

Continuing professional development and your registration

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Introduction

About this document

This document has been written for the health professionals on our Register who are selected to be the subject of a continuing professional development (CPD) audit.

Throughout the document, ‘we’ refers to us, the Health Professions Council, and ‘you’ refers to a health professional registered with us.

However, you may also find this document useful if you are:

- a registrant who is not the subject of an audit, but you wish to find out more about CPD and the audit process;
- a student or other potential registrant, and you want to find out more detailed information about CPD and the audit process;
- a manager, considering the CPD needs of your team, and how you can support them in their CPD;
- a CPD co-ordinator, union learning representative, or from a professional body, and you want to support registrants in their CPD;
- an employer of registrants, and you want to find out more background information about registrants’ CPD responsibilities; or
- an individual or organisation considering offering CPD activities to registrants.

We have also written a short guide for registrants called ‘Your guide to the CPD standards’. This contains a quick summary of the main points, and may be useful if you think that this document contains too much detail for you at this stage.

We will keep this document under review, and will update it if necessary.

CPD and HPC registration: a summary

You are now required to undertake continuing professional development in order to remain registered with us. We have set standards which your CPD must meet.

We will audit registrants’ CPD randomly, and will link the audit process to the renewal of registration. Every time you renew your registration, you will need to sign to confirm that you have met these standards. From 2008, whenever a profession renews its registration, we will randomly audit a proportion of health professionals from that profession, who will be asked to send in evidence to show how their CPD meets the standards.

For further updates on the process and detailed timings for audits, please see our website where this information will be published once it is available:
www.hpc-uk.org

CPD and your registration

The Health Professions Council

We are the Health Professions Council, and we were created to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We now also set standards for continuing professional development (CPD), and all health professionals registered with us must undertake CPD in order to remain registered.

Professions

These are the 13 professions that we currently regulate.

- arts therapists;
- biomedical scientists;
- chiropodists/podiatrists;
- clinical scientists;
- dietitians;
- occupational therapists;
- operating department practitioners;
- orthoptists;
- paramedics;
- physiotherapists;
- prosthetists & orthotists;
- radiographers; and
- speech and language therapists.

We may regulate other professions in the future; please see our website for an up to date list. Each of these professions has a protected title, and anyone who uses one of these titles must register with us. Anyone who uses a protected title who is not on our Register may be prosecuted and fined up to £5000.

A new responsibility

Before 2005, we made no requirements as to your CPD. You may have been required to undertake CPD as part of your membership of your professional body, or by your employer, or another organisation. You may not have been *required* to undertake CPD by any individual or organisation, but you may have been undertaking it anyway as part of your professional development. But before 2005, any CPD that you did was not linked to your registration with us.

Now that the Council has agreed our CPD standards, CPD is an important part of your continuing registration, and your continuing ability to use your professional title. Our standards now mean that all health professionals must continue to develop their knowledge and skills while they are registered.

Background

Before we issue standards or guidance, we consult on our proposals. We do this because it is required by the Health Professions Order 2001, but also because we believe it is important that we listen to, and take account of the views of our stakeholders.

In 2004, we presented our ideas about how we would link CPD with renewing registration. We published a document on our website, sent it out to all registrants, and held 46 meetings in 22 locations all over the UK. At each meeting, we presented our ideas, and then received questions and comments from those attending. Over 6,500 registrants attended these meetings, and we benefited from a wide range of views and comments.

We then published a summary of the responses received from the consultation, and the decisions we had taken as a result. One of our decisions was that we needed to publish more information for registrants about CPD, particularly about the audit process. This is why we have put together this document.

Our CPD standards

A registrant must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. seek to ensure that their CPD benefits the service user; and
5. present a written profile containing evidence of their CPD upon request.

Your responsibility

We register individuals, and we take action if individuals do not meet our standards. This means that, just as you are responsible for making sure that you meet our standards of conduct, performance and ethics, you are also now responsible for making sure that you meet our standards for CPD. This is part of your responsibility as a registered health professional.

The role of your employer

Our role is determined by our legislation: the Health Professions Order 2001. That legislation gives us the legal power to, for example, protect professional titles. It does not give us any legal power to require employers to dedicate particular amounts of time or resources to CPD. We were asked many times during the CPD consultation in 2004 whether we could require employers to give their staff a certain amount of time for CPD, but this is not possible.

We do believe that responsible employers will want to encourage the development of their staff, however we cannot require them to do this, or 'police' the role of employers in facilitating CPD. We believe that there are substantial potential benefits to employers in supporting CPD: benefits in service provision, and recruitment and retention, for example.

We also believe, now that CPD is required in order to remain registered, organisations like professional bodies (supported by information from us where appropriate) will be able to bring more pressure on employers and other organisations, to ensure that your CPD is recognised, and given a higher priority than may have been the case in the past.

CPD and fitness to practise

CPD and competence

In terms of our processes, and your registration, there is not an automatic link between your CPD and your competence. This is because it would be possible (although unlikely) for a competent professional to undertake no CPD, and yet still meet our standards for their professional skills and knowledge. Equally, it is also possible that a registrant who was not competent might complete a large amount of CPD activities, but nevertheless not be fit to practise.

In our legislation, we have a separate process for dealing with issues of lack of competence, under our fitness to practise procedures, and this is not linked to our powers to require health professionals to do CPD. (You can find out more about our fitness to practise processes on our website, www.hpc-uk.org)

Regarding CPD, our legislation says that we can "...establish the standards to be met in relation to ... CPD" (2001 Order, Article 19(4)); and, "...grant the application for renewal if the applicant satisfies the Education and Training Committee that he has met any prescribed requirements for CPD within the prescribed time" (2001 Order, Article 10(2)(b)).

This means that we can set standards for CPD, and we can link these standards to renewing registration. We can also take registrants off the Register if they have not met our CPD standards (although there is a right to appeal).

If a profile is fraudulent

We recognise that the vast majority of health professionals will complete their CPD profiles honestly, accurately, and in good faith. Normally there is no link between CPD and our fitness to practise process. However, if a registrant made a false declaration, or falsified a CPD record, then this would be dealt with by our fitness to practise process. This could lead to the registrant being struck off the Register. Anyone who is struck off the Register cannot apply to be re-registered for at least five years.

CPD, your practice, and your ongoing competence

All of the above describes how competence and CPD are related in *our* legislation, and *our* processes. We do recognise that for individual professionals, there is likely to be a link between their continuing competence and their continuing development. When considering your CPD, and planning your learning activities, you may consider your ongoing competence as an important objective, or context, for your CPD. But you should be assured that we do not assess your competence or make assumptions about your fitness to practise based on the CPD activities that you undertake.

Key dates

This is a list of key dates which describe how CPD is now linked with your registration.

July 2003 – We began operating under our rules and the Health Professions Order.

September – December 2004 – Our consultation on CPD.

July 2005 – CPD standards approved by Council.

July 2006 – Registrants need to begin recording their CPD.

July 2008 – The first CPD audits begin

Audit dates

The dates of the first audit for all 13 professions are given below, listed in date order. These are the deadline dates for renewal of registration for these professions. If you are selected for audit, we will write to you before this date, asking for a profile of the CPD you have done over the previous two years.

Chiropodists and podiatrists	July 2008
Operating department practitioners	October 2008
Orthoptists	August 2009
Paramedics	August 2009
Clinical scientists	September 2009
Prosthetists and orthotists	September 2009
Speech and language therapists	September 2009
Occupational therapists	October 2009
Biomedical scientists	November 2009
Radiographers	February 2010
Physiotherapists	April 2010
Art therapists	May 2010
Dietitians	May 2010

After this, audits will take place every two years, whenever a profession renews its registration.

Doing your CPD

What is CPD?

Our definition of CPD is,

“a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.”¹

CPD Standards

A registrant must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. seek to ensure that their CPD benefits the service user; and
5. present a written profile containing evidence of their CPD upon request.

