotherapy practice. Conceptually, service user involvement can be described at different levels - from a situation where the service user is a passive recipient of information provided by the practitioner to one where the service user is in control of service design and delivery. This ‘ladder of involvement’ is presented in Appendix 2.

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\(^5\) See for example NHS England (2014) *Five year forward view*
Scottish Government, NHS Scotland (2011) *2020 vision*

\(^6\) CSP (2011) *Learning and Development principles* London; CSP

\(^7\) Staff employed/commissioned to provide NHS services in England for example, are expected to demonstrate a commitment to the principles of service user involvement and the 6C’s (care, compassion, competence, communication, courage and commitment) that sit at the heart of *The NHS Constitution*
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Who is my service user?
- My patient/client (and people who care for them)
- Person/organisation who pays for my service
- Person who has referred a client to me
- Colleague who has delegated work to me
- Person whose learning and development I am helping to support

Analysis of practice would suggest that there is likely to be more than one person with a vested interest in your practice/service at any given time. The qualities of a clinician’s practice for example, will have a direct impact on their patients/clients but will also affect their colleagues, the organisation or business they work for, and the population the organisation or business serves. This means that you potentially have access to a rich variety of perspectives that will provide evidence of your practice and development. There is also potential for tensions emerging if there is conflict across the bodies who have a vested interest in your practice and development (e.g. people commissioning your service may be interested in productivity/throughput whereas patients/clients may want you to spend quality time working with them.

Service user involvement in CPD
CPD is a process of lifelong learning that enables you to maintain, build and develop the behaviours, knowledge and skills that are part and parcel of your professional practice.

Service users are involved in each stage of the CPD cycle. Think of all those examples from your own experience where information generated in practice with service users has been used to create learning opportunities that have allowed you to evaluate, develop and consolidate your practice: X-ray clubs, visits to theatre or to the dissection room, use of ‘paper’ patients, ward rounds and ‘live’ case presentations, use of patient stories’ as triggers for reflection, role play and other forms of simulated learning. While the service user is relatively passive in these situations, there is a growing number of examples where service users are actively involved in the design, delivery and evaluation of learning – in clinical and educational settings.

Figure 1: CPD Cycle

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8 A full-sized version of the CPD Cycle presented in Figure 1 is available to view/download [here](#).
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**Activity: how do you involve service users in your CPD?**

This activity invites you to look at how service users are involved in supporting your CPD and to reflect on the impact of their involvement on your physiotherapy practice and development. This activity will help you produce an example to show you the principles of person-centred professionalism and co-production are present in your practice. If you are an HCPC registrant, this activity will also help you develop evidence to show how you are meeting HCPC’s Standards for CPD.

Look back through your CPD diary and make a list of the situations where service users were involved in supporting your learning and development. You could either highlight the situations/events in your diary, or download this template which will give you a structured format to record and store the information.

Use the content of your list to reflect on service user involvement in CPD. You could use these prompts to help structure your thoughts:

- Are service users involved in your CPD?
- Are they involved at each stage of the cycle?
- What is their level of involvement (see Appendix 2)?
- What is the outcome of involving service users in CPD - for you? service users? the service?

Remember to record what you have learnt from this activity together with any action plans directed at changing your practice. Log the date you completed the activity, and store your record, plan and any notes you’ve made safely in your portfolio. This information will become part of a larger body of evidence that will allow you to evaluate how you/your practice has changed over time, and demonstrate the impact of that change on the people who use your service.

**Service user involvement in CPD: some ethical and practical issues**

The process of service user involvement in CPD raises a number of ethical and practical issues. It is vital that these issues are considered and appropriate processes and support put in place to ensure that service users are empowered to share their experiences and expertise, and to work with service providers to generate new ideas, opportunities and practices that benefit both parties.

- **Role of the service user**
  Is the service user presenting a unique, personalised perspective of you/your practice based on their experience of physiotherapy? Or are they there to ‘represent’ the views and experiences of service users more generally? Addressing this issue is important for thinking critically about how data generated through working with service user is interpreted/analysed, the meaning/significance attached to it, and the recruitment and support processes required.

- **Potential benefit and risks of involvement for the individual**
  How might the service user benefit/be disadvantaged from their involvement in your CPD? e.g. time commitment, travel and subsistence, sense of contributing to change (personal or strategic). Addressing this issue is vital to ensure that any risks highlighted are minimised or managed in ways that enable the individual to participate fully.

