Council

23 March 2021

hcpc | health & care professions council

New Online Materials for Reflective Practice

Executive Summary

While reflection is already a requirement in the HCPC's standards, the importance of reflection has been highlighted in recent years. This has led to the development of new online materials for reflective practice which provide registrants with practical assistance and demonstrate the importance of reflection to their practice.

The materials support the HCPC's commitment that 'continuing professional development requirements encourage self-reflection, drive professionalism, embed Standards and advance prevention' as set out in the Professionalism and Prevention Framework. These materials will provide registrants with additional tools to support them in meeting their standards reducing risk of harm.

Attached to this paper are:

- Appendix A: Workshop attendees
- Appendix B: Reflective Practice materials (web)
- Appendix C: Equality and Diversity Impact Assessment

Previous consideration	Subject to minor changes which have now been implemented, ETC agreed to recommend council approval at its meeting in March 2021.
Decision	The Council is invited to discuss these documents and approve the materials.
Next steps	If approved by Council, we plan to publish the new materials on our website in April. A communications plan for this launch is being finalised to ensure we reach a large and diverse range of registrants.
Strategic aim	Aim 2 - Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users
Financial and resource implications	There are no additional resource or financial implications associated with this work. The development of new reflective practice materials is already factored into existing work plans.

Author   Matthew Clayton, Senior Policy Officer
Matthew.clayton@hcpc-uk.org

SMT sponsor
Jacqueline Ladds
Executive Director of Policy and External Relations
jacqueline.ladds@hcpc-uk.org

New Online Materials for Reflective Practice

1. Introduction

1.1 This paper provides an introduction to the HCPC's new online materials for reflective practice and the background to decisions which have led the HCPC to developing new materials. The document also provides an overview to the stakeholder engagement we have undertaken, including two workshops held in February 2021.

2. Background

2.1 While reflection is already a requirement of the HCPC's standards, the importance of reflection has been highlighted in recent years. In 2018, the recommendations of the rapid policy review into gross negligence manslaughter in healthcare (the Williams Review) were released. In addition, the Williams Review focused on several interlocking issues including how a registrant's notes or other materials from reflection could be used by a regulator.

2.2 The reviews recommended that health and care regulators:

- issue guidance on how healthcare professionals carry out reflection, 'stressing the value of reflective practice in supporting continuous professional development'; and

- 'clarify their approach … through guidance' regarding the use of reflective material in fitness to practise cases.

2.3 In June 2019 we joined other regulators in releasing a statement outlining the benefits of reflective practice and the importance we placed on it.

2.4 The recommendations from the Williams Review and the HCPC's own commitment to the value of reflection are two important drivers of this project. By providing further clarity and support in this area we hope to improve the outcomes for service users and to continue to protect the public by giving registrants the tools to improve their practice.

2.5 The materials support the HCPC's commitment that "continuing professional development requirements encourage self-reflection, drive professionalism, embed Standards and advance prevention" as set out in the Professionalism and Prevention Framework. These materials will provide registrants with additional tools to support them in meeting their standards reducing risk of harm.

3. Overview of materials

3.1 The materials will form part of the 'Meeting Our Standards' section of our website and consist of the following:

- A definition of reflective practice
- The role of reflection in meeting the HCPC's standards
- Clarification for registrants on how reflective materials can be used in CPD and FTP settings by the HCPC.
- Three short videos on reflective practice similar to our [CPD videos.](#) These videos were filmed with registrants in early 2020 giving their own account of the benefits of reflection, how reflection impacts their practice and how they personally practice reflection.
- A short section of frequently asked questions.
- A template which registrants can use to guide individual and group reflections.
- Three new case studies explaining different ways to reflect.

4. Stakeholder engagement

4.1 The Policy and Standards team engagement stakeholders through workshops to develop the content. The team was conscious of the number of formal consultations currently live and of the increased work pressure during the second wave of COVID-19.

4.2 We hosted our feedback workshop twice to give more stakeholders the opportunity to take part. The two-hour sessions were attended by around 35 stakeholders from professional bodies, other regulators, the PSA and a small number of registrants and students.