In order to meet our standards, you need to take your own, professional decisions about the kinds of CPD activity you need to undertake in order to develop and enhance your practice.

The standards in detail

In this section, we go through our standards one by one, to explain what is meant by each of them in detail. Where we think it would be helpful, we have pulled out phrases or words from the standard, and explained what this means.

Standard 1

A registrant must maintain a continuous, up-to-date and accurate record of their CPD activities.

You can keep a record of your activities in whatever way is most convenient for you. You might choose to keep a hard copy portfolio of evidence, perhaps using a format provided by your professional body or your employer. You could keep this record online, or electronically, or in any other way that you find useful. All that we require is as follows:

Your record must be, ‘continuous’

This means that you should keep your record updated regularly during your two year renewal period.

Your record must also be ‘up-to-date’

Because our CPD audit is linked to the registration renewal cycle, this means that your profile will normally concentrate on your CPD activities from the previous two years. However, some of your CPD activities may be ongoing from before this, and

¹ This definition was written as part of the Allied Health Professions Project, ‘Demonstrating competence through CPD’.

others may carry on after the two year period. But normally, you would focus on this two year period, which is what is meant by ‘up to date’.

Finally, your record must be, ‘accurate’

This means that your CPD record should be a true reflection of the activities that you have undertaken.

Your CPD record (you might call this your ‘portfolio’) is your own personal and complete record of your activities, and we will not ask to see it.

If you are audited, we will ask you to complete a CPD ‘profile’. This is a form that we will provide you with, on which you write a statement which tells us how your CPD has met our standards. When you send this to us, you will also select and send in supporting evidence, which you will draw from your personal, complete record.

The simplest way to demonstrate to the CPD assessors that you have kept a record of your CPD is to send us, as part of your evidence, a summary of all of your CPD activities. This could be in any format you choose, but we suggest that it might be a simple table which includes the date and ‘type’ of each activity.

Standard 2

A registrant must demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice.

Your CPD should include ‘a mixture of learning activities’

We do not require you to undertake a certain ‘amount’ of CPD, for example a number of hours or days. This is because we believe that different people will be able to dedicate different amounts of time to CPD, and also because the time spent in doing an activity does not necessarily reflect the learning that you gain from it.

This standard requires that your CPD must include a mixture of learning activities: in other words, that you include different types of learning activity in your profile. See page 31 for a list of suggested learning activities.

A CPD profile which relied on only one type of activity (eg: only peer review, or only mentoring) would not meet this standard.

Although we expect that most people’s profiles will contain a good mixture of different types of learning activity, we do recognise that there might be good reasons for you concentrating on a limited number of different types. You might do most of your learning through one or two types of activity, because you have found that this way of learning suits you, or because it is most easily available in your area, or because this kind of learning activity involves a considerable dedication of your time.

As long as you can explain in your profile how you planned your CPD, how you decided what activities to do, and how your CPD meets our standards, it’s likely that your profile would be assessed as meeting the standards.

Your CPD should be ‘relevant to current or future practice’

Your CPD should be relevant to the way that you practice your profession. This means that the CPD you undertake may be very different from that which your colleagues undertake in different contexts, even though you are from the same profession.

If you are managing a team, for example, your CPD may be entirely based around your skills in appraising your team, supporting their development, and financial planning, and may not include any clinical element.

Equally, if you are planning to move from one area to another, your CPD may be a mixture of that which is relevant to your current job, and activities which are helping to prepare you for your move to a different area of practice. Alternatively, you may choose to concentrate most or all of your CPD on the new area you intend to move into.

The purpose of this wording is to ensure that your CPD activities, and your learning and development, are relevant to the way that you practise, or the way that you intend to practise.

Standard 3

A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

You should ‘seek to ensure’...

This standard contains the phrase ‘seek to ensure’ because sometimes ‘ensuring’ that your CPD contributes to the quality of your practice may be outside your control. You may undertake activities that you anticipate will improve your practice, but on reflection are not as effective as you expected, or circumstances could change. You need then to consider what actions you could take, and explain why. Doing this will still meet this standard, because you have *tried* to make your CPD contribute to the quality of your practice.

‘CPD has contributed to the quality of... practice and service delivery’

This means that you should aim for your CPD to improve the way that you practice. Your learning activities should lead to you making changes to how you practice, which improve the way that your service is delivered. Alternatively, your learning activities may mean that you continue to practise as you did before, but you are more confident that you are practising effectively.

Improving the quality of your practice and service delivery does not necessarily involve fundamental change to how you work; you may meet this standard by showing how your practice has developed as your skills develop through your learning. In meeting this standard you should be able to show that your CPD activities are part of your practice, contribute to your practice, and are not separate from it.

Standard 4

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

You should ‘seek to ensure’...

Like Standard 3, this standard also contains the wording '*seek to ensure*' because you may intend that your CPD should benefit your service users, but this may not occur, due to factors which are beyond your control. As above, you may implement changes which you believe will benefit your service users, but on reflection find that they have not, and you need to further review your CPD and your practice. This will still meet this standard, because you have *tried* to make your CPD benefit the service user.

Both standard 3 and standard 4 require that the quality of your practice, and the benefits to your service users are the drivers for your CPD, and an important part of the context to how you make decisions about your learning activities.

'service user'

Your service users will vary, depending on how and where you practise. For many health professionals, 'service users' will be patients. However, if you work in education, your service users may be your students, or perhaps the team of educationalists that you manage. Similarly, if you work in management, your service users may be your team, or other teams that you are part of. If you work in research, your service users may be the people who use your research work. We intend 'service user' in this context to have a broad meaning of anyone who is affected by your practice.

'benefits'

When we say benefits, we mean that it has a positive effect on the service that you provide. This part of the standard exists to ensure that your CPD activities, as well as being a developmental, learning process for you, are related to the people who use your services, and have a beneficial impact on how you work with or for them.

We realise that it can be difficult to provide evidence that there has been service user benefit. But this standard asks you to think about how your service users might benefit when you are choosing your CPD activities, and then if you are audited, to show if or how you believe that this has occurred.

Standard 5

A registrant must present a written profile containing evidence of their CPD upon request.

This standard means that if you are selected for audit, you must send in a profile about how you meet the standards, by the deadline. This effectively means that you do not have to think about meeting this standard unless you are audited.

For more information about how your profile meets the standards, please see our Assessment Criteria on page 21, and the section of this document, 'Putting together your profile' on page 26.

CPD activities

We believe that CPD takes many forms, and that we should not prescribe the way that health professionals should learn. We also believe that health professionals may be engaged in activities through which they learn, and which develop their practice, but they may not call these activities 'CPD'. Our standards and our process take account of a wide variety of types of activity which can contribute to your development.

CPD activities could include:

- **work-based learning**, for example, reflective practice, clinical audit, significant event analysis, user feedback, membership of a committee, journal club;
- **professional activity**, for example, membership of a specialist interest group, mentoring, teaching, expert witness, presentation at conferences;
- **formal/educational**, for example, courses, undertaking research, distance learning, planning or running a course;
- **self-directed learning**, for example, reading journals/articles, reviewing books/articles, updating knowledge via WWW/TV/press; and
- **other activities**, for example, public service.

A fuller list of suggested learning activities is at the back of this document.

CPD has sometimes been thought of as being exclusively formal education, for example attending a course. Our standards and the process that we propose take account of the fact that a course may not be the most useful kind of CPD for all registrants, and indeed that some registrants may not have access to courses.

Registrants in rural or remote areas, for example, may find it difficult to gain access to some forms of CPD, but our standards mean that these registrants can undertake other types of CPD that are more useful and accessible to them.