- **Equality and diversity**
  Does the process of service user involvement advantage/disadvantage some people over others? What needs to be in place to ensure that all interested parties can participate on equal terms? Attention should therefore be given to issues of accessibility of information/interaction, reimbursement, potential social/cultural barriers to participation, enabling individuals to make informed choices about their level of involvement.

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9 This template has been designed to show how you are meeting Standard 1 of HCPC’s Standards for CPD which calls on registrants to produce a chronological list of CPD activity.

10 You will find further information and guidance to help you explore and address these ethical issues in sections 1 and 3 of the resource list.

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Resources
This list is a sample of freely available online resources that you could use to develop your capacity for service user involvement in CPD. Please remember to think critically about the format/content of the resources listed to ensure that the content/format meets your learning needs and is relevant to your practice and development.

The list is divided into five inter-related sections:
1. Service user involvement: principles and practices
2. Learning from service user experiences
3. Methods of collecting, analysing and reporting service user experiences
4. Tools for gathering service user feedback about your physiotherapy practice
5. Case studies: service user involvement in CPD from physiotherapy practice

1. Service user involvement: principles and practices

Resources available via CSP’s website
Information/guidance published in Frontline
Practice makes perfect: learning from student practice education Frontline 19.02.2014
All for one: CPD and student practice education Frontline 05.03.2014
A series of two articles that explore how practice education can provide a learning opportunity for a student and placement educator.

Patient-centred practice Frontline 23.01.2013
Learning from our mistakes Frontline 15.05.2013
This set of articles will help you think about feedback from service users about your physiotherapy practice could support the ongoing development of your practice.

United we stand: the rise of co-production Frontline 05.11.2014
An article that explains how the principles of co-production work in physiotherapy practice

CSP (2012) Equality and diversity toolkit – a practical guide for CSP stewards, managers and members. London; CSP
Information and guidance on equality legislation and best practice

This resource offers guidance to educators on developing inclusive policies and procedures throughout the student journey - from application to preparation for employment

Sample of research published in Physiotherapy
This list of articles published in Physiotherapy offers a flavour of how the drive for service user involvement is shaping (and being shaped by) physiotherapy practice and development.
Allison R (2002) A Foucaldian Discourse Analysis of the Ability of Physiotherapy Service Users to Participate in Goal Setting Physiotherapy 88(12)766
Thomson D, Hilton R (2013) Service users’ perceptions regarding their involvement in a physiotherapy educational programme in the UK: a qualitative study Physiotherapy 99(2)153-158
Yeowell G (2010) What are the perceived needs of Pakistani women in the North west of England in relation to physiotherapy, and to what extent do they feel their needs are being met? Physiotherapy 96(3)257-263
You will find a wealth of information and evidence to help you think critically about the implications of service user involvement via the CSP’s Evidence and Discovery Service.
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Beyond the CSP
Coalition for collaborative care
A web-based resource of news, information & an eBulletin designed to support the development of person-centred collaborative care for people with long-term conditions.

Co-production Scotland
A web-based resource produced and maintained by the Scottish co-production network presents a suite of videos, case-studies and information about the practices and processes of service-user involvement.

Co-production Wales
A web-based resource of information and case studies designed to promote the principles of co-production in Wales. This blog-site offers a monthly eBulletin and information about events and training designed to support the development of co-production in practice.

A report commissioned and published by the Kings Fund that explains the benefits of service user involvement in health and social care, and explores how person-centred practice can become a reality. While the focus of this report is service user involvement in service design and delivery, the principles apply to service user involvement in CPD.

This report outlines the changes needed to help the health system make the most of the skills and commitment of employees, patients and communities in helping people to become more confident and better able to manage their health conditions.

National Voices
A website providing information, advice and examples of practice to support service user involvement in design, delivery and development of services.

NHS Citizen
NHS Citizen is a project that aims to answer a simple question: what is the best way for NHS England to take into account the views of all the public when it makes decisions? The website is designed to offer information and signposts to resources and opportunities that enable service users to become actively involved in shaping the development of services provided by or on behalf of the NHS in England.

Picker Institute Europe
A website of information, policy & research, case studies & tools designed to promote person-centred practices in health and social care.

Service user involvement: best practice guide
A structured toolkit produced by Bolton and Torbay’s Supporting People teams. The resource is designed to share learning from service provider organisations whose service users are actively involved in shaping change in practice – from individual to strategic levels. Although the examples come from the ‘Supporting People’ policy agenda which was focused around supported housing, the content is relevant for the ongoing development of physiotherapy practice.

