Key Decisions from our consultation on Continuing Professional Development

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Foreword

I am pleased to present this report on our proposals for *Continuing Professional Development* (CPD). Here, we summarise the responses we received during the consultation exercise that we ran from September to December 2004, and outline the key decisions that we have since made.

Our consultation attracted a high level of interest and generated a large volume of responses, from organisations and individuals alike. We received almost 1,500 written responses and around 6500 individuals attended one of 46 consultation events that we held throughout the United Kingdom. These two sources gave us a wealth of information, which we have used to shape our subsequent decisions.

So that this report accurately and fairly reflects your views on CPD, we have highlighted both positive responses and concerns that you brought to our attention. Comments we received focused on:

- whether our proposals can be applied in the same way to all registrants;
- how our proposals relate to existing professional CPD and appraisal schemes;
- whether more guidance or minimum standards are required for registrants to feel confident that they have achieved a satisfactory level of CPD;
- how employers can be encouraged to support registrants' CPD requirements;
- how our proposals relate to those individuals on, or returning from, extended leave and those employed in various work contexts

We will continue to take your views into account over the coming weeks and months, in order to develop appropriate and workable operational procedures, guidance and exemplar information to assist you in meeting the HPC's CPD requirements.

While much of the detail in your responses has still to be worked on, it is clear that Council can, at this stage, make some of the key decisions about the scheme. These are outlined below and detailed throughout this paper. Thanks to your feedback, it is also clear that we need to give further consideration to a number of processes. Where this is applicable, we have stated so in this paper and, following a business impact study and further process mapping, we will be able to provide more comprehensive details on those issues. We will be publishing a document with comprehensive guidance and any further decisions in April 2006.

Our key decisions are:

- the CPD process will now be introduced in August 2006. All registrants will be required to undertake CPD and, if selected for audit, will be required to show evidence of their learning and outcomes;
- the HPC will undertake biennial audits after the registration renewal process for each profession, to assess the CPD being undertaken and to confirm self-declaration;
- the HPC will be looking for a range of CPD activity that includes those activities found in Appendix 1 of the Consultation paper;

- the HPC will draw up and publish details of the processes and comprehensive guidance notes. This will be completed by April 2006;
- the CPD process will be based upon on-going learning and development with a focus on individual learning achievements and how these enhance service delivery;
- the proposed CPD standards are deemed to be sufficiently robust to meet the needs of the wide range of work contexts and professions regulated by the HPC and will be implemented in 2006
- the HPC will not itself organise, certify or manage CPD activities;
- the overall CPD standards process will operate as per the original proposals;
- the originally proposed 14 day grace period for individuals who initially submit an incomplete profile, will be changed to 28 days;
- the expected content of the audit profile will not change from that outlined in the consultation document;
- the HPC confirms that there will be no change to the random nature of the audit sampling process, or to the proposed sample size;
- the proposed title of the 500 word summary element of the profile will be changed to "Summary of recent work/practice";
- the extensive, but not exhaustive, range of CPD activities originally proposed is deemed to be sufficient to meet the needs of HPC registrants;
- the HPC confirms that implementing a prescriptive CPD process is not appropriate for the range of professions and contexts experienced by HPC registrants. The HPC will retain its flexible approach to CPD;
- the HPC will commence a communications campaign in April 2006 to ensure that employers and registrants are aware of the forthcoming changes.

You can learn more by visiting our website at www.hpc-uk.org, where you will find all of the information that we have published about our consultation.

Thank you for your continued interest in our work.

Professor Norma Brook

President, Health Professions Council

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Introduction

We are a regulator called the Health Professions Council (the Council), created by the Health Professions Order, 2001. Our function is to safeguard the health and wellbeing of anyone using or needing the services of the health professions that we regulate. We currently register members of 13 professions, each of whom meets our Standards for their professional skills, behaviour and health.

On 13 September 2004 we launched a three-month consultation on our proposals for *Continuing Professional Development*, or CPD. At the time the proposals were made, it was anticipated that health professionals would be required to record their CPD activity from the summer of 2005, with an audit of this activity starting in 2007. However, due to a number of issues that have arisen during the analysis phase of the consultation process, the HPC has determined that this be postponed until August 2006 with the first audit to take place in August 2008.

About the consultation

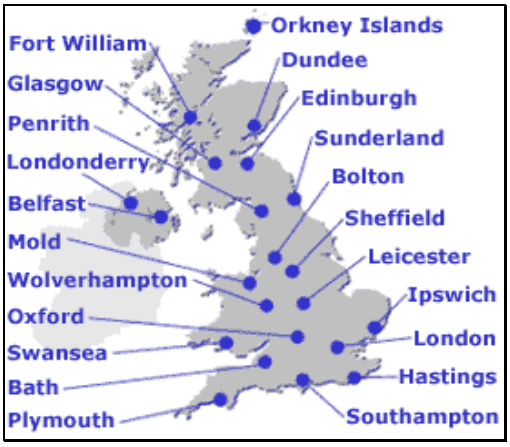
We have tried to communicate with as many of the people and organisations that will be affected by our proposals as possible, and we did this in two ways. First, we published a consultation document (*Continuing Professional Development – Consultation paper*) and, secondly, we held a series of public meetings that were open to everyone.

In the consultation document we set out our proposals for CPD, which included our proposed Standards for CPD and proposed guidance on these Standards. The document asked a series of questions about our proposals on which we sought your views.

We sent copies of the consultation document to many of our stakeholders, including professional bodies and associations, health regulators, policy makers and commissioners, and royal colleges. In total, we distributed copies to around 350 organisations and 157,000 registrants, and published the document on our website (www.hpc-uk.org). We asked you to send written responses to the consultation document by 6 December 2004.

During the consultation period, we also held 46 consultation meetings in 22 different locations around England, Northern Ireland, Scotland and Wales. All meetings were open to the public and were publicised in the consultation document and on our website. Figure 1 shows where the meetings were held and a detailed list can be found at the back of this document (Appendix 1).

Figure 1: Location of consultation events



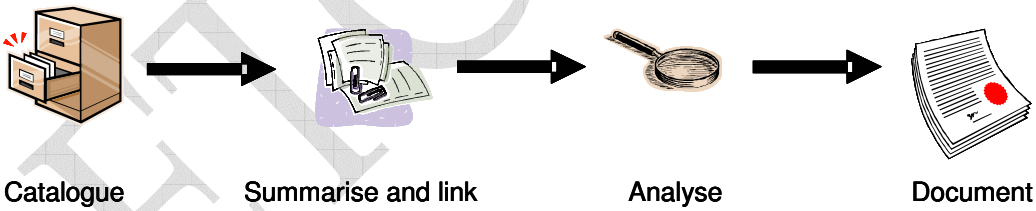
At each meeting, members of the Council's Education and Training Committee gave a short presentation on our proposals, after which attendees asked questions and made comments. These questions and comments were recorded at the time and later analysed with those received through other channels.

Analysing your responses

Now that the consultation has ended, we have analysed all of the responses we received. Although it is not possible to include all of them here, we present a summary of them in this document. While we were able to acknowledge receipt of individual written responses to our consultation document, unfortunately we could not normally reply to individual questions due to the volume of interest we received.

To make sure that our analysis of your comments was fair and transparent, we used a simple four-step process for working. Figure 2 illustrates this process.

Figure 2: Procedure for working



The first step was to catalogue each written response to the consultation document. This was done whether the response was a letter, an email or a form downloaded by you from our website or filled in by our note-takers at a consultation event. We catalogued each response with some additional detail, such as the date it was received, what organisation (if any) and profession the respondent told us they belonged to, and whether the response was being sent on behalf of an organisation or in a personal capacity.

Next, we summarised each response, linking the comments being made to the themes of our consultation, to provide a clear structure for analysis.

We analysed the information that we gathered at consultation meetings. We took handwritten notes at each event and subsequently transcribed them electronically. They were then treated in the same way as written responses to the consultation document.

Finally, once we had structured all of the information, we proceeded to analyse it. When deciding what information to include in this report, we looked at the frequency and nature of responses received on each topic, assessed the strength of feeling of the responses, and took into account the details of each response. There is an audit trail linking the analysis back to the responses we received.