Similarly, registrants who are practising outside the UK may be learning and developing through the experience that they gain of another healthcare delivery system or another culture, and this may form part of their CPD. Registrants who work as locums or who are peripatetic may be learning and developing as they gain experience of a variety of different employers. Our standards recognise that there are a huge variety of ways that registrants may undertake CPD, and do not force registrants to learn in one particular way.

Based on learning outcomes

Our CPD process is outcomes based, and not based upon a certain number of hours or points or days. You will need to make a professional decision about the kinds of activities that would be most appropriate for you to undertake, in order to ensure that you meet the standards.

Different registrants will have varying development needs, and their CPD activities may be very different. The way in which you take part in CPD and the range of your CPD activities will depend on:

- experiences and opportunities for CPD in your work;
- your profession and speciality within it;
- your personal learning needs;
- your preferred learning style;
- the relevance of the CPD activities to your practice; and
- the context of your practice.

Some examples of CPD activity

The examples below show how different registrants may choose to undertake different types of activity, depending on how or where they work. Your practice might cover more than one of these areas.

Registrant in clinical practice

- attendance at a short course on new legislation impacting on practice;
- critical appraisal of a journal article with a group of peers; or
- in-service presentation to colleagues on a new technique.

Registrant working in education

- membership of a Learning & Teaching Committee;
- reviewer for a professional journal; or
- studying for a formal teaching award.

Registrant working in management

- membership of a national occupational group for managers;
- undertaking study of management modules; or
- supporting the development and implementation of national or local policy.

Registrant engaged in research

- conference presentation;
- membership of Local Ethics Research Committee; or
- referee of articles for scientific journal.

When setting our standards for CPD, we realise that registrants are already undertaking a wide range of CPD activities, and that these activities are an integral part of their professional life. Our standards are not intended to make 'extra' requirements of health professionals registered with us: our standards recognise and legitimise those learning activities which professionals are already undertaking.

A flexible process

Following the responses to a consultation we undertook in 2002, we decided that our approach to CPD should not be based simply on the number of hours undertaken each year. For this reason, we have not published a required number of hours, and we do not suggest how many hours you should complete. Our standards are concerned with quality, development and with outcomes, not with the time that you spend on your CPD.

In setting our standards, we wanted to take account of the diversity of professionals on our Register, and the different ways in which they may undertake CPD.

We wanted the CPD that you undertake to be based upon on-going learning and development, with a focus on your learning achievements and how these enhance service delivery, either directly or indirectly.

This means that you can take your own decisions about the kinds of activities that are relevant to your role, and to your practice. We are not going to 'approve' certain CPD

schemes, or certain CPD courses or activities, because we believe that you are best able to make a decision about the CPD which is most relevant to you. If we accredited or approved only certain ways of doing CPD, then you might not be able to complete other activities, which you might find more useful in terms of their benefit to your practice and to your service users.

CPD schemes

Our standards mean that you could meet our requirements by participating in a scheme run by your professional body, or your employer, or any other organisation. If you are part of a CPD scheme, and you feel that this scheme is useful to you, that it is relevant to your practice, and that it helps you to develop, and that the structure that the scheme offers means you can meet our standards, then continuing to participate in this scheme would be a perfectly acceptable way of meeting our requirements. If you were audited, you would draw on the different activities that you had completed as part of the scheme in writing your profile.

We consider that most CPD schemes offered by other organisations will provide registrants with a way of meeting our standards, and a useful way of structuring their activities and development. However, it is important to remember that, as we do not approve or endorse any CPD schemes, you should make your own professional decision whether you are content that participating in any scheme will enable you to meet our standards. You are still responsible for your CPD, even if you are part of a formal CPD scheme.

Alternatively, you could structure your own CPD activities without using a formal scheme. You could plan your learning around your personal development plan, for example. This may be particularly relevant if you are working in a very specialised area, and feel that CPD offered by organisations is not relevant to your practice. Our standards give you the flexibility to plan your own CPD in a way that suits your practice, your learning needs, your preferences, and the time and resources available to you.

Your scope of practice

When you are planning or completing your CPD, you will need to ensure that it is relevant to your scope of practice. Similarly, as a condition of your registration with us, you need to make sure you keep to your ‘scope of practice’.

Your scope of practice is the area (or areas) of your profession in which you have the knowledge, skills and experience to practise safely and effectively, in a way that meets our standards and does not present any risk to the public or to yourself.

When you come onto our Register for the first time, you must meet the whole of the Standards of Proficiency for your profession.

After you have been registered with us, we recognise that your scope of practice may change so that you can no longer demonstrate that you meet the whole of the Standards of Proficiency for your profession. This may be because of specialisation in your job, a move into management, education or research, or it may be because your fitness to practise in certain areas has become impaired. A changing scope of practice is not necessarily a cause for us to take action or a cause for concern.

Example

A speech and language therapist's first job after graduating was one where she worked entirely with children. She worked in this area for nearly ten years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists that worked with a variety of different patients, clients and users, she felt that her skills in these areas needed refreshing. With the support of her new employer, she attended training, and completed private study, to update her skills and ensure that she could safely extend her scope of practice, to effectively practise in her new role. These activities all formed part of her CPD for that two-year period.

The example above shows how your CPD can prepare you for a changing scope in practice, whereas most registrants' CPD will reflect their current scope of practice.

Your scope of practice may change over time, and you should be aware of your scope of practice and ensure that you only practise within it. It is closely linked to your 'fitness to practise', but the two are not the same.

The NHS Knowledge and Skills Framework

Although the majority of our registrants are employed by the NHS, it is very important that our systems and processes take account of the fact that many are not. Our CPD standards are therefore not explicitly linked with Agenda for Change, which was implemented in October 2004. They are also not explicitly linked to the NHS Knowledge and Skills framework (KSF). This is because we are a UK-wide health regulator, and we regulate health professionals wherever they practise.

However, our CPD rules and standards complement other frameworks, whether profession-specific, local, or employer-based. For example, 'Lifelong learning' is an important part of the Knowledge and Skills Framework, which has clear similarities with CPD. The purpose of the Knowledge and Skills Framework is to develop services, to develop individuals, and to improve patient care. This is exactly in line with our CPD standards; if you are employed in the NHS, you can base your CPD on the learning needs that are identified in your development review and still meet our CPD standards. Our standards enable you to do this, but they also do not exclude health professionals who do not work in the NHS.

You can download information about the KSF from the Department of Health website, www.dh.gov.uk A document showing the links between KSF Dimensions and the HPC examples of CPD activity can be found on the NHS Employers website.

CPD and clinical governance

Clinical governance is, "a framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding

high standards of care by creating an environment in which excellence in clinical care will flourish."²

Central to good clinical governance is the continuous improvement of service and care, which particularly links it to CPD standard 3, which requires that you aim for your CPD to contribute to the quality of your practice. Equally, it is vital to clinical governance that health professionals are continuing to develop their professional skills and knowledge. Our CPD requirements are complementary to clinical governance, which includes the development of individuals, services, and clinical care.

Returning to practice

We recognise that many health professionals will take a break from their practice, which may occur for many reasons, which may include parental leave, extended travel, caring responsibilities or illness.

From July 2006, we are putting into place a new return to practise process, which will apply to health professionals who want to start practising again after a break of more than two years. We will require health professionals in this situation to complete a period of updating, depending on how long they have been out of practice. More information about this process, and about the period of updating is available on our website.

If you are out of practice for more than two years, then we recommend that you should come off our Register. While you are not registered with us, and are not practising, you may be undertaking activities which you feel contribute to your ongoing CPD. These might be some form of ongoing contact with your profession, they might be activities related to another job, or they might be activities from your personal life that contribute to your learning and development. If you wish, you can keep a record of these, in case you come back onto the Register and want to use this information in the future as part of your professional CPD. **However, while you are not registered with us, you are not required to undertake CPD.**

If you wish to come back onto the Register, you will need to meet our return to practice requirements before you apply for readmission. Please see our website for more information about these requirements.

