

Health Professions Council 6th July 2006

CONTINUING PROFESSIONAL DEVELOPMENT AND YOUR REGISTRATION

Executive Summary and Recommendations

Introduction

The Council agreed to publish more information for registrants about its CPD standards, and established a Professional Liaison Group to draft this information.

This group recommended two draft documents to the Education and Training Committee in March, a short document for all registrants giving a brief overview of the new standards, and a longer document, available online and on request, designed for registrants with a more detailed interest in CPD and registration. Attached to this paper is the final text of the longer CPD document, for the Council's approval.

This document has been drafted over several meetings by the professional liaison group, with comments and input from the professional bodies, and subsequently agreed by the Education and Training Committee. It has also been Crystal-marked by the Plain English Campaign.

Decision

The Council is asked to agree:

- the text of the attached document (pending any final minor amendments by the Plain English Campaign); and
- to publish the document online and in hard copy.

Background information

The shorter document has been posted to all registrants and is available online.

Example profiles are available for five professions, and will be published online once the text of this document has been agreed. Example profiles for the other professions are currently being compiled by the professional bodies, with comments and feedback from the PLG members.

Resource implications

None applicable.

Financial implications

The printing of this document is part of the HPC budget for 2006 – 2007.

Background papers

None applicable.

Appendices

Appendix 1

Date of paper

26th June 2006

Appendix 1

Continuing professional development and your registration

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1. Introduction

(a) *About this document*

We, the Health Professions Council (HPC), have written this document for the health professionals registered with us who are chosen to have a continuing professional development (CPD) audit.

Throughout this document:

- ‘we’ refers to us, the Health Professions Council;
- ‘you’ refers to a health professional on our Register;
- health professionals on our register are known as ‘registrants’; and
- CPD means continuing professional development.

You may find this document useful if you are:

- a registrant who is being audited;
- a registrant who is not being audited but who wants to find out more about CPD;
- a student who wants to find out more about CPD;
- a manager thinking about the CPD needs of your team and how you can help them with their CPD;
- a CPD co-ordinator, union representative or a representative from a professional body and you want to support registrants with their CPD;
- an employer of registrants and you want to find out more about their CPD responsibilities; or
- a person or organisation thinking about offering CPD activities to registrants.

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

We will review this document and update it if necessary.

(b) *CPD and HPC registration: A summary of CPD and the audit process*

You must undertake CPD to stay registered with us. We have set standards which your CPD must meet. Every time you renew your registration, you will need to confirm that you have met these standards. From 2008, whenever a profession renews its registration, we will randomly audit (check) the CPD of a proportion of health professionals from that profession. The health professionals randomly chosen have to send in evidence to show how their CPD meets the standards.

2. CPD and your registration

(i) About us

We are the Health Professions Council. 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 CPD. All health professionals registered with us must undertake CPD to stay registered.

(b) Registered professions

We currently register 13 professions. They are as follows.

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and orthotists
- Radiographers
- Speech and language therapists

(i) All of the professions have at least one professional title which is protected by law, including those shown above. This means, for example, that anyone using the titles ‘physiotherapist’ or ‘dietitian’ must be registered with us.

(ii)

(iii) It is a criminal offence for someone to claim that they are registered with us when they are not, or to use a protected title that they are not entitled to use. We will prosecute people who commit these crimes.

(c) A new responsibility

Before 2005, you may have needed to undertake CPD as part of your membership of your professional body, or as part of your job. You may not have needed to undertake CPD, 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 we have agreed our standards for CPD, CPD is an important part of your continuing registration. Our standards now mean that all health professionals must continue to develop their knowledge and skills while they are registered.

(d) Background

Under the Health Professions Order 2001, we must consult registrants, employers, professional bodies and others with an interest in how we work before we issue standards or guidance.

In 2004, we consulted on our ideas of how we would link CPD with registration. We published a document on our website, sent it out to all health professionals registered with us, and held 46 meetings in 22 locations all over the UK. At each meeting, we presented our ideas and then answered any questions we were asked. Over 6500 health professionals attended the meetings and we benefited from a wide range of views and comments.

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

(e) Our standards for CPD

Our standards say that registrants 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.’

(f) Your responsibility

As a registered health professional, you have always been responsible for making sure you meet our standards of conduct, performance and ethics. You are now also responsible for making sure that you meet our standards for CPD.

(g) The role of your employer

During our consultation on CPD in 2004, many people asked whether we could make sure employers gave their staff a certain amount of time for CPD. Unfortunately the Health Professions Order 2001 doesn't allow us to do this.

We believe that responsible employers will want to encourage the development of their staff. We believe that employers will benefit a great deal from supporting CPD.

We also believe that now health professionals must undertake CPD to stay registered, organisations such as professional bodies (supported by information from us) will be able to put more pressure on employers and other organisations to make sure your CPD is recognised and given a higher priority than it was given in the past.

(h) *CPD and fitness to practise*

(i) CPD and competence

There is no automatic link between your CPD and your competence. This is because it would be possible (although unlikely) for a competent professional not to undertake any CPD and yet still meet our standards for their skills and knowledge. Equally, it would be possible for a registrant who was not competent to complete a lot of CPD activities but still not be fit to practise.

We have a separate process (our fitness to practise procedures) for dealing with lack of competence, and this is not linked to our powers to make sure registrants undertake CPD. (You can find out more about our fitness to practise procedures on our website at www.hpc-uk.org.)

The Health Professions Order 2001 says that we can set standards for CPD, and we can link these standards to renewing registration. We can also take registrants off our register if they have not met our standards for CPD (although there is a right to appeal).