Making our decisions

When making decisions about our Standards for CPD, we made extensive use of your comments, suggestions and questions. Our decisions are outlined in this report. We show any modifications to the proposals based on your feedback and, when appropriate, explain our reasons for not adopting some suggestions, particularly when they fell outside our remit for ensuring safe and effective practice.

How this document works

This document summarises your comments and questions about our CPD proposals, states our main decisions in response to them and provides comments on your feedback and background to why we made the decisions we did. We have split the summary of your responses and our key decisions into 15 major sections. The first 12 sections focus on one or more of the questions asked in the consultation document, while the last three sections summarise additional issues that were raised during the consultation.

The sections are:

1. Proposed Rules
2. CPD activities
3. Approach
4. Proposed Standards
5. Standards process
6. Audit process
7. Profile
8. Audit size
9. Summary of practice (work) history
10. Additional CPD activities
11. Evidence
12. Profile guidelines
13. Existing CPD schemes
14. Resource issues
15. Applicability of Standards

In each section we:

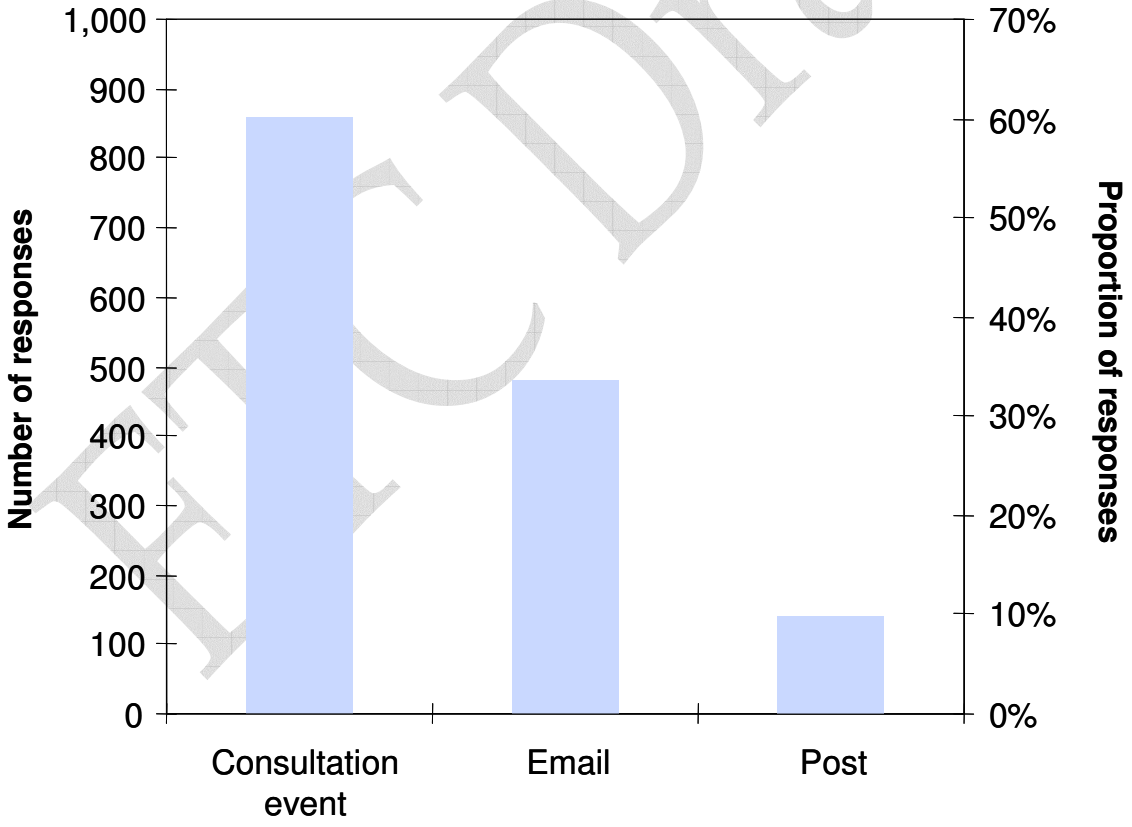
- explain the part(s) of our proposals that are relevant to the theme being discussed;

- discuss the responses we received in relation to the theme and any key issues that were raised;
- outline the main decisions that we have made in response to the views gathered during the consultation.
- provide and comments on your feedback and further detail about why we have taken particular decisions

Analysis of respondents

We received a total of 1,459 responses to the consultation. As Figure 3 shows, the majority (59%) of responses were channelled through our consultation events. In total, 6500 participants attended our public meetings, which were held at multiple locations across England, Northern Ireland, Scotland and Wales. There was a mix of attendees, including representatives from professional bodies and associations, government departments and health service organisations, plus registrants and other people with an interest in CPD.

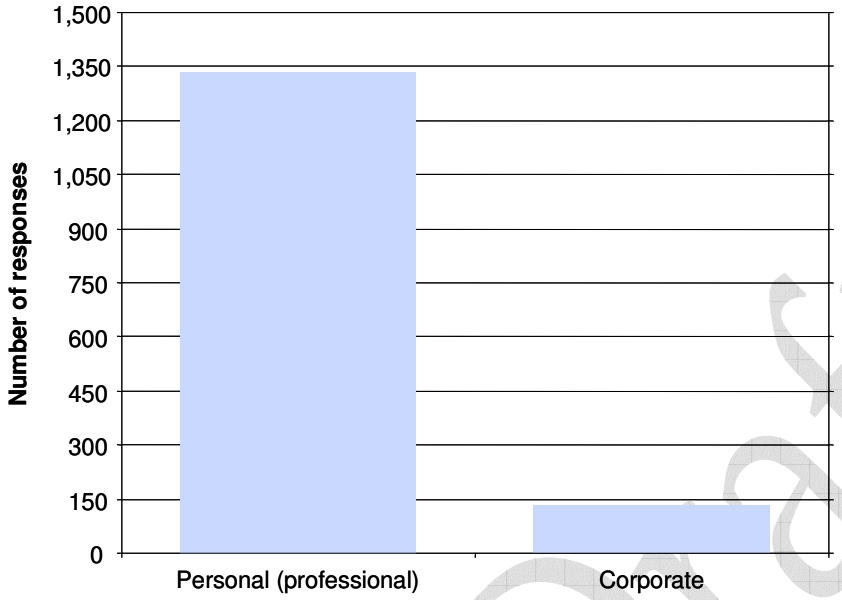
Figure 3: Responses by method of communication



Written responses to the consultation document were received between September and December 2004. 130 (9%) responses were made on behalf of organisations and 1,329 (91%) were from individual professionals, as Figure 4 shows. In 265 (18%) responses, we were unable to identify the profession of the respondent, but we have