If you are out of practice for less than two years, you may choose to remain on the Register. You might do this if, for example, you wish to remain registered so that you can quickly return to work after a shorter break, or if you are not sure how long your break in practice will be because of ongoing illness. If you are selected for audit during this period, you can ask us to defer your CPD audit. Please see the section on deferral for more information.

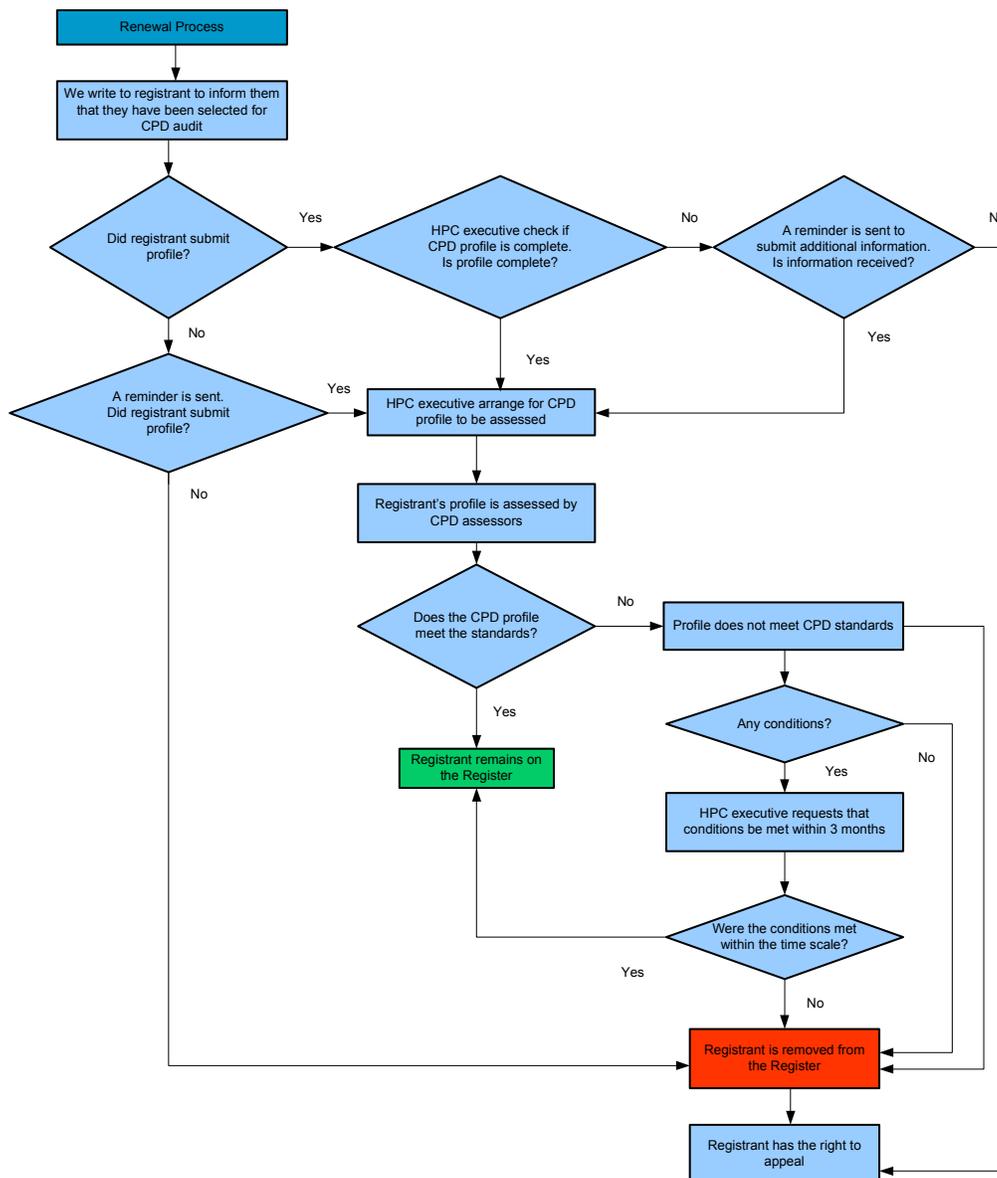
² Scally, G, Donaldson, L (1998) Looking forward: clinical governance and the drive for quality improvement in the new NHS. *British Medical Journal*, 317, p61-65

The audit process

In brief

Every time you renew your registration, you will sign your renewal form to confirm that you have met our standards for your CPD.

From 2008, each time a profession renews its registration, we will take a sample of registrants at random from that profession. These registrants will be asked to send in a 'profile' of evidence to show how they meet our standards. These profiles will be assessed against the standards by CPD assessors. The flow chart below shows how the process will work.



Two years' registration

We have decided that only registrants who have been on the Register for more than two years will be audited. This means that if you have come onto the Register during the two year registration cycle that is coming to an end, then you will not be selected for audit. We have made this decision because although we believe that all registrants should undertake CPD throughout their careers, we also believe that registrants should be allowed at least two years on the Register to build up evidence of their activities before they are audited.

This means that if you are a recent graduate, and you renew your registration for the first time, you will not be selected for audit. Similarly, if you have had a break in your practice, and you have just come back onto the Register, then the first time you renew your registration, you will not be selected for audit.

Sampling of CPD profiles

We propose to audit a sample of registrants' CPD each year, rather than checking each and every registrant. We believe that this is safe to do because we trust that, as professionals, registrants will take responsibility for meeting the Standards of CPD.

By auditing a sample of registrants, rather than all registrants, we will keep the costs of assessment down and achieve better value for registrants' money.

When the first audits take place in 2008, we will audit 5% of the first two professions, which are operating department practitioners, and chiropodists and podiatrists. Depending on the results of these audits, we then propose to audit 2.5% of the professions that we are auditing in 2009 and 2010, and thereafter.

Samples of this size will allow us to be confident that we have a good picture of whether registrants are generally meeting our standards or not, while keeping costs down to manageable levels. Statistical theory says that the larger the population we are checking, the smaller the proportion we need to sample to be confident that we have got an accurate picture of compliance.

The levels of 5% and 2.5% have been chosen to provide us with confidence about compliance for the numbers of health professionals on our register. We have taken expert advice on sample sizes in determining these proportions. We will use different-sized samples if we find that the proportions we currently propose using are not working adequately in some way. If we change our sample size, we will publish this information on our website, and will inform key stakeholders, such as professional bodies.

Auditing

If you are selected for audit, we will contact you to inform you. We will ask you to send in a profile demonstrating that your CPD meets our standards by your renewal deadline date. We will also send you a reminder letter.

If, by the renewal deadline date, we have not received your CPD profile, then your registration will not be renewed.

When your profile has been received by us

We will then ask CPD assessors to evaluate your profile. At least one of these assessors will be from the same part of the Register as you.

The CPD assessors will assess your profile against our standards using the assessment criteria which are set out below. They will then let us know whether, in their professional opinion, your CPD meets our standards.

While your profile is being assessed, and during any appeal that takes place, you will remain on the Register, and can continue to practise.

There are three possible outcomes at this point:

Profile meets the standards

We will write to you and let you know. You will remain on the Register.

Further information needed

We will write to you and let you know what further information the assessors have asked for, and what more they need to know in order to make a decision about whether you meet the standards. You will remain on the Register while you send more information to the assessors.

Profile does not meet the standards

If the CPD assessors decide that your profile does not meet our standards, they will then decide whether to offer you an additional three months in which to meet our CPD standards. Alternatively, they can recommend that your registration should lapse, and you will no longer be registered.

The assessors will make the decision on whether to offer you a further three months, looking at your profile, and bearing in mind:

- whether you appear to have undertaken and completed your CPD profile in good faith;
- whether you have met any or some of the standards; and / or
- whether it would be possible for you to undertake CPD in three months that would then show that you met the standards.

