



## CPD profile

**1.1 Profession:** Early-Career Joint Academic/Applied  
Health Psychologist

**1.2 CPD number:** CPD XXXX

### 2. Summary of recent work/practice

I have been a university lecturer since beginning my PhD in 2002, recently progressing to a Senior Lecturer in Health Psychology. I predominantly teach on a Masters in Health Psychology where I co-ordinate 3 modules focusing on Public Health, Professional Skills for Health Psychologists and Health Psychology in an Applied Context but I also co-ordinate a level 3 module in Health Psychology. Furthermore, I am the MSc Deputy Course Director, which needs me to keep up-to-date with accreditation requirements, student admissions and induction. I supervise undergraduate and masters students (five of each), in addition to two PhD students.

My academic career is heavily focused on health promotion, disease prevention and public health interventions, with a more specific focus on children's health, addiction and eating behaviours. In 2006, I was approached by the manager of a hospital-based Centre for Obesity Research who was interested in learning more about the role of a Health Psychologist in an applied setting, previous post-holders had been clinical psychologists, but the role was more suited for a Health Psychologist who could help with adherence to treatment protocol pre and post-surgery and work with cognitions and beliefs around areas such as personal control. I now work in this area on a 0.2 basis, with time taken from my academic schedule for 2 MDT clinics a week (three new patients and three follow-ups). To ensure I do not work outside of my ethical boundaries, I receive regular supervision from a Senior Applied Health Psychologist and refer on any client who I feel presents with issues outside of my competence.

I am involved in a number of research projects in collaboration with other internal departments, such as the Sport and Exercise Department, and external institutions, and occasionally provide consultancy work to Government Departments, postgraduate providers such as the Centre for Pharmacy Postgraduate Education (CPPE), and voluntary sector organisations. I am included on the Division of Health Psychology (BPS) Consultation and Specialist Knowledge List, which entails my creating a response to guidance from organisations such as NICE in my specialist knowledge areas. In doing the above, I am able to keep up-to-date in developments in my specialist areas and I ensure that my reading in the field is relevant and timely.

(Maximum 500 words)

### 3. Personal statement

I keep a regular CPD log [Evidence 1], which I record in my weekly diary, therefore, many of my CPD activities are date specific. My historic logs are stored online on the BPS CPD Online Planning and Recording System and this helps me to reflect on my previous activities and areas where I plan future professional development needs. This log is also useful in my annual staff review with my line manager to reflect on my continuing professional development, potential consultancy that can be developed from this, and my future aspirations. Evidence 1 of this CPD profile contains the information from my CPD log for the period under review together with supporting evidence.

**Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.**

My CPD activity is relevant for both personal and professional development and helps me to reflect confidently on my clinical practice and teaching ability and skills. I often plan my formal training and professional development with my line manager at my annual staff review (typically June), which includes my training needs for both the coming year (such as a Diploma in NLP), and longer term goals, such as becoming a full member of MINT (Motivational Interviewing Network of Trainers). I also engage in CPD activities outside those agreed at my annual review for my own personal development and interest [Evidence 2].

Service users are anyone who directly or indirectly is affected by my practice. For my practice, service users could include staff and students on the MSc programme, stage 2 trainees, members of the research community, patient groups, health professionals, members of the public.

**Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery**

**Standard 4. A registrant must seek to ensure that their CPD benefits the service user**

I aim to ensure that all my CPD activity contributes to my professional practice and that in turn this benefits my service users (ranging from clinical clients to university student).

**Diploma in Practitioner Skills for Eating Disorders, coupled with a Certificate in Psychological Interventions in Obesity and a binge eating masterclass**

The taught elements of these courses were very interesting and due to the specialism of the course [Evidence 3], I was able to reflect on what I had learnt directly in the contexts in which I practise, teach, and research. There were also various opportunities to engage in group activities with other practitioners (ranging from clinical and counselling psychologists to nutritional experts) in the area of eating behaviours, which allowed us to explore the different techniques we use in practice acting as a useful peer support network. The course work from this encouraged me to take the skills I had learnt and developed through the course and apply them to case studies, creating a portfolio that identifies predisposing factors of eating-related issues and ways to identify and work with activating thoughts, beliefs and consequences, relying heavily on a Cognitive Behavioural Therapy (CBT) model. We also developed skills in Motivational Interviewing (MI) and Neuro-Linguistic-Programming (NLP) and this sparked my interest in the clinical use of these communication tools. I have since completed a

Diploma in NLP [Evidence 4] and I aim to take more formal training in CBT and MI over the coming year. Incorporating these skills into my clinical practice benefits service users by empowering them to make and sustain long-term changes in their eating habits. By working collaboratively with service users they are equipped with skills to identify the role of their thoughts and beliefs in relation to their eating behaviour which facilitates self control and management. These outcomes have been shown by the collection of health outcome measures used routinely within the service.