(ii) If a CPD profile is fraudulent

Most health professionals will fill in their CPD profiles honestly and accurately. As we have already said, there is not usually any link between CPD and our fitness to practise procedures. However, if a registrant provides false or misleading information in their CPD profile, we would deal with them under our fitness to practise procedures. This could lead to them being struck off the register so that they can no longer practise. Someone who is struck off our register cannot apply to be registered again for five years.

(iii) CPD, your practice, and your ongoing competence

Above we have described how competence and CPD are not directly linked under the Health Professions Order 2001. However, for individual professionals, there is likely to be a link between competence and CPD. When considering your CPD, and planning your CPD activities, you may consider your ongoing competence as important for your CPD. But you can be sure that we do not assess your competence, or make assumptions about your fitness to practise, based on your CPD activities.

(i) *Important dates*

This is a list of important dates about CPD:

July 2003 – we began working under our rules and the Health Professions Order 2001.

September to December 2004 – we consulted health professionals on CPD.

July 2005 – our standards for CPD were approved.

July 2006 – health professionals need to begin recording their CPD.

July 2008 – we carry out the first random audit.

(i) *Audit dates*

The dates of the first audit for all 13 health professions are given below, listed in date order. These are the closing dates for health professionals in these professions to renew their registration. If you are chosen for audit, we will write to you before this date, asking you to fill in a CPD profile with details of the CPD you have undertaken over the previous two years.

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

After this, audits will take place every two years.

3. Undertaking CPD

(a) *What is CPD?*

We define CPD as ‘a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice’. (This definition is taken from the Allied Health Professions project, ‘Demonstrating competence through CPD’, 2002.)

Put simply, CPD is the way health professionals continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to work safely, legally and effectively.

(b) *Standards of CPD*

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.

To meet our standards, you need to make your own professional decisions about the kinds of CPD activity you need to undertake to develop and improve your skills and knowledge.

(c) *The standards in detail*

In this section, we look in detail at each of our standards.

- (i) 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 binder or folder of papers, perhaps using a format provided by your professional body or your employer, or you could keep this record on computer.

Your record must be continuous. This means that you should regularly add to your record.

Your record must also be up-to-date. Your profile will normally concentrate on the CPD you have undertaken in the previous two years. Some of your CPD activities may have started before this, and others may carry on after the two-year period. However, you would normally focus on this two-year period.

Finally, your record should be a true reflection of the activities that you have undertaken.

Your CPD record 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 fill in a CPD profile. This is a form that we will provide you with. In it you must write a statement which tells us how your CPD has met our standards. When you send this to us, you must also send in supporting evidence from your personal CPD record.

The simplest way to prove 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.

- (ii) 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 need you to undertake a certain amount of CPD (for example, to do 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 on an activity does not necessarily reflect the learning gained from it.

Under this standard, your CPD must include a mixture of learning activities – so you should include different types of learning activity in your CPD record. See page XX for a list of suggested learning activities.

If you filled in a CPD profile with details of only one type of activity (for example, only peer reviews or only mentoring), this would not meet this standard.

Although we expect most people’s CPD profiles to contain a good mixture of learning activities, we realise that there might be good reasons for you concentrating on a limited number of different types. For example, you might do most of your learning through just a few types of activity because:

- you have found that certain ways of learning suit you;
- a particular type of learning is most easily available in your area; or
- a particular kind of learning activity takes up a lot of your time.

As long as your CPD profile explains how:

- you planned your CPD;
- you decided what activities to do; and
- your CPD meets our standards;

it’s likely that your profile will meet this standard for CPD.

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

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

For example, if you are managing a team, your CPD may be based around your skills in appraising your team, supporting their development, and financial planning. It may not include dealing with patients.

Equally, if you are planning to move from one type of work to another, your CPD may be a mixture of what is relevant in your current job, and activities which are helping you to prepare you for your future role. Or, you may choose to concentrate most or all of your CPD on the new area of work you will be moving into.

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

You should aim for your CPD to improve the way you work. Your learning activities should lead to you making changes to how you work, which improve the way you provide your service. Alternatively, your learning activities may mean that you continue to work as you did before, but you are more confident that you are working effectively.

You do not necessarily have to make drastic changes to how you work to improve the quality of your work and the way you provide your service. You may meet this standard by showing how your work has developed as your skills increase through your learning. In meeting this standard, you should be able to show that your CPD activities are part of your work, contribute to your work, and are not separate from it.

This standard contains the phrase ‘seek to ensure’ because making sure your CPD contributes to the quality of your work may be outside your control. For example, you could undertake activities that you think will improve your work but are not as effective as you expected. In situations like this, you need to consider and explain what further actions you could take. By doing this you will still meet this standard because you have tried to make your CPD contribute to the quality of your work.

- (iii) Standard 4 – A registrant must seek to ensure that their CPD benefits the service user.

Like standard 3, this standard says that you should ‘seek to ensure’ (try to make sure) because you may intend for your CPD to benefit service users, but this may not happen because of factors beyond your control. You will meet this standard as long as you have tried to make your CPD benefit service users.

Standards 3 and 4 both mean that your CPD should be driven by the quality of your work and the benefits to service users.

Who your service users are will depend on how and where you work. For many health professionals, service users will be patients. However, if you work in education, your

service users may be your students or the team of lecturers 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. So in this standard, 'service user' means anyone who is affected by your work.

We realise that it can be difficult to provide evidence that your CPD has benefited service users. For this standard, when you are choosing your CPD activities, you need to think about how your service users might benefit. If you are audited, you will need to explain how you think this has happened.

- (iv) Standard 5 – A registrant must present a written profile containing evidence of their CPD upon request.