2. Learning from service user experiences
Healthtalk.org
A website packed with patient/service user experiences of healthcare and resources to support learning/CPD of healthcare practitioners based on service user experiences/accounts of practice. As
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well as offering a rich source of materials that could be used to stimulate critical reflection on your own practice, work is also underway to develop online modules of information and accounts of living with a specific health condition – like this one that explores family experiences of vegetative and minimally conscious states.

Out of our Heads
A project by students and staff of University of Bristol Medical School to showcase creative work. The visual, text and mixed media pieces presented on this website could be used to explore the shared life cycle from birth to death, and of people’s experiences of living and working with specific medical conditions.

Pain Toolkit
This site is an example of an online information/learning resource developed by Pete Moore (a person who has experienced living with persistent pain) for people who live with persistent pain and the healthcare teams who support them. The resource offers information, guidance and access to a variety of CPD tools to help people who live with persistent pain and become more confident to self-manage their condition.

Patient Voices digital stories
A digital collection of patient accounts/experiences of services published under creative commons license which means that they can be shared/used to support CPD. The Patient Voices presented on the website are short digital stories combining video, audio, still images and music that bring previously unwritten or unspoken accounts of practice to life in ways that allow patients to be at the heart of healthcare.

3. Methods of collecting, analysing and reporting service user experiences
There are a variety of methods available to collect service users’ accounts of physiotherapy. These methods apply the skills of conversation and observation use in physiotherapy to evaluate the quality of a person’s capacity for movement and function. But rather than using the conversation and observation to generate a problem-list and management plan, the methods become a way of collecting and making sense of the person’s experience of physiotherapy. There is a growing body of resources available online that will help you explore different approaches to collecting, analysing and reporting service user experiences of your physiotherapy practice. A sample of the resources available is presented below.

ESRC National Centre for Research Methods
The resources section of this website provides links to ePrints, podcasts and other online training materials to support your understanding of a range of qualitative methods including surveys, interviews, text-based and multi-media research. These resources will help develop your understanding of qualitative methods and how they can be used to collect, analyse, evaluate and report service users’ experiences of physiotherapy practice.

This article reviews and critiques the different approaches to the use of narrative (stories and story-telling) in quality improvement research and offers guidance about how service users’ narrative can be collected, analysed and reported to make sense of practice.

An interview with Clare Kell about developing a visual methodology to record the moving bodies and therapist-client interactions present in physiotherapy practice. This interview also includes a link to Kell C (2014) Making practice education visible: Challenging assumptions about the patient’s place in placement environments International Journal of Therapy and Rehabilitation, 21(8), 359-366
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Latchem J, Kitzinger J (2012) *What is important to residents with neurological conditions and their relatives in rehabilitation and long-term care centres? Research report.* Available via Cardiff University website.

This report presents an example of how drawings can be used alongside interview data to generate fresh insights of physiotherapy practice from the perspectives of people who use the service.

Open University (2005) *Action research – a guide for associate lecturers* 

Information, guidance and signposts to other resources to help people who want to introduce action research methods and service user involvement to plan, implement and evaluate change in practice.

4. Tools for gathering service user feedback about your physiotherapy practice

CSP (2012) Quality Assurance standards - audit tools

**Section 4: Working in Partnership**
The audit tool associated with section 4 of the standards includes a specific set of prompts to gather feedback from patient/service users about the quality of partnership working

**Section 8: Physiotherapy Management and Treatment**
The audit tool includes a specific set of prompts to use to gather basic information from your patients about their experience of your physiotherapy management and treatment.

**CSP Guidance for using Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)**

5. Case studies: service user involvement in CPD from physiotherapy practice

The Championing CPD project is looking for examples of service user involvement in CPD. If you would like to share information about service user involvement in CPD from your service/practice for including as a case study in this resource, please complete this [form](championingcpd@csp.org.uk) and return it to championingcpd@csp.org.uk

**Recording/evaluating your learning**

A form to help you record and evaluate what you have learnt from this resource is available for you to download [here](championingcpd@csp.org.uk). The prompts on the form will help you log/evidence your own CPD activity, and if you send a copy to championingcpd@csp.org.uk will help other CSP members learn from your experience, and inform the ongoing development of this resource.
## Appendix 1

This table traces the shift towards service-user involvement in the design, delivery and evaluation of health and social care through the legal and policy frameworks published from the 1990s to date. It is interesting to note that the principles of service user involvement pre-date political devolution (1999) and have been maintained across the UK since that time. Please note that although the principles of service user involvement apply across all 4 nations of the UK, the documents listed in the table refer to practice in England (for ease of presentation/reading).