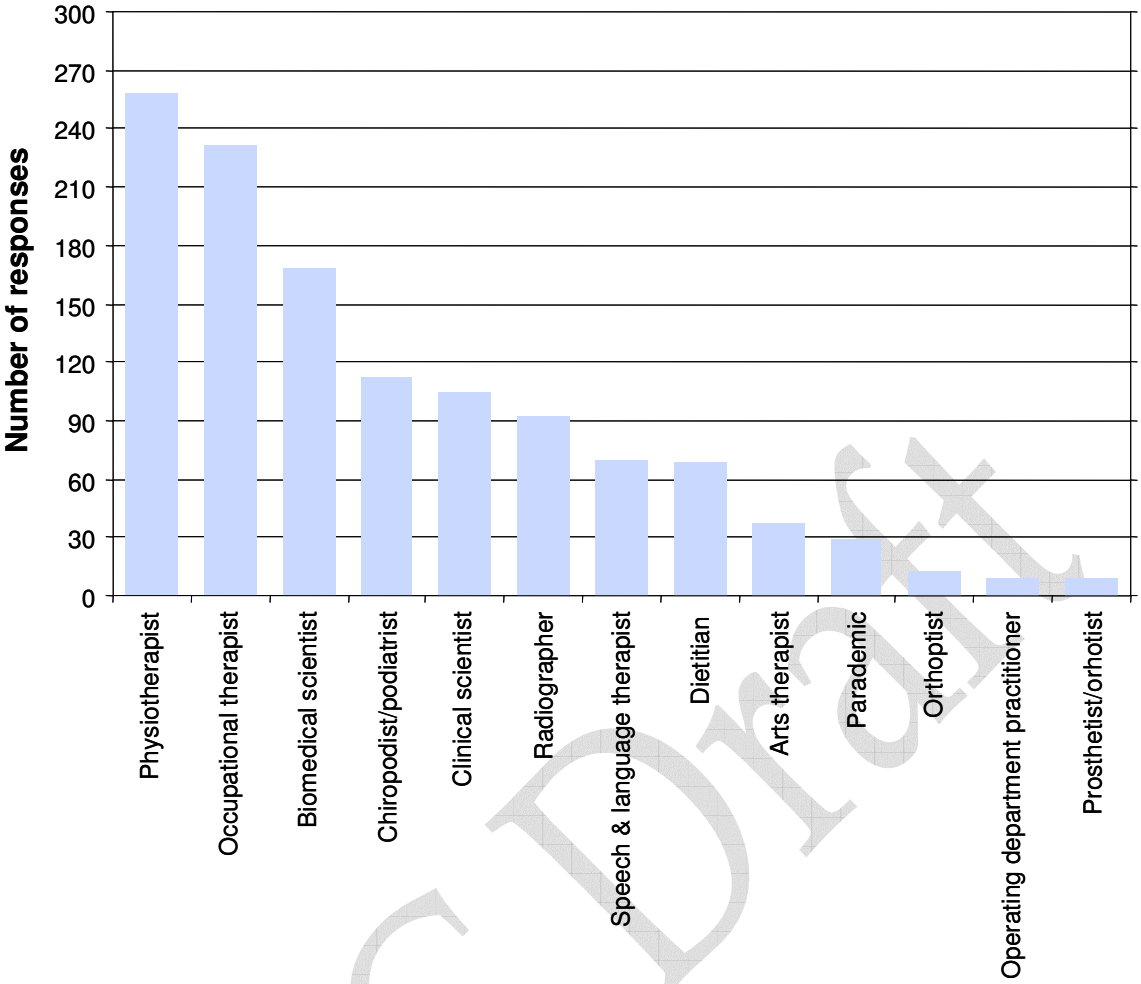
treated these responses in the same way as other responses and analysed them according to whether they were individual or agency responses .

Figure 4: Type of response (individuals/agencies)



Of all the professions, physiotherapists provided the largest proportion (18%) of responses, followed by occupational therapists (16%) and biomedical scientists (12%). Figure 5 illustrates this breakdown. There is a list at the end of this document of all of the organisations and institutions that responded before the consultation closed (Appendix 2). There is also an additional table at Appendix 3 detailing the average number of registrants per profession at the time of the consultation.

Figure 5: Responses by profession



Responses and decisions

We received comments on all of the specific issues where we asked for your views. This section outlines what we proposed, summarises your responses to each of the 14 questions posed in the consultation document, and presents our resulting key decisions. Three additional themes also emerged from our review of your responses and we address these after our analysis of each of the consultation's questions.

Section 1: Proposed Rules

Our proposals

Our proposed Rules are set out below. Please note that these are in draft form as the final text has to be approved by the Privy Council:

3.1 A registrant must –

undertake continuing professional development in accordance with the Standards specified by the Council under article 19(4) of the Order and which apply to him; and maintain a written record (including any supporting documents or other evidence) of the continuing professional development he has undertaken.

3.2 The Committee may at any time require a registrant to –

submit his continuing professional development record for inspection; and provide the Committee with such other evidence as it may reasonably require; for the purpose of determining whether the registrant has met the requirements of paragraph (1).

3.3 If a registrant fails to meet a requirement imposed by paragraph (1)(a) or (b) or one imposed by the Committee under paragraph (2) the Committee may refuse to renew the registrant's registration or direct the Registrar to remove the registrant's name from the register.

3.4 Before taking any action under paragraph (3) the Committee shall provide the registrant with an opportunity to make written representations to the Committee.

Question 1: What are your views of the HPC's proposed Rules?

Your response

Many respondents agreed with our proposed Rules for CPD, viewing them as an effective way of regulating health professions and promoting good practice. As one respondent noted, "I think it's an excellent, common sense approach to establishing CPD". Several respondents also observed that the proposed Rules would protect both professionals and the public alike.

Where concerns were raised, respondents queried the universality of the Rules, as well as their practicality. The most common questions related to:

- how the Rules can be fairly and consistently applied across the broad range of professions and employment contexts;
- how fitness to practice relates to CPD, specifically whether a lack of CPD can lead to removal from the register;
- the mechanics of the appeals process.

Some of these issues also emerged in response to other proposals in our consultation and are addressed later in this report.

Several respondents queried how the introduction by the NHS of *Agenda for Change* and the *Knowledge and Skills Framework* relates to and affects our proposed Rules. *Agenda for Change* is the new pay system that applies to almost all directly employed NHS staff in all four countries in the UK; implementation commenced on 1 December 2004. The *Knowledge and Skills Framework* is a key element of the *Agenda for Change* package. It defines and describes the knowledge and skills that NHS staff need to apply in their work to deliver high quality services. It will come into force no later than October 2006, with all staff reviewing their progress annually against the framework from this point onwards. Please note that while the rollout date for the

Agenda for Change has been set at October 2005, this may have changed by the time of printing.

The need to distinguish between CPD and continued professional competence (CPC) was raised by a number of respondents. They requested that the difference between CPD and CPC was transparent in the proposed Rules, and asked whether we plan to link CPD explicitly to competence or to proficiency. One described a lack of clarity about this as "…the scheme's Achilles heel".

A few respondents questioned our legal authority to link CPD with registration at all, particularly in relation to the threat of removal from the Register. The Society of Chiropodists and Podiatrists picked up on this point: "If our interpretation is correct, the HPC cannot lay down rules that determine criteria with regard to registrants' continued professional competence, i.e. continuing to meet the Standards of Proficiency to remain on the Register, but is restricted to determining rules related to CPD, which is very different".

Other general comments included requests for clarity surrounding, "…such other evidence as it [the Education and Training Committee] may *reasonably require*" (paragraph 3.2, page 6 of the consultation paper) and for the final Rules to use universal, non-gender-specific language.

Key decisions

1. The HPC will introduce a CPD process in line with the Health Professions Order, 2001, in August 2006. All registrants will be required to undertake CPD and, if chosen for audit, will be expected to show evidence of their learning and the outcomes of this.
2. The HPC will undertake an audit of the relevant profession/s after the registration renewal process for that profession/s has been run.

Our Comments

- It would not be possible for us to align our CPD Rules and Standards to one particular employer's processes and systems as we are a UK-wide organisation concerned with patient protection across all professions and within all types of employment. Agenda for Change/KSF are systems introduced by one employer of health professionals, albeit the largest. However, our CPD Rules and Standards can be used alongside such individual processes and systems. 'Lifelong learning' is embedded in the KSF*, which has clear parallels with CPD. Many other employers and professional bodies also have professional development initiatives. In

* *The NHS Knowledge and Skills Framework and the Development Review Process* (DH, Oct 2004)

recognition of this, included in the examples of types of evidence of CPD that will be acceptable (Appendix 2, page 17, of the consultation document),is; *"Documentation from compliance with local or national CPD schemes".*

- Judging from responses to our consultation, the links/differences between CPD, competence, the Standards of Proficiency and fitness to practice need to be clarified with reference to the Health Professions Order 2001 and the generic Standards of Proficiency. The relevant sections are listed, and the links outlined below:
    - The HPC is entitled to:
        1) "…establish the standards of education and training necessary to achieve the standards of proficiency it has established under article 5.2)" (Order 2001, Section 15.1(a));
        2) "…make rules requiring registrants to undertake such CPD as it shall specify in standards" (Order 2001, Section 19.1). If it elects to do this, the HPC shall "…establish the standards to be met in relation to (a) CPD; or the education or training mentioned in paragraph (3)…" (Order 2001, Section 19.4), and;
        3) "…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" (Order 2001, Section 10.2(b)

This means that

- If a registrant makes a declaration at registration renewal that they have undertaken CPD and meet the HPC Standards, and are subsequently found not to have met the requisite standards, they will be given ample opportunity to rectify the situation, within the given timeframe, provided that the declaration was made on the basis of a genuine attempt to meet those standards. If they then fail to meet the standards within that timeframe, they may be removed from the register (subject to the right to make written representations and appeal).