4.3 The workshop participants were sent the materials beforehand and given a set of guiding questions. The questions asked for feedback in general and for participants to focus on the definition of reflective practice we adopted; whether they clearly explained how reflection materials could be used in FTP and CPD settings and, whether there were any equality and diversity implications.

4.4 The participants were also broken into smaller groups to give feedback on one of the three case studies.

4.5 The feedback from the workshops was integrated into these materials. Where the feedback related to larger projects or outputs, these have been noted for future updates of the materials.

5. Summary of feedback

5.1 *Inclusion of service users -* Participants were happy to see a tool dedicated to registrants and the benefits they could get from reflection. However, given the overall aim of the materials, they felt that the benefits service users accrue from reflection should be more prominent through the materials.

5.2   *Case studies* - While there was generally good feedback about the case studies, participants felt that they could be improved by more clearly demonstrating the benefits of the reflection to service users. They also felt the case studies focused too much on the tasks of service improvement, rather than on the development of the professional and how these developments can lead to improved outcomes for service users.

5.3   *EDI* - Participants felt that the people in the case studies needed to have different names to reflect the ethnic diversity of the HCPC's registrants. In general, participants said that the materials were accessible and encouraged reflection using several different mediums, including those which would be accessible for people with different types of disabilities.

5.4   *Supervision* - Feedback from the workshop suggested that the original materials did not strike the right balance when explaining the role of supervision in reflection. We were cautious of too-closely linking reflection with supervision (or coaching or team meetings/debriefs) because while these play a role in reflection, they are not a substitute for it. Participants felt that supervision should be more prominent in the materials and that the role of supervisors was important to achieving impactful reflections.

5.5   *Role of employers* - There were lengthy discussions in the workshops about the time pressures health and care professionals face and the additional pressures caused by COVID-19. Many felt that the time and space to reflect felt like a luxury at the best of times and that more junior staff were less likely to be able to assert their need to reflect during their working hours. While the materials do highlight how reflection is a benefit for employers and managers, a full discussion about the role of employers in facilitating an environment for reflection would be outside of the scope of this work. This is likely to be a longer-term project to create new materials for the Employer Hub in collaboration with the Professional Liaison team.

5.6   *Role of students* - Similar to employers, the materials do not focus on students. Participants felt this was a gap given the important role reflection played in almost all educational programmes for health and care professionals. This is likely to be a longer-term project to create materials for the Student Hub.

6.   Next steps

6.1   Following governance approval, we plan to launch the new web materials in April 2021. We have emphasised in all our stakeholder engagement that we intend these materials to be 'living' items on our website which can be updated and amended as necessary.

6.2   The Policy and Standards team is working with Communications to develop an engagement plan to raise awareness of the new materials once launched. This will include engagements with professional bodies, Chief AHPs and Chief Scientific Officers as well as other stakeholders we have already worked with on this project. In addition, we will ensure a robust plan through our social

media channels, newsletters and other channels to reach a large and diverse group of registrants.

7. Risk

7.1   There are risks associated with not undertaking this work. In particular there is a risk that lack of action would negatively impact on our status as a trusted regulator and our ability to meet stakeholder expectations. In addition, this work enables the HCPC to meet recommendations made in the Williams Review. In terms of Strategic Risk the following risks are relevant to this work

1. Failure to anticipate and respond to changes in the external environment
2. Failure to be a trusted regulator and meet stakeholder expectations

Appendix A: List of workshop attendees

Association of Educational Psychologists
British and Irish Orthoptic Society
British Dietetic Association
British Society of Hearing Aid Audiologists
Chartered Society of Physiotherapy
College of ODPs
College of Paramedics
College of Podiatry
Council of Deans of Health
General Chiropractic Council
Glasgow Caledonian University
General Dental Council
General Medical Council
General Optical Council
Institute of Biomedical Science
NHS England and NHS Improvement
Nursing and Midwifery Council
Professional Standards Authority
Royal College of Occupational Therapists
The Royal College of Speech & Language Therapists

Recognise, reflect, resolve: The benefits of reflecting on your practice

Working in health and care is rewarding but it is also fast paced, and can be challenging and stressful at times. Creating the space to reflect on your practice, by yourself, with a colleague or as part of a group, can help you to deal with high levels of pressure and share lessons learned to strengthen the important bonds within and across teams.