If you are chosen for audit, we will send you a CPD profile. Under this standard, you must fill the profile in, with details of how you have met the standards for CPD. You must return the profile to us, with evidence to support it, by the deadline we set. You do not have to think about meeting this standard unless you are audited.

More information on filling in a CPD profile is given on page XX.

(d) *CPD activities*

We believe that CPD takes many forms, and that we should not set down exactly how health professionals should learn. We also believe that health professionals may already be taking part in activities they learn through, and which develop their work, but they may not call these activities CPD. We take account of many types of activity which can contribute to your development.

CPD activities could include the following.

- **Work-based learning** (for example, reflecting on experiences, considering feedback from service users, being a member of a committee and so on)
- **Professional activity** (for example, being a member of a specialist interest group, mentoring or teaching others, being an expert witness, giving presentations at conferences and so on)
- **Formal education** (for example, going on courses, doing research, distance learning, planning or running a course and so on)
- **Self-directed learning** (for example, reading articles, reviewing books and articles, updating your knowledge through the internet and so on)
- **Other activities** (for example, public service)

There is a fuller list of suggested learning activities on page XX of this document.

Many people think of CPD as only being formal education (for example, going on a course). Our standards take account of the fact that a course may not be the most useful kind of CPD for all health professionals, and some health professionals may not have access to courses. (For example, health professionals in rural or remote areas may find it difficult to get access to formal courses, but our standards mean that they can undertake other types of CPD that are more useful and accessible to them.)

Similarly, health professionals working outside the UK may be learning and developing through the experience they gain of another health-care system or another culture, and this may form part of their CPD. Health professionals who work as locums or work in more than one place may be learning and developing as they gain experience of a variety of different employers. Our standards recognise that there is a number of ways that health professionals can undertake CPD, and we do not force health professionals to learn in one particular way.

(e) *Based on learning outcomes*

Our CPD process is based on the outcomes of your learning and not on a certain number of hours or points or days. You will need to make professional decisions about the kinds of activity that will be most appropriate for you.

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

- the opportunities for CPD in your work;
- your profession and speciality within it;
- your personal learning needs;
- your preferred style of learning;
- how relevant particular activities are to your work; and
- the context of your work.

(f) *Some examples of CPD activity*

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

(i) Registrant working in a clinical role

- Attending a short course on new laws affecting your work
- Appraising an article with a group of colleagues
- Giving colleagues a presentation on a new technique

(ii) Registrant working in education

- Being a member of a learning and teaching committee
- Doing a review for a professional journal
- Studying for a formal teaching award

(iii) Registrant working in management

- Being a member of an occupational group for managers
- Studying management modules
- Supporting the development and introduction of a national or local policy

(iv) Registrant involved in research

- Giving a presentation at a conference
- Being a member of a local ethics research committee
- Considering articles for scientific journals

When setting our standards for CPD, we realise that health professionals are already undertaking a wide range of CPD activities as part of their professional life. Our standards are not designed to increase the workload of health professionals registered with us, but to recognise the activities they are already undertaking.

(g) A flexible process

After considering all the feedback we received, 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 set a number of hours, and we do not suggest how many hours you should complete. Our standards are concerned with quality and with outcomes, not with the time that you spend on your CPD.

When setting our standards, we wanted to take account of the range of health professionals registered with us, and the different ways they can undertake CPD.

We are not going to ‘approve’ certain CPD activities because we believe that you are in the best position to decide what type of CPD activity is most relevant to you. If we approve only certain CPD activities, you might not be able to complete other activities which could benefit your work and service users more.

(h) CPD schemes

Our standards mean that you could meet our requirements by taking part in a scheme run by your professional body, your employer, or any other organisation. If you are part of a CPD scheme that:

- is useful to you;
- is relevant to your practice;
- helps you to develop; and
- has a structure that means you can meet our standards;

taking part in this scheme would be a perfectly acceptable way of meeting our standards. If you were audited, when filling in your CPD profile you would draw on the different activities that you had completed as part of the scheme.

Most CPD schemes offered by other organisations will give you the opportunity to meet our standards, and offer a useful way of structuring your activities and development. However, as we do not approve any CPD schemes, you must decide whether you are content that taking part in any scheme will make sure you 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. For example, you could plan your learning around your personal development plan. This may be particularly relevant if you are working in a very specialised area and feel that the CPD schemes offered by organisations are not relevant to your work. Our standards give you the flexibility to plan your own CPD in a way that suits your work, your learning needs, your preferences, and the time and resources available to you.

(i) Your scope of practice

When you are planning or undertaking your CPD you will need to make sure that it is relevant to your work. Similarly, to stay registered 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 lawfully, safely and effectively, in a way that meets our standards and does not present any risk to the public or to yourself.

When you are registered for the first time, this means that you meet all of our standards of proficiency for your profession. The standards of proficiency are the minimum standards for the safe and effective practice of each of the professions we regulate.

After you have been registered with us, we recognise that your scope of practice may change so that you can no longer meet all 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’ (affected in some way). As long as you make sure that you are capable of practising safely and effectively within your scope of practice, and do not practise in areas where you are not able to do so, a changing scope of practice will not normally cause us 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 10 years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists who 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 make sure that she could safely extend her scope of practice, to effectively practise in her new role. These activities formed part of her CPD for that two-year period.

This shows how your CPD can prepare you for a changing scope of practice. Other 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 make sure that you only practise within it. It is closely linked to your fitness to practise, but the two are not the same.

(j) The NHS Knowledge and Skills Framework

Although most health professionals registered with us are employed by the NHS, it is very important that our systems and processes take account of the fact that many are not. So our standards for CPD are not linked with ‘Agenda for Change’ (which was introduced in October 2004). They are also not linked to the NHS ‘Knowledge and Skills Framework’.