If you meet several of the standards, then it may be appropriate for the assessors to recommend that you are given three months to meet the remaining standards. If you have not met any of them, the assessor may consider that it is very unlikely that you would be able to meet the standards in three months, and that this would not be helpful to you. Likewise, if your CPD profile suggests that you are not committed to CPD, then the assessor may consider that it is not reasonable to recommend a further three months, and therefore that you should no longer be registered.

If you are given a further three months to meet conditions regarding your CPD, we will write to you and give you the assessors' feedback and their decision. (You will still remain on the Register during this three months.) We will then ask you to send in a further profile, which will be assessed to ensure it meets our standards before your

registration is renewed. If, at the end of this process, your profile does not meet our standards, you will be removed from the Register.

If you are not given a further three months with conditions, then you will be taken off the HPC Register. Whatever decision the assessors reach, we will write to you and inform you of the decision, and the reasons for that decision. If you do not agree, you will be able to appeal. More information about the appeal process comes further on in this document.

The CPD assessors

The CPD assessors have a vital role in ensuring that the CPD audit process runs smoothly. CPD assessors will be a new type of ‘partner’ for us. Other types of partners that we already have include registration assessors, who look at applications from people who trained outside the UK, and panel members, who consider allegations at fitness to practise hearings.

We will recruit and train our CPD assessors in the same way as our other partners: ensuring that we advertise openly for the roles, by short-listing based on a person specification, and interviewing to ensure we have an appropriate number of CPD assessors, drawn from a range of professional backgrounds. We will then train CPD assessors to ensure that they carry out their jobs fairly. (We will post information about how to become a CPD assessor on our website when we begin recruiting.)

Once CPD audits are underway, we will keep the performance of CPD assessors under review through our Partners appraisal system, and we will look at the results of the audits and act on these results where necessary, in order to ensure consistency of decision-making, as far as possible.

Assessment criteria

Standard	Standard not met	Standard partly met	Standard met
<p><i>A registrant must:</i></p> <p>1. maintain a continuous, up-to-date and accurate record of their CPD activities;</p>	<p>No evidence that registrant has kept a record of their CPD.</p>	<p>Some evidence of a record of CPD, eg: registrant has described keeping a record of CPD.</p>	<p>Evidence that registrant has maintained a record of their CPD activities: as part of their supporting evidence, registrant has sent in a brief summary of all CPD activities undertaken.</p>
<p><i>A registrant must:</i></p> <p>2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;</p>	<p>Registrant has undertaken no activities. OR Registrant's CPD consists of only one type of learning activity. OR Registrant's CPD appears to have no relevance to current or future practice, as laid out in the summary of practice.</p>	<p>Registrant has undertaken two types of learning activities, but offers no explanation for concentrating on these. OR Some evidence that learning is relevant to current or future practice, but this is not made explicit.</p>	<p>Registrant's CPD includes three or more types of learning activity. OR Registrant's CPD includes two types of learning activity, and registrant's profile has explained why they have chosen to use only these types of learning activity. AND Evidence that learning activities are relevant to current practice or future practice. The link is clear in the personal statement.</p>
<p><i>A registrant must:</i></p> <p>3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;</p>	<p>No evidence that CPD activities have improved the quality of registrant's practice, or that registrant has aimed for CPD to improve the quality of their practice.</p>	<p>Some suggestion that CPD has improved the registrant's practice: improvement is implied, can be inferred from information given, or improvement in practice is stated but no evidence is given to support this.</p>	<p>Personal statement shows that CPD activities have improved the quality of the registrant's practice. Statements are backed up with evidence. OR Registrant has shown how they believed that their CPD might improve the quality of their practice, and planned for this, but in fact this has not been the case. Registrant shows that they have considered why this has occurred, and what their next steps are in order that</p>

			their CPD will improve the quality of their practice in the future..
<p><i>A registrant must:</i></p> <p>4. seek to ensure that their CPD benefits the service user;</p>	<p>No information that explains any benefit to service users from CPD activities.</p>	<p>Limited information about how CPD activities have benefited the service user. OR Benefit to service user is stated but no evidence or explanation is given to support this.</p>	<p>Registrant has shown (through evidence or through explanation) how their CPD activities have benefited the service user, either directly or indirectly. OR Registrant has shown how they believed that their CPD might benefit the service user, but in fact this has not been the case. Registrant shows that they have considered why this occurred, and what their next steps are in order that their CPD will benefit the service user in the future.</p>
<p><i>A registrant must:</i></p> <p>5. present a written profile containing evidence of their CPD upon request.</p>	<p>No profile submitted by deadline.</p>	<p>Incomplete profile submitted by deadline ('evidence to follow', for example.)</p>	<p>Profile submitted by deadline.</p>
<p>Outcome:</p>	<p>Assessor would recommend that the profile is sent back to the registrant, and that registrant is informed that their profile does not meet the standard. Assessor would decide whether to recommend that the registrant is allowed 3 months to show that they meet the CPD standards.</p>	<p>Assessor would recommend that the profile is sent back to the registrant asking for more information.</p>	<p>Assessor would recommend that the registrant is informed that their profile meets the standard.</p>

Assessing the profile

CPD assessors will assess your profile, and will make a decision against each of the standards. In order for your registration to be renewed, the assessors must be assured that you meet each of the standards.

Assessment outcomes

Outcomes are suggested in the table above, depending on whether you meet, partly meet, or do not meet the standards.

If the extent to which you meet the standards varies from standard to standard, then the CPD assessors will look at your profile on its individual merits to make a decision, which they will justify, bearing the following in mind:

- Normally, if the CPD assessors decide that you meet most of the standards, but you only ‘partially meet’ one or more standard, then we will ask you for more information, so that the CPD Assessors can reach their decision.
- Normally, if the CPD assessors decide that any one or more of the standards are ‘not met’ then we will write to you, to inform you that your profile does not meet the standards.

However, we will ask the CPD assessors to look at each profile individually, to make sensible and reasoned decisions in the case of, for example, for example, a profile where the majority of standards are met, but one is only partially met, or where every standard is nearly met. The CPD assessors will make a decision based on the information that you have provided, and will take into account how you have met the other standards, in making their decision.

The appeal process

If we consider that your profile does not meet our CPD standards, and your registration is not renewed, you can appeal against this decision.

We want to operate an appeals process which is transparent, and fair, and which gives you the opportunity to tell us why you feel that the decision not to renew your registration was unfair. While you make an appeal against our decision, you will remain on the Register.

In order to appeal, you must write to us within 28 days of the date of the decision letter. Your letter needs to tell us that you wish to appeal, and tell us why you feel that the decision not to renew your registration was wrong.

We will arrange an appeal hearing; at this hearing, a registration appeal panel will look at your appeal and consider the information they are given about your registration renewal. You have the choice to attend, or to ask the panel to look at your appeal on documentation alone. You can also have a representative attend the hearing with you.

The panel may decide to:

- allow the appeal, and therefore allow you to remain on the Register;
- dismiss the appeal, meaning that the original decision to take you off the Register will be upheld; or
- ask that your profile be re-assessed.

If you do not agree with the decision made by the panel, you have a further right to appeal, to the County Court in England and Wales or Northern Ireland, or to a local Sheriff in Scotland.

More detailed information about how to make an appeal can be found in our document ‘Making a registration appeal’. This is published on our website. The rules that govern registration appeals are also available on our website.

Coming back onto the Register

If you are taken off the Register because you haven’t met our CPD standards, then we will write to you and inform you of this. When we write to you, we will tell you what you need to do before you can be re-registered. We will put in place a process which, as far as possible, recognises the need to be fair to those registrants who have met our CPD standards, and also is fair to registrants who have come off the Register, but who wish to undertake CPD that meets our standards in the future. As well as sending this information to you if you come off the Register, information about how this will work will be posted on our website.