This information outlines the benefits regular reflection can have on your practice and gives examples of some of the ways you can achieve reflective practice.

New Page

What is reflection?

Reflection is a process which helps you gain insight into your professional practise by thinking analytically about any element of it. The insights developed, and lessons learned, can be applied to maintain good practice and can also lead to developments and improvements for both the professional and their service users.

Different people learn in different ways and while one person may learn by reflecting on a positive outcome, another may find it most useful to focus on a situation they found challenging. It is important that reflection is done in the way that suits you best to provide the greatest benefit.

If you are including reflective practice with your CPD profile, you must make sure that you remember to keep information about your service users confidential. You can do this by making sure to anonymise sensitive information that can identify individuals from your notes before submitting these as part of your portfolio. You can find further information about our expectations in this area in our [confidentiality guidance for registrants.](#)

What isn't reflection

While reflection takes many different forms, it is important to understand that several activities closely linked to reflection are not themselves reflective. Reflecting is not merely the act of talking, meeting with your team, meeting with a supervisor or writing about your day, but these activities can become reflective if you use them to analytically assess your practice and to develop insights.

Supervision is an important part of meeting your standards and of CPD and it can also play a role in your reflections. However, supervision is not a substitute for reflection and the same is true for other activities like coaching or clinical case reviews.

Why should you reflect?

Reflection can have positive impacts for your service users, your colleagues, your practice and your health and wellbeing.

Reflection allows you to identify and appreciate positive experiences and better identify ways that you can improve your practice and service delivery. It can also be useful when you have had more challenging experiences; helping you to process and learn from them.

Employers and managers will also be able to see the benefits when their staff take part in reflective practice. Professionals who are able to reflect, protect their mental health, and share together can make for stronger and more cohesive teams. Employers and managers are also likely to see the positive impact where professionals have a space to discuss best practice and to learn how things could have gone better.

We therefore encourage employers and managers to support their staff to undertake regular reflection as this can lead to a more confident, insightful, open and honest culture.

When we spoke to registrants about the benefits of reflective practice, they told us this

[embed video]

Types of reflective practice

There are different types of reflective practice. The way you reflect will depend on the nature and scope of your practice, the activity you are reflecting on and your personal style of learning.

Reflecting by yourself

This is where you carry out reflection individually or in private. Reflection by yourself can be flexible, or more structured depending on your preferences. For example, you may prefer reflecting by answering a set of questions or using a template (a more structured approach) or maybe you simply write in a journal and let the events of the day shape the reflection activity you complete (a more flexible approach). This allows you to target your learning outcomes in a way that is directed to your needs.

It's important to think about your own style of learning when structuring your reflection. While some may find it most useful to write down their reflections, others may decide to record their voice, for example. How you reflect and how you record these reflections are up to you.

Reflecting by yourself is particularly useful as it can help you identify opportunities for improvement in your personal development as well as in the care and treatment you provide to your service users.

Just because you reflect by yourself doesn't mean that the things you learn need to be kept to yourself. Your individual reflection can be something you bring to larger meetings or presentations to colleagues and form a valuable part of multidisciplinary learning.

Group or team reflection

This type of reflection allows professionals to come together and build collective wisdom through the sharing of ideas and knowledge. Reflecting together with your colleagues and other professionals can also allow you to identify complex issues you encounter in your practice that are common across organisations or departments.

Group reflection allows you to share your reflections with others and for you to learn from a wider group of people. It can also give you insight into the experiences of others in the team, so you can think about how your work impacts positively or negatively on each member of the group.

This approach can be useful when trying to deal with issues across multiple departments, or organisations.

Often, groups like this will be facilitated by someone with experience in managing a group process. Like other kinds of reflection, there are no strict rules and the setup of the group should suit the participants., Schwartz Rounds are one example of how a facilitated group can work to help teams reflect, take a look at our video [link] for a real example from a multi-disciplinary health and care team.

There are no restrictions on the types of activities that you can reflect on. You can reflect on a positive or negative event and focus on anything within your scope of practice.