However, our standards for CPD work well with other frameworks. For example, 'Lifelong learning' is an important part of the Knowledge and Skills framework and is similar in some ways to CPD. The purpose of the Knowledge and Skills Framework is to develop services, to develop people, and to improve patient care. This is exactly in line with our standards for CPD. 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 allow you to do this, but they are also suitable for health professionals who do not work in the NHS.

You can download information about the knowledge and skills framework from the Department of Health website at www.dh.gov.uk.

(k) CPD and clinical governance

We define clinical governance as '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'. (This definition is taken from 'Looking forward: clinical governance and the drive for quality improvement in the new NHS', G Scally and L Donaldson, British Medical Journal, issue 317, pages 61 to 65.)

An important part of good clinical governance is continuous improvement in services and care. This links to standard 3, which says that you should aim for your CPD to contribute to the quality of your work. For good clinical governance it is also vital that health professionals continue to develop their professional skills and knowledge. So our CPD requirements work with clinical governance, which includes developing people, services, and improving patient care.

(l) Returners to practice

Many health professionals will take a break from their work. This could be for many reasons, including maternity leave, going travelling, being a carer or being ill.

From July 2006, we are putting a new 'returners to practice' process into place. The process will apply to health professionals who want to start working again after taking a break of more than two years. Health professionals in this situation will need to complete a period of updating, depending on how long it has been since they last worked in their profession. More information about this process, and about the period of updating, is available on our website.

If you stop working for more than two years, you should come off our register. While you are not working and are not registered with us, you may be undertaking activities which you feel contribute to your CPD. These might be some form of contact with your profession, activities related to another job, or activities from your personal life that contribute to your learning and development. You can keep a record of these in case you become registered again and want to use this information in the future as part of your CPD. However, while you are not registered with us, you do not have to undertake CPD.

If you want to be registered again, you will need to go through our 'returners to practice' process first. Please see our website for more information about this process.

If you stop working in the profession for less than two years, you may choose to stay on the register. You might do this if, for example, you want to stay registered so that you can quickly return to work, or if you are not sure how long your break will be because it is due to illness. If you are chosen to be audited during this period, you can ask us to defer your CPD audit. Please see page X for more information.

4. The audit process

(a) In brief

Every time you renew your registration, by signing your renewal form you are confirming that you have met our standards for CPD.

From 2008, each time a profession renews its registration, we will ask a random sample of registrants to fill in a CPD profile and return it with evidence of how they have met our standards. We will assess these profiles.

(b) Two years' registration

We will only audit registrants who have been registered for more than two years. 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 CPD 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 chosen for audit. Similarly, if you have had a break from work, and you have just come back onto the register, you will not be chosen for audit the first time you renew your registration.

(c) Sampling health professionals

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

By auditing a sample of registrants rather than all those registered with us, we will keep the audit costs down and provide better value for money for those who pay registration fees.

When the first audits take place in 2008, we will audit 5% of the first two professions (operating department practitioners and chiropodists and podiatrists). Depending on the results of these audits, we then propose to audit 2.5% of the professions we are auditing each year after that.

Samples of this size will give us confidence that we have a good picture of whether health professionals in general are meeting our standards or not, while keeping costs down to manageable levels. Statistics show that the larger the population we are checking, the smaller the percentage we need to sample to be confident that we have got an accurate picture.

We have chosen the levels of 5% and 2.5% after taking account of the number of health professionals on our register and taking expert advice on sample sizes. We will use different-sized samples if we find that the proposed percentages are not working well enough in some way. If we change our sample size, we will publish this information on our website.

(d) *Auditing*

If you are chosen for audit, we will send you a CPD profile to fill in and return by your renewal deadline date. We will also send you a reminder letter.

If we do not receive your CPD profile, your registration will not be renewed.

(i) When we have received your profile

We will ask CPD assessors to assess your CPD profile. At least one of these assessors will be from the same profession as you.

The CPD assessors will assess your CPD profile against our standards using the assessment criteria set out in the table on pages <X> and <Y>. 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 stay on the register and can continue to work.

There are three possible outcomes at this point.

- Your profile meets the standards – you will stay on the register. We will write to you and let you know.
- More information is needed – we will write to you and let you know what information the assessors need to decide whether you meet the standards of CPD. You will stay on the register while you send more information to the assessors.
- **Your profile does not meet the standards – the CPD assessors will then decide whether to offer you an extra three months to meet our standards of CPD or to recommend that your registration should end.**

The CPD assessors will decide whether to offer you an extra three months by considering whether:

- you appear to have filled in your CPD profile honestly and accurately;
- you have met any or some of the standards; and
- within the three months, it would be possible for you to undertake CPD which would meet our standards.

If you meet several of the standards, the assessors may recommend that you are given three months to meet the remaining standards. If you have not met any of the standards, the assessors may think it is very unlikely that you would be able to meet the standards in three months, and so would recommend that your registration ends. Likewise, if your CPD profile suggests that you are not committed to CPD, the

assessors may think that it is not reasonable to recommend a further three months, and will recommend instead that you should no longer be registered.

If you are given a further three months to meet our standards of CPD, we will tell you that we will not renew your registration. (You will stay on our register during this three months.) We will then ask you to send in a further CPD profile. If that CPD profile does not meet our standards, you will be taken off the register.

If you are not given a further three months to meet the necessary standards, we will take you off our register. Whatever decision the assessors reach, we will write to you with the decision, and the reasons for it. If you do not agree, you can appeal. More information about the appeal process is given on page X of this document.

(e) CPD assessors

CPD assessors play a vital role in making sure the audit process runs smoothly. They are one type of what we call ‘partners’. Other types of partner that we currently use include registration assessors, who make decisions about applications from people who trained outside the UK, and panel members who consider allegations and complaints about registrants.