Deferral

We recognise that some registrants, due to unavoidable circumstances, may need to defer their CPD audit. Registrants may need to defer their audit because they cannot complete their profile due to illness, or family circumstances. The deferral process will offer registrants who cannot complete their profiles due to circumstances beyond their control the opportunity to remain registered.

If your audit is deferred, you will automatically be selected for audit when your profession next renews, two years later. We will put in place a deferral process which will mean that if you are selected for audit, you can if necessary write to us and request a deferral. We will need supporting evidence your application for deferral, and we will look at your situation to see whether it would be fair to you, and to the other registrants who have to complete their profiles that year, to defer your audit for two years.

We will put in place a system which ensures, as far as possible, that we are fair to registrants who cannot complete their profiles, while still maintaining our standards, and being fair to those registrants who do complete the audit process. Information about deferral of your CPD audit will be published on our website and in hard copy before the first audits take place in 2008.

If you need to apply for deferral more than once, we will scrutinise your application for deferral very carefully and will be looking for clear evidence that deferral is absolutely necessary and that to require a CPD profile from you at this time would be clearly unfair.

Keeping us up to date

Our CPD audit process will work by us writing to you to tell you that you have been selected for audit, and writing to you to inform you of the result of that audit. This means it is now more important than ever that you keep us informed about your address.

We can store your work address and your home address on our system. We can change your details so that the general geographical area of your work address is displayed on our online register, but your correspondence is sent to your home address, or vice versa.

To update your details, please contact the UK Registration department on 0845 3004 472 (lo-call rate) or 020 7840 9802.

If we do not have your most recent details, then we will not be able to contact you so that you can renew your registration. Please make sure that you keep us informed, so that we can keep you informed about your registration.

Communicating with employers

We know that the time and resources for CPD that registrants are given by their employers is an important issue. One way that we have tackled this is by ensuring that our CPD standards are flexible enough to allow health professionals to design their own CPD, even if they are self-employed, or have little or no formal support for their CPD activities.

However, we also recognise that it is very important that employers of our registrants are informed about the new responsibilities of their staff. We will begin working on a communications campaign in 2006 with employers, and information about CPD will form an important part of our ongoing communications. We believe that recognition of registrants' CPD, and support for their CPD activities is a complex issue that will need a long-term approach. But we are committed to giving stakeholders, including employers, information about what we do, and how it affects them. For more information about how we inform employers about CPD, please see our website where we will publish this information.

Putting together your profile

If you are selected for audit, we will provide you with a form to complete.

The main parts of your profile will be:

- a summary of practice history for the last two years (maximum 500 words);
- a statement of how Standards of CPD have been met (maximum 1500 words);
and
- evidence to support your statement.

The purpose of each part of the profile

Each of the three categories above will help the CPD assessors to see how or if you meet our standards.

The **summary of your practice history** should help to show the assessors how your activities are linked to your practice. This part of the profile should help to show how you meet **standard 2**, which says that your activities must be '*relevant to current or future practice*'.

Your **statement** of how our standards have been met should clearly show how you believe you meet each of our standards, and should refer to the **evidence** that you send in to support your statement. The statement will explain how you meet **standards 1 - 4**. (Sending in your completed profile to us means that you will meet standard 5.)

The **evidence** you select will back up the assertions you make in your profile. It should show that you have undertaken the activities you refer to, and should also show benefit to the quality of your practice, and some benefit to the service user. It backs up how you meet **standards 1 – 4**. Your evidence should include a summary of all your CPD activities, and this will show that you meet **standard 1**. The CPD assessors should be able to see how your CPD activities meet **Standard 2** (ie are relevant to your practice, and a '*mixture of learning activities*').

Writing your summary of practice history

This is the descriptive element of the profile. It should provide a concise account of your role and work context. The summary should include the key responsibilities relating to your role, identify the specialist areas in which you work and identify the key people with whom you communicate and collaborate.

You could base this part of your profile on your job description (or KSF post outline, for NHS posts), if appropriate.

When you have written your statement about how you meet the standards, you may find it helpful to go back over your summary of practice history, to make sure that it's clear to the assessor how your CPD activities are relevant to your future or current practice.

Writing your statement

In this section, we ask you to write a statement about how your CPD activities have met the standards that we set.

Our CPD Standards make different requirements of you. Standard 1 requires you to keep up to date continuous records of your CPD activities. Standard 2 requires that this includes a mixture of activities, relevant to how you practise, or how you intend to practise. Standards 3 and 4 require you to write about the impact of your CPD on the quality of your practice/service and its benefits to service users. Standard 5 asks you to submit a profile if you are selected for audit.

When you write your statement, we therefore expect that you will spend more time and more of your total statement in considering how you meet standards 3 and 4.

Below, we have suggested how you might want to approach writing your statement.

Using your personal development plan

We know that not all registrants have a personal development plan (PDP): you may be self-employed, or your employer may not work in this way. But if you do have a PDP, you may find it useful to write your personal statement using this as a starting point. Even if you do not already have a PDP, you may find it useful to develop your own, and to use this approach.

You could start by thinking about Standard 3 and how it relates to your PDP.

Most PDPs involve identifying:

- learning need;
- learning activity;
- type of evidence; and
- what you learnt.

You could write a statement on how you have updated your knowledge and skills over the last two years, and what learning needs you have met. You may find it helpful to identify 3-6 key areas, aims, targets or learning objectives that you have made during the past 2 years and that have contributed to the quality of your practice.

These areas will have been identified through your personal development plan, your individual performance review, peer review or service/workplace review or audits. If you have a PDP, audit, significant event analysis, service review or peer review, you can submit these as part of your evidence.

You can then write about each of these areas, drawing on CPD activities that have supported them, and writing about what you learnt, how this has benefited your practice, and how it has benefited your service users.

If you run your own private practice, and you have a business development plan or a similar document, then you may find this a useful starting point.

Using the standards

Alternatively, if you do not have a PDP, or if you would prefer another approach, you could start with our standards, and using the information below, write about how you have met each of them. If you decide to do this, you may find it helpful to read through the 'prompt questions' below.

You could split your statement into sections, and dedicate each section to one standard.

Using 'prompt questions'

Here, we have provided a number of questions which should help you to think about structuring your profile to show that you meet our CPD standards.³

Under each standard we have identified some key questions. These are first, in bold, and these are the most important questions that you should make sure your profile answers. These are questions that the CPD assessors will want to see are answered by your profile.

We have also provided supplementary questions. You do not need to answer all of the supplementary questions or to follow them verbatim. But you can select the ones that seem most useful, and use them to help you write your statement, if you find this helpful.

We have suggested here that you may find it useful to look at standards 3 & 4 together.

Standard 1

A registrant must maintain a continuous, up-to-date and accurate record of their CPD activity

Key question:

- **Have you included in your evidence a summary sheet of all your CPD activities?**

Supplementary questions:

- How have you maintained an up-to-date and accurate record of your CPD activity?
- What method did you employ to record your CPD e.g. monthly portfolio update?
- Who (if anyone) approved your CPD plan?

³ These prompt questions are based on work done by the Allied Health Professions Project, Demonstrating Competence Through CPD.

Standard 2

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

Key questions:

- **How are your learning activities a ‘mixture’? What different types of learning activity have you undertaken?**
- **How is your CPD relevant to your practice?**

Supplementary questions:

How do you identify your learning needs? For example:

- What structures do you use to help you identify your learning needs (e.g. appraisal, peer review, clinical supervision, mentorship schemes, personal development plan)?
- How do you gain the views and advice of others to help you identify your learning needs?
- How do you decide on what CPD activity to do?
- How do you ensure an appropriate mix of CPD activity to meet your needs?

In what ways has the mixture of learning activities you have used for your CPD been relevant to your current or future practice?