Which type should I use?

Our case studies include tips on how to develop effective reflective practice, as well as a template for different types of reflection.

Your professional body or employer may publish specific guidance or tools that can help aid your reflection and make this even more effective.

Have a look at our video of registrants talking about how they reflect

[Embed video]

New page

Reflection and meeting your standards

What your Standards say

Your Standards of proficiency require you to:

> understand the value of reflection on practice and the need to record the outcome of such reflection

These requirements exist because understanding the value of reflection and reviewing practice is important for meeting all of your standards.

Reflection and CPD

As a health and care professional, you should never stop learning. This is reflected in standard 3 of your Standards of proficiency:

- Understand both the need to keep skills and knowledge up to date and the importance of career-long learning (Standard of proficiency)
- You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development. (Standard of conduct, performance and ethics)

You should also meet your Standards for Continuing Professional Development (CPD) .

Reflection can form part of your CPD and we use reflection as an example of work-based learning in our advice on what activities count as CPD.

If you participate in reflection, the notes you keep about your reflection can be submitted as evidence in a CPD audit. If you are including reflective practice with your CPD profile, you must make sure that you remember to keep information about your service users confidential.

Reflection when things go wrong

To be effective, reflection requires you and your colleagues to be open and honest with each other, without fear of being blamed. This is particularly important if something has gone wrong, or not as expected. Taking time to reflect can help you to identify what went wrong and why, and what steps can be taken to prevent the issues from happening again

To support you to be open and honest, we would not require you to provide your personal written reflections when investigating a fitness to practise concern about you, although you could share those reflections with us if you wanted to.

Sharing your reflections with us may help to demonstrate your insights into what went wrong and any steps you have taken, or plan to take, to reduce the impact of these concerns or prevent them from happening again. If you decided to share your

reflective notes with us, this will be subject to our data [governance policies](#) relating to CPD or to FTP.

Before sharing information with us, you may want to seek out advice, for example:

- [Your professional body](#) or your trade union: Many trade unions and professional bodies offer advice to their members on employment issues or will be able to provide you with other resources.
- Our registrant hub includes [wellness resources](#)
- Seeking independent legal advice
- A staff representative or someone you trust at your workplace

Reflection requires honesty and self-critical assessment, but it shouldn't be a punitive exercise. While you can improve your practice and outcomes for service users by focusing on things which have gone wrong, you need to also be kind to yourself in the process.

Well-meaning reflection can soon become negative, if approached in the wrong way. Reflection should focus on what is in your control, rather than replaying past mistakes. It should leave you feeling positive and hopeful, rather than negative about your own abilities. If you find yourself coming back to a negative event over and over again, you should consider speaking to someone for support. Remember to check the HCPC's registrant [wellbeing resources](#) and to check what materials your professional body may have.

Case studies and templates

These case studies will help you to reflect on your practice, and provide a summary of reflective models that can help aid your reflections and make them more effective.

Templates are also provided to guide your own activities. Remember, there is no set way to reflect and you can adapt these activities to suit your learning style and your role.

Your reflection should be about learning and improving your practice. If you'd like to see how reflection has impacted the practice of some of our registrants, watch this short [video](#).

Getting started

Here are some tips to think about when you set out to reflect

Positive outcome of challenging situation: Any kind of experience in your practice can be reflected on and provide useful insights. Don't feel like you have to choose a 'special' event.

Take a focused approach: There are no rules, but you will probably get the best impact if you approach your reflection with a specific focus in mind. Focus on what you want to learn from your reflection and think about how it relates to your role.

Learning: Focus on what you learned in an event and don't just provide an account of an event.

Resources: Aside from this toolkit, there are wide variety of resources to help with your reflection. Check with your employer, your professional body or union.

Confidential: When making your notes, respect everyone's confidentiality. Keep personal info about your service users and colleagues anonymised in your records and make sure that no one can be identified if you share your reflections somewhere.

LINKS TO CASE STUDIES OPEN ON SEPARATE PAGES

Case study: Sole practitioners' group

Carl is a Podiatrist working in independent practice. He is a sole practitioner and has run his business for 25 years.