When recruiting our CPD assessors we will:

- make sure we advertise openly for the roles;
- produce a shortlist of those who have the necessary skills, knowledge and experience; and
- interview all those shortlisted to make sure we have an appropriate number of CPD assessors drawn from a range of professional backgrounds.

We will then train CPD assessors to make sure they carry out their jobs fairly. (We will put information about how to become a CPD assessor on our website when we begin recruiting.)

Once CPD audits are underway, we will review the performance of CPD assessors to make sure decisions are being made consistently as far as possible.

(f) *Assessment criteria*

Standard	Standard not met	Standard partly met	Standard met
A registrant must maintain a continuous, up-to-date and accurate record of their CPD activities.	The registrant has not provided evidence that they have kept a record of their CPD.	There is some evidence that the registrant has kept a record of their CPD. For example, they have described keeping a record.	There is evidence that the registrant has maintained a record of their CPD activities, and as part of their supporting evidence they have sent in a brief summary of all the CPD activities they have undertaken.
A registrant must demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice.	The registrant has not undertaken any CPD activities. Or The registrant's CPD consists of only one type of CPD activity. Or The registrant's CPD is not relevant to their current or future practice, as described in the 'summary of practice'.	The registrant has undertaken two types of CPD activity, but they have not explained why they have concentrated just on those. Or There is some evidence that the registrant's CPD is relevant to current or future work, but this is not made clear.	The registrant's CPD includes three or more types of CPD activity. Or The registrant's CPD includes two types of CPD activity and their CPD profile has explained why they have chosen to concentrate only on those types of activity. And There is evidence that the registrant's CPD activities are relevant to their current or future practice and the link is clear in the personal statement.
A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.	There is no evidence that the registrant's CPD activities have improved the quality of their work, or that they have aimed for their CPD to improve the quality of their work.	There is some suggestion that the registrant's CPD has improved their work – improvement is hinted at in the information they have provided but they have not given any evidence to support this.	The registrant's personal statement shows that their CPD activities have improved the quality of their work and this is backed up with evidence. Or The registrant has shown how they believed that their CPD might improve the quality of their work, and had planned for this, but this had not been the case. The registrant's statement must show that they have

<p>A registrant must seek to ensure that their CPD benefits the service user.</p>	<p>The registrant has not provided any information which explains any benefit to service users.</p>	<p>There is limited information about how the registrant's CPD activities have benefited service users. Or The registrant has stated a benefit to service users but not given any evidence or explanation to support this.</p>	<p>considered why this has happened, and what they will do next to make sure their CPD will improve the quality of their work in the future.)</p>
<p>A registrant must present a written profile containing evidence of their CPD upon request.</p>	<p>The registrant did not return their profile by the deadline.</p>	<p>The registrant has provided a profile by the deadline but it was incomplete (for example, they said that evidence was to follow).</p>	<p>The registrant has shown (through evidence provided or an explanation given) how their CPD activities have benefited service users, either directly or indirectly. Or The registrant has shown how they believed their CPD would benefit service users, but this has not been the case. (The profile must show that they have considered why this has happened and what you will do next to make sure their CPD will benefit service users in the future.) The registrant must send in their profile by the deadline.</p>

(g) *Assessing the profile*

Our CPD assessors will assess your CPD profile and will make a decision against each of the standards. The assessors must be certain that you meet each of the standards.

(i) *Assessment outcomes*

The table on page (x) shows the possible outcomes after we have assessed your profile. This depends on whether you meet, partly meet or do not meet the standards.

The extent to which you meet the standards may vary from standard to standard. For example, you might meet some standards while only partly meeting others. The CPD assessors will look at your CPD profile as a whole to make a decision, which they will justify.

The CPD assessors will bear the following in mind.

- If the CPD assessors decide that you meet most of the standards, but you only partly meet some, we will normally ask you for more information so that the CPD assessors can make a decision.
- If the CPD assessors decide that you have not met one or more of the standards, we will normally write to you to explain that your CPD profile does not meet the standards.

We ask the CPD assessors to look at each CPD profile individually and to make sensible and reasoned decisions in the case of, for example, a CPD profile where most of the standards are met but one is only partly met, or where every standard is almost met. In each case, the CPD assessors will make a decision based on the information you have provided.

(h) *The appeal process*

If we think that your CPD profile does not meet our standards, and we decide that we will take you off our register, you can appeal against this decision.

We want to run an appeals process which is fair and easy to understand, and which gives you the opportunity to tell us why you think the decision to remove you from the register was unfair. You will stay on our register while you are making your appeal.

If you want to appeal, you must write to us within 28 days of the date of the letter giving our decision. Your letter needs to tell us that you want to appeal and why you think our decision was wrong.

We will arrange an appeal hearing. At this hearing, a panel will look at your appeal and consider the information they are given. You can go to the appeal or ask the panel to consider the matter just by looking at the relevant paperwork. If you decide to go to the appeal, you can have a representative with you.

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The panel may decide to:

- agree with you and allow you to stay on our register;
- dismiss the appeal, so our original decision to take you off our register will still apply; or
- ask us to assess your CPD profile again.

If you do not agree with the panel's decision, you can refer the matter to a county court in England, Wales or Northern Ireland, or to a local sheriff court in Scotland.

More detailed information about how to appeal is given in our document 'Making a registration appeal'. This is published on our website. The rules on appeals are also on our website.

(i) Coming back onto the register

If we take you off our register because you haven't met our standards for CPD, we will write to you and tell you this. When we write to you, we will tell you what you need to do before you can be registered again. We will introduce a process which, as far as possible:

- recognises the need to be fair to those who have met our standards; and
- is also fair to health professionals we have taken off our 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, we will put information about how this will work on our website.