- While there is no automatic link in the Health Professions Order, 2001 between CPD and fitness to practise (Part V of the Order), if a registrant's actions in relation to CPD amount to misconduct - for example, making a false declaration or falsifying CPD records - this will lead to a fitness to practise allegation being made against the registrant and the procedure set out above will cease to apply. If, as a consequence of a misconduct allegation, the registrant is struck off the register, no application for restoration to the register can be made until a period of five years has elapsed.

At this point it is worth noting that the fundamental difference between being "removed" from the register and being "struck off" the register is that removal from the register can be voluntary and is subject to an appeals process while being "struck off" the register is part of the fitness to practise process and means that an individual may not apply to be readmitted to the register for a period of five years.

Section 2: CPD Activities

Our proposals

The range of CPD learning activity is extensive and includes:

i) work-based learning, for example, reflective practice, clinical audit, significant event analysis, user feedback, membership of a committee, journal club;

ii) professional activity, for example, member of specialist interest group, mentoring, teaching, expert witness, presentation at conferences;

iii) formal/educational, for example, courses, undertaking research, distance learning, planning or running a course;

iv) self-directed learning, for example, reading journals/articles, reviewing books/articles, updating knowledge via www/TV/press;

v) other activities, for example, public service.

A more extensive list of examples can be found in Appendix 1 [of the consultation document].

Question 2: Are there any additional activities which you believe should be included in Appendix 1 [of the consultation document]?

Your response

Most respondents agreed with the activities listed in Appendix 1 of the consultation paper, viewing the list as both helpful and comprehensive. This is typified by Burnley, Pendle & Rossendale Primary Care Trust, which noted that, "We are pleased to see a wide range of CPD activities acknowledged".

Several respondents requested that Appendix 1 of the consultation document be acknowledged as a flexible and fluid, rather than proscriptive and rigid, list. This would mean that, if necessary, it could be expanded at a later date and underline the fact that a registrant's involvement in an activity not listed in Appendix 1 would not be dismissed by CPD assessors.

Some respondents suggested that some of the proposed activities do not illustrate CPD. They focused on:

- 'learning by doing', making the point that this is only valuable if registrants are 'learning to do' correctly;
- 'reflective practice', in terms of the difficulties of defining and including this in a formalised CPD programme;
- 'peer review', which can be a contentious issue among professionals;
- 'public service', in terms of its suitability as a CPD activity.

A handful of respondents noted that some activities listed in Appendix 1 are largely passive, such as membership of a specialist interest group, whereas others are much more active and demanding. They felt that this could cause problems with ensuring uniformity and equity when auditing and assessing a registrant's CPD performance. Some proposed that a weighting or hierarchical system for CPD activities could counter-balance this, or that we should regulate and monitor the quality of courses and activities.

The above concerns were echoed by a larger number of respondents, who observed that activities listed in the consultation paper varied greatly in terms of their breadth, depth and intensity, and that this should be taken into account when assessing CPD performance. Some also identified what they felt was a bias towards practitioners, as opposed to managers or educators, in terms of their accessibility to the activities listed.

Key decisions

3. As per the original proposals, The HPC confirms that it will be looking for a range of CPD activity that is extensive and includes those activities found in Appendix 1 of the Continuing Professional Development – consultation paper.
4. The HPC will draw up and publish details of the processes and comprehensive guidance notes by April 2006.

Our Comments

- The CPD scheme will be driven by each individual's work context. Individual registrants will participate in a mix of CPD activities that is appropriate to their particular area and scope of practice. Some of these activities may be more passive or wide-ranging but this is not an indication that there would be little benefit to an individual registrant or their contribution to patient care. Such variation reflects differences between the professions and the scope of practice of individual registrants, and must be retained. Introducing a weighting or hierarchical system would invalidate this and require CPD standards to be established for each profession and for individual circumstances within each profession.
- Peer review is addressed under the section '*Audit Process*'.
- Appendix 1 (examples of CPD activities), lists *examples* of CPD activities and is by no means exhaustive. Registrants may select from these and other activities, and must ensure that their CPD has contributed to the quality of their practice and service delivery and has benefited the service user. Registrants must ensure that CPD activities are appropriate to their current or future scope of practice.

Section 3: Approach

Our proposals

In determining the Standards for CPD, the Council recognises that registrants are already engaged in a diverse range of CPD activities as an integral part of their professional life. Some CPD activities are opportunistic and are taken on as an evolving component of working life. Following the response to the 2002 Consultation, the Council decided that the proposed scheme for CPD should not be based simply on the number of hours undertaken each year. The scheme should be based upon on-going learning and development, with a focus on individuals' learning achievements and how these enhance service delivery, either directly or indirectly.

Question 3: Do you agree with this approach for CPD? Please give us your views.

Your response

Most respondents broadly agreed with our approach to CPD. Many praised our principle that registrants should demonstrate the impact of their learning on practice rather than specify the amount of CPD undertaken purely in terms of hours, points and courses. As one respondent said, "I am delighted that [the CPD programme] is all about quality rather than quantity". A further response also expressed support for our approach: "We welcome the emphasis on the outcome of CPD and not just the process" (The Department of Health, Social Services and Public Safety (Belfast)).

Where concerns were raised, you generally queried the lack of a quantitative process and highlighted difficulties inherent in a universal approach towards CPD. The most common concerns surrounded:

- whether CPD can be measured fairly and clearly without minimum requirements or a points system;
- whether our approach accounts for the varied nature of the professions that, and professionals who, are being assessed;
- how our approach relates to and takes account of existing CPD schemes.

The issue of whether there should be a quantitative aspect to our approach was of particular concern. Some respondents praised the focus upon outcomes, but others advocated the need for a points, number or hours based system. At the very least, they requested guidance on a minimum level and mix of CPD activities that would reassure registrants and improve the transparency and measurability of the audit process.

It was suggested by The Department of Health (England) that we had not effectively addressed higher levels of practice, which will be different from the original scope of practice and require specialist or higher specialist training. It cited the example of clinical scientists and podiatric surgeons who undertake high risk clinical activity: "It is this area that raises some fundamental concerns from the perspective of some groups of health professionals and in relation to public safety".

Finally, a few respondents asked whether our approach would be piloted before its full introduction and whether we will consult with professional bodies to obtain their support.

Key decisions

5. The HPC confirms that the CPD process will be based upon on-going learning and development, with a focus on individuals' learning achievements and how these enhance service delivery, either directly or indirectly

Our Comments

CPD is defined in the HPC's proposals as how "…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". This recognises that higher levels of practice are different from the original scope of practice and that the CPD learning of registrants involved in higher levels of practice should reflect this. As the DH notes in its response, it would be inappropriate to rate

podiatric surgeons with six years training against basic Standards of Proficiency, but the HPC's proposals do not set out to do this. The Standards of Proficiency are a threshold which all new graduates are expected to meet while the CPD proposals relate to the *current* scope of practice of a registrant member.

- The HPC's proposals provide for 5% of registrants from those professions renewing their registration in, or after, August 2006 to be audited; this is effectively the pilot study. A review of the initial audits will confirm the processes and the audit size, with the expectation that the latter will decline to 2.5% of each profession.
- The consultation paper was sent to around 350 organisations, including professional bodies and associations, and all were invited to respond.
- Link to KSF and existing CPD schemes – this issue is addressed earlier in this paper under the section titled *'Proposed Rules'.*
- The range of CPD activities and varying scope of practice of registrants means that it is inappropriate to adopt an hours/points-based approach to CPD. It is the quality rather than quantity of CPD learning that is of concern and this is why the HPC's proposals focus on the outcomes of CPD. Given this, reference to a minimum standard of CPD in Figure 2 of the consultation document is misleading and will be removed. The HPC will create exemplars of profiles and portfolios and publish them on its website to give some indication of its expectations with respect to CPD activities.