As Carl doesn't have colleagues to bounce ideas off of, he uses a voice recorder to note any unusual conditions he sees in his service users during the day. These are later transcribed on a computer. Carl then researches the conditions by reading textbooks and other resources and discussing the conditions with other professionals.

Carl knows the limits of this kind of learning, so he asked his professional body to help him connect with other podiatrists who would be interested in reflective practice. Once a month, Carl meets with another podiatrist named Anjola who practices nearby and who is also a sole practitioner.

One of Carl's service users is not responding to treatment in the way he would like, despite presenting with a common condition. He decides that this new case is one of the cases he will discuss at his next meeting with Anjola.

He shares anonymised case information with Anjola who immediately suggests a type of drug which should be able to deal with the recurring problem. As soon as Anjola made the suggestion, Carl realised it was the appropriate treatment for his service user. He then spoke about why he had not thought of the solution Anjola provided and why he had not picked it up in his own CPD and research activities. Discussing with Anjola, Carl thought that his independent research and connections with peers are generally very helpful but, in this case, had not provided the support he needed to provide the best possible care to his service user.

Anjola then explained how she would approach a similar situation and reflected on her own process of independent research and connections with peers. She also noted that she had recently completed a CPD programme on drugs and prescribing that she found very beneficial. Carl decided that he, and his service users, would benefit from him attending the same programme.

How did Carl use reflection?

Carl works as an individual but reflects with others. Even if you work by yourself, you can find others to reflect with and improve your practice (your professional body may be able to help you connect with other professionals).

In Carl's monthly reflection sessions, he is able to learn from other professionals and share his own expertise.

Because of the reflection, Carl has decided to improve his independent research and has joined an online forum of podiatrists. He also identified that he may have let his knowledge of the latest drug developments lag and has decided to undertake several CPD courses on drugs and prescribing. He still brings items from his practice, his forum discussions and his CPD activities to his monthly sessions with Anjola.

How did Carl benefit from reflection?

While being a sole practitioner has many benefits, it can sometimes feel like you are disconnected from colleagues and a wider network of peers. Carl gets many benefits from his reflection, including the added benefits of collaborating with peers and sharing information. His sessions with Anjola help him to identify any shortcomings in his own practice and think through how to meet those shortcomings.

Carl is not a passive recipient of information and he also benefits from Anjola and the difficult cases she brings to their sessions. Being able to share his own best practice helps him to understand how this can be built upon or adapted as necessary.

How did reflection impact on Carl's practice?

Carl's practice is improved because he has access to a wider range of cases from his own community and he is able to provide care to his service user through his increased knowledge. Carl's service users benefit from his access to this information but they can also benefit from more effective and faster treatment via Carl's connections to colleagues should he ever choose to refer a case. In addition, the service users benefit from Carl's improved knowledge of drugs and prescribing.

When Carl sees a similar case in the future, he will be able to identify it and provide care straight away.

Case study: Group reflection within a team

Munira is a physiotherapist working in private practice. She has treated her service user Russel for the last three months after he was involved in a fall at home. Munira discharged Russel at their most recent appointment as she was satisfied with his progress and believed that he would be able to maintain his mobility by practising the exercises she had showed him. Munira believed that this process had gone smoothly, and that Russel knew he could contact her if he needed further assistance.

Later in the week, Munira's practice manager Michelle tells her that she has received a long complaint email from Russel regarding the end of his treatment. The manager tells Munira that Russel is clearly very upset and feels like his treatment ended abruptly and that no regard was given to the pain he still feels in his lower back and the trouble this causes with his sleep. Russel says that when the session ended and it was clear he wasn't going to see Munira again he was too taken aback to raise his concerns or to ask follow up questions. Russel's email ends by saying that he has been kicked out with nothing but a sheet of exercises and no support.

Munira is very surprised by this as she thought that the end of treatment had gone smoothly and she decides to prepare this topic to be discussed in the practice's group reflection session.

How did Munira use reflection?