<table>
<thead>
<tr>
<th>Year</th>
<th>Acts of Parliament &amp; Policy documents promoting service user involvement</th>
<th>Changes produced to the organisation, design and delivery of healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>NHS and Community Care Act</td>
<td>Establishes a formal requirement for user involvement in service planning</td>
</tr>
<tr>
<td>1991</td>
<td>Patient’s Charter</td>
<td>Sets out patient-centred care and drives shift towards consumerism in healthcare</td>
</tr>
<tr>
<td>1992</td>
<td>The Health of the Nation – a Strategy for England</td>
<td>Emphasis on consulting patients/service users when planning and evaluating service quality and promoting better health</td>
</tr>
<tr>
<td>1998</td>
<td>A First Class Service – quality in the NHS</td>
<td>Introduces concept of clinical governance and processes for service users to become actively involved in design and evaluation of services (nationally and locally)</td>
</tr>
<tr>
<td>1998/9</td>
<td>Political devolution</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>National Service Frameworks</td>
<td>Redesigning services and workforce configurations around the needs and interests of patients/carers</td>
</tr>
<tr>
<td>1999</td>
<td>Patient and public involvement in the New NHS</td>
<td>Reasserts concept of partnership between services and patients/people using the service. Establishes the idea that patients and carers were experts in their own condition. The involvement of service users as equal partners provide a fresh perspective on ‘problems’ and space for innovation/new solutions</td>
</tr>
<tr>
<td>2001</td>
<td>Health and Social Care Act</td>
<td>Establishes a duty to consult with/invoke people in service planning and evaluation. Devolution of decision making to local bodies/organisations as part of Government’s plan to create a patient-led NHS</td>
</tr>
<tr>
<td>2006</td>
<td>NHS Act</td>
<td>Duty to involve and consult ‘users’ (defined as someone who is using a service or who might use it in the future). Associated with introduction of Patient Liaison Services</td>
</tr>
<tr>
<td>2010</td>
<td>Equity and Excellence – Liberating the NHS</td>
<td>Underpinned by principle of ‘no decision about me without me’. Introduces structures and processes to strengthen the service user voice via Local Authorities and introduction of HealthWatch England</td>
</tr>
<tr>
<td>2012</td>
<td>Health and Social Care Act</td>
<td>Establishes Clinical Commissioning Group who have a legal duty to promote the involvement of service users/carers in decisions around prevention, diagnosis of illness and provision of care/treatment</td>
</tr>
<tr>
<td>2013</td>
<td>Francis Report</td>
<td>Concluded that organisational culture had prioritised the interests of the business over the interests and needs of service users. Recommendations include the development of ethical and patient-centred leadership to drive a culture that puts the interests and needs of service users first</td>
</tr>
</tbody>
</table>
### Appendix 2

The ‘ladder’ of participation: a tool to describe levels of service user involvement

This ladder defines the level of involvement, describes its features and offers examples of what the level might look like in physiotherapy practice. While the ladder has been criticized for presenting an oversimplified view of service user involvement, it does offer a structured framework for reflecting on the balance of power in practice.

<table>
<thead>
<tr>
<th>Rung 7: Initiating</th>
<th>Service users generate ideas for action and make all the major decisions. Staff available for consultation, but do not take charge</th>
<th>Local user group commissioning a physiotherapy drop-in clinic to run during group meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rung 6: Implementing</td>
<td>Service users are given responsibility for a project and its outcomes</td>
<td>Service users running a walking club as part of cardiac rehab service</td>
</tr>
<tr>
<td>Rung 5: Decision sharing</td>
<td>Service users share responsibility for decision making</td>
<td>Service user involvement in student assessment or on staff recruitment panels</td>
</tr>
<tr>
<td>Rung 4: Representation</td>
<td>Service users represent the views and experiences of their peers in service design/delivery/evaluation</td>
<td>Patient/carer involvement on project steering groups</td>
</tr>
<tr>
<td>Rung 3: Consultation</td>
<td>Service provider or commissioners retain responsibility for developing new ideas/making decisions &amp; consult service users about proposed change</td>
<td>Consultation of service users on proposals to extend physiotherapy service provision</td>
</tr>
<tr>
<td>Rung 2: Positive contributions</td>
<td>Service users are invited to share their views about a service but have no involvement in how data is collected, analysed or reported</td>
<td>Patient feedback cards; Online survey sent to patients following a course of treatment</td>
</tr>
<tr>
<td>Rung 1: Information</td>
<td>Service users are recipients of information designed/delivered by staff providing the service</td>
<td>Posters/leaflets on display in PT waiting area; Exercise/advice sheets given to patient during a PT session</td>
</tr>
</tbody>
</table>