Section 4: Proposed Standards

Our proposals

2.1 The proposed Standards

All registrants will be required to undertake Continuing Professional Development (CPD) as a condition of their registration…

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;

5. present a written portfolio containing evidence of their CPD upon request.

Question 4: What are your views of the HPC's proposed Standards for CPD?

Question 5: Are there any other Standards for CPD that should be included?

Your response

Most respondents agreed with our proposed Standards for CPD, describing them as appropriate and comprehensive. Furthermore, many respondents commented on the need for career-long self-directed learning and the necessary link between CPD activity, practice quality and service delivery. For example, one wrote that, "The document describes a welcome approach to CPD that places responsibility on the

individual to assemble his/her own programme rather than prescribing what or how much should be in it".

Most respondents felt that no other Standards for CPD should be included, although a few additional ones were proposed, such as:

- a minimum time commitment required by registrants to complete their CPD;
- an employer-specific Standard that would re-enforce the need for registrants to be given adequate time and resources by their employers to pursue CPD activities.

When concerns were raised, these surrounded what some respondents felt to be the large volume of work involved in meeting the Standards and the precise nature of their obligations. The most frequently made points were that:

- our Standards may be too onerous and time consuming;
- not all CPD activity contributes to the quality of a registrant's practice and service delivery, or benefits or can be shown to benefit service users.

It was suggested by The Department of Health (England) that we had missed an opportunity to cross-reference with work being undertaken nationally, raising the following issue: "The proposed standards do not appear to be competency based or align with national occupational standards which either have been or will be developed for many of the health professions, including healthcare scientists".

Several respondents requested further clarity in terms of the language used in our proposals. For example, 'continuous', 'up-to-date' and 'seek to ensure' may be too vague and not sufficiently user-friendly (box 2, page 8 of the consultation document). The intended distinction between 'profile' and 'portfolio' within the consultation document also caused confusion. Finally, a handful of respondents suggested that Standards 3 and 4 overlap and, therefore, could and should be combined.

Key decisions

6. The HPC confirms that the proposed standards, as outlined in the Continuing Professional Development – consultation paper, are sufficiently robust to meet the needs of the wide range of work contexts and professions regulated by the HPC and will be implemented as part of the CPD process in August 2006.

7. The HPC, in line with the Health Professions Order 2001, will not organise, certify or manage CPD activities.

Our Comments

- The issue of Employers' commitment to CPD is addressed later in this paper under the heading *'Resource Issues'.*
- In addition to the response earlier in this paper under the section titled '*Proposed Rules'*, the KSF requires NHS staff to keep a record of their learning activities, akin to the HPC's requirement for documentary evidence in the CPD profile. The KSF both creates and enhances opportunities for NHS employees to participate in CPD, with their managers' support. By not

referring to specific schemes of individual employers, the HPC ensures that those registrants who do not work for the NHS are not disadvantaged.

- As registrants could theoretically be audited every two years, the use of language such as 'up to date' will generally refer to this period. However, some activities, for example completion of a PhD in a relevant field of study, may continue to have direct benefit for a longer period of time. Again, it is up to the registrant to demonstrate, to the satisfaction of the auditors, that the activity is relevant to their scope of practice and has contributed to the quality of their practice and service delivery, and has benefited the service user.
- The HPC will provide clarification on the use of terminology such as profile/portfolio in the glossary.
- The HPC has designed its CPD process with the needs of all registrants in mind. Registrants come from a range of professions and work contexts and as such, we have designed a process that does not require an exhaustive time commitment. Most registrants already undertake a range of CPD activities, even if they don't recognise it. The HPC simply requires you to document your activities and, if audited, demonstrate that you have met the Standards.
- The HPC makes its proposals on the understanding that most CPD activities are of benefit. If the activity you undertake prompts you to examine the way you practice and alter or review your practice, then this has been beneficial. Even deciding not to implement an activity can potentially be deemed to be of benefit. However, the onus is on the individual registrant to demonstrate how their CPD activity has improved their practice.

Section 5: Standards process

Our proposals

2.2 The CPD Standards process

The overall CPD Standards process will operate by:

i) each registrant making a self-declaration at each registration renewal that they continue to meet the Council's Standards for CPD;

ii) sample audits of registrants taken at random from each section of the register;

iii) submission of a profile of evidence by registrants selected for sample audit;

iv) assessment of profile against the Standards of CPD using appropriate and experienced partners.

Question 6: What are your views of the HPC's proposed CPD Standards process?

Your response

Most respondents agreed with our proposed CPD Standards process and there was a general feeling that the process is appropriate, sensible and fair. As one respondent observed, "…a pragmatic approach, which formalises what all responsible registrants should undertake with respect to their practice".

When you expressed concerns, you typically queried the consequences of not submitting a CPD profile, and our capacity to monitor and govern the process. For example, you asked:

- will the process be too onerous and time consuming;

- is a system of self-declaration adequate and appropriate, and what form will it take;
- how long will it take us to review and decide upon a submitted CPD profile;
- how exactly will the appeals process work?

The focus of The Department of Health (England) was our proposed system of self-declaration. It highlighted the case of registrants whose work is comparable with medical practitioners and observed that, "For these groups of professionals, the process of self-declaration would not be robust enough to demonstrate and ensure safe practice. Registration at any level should be evidence-based".

Those respondents who felt that the proposed appeals process was too vague often requested further guidance on the timeframe for appeals and how the process will actually work. Of particular note were whether a different assessor will review an appeal (rather than the assessor who had initially failed the registrant being involved again) and whether registrants will be allowed to appear in person at their appeals.

Requests were also made for further information about the definition, identity and selection of the 'appropriate and experienced partners' who will assess registrants' profiles against our CPD Standards. For example, the Department of Health, Social Services and Public Safety (Belfast) noted that, "The document does not specify who will undertake the role of assessor. It is assumed that they will be drawn from the professions being regulated and currently engaged themselves in some branch of professional activities…It should be specified that the assessor should work in the same field as the registrant being assessed".

Key decisions

8. The HPC confirms that the overall CPD Standards process will operate as per the original proposals.

Our Comments

- The evidence based registration issue raised by the DH relates to the Shipman Inquiry, which is apparent in the reference made to registrants whose work is comparable with that of medical practitioners. The process of demonstrating FTP proposed for doctors by Dame Janet Smith is extensive and thorough, and requires evidence to be counter-signed by an appropriate professional. If a registrant undertakes a CPD scheme for an employer or professional body which requires evidence to be counter-signed, while not a requirement of the HPC, it may be included in the supporting evidence.
- Any registrant found to have falsified evidence would be guilty of misconduct and removed from the Register.
- The appeals process will operate along similar lines to the HPC's registration appeals process. In particular, registrants and their advisors will be able to participate in their appeal hearings, but CPD assessors will not be involved in the CPD appeals process.
- Selection of appropriate and experienced partners – this issue is addressed later in this paper in the section titled *'Audit Process'*.

- It is not the intention of the HPC to implement onerous processes and its CPD process was designed with the needs of all registrants in mind. Registrants come from a range of professions and work contexts and as such, we have designed a process that does not require an exhaustive time commitment. Most registrants already undertake a range of CPD activities, even if they don't recognise it. The HPC simply requires you to document your activities and, if audited, demonstrate that you have met the Standards.

Section 6: Audit process

Our proposals

3.1 What registrants will be required to do

The HPC will require all our registrants to keep ongoing and regularly updated records of their CPD. We will audit a sample of registrants' CPD in each profession. We will require the registrants we select for the audit to submit a profile within 28 days (*and we will send a reminder at the end of the time if we have not had a profile back, providing a grace period of 28 days*). The profile must set out the Continuing Professional Development (CPD) they have undertaken. This should not be an onerous task if the registrant is following CPD Standard 1 (i.e. to maintain a continuous, up-to date and accurate record of their CPD activities). We will appoint two CPD assessors to evaluate the profile. At least one of these CPD assessors will be from the same section of the Register as the registrant being assessed. The assessors will advise us whether the registrant has met our Standards of CPD.