(j) Deferral

We recognise that, due to unavoidable circumstances, some health professionals may need to defer (put off) their audit. This may be because they cannot fill in their CPD profile as a result of illness or family circumstances. 'Deferral' will offer those who cannot complete their CPD profiles due to circumstances beyond their control the opportunity to stay registered.

Our deferral process will mean that if you are chosen for audit, you can write to us and ask for a deferral. We will need evidence of the reason why you cannot fill in your CPD profile, and we will look at your situation to see whether it would be fair to you, and to the other health professionals who have to fill in their profiles that year, to defer your audit. If your audit is deferred, you will automatically be chosen for audit two years later when your profession is due for renewal again.

Our deferral process will make sure, as far as possible, that although we are fair to those who cannot fill in their CPD profiles, we are still maintaining our standards and being fair to those who are audited. We will publish information about the deferral process on our website before the first audits take place in 2008.

If you need to apply for deferral more than once, we will check your application for deferral very carefully and will be looking for clear evidence that a deferral is absolutely necessary.

(k) Keeping us up to date

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As we will write to you to tell you that you have been chosen for audit, and write to you to tell you the result of that audit, it is now more important than ever that you keep us informed of your address.

Our on-line register shows your name, registration number and the general area you work or live in. 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 on-line register, but we write to you at your home address. Or, we could show your home address on our on-line register but write to you at your work address.

To update your details, please phone our UK registration department on 0845 3004 472 (lo-call rate) or 020 7840 9802.

If we do not have your most recent details, we will not be able to contact you and you will not be able to renew your registration.

(1) Communicating with employers

We know that the time and resources employers provide for CPD is an important issue. One way that we have tackled this is by making sure our standards for CPD 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.

We also recognise that it is very important that employers of health professionals are told about their employees' responsibilities. In 2006 we will begin working on a communications campaign with employers, and information about CPD will form an important part of our regular communications with them. For more information about how we tell employers about CPD, please see our website.

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5. Putting your CPD profile together

If you are chosen for audit, we will send you a form (the CPD profile) to fill in.

The main parts of your CPD profile will be:

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

(a) *The purpose of each part of the profile*

The **summary of your practice history** should help to show the CPD assessors how your CPD activities are linked to your work. This part of the CPD profile should help you to show how your activities are ‘relevant to your current or future work.’

Your **statement** of how you have met our standards should clearly show how you believe you meet each of our standards, and should refer to all the CPD activities you have undertaken and the **evidence** you are sending in to support your statement.

The **evidence** you send in will back up the statements you make in your CPD profile. It should show that you have undertaken the CPD activities you have referred to, and should also show how they have improved the quality of your work and benefited service users. Your evidence should include a summary of all your CPD activities. This will show that you meet standard 1. The CPD assessors should also be able to see how your CPD activities are a mixture of learning activities and are relevant to your work (and therefore meet standard 2).

(b) *Writing the summary of your practice history*

Your summary should describe your role and the type of work you do. The summary should include your main responsibilities, identify the specialist areas you work in and identify the people you communicate and work with most.

You could base this part of your CPD profile on your job description if appropriate.

When you have written your statement about how you meet our standards for CPD (see the following explanation), you may find it helpful to go back over your summary of work, to make sure that it clearly explains how your CPD activities are relevant to your future or current work.

(c) *Writing your statement*

When you write your statement, we expect you to concentrate most on how you meet standards 3 and 4 – how your CPD activities improve the quality of your work and the benefits to service users.

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

(i) Using your personal development plan

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We know that not all health professionals have a personal development plan – you may be self-employed, or your employer may not work in this way. But if you do have a personal development plan, you may find it useful to use this as a starting point for writing your statement. If you do not already have a personal development plan, you may find it useful to develop one and to use this approach.

Most personal development plans involve identifying:

- learning needs;
- learning activities;
- types of evidence; and
- what you have 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 three to six points that have contributed to the quality of your work.

These areas will have been identified through your personal development plan or a review of your role or performance. If you have a personal development plan, you can provide this as part of your evidence.

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 for writing your own statement.

Using the standards

If you do not have a personal development plan, or if you would prefer to use another approach to write your statement, you could start with our standards. Using the information we have provided about our standards for CPD, write about how you have met each one. You could split your statement into sections, and dedicate each section to one of our standards.

Here, we have provided a number of questions which should help you to think about structuring your statement. (These prompt questions are based on work done by the Allied Health Professions’ project ‘Demonstrating competence through CPD’.)

Under each standard we have identified some main questions. These are the most important questions that your CPD profile should answer.

We have also provided extra questions. You do not need to answer all of these or to follow them exactly. But you can choose the ones that seem most useful, and use them to help you write your statement.

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- ❑ **To meet standard 1 – Registrants must maintain a continuous up-to-date and accurate record of their CPD activities**

Main question:

- Does your evidence include a summary sheet of all your CPD activities?

Extra questions:

- How have you kept an up-to-date and accurate record of your CPD activities?
- How did you record your CPD activities?
- Who (if anyone) approved your plan for undertaking CPD activities?

- ❑ **To meet standard 2 – Registrants must demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice**

Main questions:

- What different types of learning activity have you undertaken?
- How is your CPD relevant to your work?
- What parts of your role are affected by your CPD?

Extra questions:

- How did you identify your learning needs?
- How did you decide on what CPD activities to undertake?
- How did you make sure your mix of CPD activities is appropriate to meet your needs?
- How has the mixture of learning activities been relevant to your current or future work?