- What parts of your role are affected by your CPD?
- What different learning activities have you used for your CPD?
- How has each learning activity related to your current / future practice e.g. practice improvement, enhanced patient care, etc?

Standards 3 & 4

A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

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

Key questions:

- **How have you updated your knowledge and skills over the past two years? How has the way that you practice improved?**
- **How has your learning benefited your service users?**

Supplementary questions:

- How does your learning relate to your ability to practise safely, effectively and legally?
- How does your professional development relate to your evolving scope of practice?
- What aspects of your work have changed as a result of your development (eg, clinical areas, service delivery, research practice)?

How does your professional development relate to your evolving scope of practice?

For example:

- How have you kept up-to-date within your current role?

- If there have been changes to your role, how did you prepare for these?
- How have you responded to these changes?
- What advice have you sought when faced with an experience or situation that is outside of your current scope of practice?
- What support mechanisms do you use and how have they helped you?
- How does your involvement with relevant groups support your development?
- How do you think your scope of practice may change in the future?
- What new learning needs have you identified and how do you plan to meet these?

Has your learning assisted you in:

- Extending your scope of practice?
- Learning new therapy techniques?
- Learning new teaching/ management/research skills?
- Addressing ethical issues with patients/colleagues?
- Learning about new legislation?
- Improving your communication skills? (e.g. developing new information leaflets/ organising information sessions for carers, or thinking about how you give explanations to patients)

What are the main areas in which your learning has enhanced what you offer to clients/users/patients? How has your learning enhanced your contribution to service delivery?

How does your learning relate to your ability to practise safely, effectively and legally? For example:

- How have you responded to changes in practice (e.g. new legislation)?
- How is your work informed by codes or standards of practice?
- What dilemmas have you been faced with and how have you dealt with these?
- What have you learnt from positive and adverse incidents?
- How has this learning informed your practice?
- What support mechanisms do you use to seek advice and what action have you taken afterwards?
- How has the evidence base informed your practice?

What aspects of your work have changed as a result of your development? For example:

- How have you kept up-to-date within your current role?
- What areas of practice do you feel more confident in?
- What new avenues/sources of support do you use?
- Have you taken on new responsibilities as a result of your learning?

Standard 5

A registrant must present a written profile containing evidence of their CPD upon request.

In writing your profile (if you are audited), and submitting it within the timeframe required, you show that you meet this standard.

For more information about writing your statement, please see the section of this document **the standards in detail** on page 8, and also our **assessment criteria**, on page 21.

Your supporting evidence

You do not need to send in your entire record of all the CPD you have done. In fact, we strongly encourage you *not* to send this to us. You can send us a summary of all your activities, in order to show that you have met standard 1, but it is likely that this summary will only be a sheet or two with a very brief list of activities and dates.

If you are selected for audit, you need to look through your entire CPD record and consider which activities best show how you have met the standards. This should be a mixture of activities that are directly linked to your current or future practice, and you should consider how you can present evidence of how these activities have improved your practice, and benefited your service users. In all cases, evidence of how you have planned your CPD, what activities you have undertaken, and learned from, how you then applied this learning to your practice, and the effects that this had on how you practice and the effects on your service users, will all be helpful to the assessors.

When you put together your profile, you also need to send in supporting information and evidence to back up the assertions that you make in your personal statement. This requires you to make decisions about the information that you send to us.

Examples of evidence of CPD

- A personal development plan could help to demonstrate that you take a structured approach to your learning and ongoing development (CPD Standards 1 & 5).
- Peer review and your subsequent learning could provide evidence of feedback and how you have responded to this (CPD Standards 3 & 4).
- A business plan may identify learning needs and subsequent action plan related to this (CPD Standards 1, 2 & 5).
- Reflection on practice and discussion in supervision or with a mentor could identify benefits to the service user and provide evidence of feedback and how you have acted on this (CPD Standards 3 & 4).
- Dissemination of research findings, discussion and feedback could benefit the service user and provide feedback (CPD Standards 4 & 5).

A more extensive list of the different types of supporting information that you could send to us is suggested at the back of this document, in Appendix 2.

We are aware that it can be difficult to provide evidence for some of the standards. When you are describing, for example, how your CPD has benefited the quality of your practice, or benefited your service users, you may need to describe in your personal statement how you *believe* that this has happened. You may be able to back up this assertion with evidence of, for example, an altered way of working which you believe has enhanced the quality of your practice. You may have evidence of a meeting with your manager where you discussed implementing new skills you had learnt, or you may have evidence of how you personally planned to make changes to systems or practices. If your personal CPD record includes a place where you write a statement after your CPD about how you will use the knowledge you have gained,

then this statement (which you might call a ‘reflective statement’) could be useful evidence. These types of evidence are evidence of the *effects* of your activities, and this, alongside the evidence of the CPD activities themselves, will help to show the assessors how you meet our standards.

Copies of documents

As far as we can, we will put in place systems to keep your information safe. However, when items are sent through the post, there is always the possibility that they may be lost. Likewise, although we work hard to process and file your information, it is possible that we may lose a small number of profiles. We therefore ask you to make sure you only send us a copy of your supporting information, and that you do not send us any original documents.

The assessors may ask to see original documents if they have a particular query about a piece of evidence, and if this is the case, we will contact you to let you know, and to discuss the best way of doing this. But unless this happens, please do not send us any original or irreplaceable documentation.

Proportionality of evidence

In your personal CPD record you may have a large quantity of evidence relating to certain activities. However, you do not need to send all of this information to us. You need to look at the information you have, decide which activities show how you meet our standards, and then decide what evidence of those activities to send to us. You should refer to the assessment criteria to ensure that you have provided information to show how you meet each of the standards.

We do not have detailed guidelines concerning how much information to send us, since each CPD record will be unique. But you should bear in mind that the CPD assessors will need to see enough information to assure themselves that the CPD activity has taken place, and also information relating to any outcomes you describe.

Confidentiality and anonymity

It is your responsibility, in all aspects of your practice, to maintain patient confidentiality. This is part of your responsibility under our Standards of conduct, performance and ethics.

Some of the information that you wish to send us may contain details of your patients, clients or users. If this is the case, please remove any details that could allow us to identify the people concerned. We expect that your supporting evidence will normally take the form of documents, and so in order to maintain confidentiality you could, for example, strike through any personal details in black before making a copy of the documents.

This issue becomes more complex if you are submitting information in other formats, for example an audio cassette, or a video tape, or photographs. In the case of photographs, you may be able to scan these, and then to mask over faces in order that the patients, clients or users cannot be identified.

If this is not possible with photographs, or if you wish to submit tapes/ videos / DVDs, etc. where confidentiality is not possible, then you should make sure that, before you send the information to us, you have informed consent to do so from your patients, clients or users, or other people who could be identified from your evidence. Even if you have already gained consent from the people concerned in order to make the recording in the first place, you would also need express consent from them in order to send that material to us. We do not need evidence of the consent as part of your CPD profile, since you must keep to our standards of confidentiality and consent whether you are audited or not. (Please see our standards of conduct, performance and ethics for more information.) However, we may ask you for evidence of obtaining consent if we need to.

Please be aware that we cannot accept evidence unless you have gained appropriate consent from the people involved, or maintained their anonymity to remove the need for consent.

Example profiles

You can find example CPD profiles on our website, or you can contact us to ask for a hard copy. We asked the professional bodies for each of the professions that we regulate to submit example profiles, giving examples of how registrants' activities would meet our standards, in a variety of contexts, and we are very grateful to the professional bodies for working on this project.

Disabled registrants

If you are a disabled registrant who is selected for audit, we will assess your profile fairly. You do not have to inform us about your disability in your profile, as it may not be relevant to your CPD activities.