Registrants can appeal against a decision and their appeal will be submitted to the Registration Appeals Panel of the Council.

Only registrants who have been on the register for more than two years will be liable to audit.

Question 7: Have you any views on the proposed audit process as set out?

Your response

Many respondents agreed with our proposed audit process, noting its accessibility and straightforward nature. When concerns were raised, they focused on nuances and apparent inconsistencies in the process, the role of CPD assessors, and our capacity to monitor and govern the process. For example, some respondents expressed concerns about:

- the identity, qualifications, knowledge and competence of CPD assessors, the nature of their selection process and the guidance they will receive;
- how the appeals process will work, including whether we will provide feedback to registrants whose CPD profiles do not pass the audit process;
- the security of submitted CPD profiles, in terms of reliance upon the postal service and the potential for delay or loss;
- the lack of a timescale for examining a CPD profile.

Several respondents asked whether 28 days is a reasonable length of time in which to expect registrants to submit their CPD profiles. A handful of respondents also pointed out that while we will allow a 28 day grace period for registrants who fail to submit a CPD profile upon request, we only propose to offer a 14 day grace period for registrants who initially submit an incomplete CPD profile.

More general comments focused on the need for a registrant's CPD profile to remain anonymous as a safeguard against discrimination, bias or disclosure of sensitive information, as well as the need for us to ensure and maintain consistency and

continuity within the audit process. As one respondent wrote, "There should be published guidelines as to the criteria the assessors use to complete the audit so members have a clearer understanding of exactly what is required".

Key decisions

9. In response to feedback, in addition to allowing a 28 day grace period for registrants who fail to submit a CPD profile upon request, we will also offer a 28 day grace period for registrants who initially submit an incomplete CPD profile.

Our Comments

- The HPC will publish guidance on how to assess CPD profiles, which will be part of the assessors' training package. The first assessment will take place in August 2006 and the HPC will be able to provide further information about the training of assessors (e.g. selection, training, professional background) at that time.
- The HPC's proposals (Section 3.1, page 12) state that, "At least one of the two assessors will be from the same section of the Register as the registrant being assessed".
- The HPC currently has in place a formal processes for the recruitment and selection of partners. The processes include advertising and a formal application and interview. These processes will also be utilised for the recruitment of CPD assessors.
- The issue of anonymisation of profiles is complicated and will be investigated further, particularly with reference to patient confidentiality and peer/assessor confidentiality.
- All documentation/information provided by registrants under CPD audit will remain confidential in line with the data protection act.

Section 7: Profile

Our proposals

3.2 The profile for submission for audit

The contents of each profile will consist of:

i) front cover (pro-forma provided);

ii) contents page;

iii) summary of practice history for the last two years (maximum 500 words);

iv) statement of how Standards of CPD have been met (maximum 1500 words) on the pro-forma provided;

v) documentary evidence to support statement.

Question 8: Is any further information required for the profile?

Your response

Most respondents felt that no further information should be required in a profile. A few suggested that an additional report or summary should be submitted by a registrant's direct line manager, with others suggesting that the limit of 1,500 words

is too short to allow a registrant to describe adequately how they have met the Standards.

The most common concerns relating to the proposed CPD profile were that:

- the content and requirements of the profile may be excessive;
- there is an over-reliance on registrant's ability to write well;
- *pro formas* and exemplars should be published on the profile's content and style and on how long registrants should spend compiling their profiles.

To reduce the workload involved in preparing a profile, several respondents suggested that job descriptions and personal development plans should be sufficient to introduce a registrant's documented evidence of CPD. This would remove the need for a summary of practice history and a statement of how CPD Standards have been met. As one respondent commented, "…the profile statement is likely to measure an employee's expressive flair and familiarity with jargon as much as the adequacy of their CPD activity".

Finally, reflecting concerns about the security of submitted CPD profiles that are noted in our analysis of responses to the proposed audit process, other respondents requested clarification of how we will handle confidential and sensitive information. Some asked whether photocopies of evidence would be admissible to protect against the loss of original documents and, similarly, whether profiles can be submitted electronically. One respondent summed up the feeling of many in the following way: "Sending all that hard won information through the post feels an alarming thought".

Key decisions

10. The HPC confirms that the proposed content of the audit profile will remain unchanged.

Our Comments

- Compiling the profile should not place an undue burden on registrants who will draw upon information/materials that they already have (maintaining an up-to-date record is a requirement of the HPC's CPD proposals).
- In its generic Standards of Proficiency (Section 1.b.4), the HPC specifies that all registrants need to "be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5". HPC assures registrants that no part of the profile will require writing skills above 6.5
- The HPC will draw up and publish guidance on the evidence that will be required to submit an audit profile. This will be completed by April 2006
- The HPC will be flexible and are investigating the various formats in which profiles, pro-formas and portfolio evidence can be submitted.

Section 8: Audit size

Our proposals

3.3 Sampling of CPD

The HPC proposes 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, and keep to, 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.

We have had advice from the Statistical Service Unit of the University of Reading on how to conduct an effective audit of compliance with our CPD requirements. The advice was:

i) to choose separate random samples of registrants for each of the 12 professions we regulate. This is because each profession is effectively unique and therefore needs testing by itself; and

ii) to audit 5% for the first professions, thereafter we will then audit 2.5% of each profession, subject to a review of the initial audits. Samples of this size will allow us to be confident that we have a good picture of whether registrants are generally complying with our requirements 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% are based on providing us with confidence about compliance for the numbers of health professionals on our register (about 150,000 in total). Of course, we will use different-sized samples if we find that the proportions we currently propose using are not working adequately in some way.

Question 9: What do you think of the proposed size of the audit sample?

Your response

Most respondents agreed with our proposed audit sample size. A handful felt that the audit sample was either too large or too small and cited the following reasons:

- our capacity to deal with a large audit size;
- a small audit sample might render it a "token gesture";
- possible increased costs to registrants as a direct result of audit work by the Council.

Several respondents suggested ways in which the audit sample size could be weighted or stratified. For example, Play Therapy UK proposed a sliding scale for the audit sample, with a higher proportion of new registrants being audited compared to more experienced registrants. The organisation observed that, "…the audit sample should be randomly drawn from all registrants using a stratified frame that takes into account the number of years of registration [and places] a greater emphasis on the newer practitioners".

Along similar lines, it was suggested by the Department of Health (England) that the relative size of each of the professions should be a factor in determining the audit sample size, while others proposed that a higher proportion of self-employed registrants should be audited. The Royal College of General Practitioners contributed the following comment: "The Council should consider weighting the sample towards those who are likely to be professionally isolated, e.g. the self-employed, and those who are in direct contact with patients and for whom patient safety is a key issue". Finally, other respondents suggested that registrants who

participate in the CPD schemes of professional bodies should be audited less frequently by us than those who do not.

Some respondents requested clarification of how the first professions to be audited were chosen, and further explanation of why the audit sample size will decrease from 5% to 2.5% when all professions are audited.

Key decisions

11. The HPC confirms that as professional advice was originally sought on this issue when drawing up the proposals, there will be no change to the random nature of the sampling process, or to the sample size.

Our Comments

- By sampling the same proportion of registrants from each profession, the absolute numbers of those sampled will be greater for larger professions and lower for smaller ones. In determining the audit/sample size, the HPC consulted with the University of Reading who advised that a randomly chosen 5% in the first year and (assuming a large conformity rate), 2.5% in subsequent years was an accurate way of gauging the effectiveness of CPD.
- The HPC has a commitment to monitoring and revising the CPD process as appropriate. If, after the first audit, the sample size of 5% proves to be inaccurate, we will revise this strategy and make changes accordingly.
- In response to requests for registrants who participate in professional bodies' CPD schemes to be audited less frequently: all registrants will be treated equally. The length of time that a professional has been on the register or participation in other organisations' CPD schemes will not determine the CPD Standards that they must meet.
- The issue of possible increased costs to registrants is addressed later in this paper under the heading *'Resource Issues'.*

Section 9: Summary of recent work/practice

Our proposals

Summary of recent work/practice

…This is the descriptive element of the profile. It should provide a concise account of your 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.