Munira starts by writing the event up herself, providing detail of the initial interaction, the subsequent email and how both events made her feel. She looks back on the discussion with Russel and thinks about how she communicated and how Russel received this message. At a supervision meeting with Michele, Munira also asks for her input on the topic before taking it to the larger group. Michele suggests that Munira refers to guidance from their professional body to see if there is any best practice on discharge that can be included. Michelle also suggests that Munira think about any support she could have used from the rest of the team with this event.

The group reflection session involves the five other physiotherapists from the practice and is facilitated by a different member of the team each month. Munira begins by discussing her interaction with Russel, the steps she took to explain treatment and her own thoughts. The facilitator thanks Munira and then asks the group to think about the following:

- Have you ever thought you have had a positive interaction with a service user, only to find out the service user had a negative experience? How did this make you feel?
- Have you ever had a negative interaction when discharging a service user? How did this make you feel?
- Have you ever felt you let a service user down?
- From your own experience, how could Munira's practice change to avoid this happening again?

The group discussed their own experiences with miscommunication with service users and how this has impacted their practice. They felt that while Munira had been thorough in her discharge, the service user had not received enough information beforehand about the duration of his treatment and was taken by surprise by the end of the care.

Munira was encouraged to hear how other professionals had struggled with this issue in the past and to gather tips from their experiences.

How did it benefit her practice?

Munira has taken a few practical steps to avoid issues in the future including a more detailed explanation of her treatment plans at the initiation of treatment. Munira also makes sure to regularly check in with her service users, to establish if they understand and if they have any concerns. This explanation helps service users to understand the goals they share with the professional in their treatment and to know when they are close to meeting the goals required for discharge.

Munira has also re-written the discharge material she gives to service users and it now fully explain discharge as the end of a course of treatment and not the complete end of assistance or help. When making a decision to discharge, Munira uses the information she has about her service user including their homelife and support structures. When Munira looked at Russel's case, she felt that she did not properly assess how the end of treatment may impact him. While Russel met all the physical goals to end treatment, he was clearly anxious about re-injuring himself as he lives alone. If a service user has limited support for their needs at home, this is taken into account when deciding whether to discharge and service users can be given additional resources and linked about with community-based services.

These changes benefit Munira's service users and have helped her to improve her practice. She has agreed to present to the group in a few months to give feedback on how this change has impacted her and her service users.

Case study: Reflecting by yourself

Emily is a dietitian working in an NHS Trust hospital. She also volunteers at a local charity that raises awareness about diabetes at events and conferences.

The charity recently asked Emily to deliver a presentation to a group of pharmacists about advice they can give to people with diabetes concerning diet and lifestyle.

After speaking to the group, Emily reflected on the experience using an online self-assessment template to record her thoughts. She thought about what went well in the presentation, what she could have done better, and what she has learned from this experience to improve her practice.

This was Emily's first presentation to a group, and she felt that while she was able to present confidently and was well prepared, she became very nervous when she was asked questions during the presentation. She had not anticipated feeling so nervous and felt that this was an area that she would like to improve, as it would enable her to better communicate with her service users and colleagues at work. While she was nervous, the Q&A session with the pharmacists was a useful insight into how service users with diabetes seek care and the types of complications they report to their pharmacist.

As a result of her presentation and to gain more confidence, Emily started contributing more during her team meetings, and put herself forward to deliver more presentations at other events. After delivering many more presentations, she has developed confidence when speaking to larger groups and answering their questions. Emily has begun making her presentations more interactive to engage with her audience.

Emma also made detailed notes about the experiences the pharmacists relayed to her and reflected on how this information might change the information she provided to her service users. She decided that she would share these insights by giving a presentation in an upcoming team meeting.

These skills have also helped Emily at work. She now feels more confident when explaining care plans to her service users, discussing these with doctors and answering their questions.

How did Emily use reflection?

While Emily presented at a group, she reflected on the process as an individual.

She did this by thinking about her presentation and asking:

- What went well?
- What could be better?
- How did this improve her skills?
- How could she improve these skills further?
- How do these improved skills help her practice and her service users?

How did reflection benefit Emily?

Emily's activities have helped her become more confident and also feel less nervous when presenting to larger groups. This confidence may help her to develop herself and her practice more over time, with clear benefits to her service users. She has also benefited by increasing her professional connections and gaining new insight into how service users interact with other healthcare professionals.