- ❑ **To meet Standards 3 and 4 –Registrants must seek to ensure that their CPD has contributed to the quality of their practice and service delivery and seek to ensure that their CPD benefits the service user**

Main questions:

- How have you updated your knowledge and skills over the past two years?
- How has this learning affected how you work?
- How has your learning benefited your service users?

Extra questions:

- How does your learning relate to your ability to work safely, effectively and legally?
- How does your professional development relate to your changing work?
- What aspects of your work have changed as a result of your CPD?

- ❑ **To meet standard 5 – you must fill in and return a CPD profile, and evidence of your CPD, when we ask you to.**

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By filling in your CPD profile (if you are audited) and sending it to us on time, you are showing that you meet this standard.

(d) *Your supporting evidence*

You do not need to send in the full record of all your CPD activities. In fact, we strongly encourage you not to send this to us. You can send us a summary of all your activities, but this summary should be only a sheet or two with a very brief list of activities and dates.

If you are chosen for audit, you need to look through your entire record of CPD activities and consider which activities best show how you have met our standards. This should be a mixture of activities that are directly linked to your current or future work, and you should consider how you can provide evidence of how these activities have improved your work, and benefited service users. In all cases, evidence of how you have planned your CPD, what activities you have undertaken, and the effects that this had on how you work 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 evidence to back up your personal statement.

(i) Examples of evidence of CPD

- Your personal development plan (if you have one) could help to show that you take a structured approach to your learning and ongoing development.
- Paperwork from reviews of your role and performance provides evidence of feedback you have received and how you have responded to this.
- A business plan may identify learning needs and any action plan related to this.
- Reflections on your work, experiences and discussions with a mentor could identify benefits to the service users and provide evidence of feedback and how you have acted on this.

A more extensive list of the different types of evidence you could send to us is suggested in appendix 2 at the back of this document.

We know that it can be difficult to provide evidence for some of our standards. For example, when you are describing how your CPD has benefited the quality of your work, or benefited service users, your personal statement may need to describe how you believe that this has happened. You may be able to back this up with evidence of, for example, an altered way of working which you think has improved the quality of your work. You may have evidence of a meeting with your manager where you discussed using new skills you had learnt, or you may have evidence of how you personally planned to make changes to systems or practices. If your record of CPD activities includes a place where you write about how you will use the knowledge you have gained, then this could be useful evidence. These types of evidence are evidence of the effects of your activities. This, alongside the evidence of your CPD activities themselves, will help to show the CPD assessors how you meet our standards.

(ii) Copies of documents

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As far as we can, we will put in place systems to keep your information safe. However, when you send items through the post, there is always the possibility that they may be lost. For this reason you should only send us copies of your supporting documents. Do not send us any original documents.

The CPD assessors may sometimes ask to see original documents. If this is the case, we will contact you to let you know, and to discuss the best way of you providing those documents.

(iii) Amount of evidence needed

In your personal record of CPD activities you may have a large amount of evidence relating to certain activities. However, you do not need to send us all of this information. You need to look at the information you have, decide which activities show how you meet our standards, and then decide what evidence to send to us. You should refer to the assessment criteria on page <X> to make sure you have provided relevant supporting information to show how you meet each of the standards.

We do not have detailed guidelines on how much information you should send us. But you should bear in mind that the CPD assessors will need to see enough information to be sure that the CPD activity has taken place.

(iv) Confidentiality

In all aspects of your work you must maintain patient confidentiality. This is part of your responsibility under our standards of conduct, performance and ethics.

Some of the information you want to send us may contain patients' details. If this is the case, please remove any details that could allow us to identify the patients. Your supporting evidence will normally be in the form of documents, so to maintain confidentiality you could, for example, cover any personal details before making a copy of the documents.

The issue of confidentiality becomes more complex if you are providing information in other formats (for example, an audio tape, videotape or photograph). In the case of photographs, you may be able to scan these and then mask over faces so patients, cannot be identified.

If this is not possible with photographs, or if you wish to provide tapes, videos, DVDs and so on where confidentiality is not possible, make sure that, before you send the information to us, you have permission to do so from your patients or other people who could be identified from your evidence. Even if the people concerned have already given you permission to make the recording, you would also need permission to send that material to us. We do not need the consent as part of your CPD profile. (Please see our standards of conduct, performance and ethics for more information.) However, we may ask you for evidence that you got permission.

(e) Example profiles

You can find example CPD profiles on our website, or you can contact us to ask for copies. We asked the professional bodies for each of the health professions we

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regulate to provide example CPD profiles. We are very grateful to the professional bodies who did this for us.

(f) *Disabled health professionals*

If you are disabled, we will assess your CPD profile fairly. You do not have to tell us about your disability in your CPD profile if it is not relevant to your CPD activities.

However, if you think your disability is relevant to your CPD (for example, if part of your development is making reasonable adjustments to your work with your employer, reviewing those adjustments, and improving them) you can mention your disability in your CPD profile. This information will be seen by the CPD assessors, and the members of staff who process your profile. 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 provide your CPD profile in an alternative format, we will be happy to accept it. Just let us know that you intend to do this so that we can make any necessary arrangements.

When you are putting your CPD profile together, you can use any reasonable adjustments that are useful to you. For example, if you normally take notes at work by dictating to an assistant, you could put your CPD profile together in the same way. If you have any questions about how you want to put your CPD profile together, please contact us.

(g) *Your writing style*

The audit process is not an assessment of how clearly or how well you can write. When a CPD assessor looks at your CPD profile, he or she will be focusing on your CPD activities and whether they meet our standards. However, it will still greatly help the CPD assessors if your writing is clear so they can easily understand the information and how you meet each of our standards. This does not mean that you need to be able to write in a particular style.