Question 10: Do you believe that the summary of practice (work) history should contain anything else and, if so, what?

Your response

Most respondents were content that the summary of practice (work) history did not need to contain any further information. As the Association of Operating Department Practitioners wrote, "The summary of practice history seems sufficient as a brief outline of a registrant's role".

However, many questioned its proposed format and suggested that:

- submitting a job description and *curriculum vitae* might be a more appropriate alternative;
- the summary, if it is to be included at all, should be a structured questionnaire;
- it relies too heavily upon a registrant's ability to write well.

Several respondents requested guidance on the preferred style of the practice summary, including the provision of exemplars. Others suggested that use of the word 'history' does not accurately describe what the summary is intended to represent because it also covers current practice.

Key decisions

12. In recognition of feedback received, the proposed title of the 500 word summary element of the profile will be changed to "Summary of recent work/practice"

Our Comments

- Position outlines and job descriptions are not permissible substitutes for a summary of practice history, although they may form the basis of such information
- A CV or resume is not an appropriate summary of practice history; it is a self-marketing tool intended for a very different purpose. It may however be included as supporting documentation.
- The HPC will draw up and publish guidance on the evidence that will be required to submit an audit profile. This will be completed by April 2006
- In recognition of feedback received, the proposed title of the 500 word summary element of the profile will be changed to "Summary of recent work/practice"
- Format of summary - the summary and profile will remain, as proposed, in a written paragraph format. The HPC will provide exemplars and guidance on writing the profile
- The profile relies heavily on writing ability – this issue is addressed earlier in this paper under the section titled '*Profile*'

Section 10: Additional CPD activities

Our proposals

The evidence to support your statement

You are asked to support your statement with appropriate evidence. The evidence should relate directly to what has been written in your statement and therefore support fulfilment of the Standards. Evidence must relate directly to and be cross-referenced with the CPD Standards…

A range of evidence can be used, for example: letters from users, personal development plans, course assignments, business plans, learning contacts or guidance material, peer assessment forms, learning packages, workshop attendance and reflections, learning and reflections on dissemination of research/publications. Appendix 2 [of the consultation document] provides further examples of evidence that might be used.

Question 11: Are there any additional activities which you believe should be included in Appendix 2 [of the consultation document]?

Your response

Most respondents were content with the different types of evidence listed in Appendix 2 of the consultation paper, viewing them as both useful and broad. As Sheffield Hallam University noted in its response, "This is very comprehensive and should give registrants a fantastic range of options to explore".

Some respondents suggested additional activities that should be listed, most notably reflective logs, although several expressed the desire for Appendix 2 to be clearly acknowledged as a flexible and fluid list (as with Appendix 1). Others questioned the appropriateness of some of the activities listed, arguing that they do not illustrate CPD. For example, 'testimonies' and 'letters from users, carers, students or colleagues' could be solicited and, therefore, should not be considered objective evidence. As one Hospital remarked, "The use of patient letters and testimonials as supporting evidence is open to abuse". It also highlighted the potential for "confidentiality breaches" when submitting certain types of evidence.

Key decisions

13. The HPC confirms that the extensive, but not exhaustive, range of CPD activities initially proposed is suitable to meet the needs of HPC registrants. We will not be altering the range of proposed activities.

Our Comments

- The issue of security and confidentiality is addressed previously in this paper under the title "Summary of recent work/practice".
- Appendix 2 clearly states "Examples of types of evidence for CPD". This is not intended to be an exhaustive list and it is expected that registrants will have a range of other activities that they will be able to include

Section 11: Evidence

Our proposals

Question 12: Do you believe that requirements should be set for the number of pieces of evidence to be submitted?

Question 13: How can the assessors satisfy themselves that all documentary evidence is verifiable as either an original piece of work or, where claimed, that the registrant has actually contributed to the work?

Your response

The issue of whether requirements should be set for the number of pieces of evidence resulted in a balance between those in favour and those against our proposals. Respondents in favour of requirements being set suggested the following:

- without a minimum requirement, registrants cannot know whether they have provided sufficient documentary evidence. As one respondent commented, "…there needs to be some measure of what is required";
- we should specify minimum and maximum requirements for the number of pieces of evidence. This would guide the shape and structure of a registrant's CPD profile and control the volume of information that we would have to handle. Some respondents were confused by the mention of a 'minimum Standard of CPD' in Figure 2 of the consultation paper because this is not mentioned elsewhere in our proposals;
- guidance should be given as to what constitutes sufficient CPD. Reflecting this, the British Association for Counselling and Psychotherapy wrote, "There certainly needs to be greater clarity on this, otherwise how will registrants know what is expected and how can parity be achieved across the different assessors?"

Other respondents focused on the quality rather than the quantity of CPD evidence required. For example, the British and Irish Orthoptic Society noted that, "It is the quality rather than the quantity of evidence that counts; however, some guidance as to the minimum number of pieces of evidence might be helpful, particularly as achieving a mix of learning activities is one of the CPD requirements".

The College of Occupational Therapists agreed with this point of view when it proposed that, "…a minimum number or a range (minimum to maximum) of evidence pieces should be set to guide the registrant in compiling his/her CPD profile. This would help to ensure that the assessors maintain standardisation in their assessment".

Respondents who opposed requirements being set for the number of pieces of evidence generally shared the following concerns:

- our proposals reflect the diverse nature of the professions and professionals regulated by us;
- submitted evidence should cover the range of Standards, which is not the same as the volume of submitted evidence.

Many respondents felt that while it would not be possible for assessors to be completely satisfied about the authenticity of evidence, a certain level of trust must

be invested in registrants. As the College of Occupational Therapists observed, "It is important to regard the registrant as a professional who is required to abide by the HPC's Standards of Conduct, Performance and Ethics as well as the Code of Ethics of his/her professional body".

However, we received several suggestions for how assessors could verify submitted evidence, including:

- a registrant's CPD profile could be verified by a line manager prior to submission;
- an assessor could arrange a personal interview with a registrant if they have questions about the evidence that has been submitted;
- character references and signatures of independent witnesses could be submitted as part of the body of evidence.

Canterbury and Coastal Primary Care Trust summarised its opinion about the need for verification as, "A manager, supervisor, team leader, acknowledged mentor or peer should validate each registrant's submission with a short piece of written documentation in a standard format, stating their relationship to the registrant, how long they have known this registrant and verifying their written portfolio as a true reflection of that individual".

The British Association of Prosthetists and Orthotists favoured an interview process in cases where doubt exists. This was supported by the Association of Clinical Biochemists, which suggested that an assessor could satisfy any questions or queries regarding submitted evidence by "…seeking confirmation from another registrant who works closely with the registrant undergoing review. This is where an interview would be helpful, but is not part of the proposed process".

Key decisions

14. The HPC confirms that in order to meet the needs of an expanding range of professions in a variety of contexts, implementing a prescriptive CPD system is not appropriate. The flexible process originally proposed will be implemented.

Our Comments

- The issue of minimum/maximum evidence requirements is also addressed earlier in this paper under the heading '*Approach*'. Given the range of CPD activities and varying scope of practice and practice context of registrants, it is inappropriate to define a minimum or maximum number of pieces of CPD evidence. It is the quality rather than quantity of CPD learning that is of concern. Given this, the reference to a minimum standard of CPD in Figure 2 is misleading and will be clarified or retracted. The HPC will draw up and publish guidance on the range of evidence that will be required to be submitted in an audit profile. This documentation will be available by April 2006.
- An interview process is not required and would, in any case, require an unnecessary increase in registration fees. Where assessors are not satisfied on the documentary evidence that a registrant has written or contributed to the work, registrants will be informed that they have not met the required CPD

Standard and will have three months in which to re-submit their portfolios and meet any conditions imposed by the assessors. Failure to re-submit the portfolio or meet the conditions may result in the registrant being removed from the register. A registrant would be given the opportunity to make written representations to the Education and Training Committee before a decision is taken to remove them from the register and such a decision is subject to a right of appeal to the Council and, ultimately, the courts.