How did reflection impact on Emily's practice?

Emily's increased confidence is great for her personally, but it also has a positive impact on her practice, colleagues and service users.

Being comfortable in engaging with colleagues across professions will make it easier for Emily to continue to learn from others and to share her own learning with others – whether in meetings, presentations or just one-to-one.

For service users, Emily's ability to confidently engage with them and to explain concepts helps with their own understanding of their care and puts their mind at ease. The service users are likely to feel the impact as Emily continues to learn and share with a multi-disciplinary group of colleagues.

NEW PAGE

Reflective practice template

These templates are intended to help you guide your own activities. Remember, there is no set way to reflect and you can adapt these activities to suit your learning style and your role.

[download for reflective practice template]

FAQs

1. How do I document my reflection?

There is no set way for recording your reflections and how you do it will depend on matters such as the nature of the event you have reflected on, your personal style of learning and whether you wish to use the reflection to evidence your CPD. Remember that reflection may also be a requirement for your employment or membership in a professional body and you may be required to submit this in a specific form.

As a guide, we would encourage you to focus your records on the lessons you have learned from the reflection, and any future actions that you might take as a result.

The resources on these pages will help registrants with reflective practice. Your professional membership body or employer may also have tools, guidance or other resources that can help aid your reflection and make it more effective.

2. How must I record my reflections?

Just like your chosen method of reflecting needs to suit you and your needs, the same is true for how you record them. There are lots of different ways you can record your reflections for example keeping a journal, using an online portal or making voice recordings. Your employer or professional body may require you to reflect and you must follow their policies. For more information about the materials you can submit to evidence your CPD, see here.

3. Do I need to inform the HCPC about my reflections?

The HCPC would only need to know about your reflection if you were submitting this as part of a CPD profile.

You can provide them as evidence of your CPD or as part of your response to an investigation into your fitness to practise, if you wish.

We do not specify the types of activities that you can carry out as part of your CPD profile but encourage you to consider opportunities that are 'interactive and encourage self-reflection'. If you are including reflective practice with your CPD profile, you must make sure that you remember to keep information about your service users confidential.

You can do this by making sure to anonymise sensitive information that can identify individuals from your notes before submitting these as part of your portfolio. You can find further information about our expectations in this area in our confidentiality guidance for registrants.

4. How will the HCPC use my reflective notes?

If you submit your notes as part of a CPD audit, we will use them to assess whether you have the continued to meet our standards.

If a concern is raised against you, we will also not ask you to provide your personal written reflections. However, you may choose to share this with us to demonstrate insight or remediation.

If deciding to share your reflective notes with us in an FTP context, we would encourage you to seek advice first. This could be from your professional body, trade union or legal advisor.

If you decided to share your reflective notes with us, this will be subject to our data governance policies relating to CPD or to FTP.

5. I work by myself; can I still take part in reflective practice?

Yes. You can reflect by yourself. You can, for example, write down your experiences and what lessons you have learned.

Reflecting as an individual can be useful, but you can also collaborate with others in reflection, even if you do not work with them and even if they are part of a different profession.

If you do, please keep confidentiality in mind and only share the minimum amount of information necessary, anonymising personal information.

Page layout

Recognise, reflect, resolve: The benefits of reflecting on your practice

What is reflection?

 Why should you reflect?

Types of reflective practice

Reflecting by yourself

Group or team reflection

Which type should I use?

Reflection and meeting your standards

What your Standards say

Reflection and CPD

Reflection when things go wrong

Case studies and templates

Getting started

Case study: Sole practitioners' group

How did Carl use reflection?

How did Carl benefit from reflection?

How did reflection impact on Carl's practice?

Case study: Group reflection within a team

Case study: Reflecting by yourself

How did Emily use reflection?

How did reflection benefit Emily?

How did reflection impact on Emily's practice?

Reflective practice template

FAQs

hcpc | health & care professions council

Equality Reflection (Level 1)

For background information on how to complete this form, read **Appendix 1**. Delete guidance text as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Updates on New Online Materials for Reflective Practice	
Version: 1	**Previous approved versions: n/a**

What are the intended outcomes of this work?