### **Two-day workshop by Christine Padesky – Cognitive Behavioural Therapy (CBT) Boot Camp**

These workshops [Evidence 5] enabled me to consolidate my previous learning in the area of CBT, and introduced me to novel group work activities and role play which I will draw on in my own teaching of postgraduate students and in practice. The workshops also increased my confidence of previous knowledge in these areas. By specifically focusing on the importance of therapeutic alliance whilst balancing this with structure and session time management has enabled me to work more effectively with service users. Obstacles such as service users who were difficult to close a session with and responses such as 'I don't know' I felt potentially affected the alliance. Subsequently, having developed skills to manage these situations, I feel more confident and effective in managing sessions as well as observing benefits to the service user through identification of key priorities early on in a session.

### **Reading journal articles and government policy**

As I teach, research, supervise, and practise in areas relevant to Public Health, it is essential that I am well informed in this area. Reading articles from relevant psychology journals such as *British Journal of Health Psychology*, *International Journal of Health Promotion and Education* and *Psychology & Health*, along with reading the most recent government policies in my areas of interest enables me to do this on weekly basis [Evidence 6]. I can then update my teaching material, and ensure that my students are well informed in the areas they are researching. It also helps me to be aware of any initiatives (such as mass media campaigns) that may affect my clinical practice (such as advertisements or documentaries that may intervene with clients cognitions with regard to weight loss). Specifically I have focused upon national documentation such as the foresight report 'Tackling obesity' to ascertain the extent to which the Government is focusing on obesity and the role of psychology. This broader perspective has been particularly beneficial to students because I can give them a clearer understanding of the interface between the theory and key national priorities within the context of the 'real world' setting. Students are also able to observe trends in the levels of obesity and understand the national context relating to the importance of obesity in the UK.

### **Supervise two PhD students (with possible application to Stage 2)**

Supervising students at a level higher than masters has opened my eyes to the responsibility it entails, and I can often hear myself echoing the words of my own PhD supervisors which in hindsight now make so much sense. This has sent me on a personal journey of professional development and has widened my negotiation skills to ensure a realistic piece of work is produced. I benefit from having the professor of the department as the Director of Studies for both students, who is extremely supportive. For the students the fact that I am able to

reflect upon my personal experience of having completed a PhD has often been reassuring in normalising some of their worries and concerns. The supervision I have given has enabled my students to progress with their PhD at times when they have needed direction [Evidence 10], by providing an opportunity to reflect upon progress as well as discussing obstacles that they are experiencing. I have worked collaboratively with my students to discuss these issues and identify milestones. I have also benefited from supervising these students by learning about new areas of research and methodologies which have contributed to my own knowledge in the field of health psychology.

Words: 910

(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 this evidence relates to
1	Record of CPD activities	3 pages Hard Copy	1, 2 & 4
2	Copy of Annual Review	1 page Electronic CD	2, 3 & 4
3	Information and Certificate of Diploma in Practitioner Skills for Eating Disorders, Psychological Interventions in Essential Obesity and Binge Eating Master class.	1 page Hard Copies	2, 3 & 4
4	Certificate for Diploma in NLP	1 page Hard Copies	2, 3 & 4
5	Certificate for CBT Boot Camp	1 page Hard Copies	2, 3 & 4
6	List of articles read	2 pages Electronic CD	2, 3 & 4
7	Photocopy of Executive Summary	4 pages Electronic CD	2, 3 & 4
8	Certificate of attendance at DHP conference	1 page Hard Copy	2 & 3
9	Photocopy from abstracts book confirming presentation at DHP Annual Conference	1 page Hard Copy	2 & 3
10	PhD progress log/supervision	1 page electronic CD	2, 3 & 4