However, it is possible that you feel your impairment is relevant to your CPD. For example, part of your development might be in developing further reasonable adjustments to your practice with your employer, reviewing those adjustments, and improving them. In this case, you can mention your impairment on your profile if you wish. This information will be seen by the CPD assessors who assess your form, and the members of staff who process it, but we will not share the information with anyone else, and we will keep this information securely and confidentially.

If you need any information from us in alternative formats, for example in Braille or large print, please let us know. Similarly, if you would like to submit your profile in an alternative format, we will be happy to accept it. Please just let us know in advance that you intend to do this so that we can make any arrangements that we need to.

When you are putting together your profile, you can do so using any reasonable adjustments that are useful to you. For example, if you normally take notes in your practice by dictating to an assistant, you could compile your profile in the same way. If you have any questions about the way that you wish to compile your profile, please contact us to find out how we can assist you.

Your writing style

The way you write does not form part of the assessment criteria for the CPD audit, but

it will still greatly assist the CPD assessors if your writing is clear and logically presented so they can easily understand your profile and how you meet each of our standards. This does not mean that you need to be able to write in a particular style: you might present your profile clearly in note format, for example.

The CPD audit process is not an academic assessment of how clearly or how well you can write. When a CPD assessor looks at your profile, he or she will be focusing on your CPD activities and whether they meet our standards. Your fluency, spelling, grammar, and command of English are relevant, but only in the way that they enable the assessors to see how you clearly and legibly communicate what you have done, how you have done it, and how the activities meet the CPD Standards.

Our standards for communication in English

In addition, as part of your registration with us, we require that you are able to communicate in English to the standards equivalent to level 7 of the International English Language Testing System, with no element below level 6.5 (There is a higher standard for Speech and Language Therapists, of level 8, with no element below 7.5.) This is not part of our CPD requirements, but part of our Standards of Proficiency which every registrant must meet. If English is your first language, then you will already meet this standard. If English is not your first language, then you will normally have passed this test or an equivalent test when you applied to us for registration.⁴

It is possible that a submission to us might raise serious concerns with the CPD assessors, not about your CPD activity, but about your ability to meet our standards for your communication in English. If this were the case, then we would have to decide whether to take action through our fitness to practise process in order to protect the public. However, we consider that this is very unlikely to happen, and would not affect those registrants whose first language is English. In particular, if you are dyslexic, you should be assured that the purpose of this standard is to ensure that registered health professionals can communicate effectively, in order to practise safely and effectively, and it is not intended to bar people with dyslexia from being registered.

⁴ Under Community law, EEA applicants exercising mutual recognition rights cannot be language tested on entry to the register but they do have to meet the language proficiency standard when they practice.

Glossary

Audit	A CPD audit is the process where we randomly select a percentage of registrants who are renewing their registration, and ask them to send in a profile showing how their CPD meets our standards.
Appeal	If you come off the Register because your profile does not meet our CPD standards, you can appeal against this decision. When you appeal, we will look at the decision again, with any extra information you send us, and decide whether to change the decision made.
Clinical governance	"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Sally, G, Donaldson, L (1998) Looking forward: clinical governance and the drive for quality improvement in the new NHS. British Medical Journal, 317, p61-65)
Competence	Your competence is your ongoing ability to meet our standards for your professional knowledge, understanding and skills, so that you can practise safely and effectively.
Continuing professional development (CPD)	A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.
CPD assessor	An HPC partner, whose role is to assess CPD profiles against the CPD standards.
Deferral	The process by which a registrant who is unable to complete their profile puts off their CPD audit for two years.
Fitness to Practise	If someone is fit to practise, this means that they have the health and character, as well as the necessary skills and knowledge to practise their profession safely and effectively.
Health Professions Council	The statutory UK regulator for thirteen health professions, set up to set standards, and protect the public.
Health Professions Order	The legislation which created the Health Professions Council, and which gives it legal powers.
Hearing	Proceedings at which someone's fitness to practise is considered, or an HPC decision is appealed.
Lapsed (registration)	The term used to describe what happens to registration when a health professional does not renew their registration, and they are then no longer on the register.
Partner	Partners work as agents of the HPC. They provide the expertise the HPC needs for its decision making, and ensure

	that we have good professional, and lay (public) input into what we do. Partners include registration assessors, who assess applications from health professionals who trained outside the UK, panel members, who sit at hearings to decide on registrants' fitness to practise, and CPD assessors, who assess CPD profiles.
Portfolio	This name is sometimes used for a registrant's personal and complete record of their CPD activity. This can be kept in whatever format is most useful for the registrant, and will not be looked at or inspected by HPC.
Professional body	Each of the professions regulated by the HPC has a professional body, membership of which is voluntary. Professional bodies may deal with supporting their members, promoting the profession, developing best practice, and continuing education.
Profile	The information that a registrant who has been selected for audit sends to the HPC to show that they meet the standards for CPD.
Protected title	A title like 'physiotherapist', 'chiropracist' or 'dietitian' which can only be used by someone on the HPC Register. Anyone who is not registered with HPC who uses a protected title may be prosecuted and fined £5,000. For a full list of protected titles, please see our website www.hpc-uk.org
Register	A published list of health professionals who meet the HPC's standards. This is available online at www.hpc-uk.org
Renewal	The name of the process where professionals on the HPC Register pay their registration fees, and sign their professional declaration, so that their registration continues for another two year period. Each profession regulated by HPC renews its registration once every two years. Our CPD audit process is linked to registration renewal.
Revalidation	The process whereby a registered professional is assessed, regularly to ensure that they are fit to practise. (This is not the same as CPD, which is concerned with ongoing development and learning.)
Returners to practice	Health professionals who have been out of practice for a period of time, who wish to re-join their profession.
Scope of practice	The term used for the area of someone's profession in which they have the knowledge, skills and experience to practise safely and effectively, in a way that meets our standards and does not present any risk to the public or to the health professional.
Struck off	When a health professional is removed from the Register as the result of a fitness to practise hearing.

Appendix 1: Examples of types of CPD activity⁵

(This is not an exhaustive list, but we have provided it to give you an ideas of the kinds of activity that might make up your CPD.)

Work based learning	Professional activity
<ul style="list-style-type: none"> • Learning by doing • Case studies • Reflective practice • Clinical audit • Coaching from others • Discussion with colleagues • Peer review • Gaining and learning from experience • Involvement in wider work of employer e.g. representative on a committee • Shadowing • Secondments • Job rotation • Journal club • In-service training • Supervision of staff/students • Visits to other departments and reporting back • Role expansion • Significant event analysis • Completion of self-assessment questionnaires • Project work/management • Evidence from learning activities undertaken as part of your progression on the NHS Knowledge and Skills framework 	<ul style="list-style-type: none"> • Involvement in a professional body • Member of specialist interest group • Lecturing/teaching • Mentoring • Examiner • Tutor • Branch meetings • Organising journal clubs or other specialist groups • Maintaining and/or developing specialist skills e.g. musical skills • Expert witness • Member of other professional bodies/groups • Presentation at conferences • Organiser of accredited courses • Research supervision • National assessor • Appointment to a promoted post

Formal / educational	Self-directed learning	Other
<ul style="list-style-type: none"> • Courses • Further education • Undertaking research • Attendance at conferences • Submission of articles/paper • Seminars • Distance learning • Courses accredited by professional body • Planning or running a course 	<ul style="list-style-type: none"> • Reading journals/articles • Review of books/articles • Updating knowledge via www/TV/press • Progress files 	<ul style="list-style-type: none"> • Public service • Voluntary work • Courses

⁵ This appendix is based on work done by the Allied Health Professions Project on Demonstrating Competence through CPD.

Appendix 2: Examples of evidence⁶

(This is not an exhaustive list, but has been provided to encourage you to think about how you can provide evidence of your CPD)

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

⁶ This appendix is based on work done by the Allied Health Professions Project on Demonstrating Competence through CPD.