To publish new online information relating to reflective practice which will provide registrants more tools to aid their reflection and improve outcomes for service users. The materials will assist registrants in understanding the importance of reflection and clearly explain how reflection materials could be used in both FTP and CPD contexts.

Who will be affected?

- registrants and students on approved HCPC programmes,
- the public, including service users and colleagues in health and care;
- health and care providers, professional bodies and consumer groups

Section 2: Key EDI information

The following are protected characteristics under the Equality Act 2010.

- **Age:**   children, younger and older people
- **Disability:**   physical and mental health conditions. Think: 'invisible disabilities'
- **Gender reassignment:**   includes individuals at all stages of transition
- **Race:**   includes nationality, citizenship, ethnic or national origins.
- **Religion or belief:**   religious and philosophical beliefs, including lack of belief
- **Sex:**   gender; men, women and non-binary identities
- **Sexual orientation:**   heterosexual, lesbian, gay, bi-sexual and other orientations
- **Pregnancy and maternity:** people who are pregnant, expecting a baby, up to 26 weeks post-natal or breastfeeding
- **Marriage and civil partnerships:**   all unions, including same-sex

Section 3: Reflective Summary

1

Describe any possible impacts to groups or individuals with the characteristics listed at section 2 that may arise from this work. You may also consider connected issues or characteristics such as socio-economic group, area inequality, income, resident status and other barriers to access.

What do you consider to be the possible EDI implications of this work?

Explain how you have come to these conclusions.

This analysis has been informed by stakeholder engagement. We discussed accessibility and EDI in the stakeholder workshops.

Age

One concern raised at a feedback workshop related to registrants who qualified several years ago and whose education was less likely to have substantively included reflective practices. When developing these materials, we have been mindful of the different levels of familiarity that our registrants may have with reflection. We have aimed for the materials to be a useful introduction to reflection while also including advice for those seeking to improve their existing reflections. When the materials are launched, we will work closely with the Communications team to ensure that the materials reach a wide audience of our registrants.

Disability (includes physical and mental health conditions. Remember 'invisible disabilities')

We do not believe that this project will have any impact on registrants, students or service users with disabilities. This is because the project is merely a summary of existing standards and expectation relating to reflection and does not create new policy.

We are however mindful that reflection activities are often characterised as being reliant on detailed written notes and that that perception may act as barrier for some people with disabilities. Our materials have intended to make clear that reflection happens in many forms and can be recorded in many forms.

Our web content is also designed with accessibility in mind including features like descriptive ALT text for images, design and layout features which make it easier for read-aloud or other adaptation software to work and, specific attention paid to colour schemes for readability.

All of our content is available in accessible formats on request, including Braille, large print and audio

Section 2: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

We do not believe this project will engage with our Welsh language scheme as it deals with materials aimed at registrants.

Section 4: Action plan

2

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this reflection.

In developing your action plan, consider:

- **How will the project eliminate discrimination, harassment and victimisation?**
- **How will the project advance equality of opportunity?**
- **How will the project promote good relations between groups?**
- **How will you monitor equality impacts arising from this work going forwards?**

Summary of action plan

This project will not go on to a formal consultation process but will remain open to changes and updates like all of the HCPC's web content.

We have hosted two consultation workshops which included professional bodies, other health and care regulators, the PSA and a small number of registrants and students. The workshops specifically focused on whether the materials raised any concerns relating to EDI. Some minor concerns were raised about representativity of case studies, which have since been amended.

You may choose to use the action plan template in the EDI Impact Assessment document (for new or major projects or policies) to develop specific action points.

⚠️

EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this reflection and action plan have been agreed, you should make a note and update this document if necessary.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Matthew Clayton	Date: 17.02.2021
Reflection approved by:	Date:

3

Appendix 1: How to complete this form

This form is intended for use in **minor or updating** projects. It is designed to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The EDI reflection is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics as part of this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

Should you have any queries or suggestions, please contact the Policy and Standards team on 0207 840 9815 or policy@hcpc-uk.org. Your EDI Manager is Katherine Timms.

4