(i) *Our standards for communicating in English*

To be registered with us, you must be able to communicate in English to the standards equivalent to level 7 of the International English Language Testing System. (There is a higher standard of level 8 for Speech and Language Therapists.) This is not part of our CPD requirements. If English is your first language, you will already meet this standard. If English is not your first language, you will normally have passed this test, or an equivalent test, when you applied for registration or started working in the profession here in the UK.

It is possible that your CPD profile could raise serious concerns not about your CPD activities, but about your ability to meet our standards for communicating in English. If this is the case, we would decide whether or not to take action through our fitness to practise process in order to protect the public. However, this is very unlikely to happen, and would not affect health professionals whose first language is English.

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Also, if you are dyslexic, you should know that the purpose of this standard is to make sure registered health professionals can communicate effectively, in order to work safely and effectively. It is not intended to prevent people with dyslexia from being registered.

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6. Glossary

Audit	A CPD audit is the process where we ask a random percentage of registrants who are renewing their registration 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 our decision.
Clinical governance	A framework through which NHS organisations must continually improve the quality of their services, and maintain high standards of care, by creating an environment in which care will flourish.
Competence	Your competence is your ability to meet our standards for your professional knowledge, understanding and skills, so that you can work safely and effectively.
Continuing professional development (CPD)	A range of learning activities through which health professionals maintain and develop throughout their career to make sure that they continue to be able to work safely, effectively and legally within their changing scope of practice.
CPD assessor	A partner of ours, whose role is to assess CPD profiles against the CPD standards.
Deferral	The process by which a registrant who cannot 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 work in their profession safely and effectively.
Health Professions Council	A UK regulator for 13 health professions, set up to set standards, and protect the public.
Health Professions Order	The law which created us and which gives us legal powers.
Hearing	Proceedings at which someone's fitness to practise is considered, or our decision is appealed against.
Lapsed (registration)	When a health professional does not renew their registration, and they are then no longer on the register, their registration is said to have lapsed.
Partner	Partners work as agents of ours. They provide the expertise we need to make decisions, and make sure we have good professional and 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).

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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 us.
Professional body	Each of the professions regulated by us 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 being audited sends to us 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 our register. Anyone who is not registered with us who uses a protected title may be prosecuted and fined £5000. For a full list of protected titles, please see our website at www.hpc-uk.org .
Register	A published list of health professionals who meet our standards. This is available on-line at www.hpc-uk.org .
Renewal	The name of the process where professionals on our register pay their registration fees, and sign their professional declaration, so that their registration continues for another two-year period. Each profession regulated by us renews its registration once every two years. Our CPD audit process is linked to registration renewal.
Revalidation	The process whereby a registered professional is regularly assessed to make sure 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 and who want 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 work 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 our register as the result of a fitness to practise hearing.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-06-26	a	POL	PPR	CPD and your registration coversheet for Council	Final DD: None	Public RD: None

7. Appendix 1: examples of CPD activities

This list should give you an idea of the kinds of activity that might make up your CPD. It is based on work done by the Allied Health Professions' project 'Demonstrating competence through CPD'.

Work-based learning	Professional activities
<ul style="list-style-type: none"> • Learning by doing • Case studies • Reflective practice • Audit of patients • Coaching from others • Discussions with colleagues • Peer review • Gaining and learning from experience • Involvement in the wider work of your employer (for example, being a representative on a committee) • Work shadowing • Secondments • Job rotation • Journal club • In-service training • Supervising staff or students • Visiting to other departments and reporting back • Expanding your role • Significant analysis of events • Filling in self-assessment questionnaires • Project work • 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 • Membership of a specialist interest group • Lecturing or teaching • Mentoring • Being an examiner • Being a tutor • Branch meetings • Organising journal clubs or other specialist groups • Maintaining or developing specialist skills (for example, musical skills) • Being an expert witness • Membership of other professional bodies or groups • Giving presentations at conferences • Organising of accredited courses • Supervising research • Being a national assessor • Being promoted

Formal / educational	Self-directed learning	Other
<ul style="list-style-type: none"> • Courses • Further education • Research • Attending conferences • Writing articles or papers • Going to seminars • Distance learning • Going on courses accredited by a professional body • Planning or running a course 	<ul style="list-style-type: none"> • Reading journals or articles • Reviewing books or articles • Updating your knowledge through the internet or TV • Keeping a file of your progress 	<ul style="list-style-type: none"> • Public service • Voluntary work

8. Appendix 2: examples of evidence

This list should encourage you to think about how you can provide evidence of your CPD. It is based on work done by the Allied Health Professions' project 'Demonstrating competence through CPD'.

Materials you may have produced	Materials showing you have reflected on and evaluated your learning and work	Materials you have got from others
<ul style="list-style-type: none"> • Information leaflets • Case studies • Critical reviews • Adapted students' notes • Policies or position statements • Discussion documents • Procedural documents • Documents about national or local processes • Recent job applications • Reports (for example, on project work, clinical audits reviews and so on) • Business plans • Procedures • Guidance materials • Guidelines for dealing with patients • Course assignments • Action plans • Course programme documents • Presentations you have given • Articles for journals • Questionnaires • Research papers, proposals, funding applications, • Induction materials for new members of staff • Learning contracts • Contributions to the work of a professional body • Contributions to the work of a special-interest group 	<ul style="list-style-type: none"> • Adapted documents arising from appraisals, supervision reviews and so on • Documents about following local or national schemes relating to CPD • Evaluations of courses or conferences attended • Personal development plans • Approved claims for credit for previous learning or experience 	<ul style="list-style-type: none"> • Testimonies • Letters from service users, carers, students or colleagues • Course certificates

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