Section 12: Profile guidelines

Our proposals

Question 14: Do you believe that the information contained in the Guidelines for Preparing a Profile and the 'prompt' questions detailed in Appendix 3 [of the consultation document] are adequate to allow registrants to take a critical and evaluative approach to their learning and how it has impacted on their work, and to demonstrate that they have met the CPD Standards? If not, please suggest more appropriate questions.

Your response

Most respondents felt that the information detailed in Appendix 3 of the consultation paper was adequate, with many praising the helpful examples of how a profile may be structured and prepared. As Enfield Primary Care Trust wrote, "We all found this very comprehensive, extremely useful and thought provoking, and congratulate the HPC on producing this section".

Where concerns were raised, respondents queried the amount of information and the level of detail provided. The most common such comments were:

- the validity and relevance of the prompt question, 'Who approved your CPD plan?';
- prompt questions are confusing and ambiguous;
- there are too many questions, which in turn encourages unnecessary extra paperwork;
- example profiles and *pro formas* would be a more user-friendly and appropriate alternative;
- mentoring, individual guidance or a helpline would be beneficial.

Key decisions

This section relates only to the Consultation paper and does not require any decisions to be made.

Our Comments

- The HPC will draw up and publish guidance on the evidence that will be required to submit an audit profile; this will be completed by April 2006. The guidance will clearly reflect consideration of the questions in Appendix 3.
- Helpline – the HPC does not currently have the resources to staff a helpline. It may be possible that such a facility will exist in the future. However, in the

meantime, we are intending to publish exemplar profiles and comprehensive guidance notes on our website to assist in completion of the profile.

- Validity of prompt questions – the prompt questions were provided as suggestions in order to promote discussion and feedback. Many of the questions were useful in providing the basis for constructive debate and feedback while others were not quite as useful. Overall, the feedback we received was well thought out and instrumental in assisting the HPC to critically analyse its proposals.

Section 13: Existing CPD schemes

Your response

We did not specifically ask any questions relating to existing CPD schemes. However, many respondents commented on their involvement in, and satisfaction with, such schemes and felt that their involvement in these schemes should be sufficient, or at least taken into account, when we assess CPD.

Respondents also asked whether the professional bodies running these schemes have been consulted by us. They suggested that they should be invited to share their knowledge and expertise, and be actively involved in implementing our CPD scheme. This reflects a strong desire to avoid unnecessary duplication and to build upon existing CPD schemes. As one respondent remarked, "Please do not underestimate what some organisations already provide for their staff. There is no need to reinvent the wheel". The Chartered Society of Physiotherapy also expressed enthusiasm for such a collaborative approach, writing, "The Society strongly recommends that the HPC develop, pilot, evaluate and refine the CPD scheme… This is an area [in which] the Society and other professional bodies could collaboratively assist the HPC".

The suggestion was also made that we could assess the suitability of existing CPD schemes, then recognise and accredit those schemes that reflect the principles, approach and intended outcomes of our proposals.

Some registrants also felt that their professional development was already well managed by their employers. Twenty-two registrants from a single foundation trust commented that, "We feel that as professionals we are regularly appraised within the physiotherapy department of a leading and renowned teaching hospital. By requiring further documentation you are demeaning our current and important appraisal system for upholding standards and promoting professional growth". The group further stated that, "The current appraisal system is trust regulated and in accordance with new national *Knowledge and Skills Framework* guidelines. This will surely prove our competency as physiotherapists and save on additional costs and unnecessary work for the Council and its members".

Our Comments

- The consultation paper was sent to around 350 organisations, including professional bodies and associations, and all were invited to respond.

- The HPC will not itself organise, certify or manage formal CPD activities.
- The HPC recognises that a number of employers and professional bodies already operate appraisal/CPD schemes. Consequently, any activity and

associated documentation undertaken under another scheme is an acceptable activity for the HPC. If an individual is audited, they must however be able to demonstrate that the activity undertaken meets the HPC's Standards of Continuing Professional Development.

- With reference to the Foundation Trust's comments, all Foundation Trusts are required to implement the KSF and, therefore, their staff should be able to use materials produced during the development review process to meet the HPC's CPD requirements.

Section 14: Resource issues

Your response

We did not pose specific questions about the potential time and costs to registrants of participating in our CPD scheme. However, several respondents expressed concerns about resource implications associated with the introduction of our scheme. Specific issues included:

- the need for employer support, both in terms of protected time and dedicated funding;
- at what points during the working day should registrants be expected to undertake CPD (e.g. whether we expect all, or the majority of, CPD to be carried out during working hours, since this may affect self-employed registrants' earning potential);
- whether registrants will receive any assistance from us, in terms of access to CPD activities, funding and campaigning/championing;
- the possible negative impact of CPD activity upon the delivery of patient care, due to the amount of time required to undertake CPD.

The issue of employer support generated particularly strong comments. Some respondents suggested that we should make employers aware of their responsibilities in relation to the CPD requirements of their staff, potentially by issuing guidance to employers. For example, the National Association of Occupational Therapists working with People with Learning Disabilities asked how CPD will be promoted to employers, to ensure that they work with registrants and provide time and funding for CPD. Other respondents went further and requested that protected CPD time was mandatory. As one observed, "As the onus lies with the individual, the HPC will need to put a lot of work into getting employers and health professional bodies on side with regard to resources".

A handful of respondents were concerned that the introduction of our CPD scheme would have a negative effect on recruitment and retention within the professions that we regulate. Some, like the Chartered Society of Physiotherapy, also questioned whether the introduction of CPD will increase cost for registrants.

Key decisions

15. The HPC will commence a communications campaign in April 2006 to ensure that employers are aware of its forthcoming CPD scheme and are encouraged to support it. We believe that this will have a positive impact on patient care.

Our Comments

- The HPC has no powers to either provide funding for CPD itself or to require employers to fund CPD.
- The HPC's main objective is to protect the public. Over-protection of doctors' interests to the detriment of public safety resulted in criticism of the GMC in the Shipman Inquiry. Arguably, the same applies to the HPC and its registrants.
- The HPC sets no expectations for when in the day CPD is done, so participation need not jeopardise self-employed registrants' income. Some types of CPD listed in Appendix 2 of the consultation paper can be done 'on the job' (e.g. learning by doing, gaining and learning from experience, job rotation), so would entail neither longer working hours nor loss of income.
- The HPC does not agree that CPD will negatively affect patient care. In fact, it should positively enhance it. The NHS KSF also explicitly links learning to improved service delivery.

Section 15: Applicability of Standards

Your responses

Without being prompted by our consultation document, many respondents asked about the applicability of generic CPD proposals to all registrants. Some suggested that our CPD scheme should be 'context driven' and take into account the individual circumstances of registrants. The main thrust of such comments centred on the ability of specific groups of registrants to meet our requirements, notably those who are:

- physically disabled;
- non-practicing;
- part-time;
- self-employed;
- based overseas;
- peripatetic;
- located in rural areas;
- locums;
- dual registered.

Many respondents requested that qualifications or caveats to our CPD proposals are made for some or all of these groups, due to the inequalities that they experience in terms of time and funding for, accessibility to, and the availability of CPD. It was noted by the Department of Health, Social Services and Public Safety (Belfast) , that the majority of professionals work within a "governance structured framework" and that we should also consider international registrants and those working in the private or voluntary sectors.

Questions were also raised about whether allowances would be made for those on leave at the time of the audit request or during the period of audit and whether such registrants will be able to comply with the CPD standards or meet our deadlines for submitting evidence. In particular, questions were raised in relation to:

- Maternity/Paternity leave
- Sick leave
- Other forms of extended leave

Our Comments

- 'Context-driven' CPD – As stated in the consultation paper, the HPC's proposed CPD scheme *is* context-driven and intended to reflect an individual registrant's scope of practice. Where the individual circumstances of registrants influence their scope of practice, this will be reflected in their CPD activities and in assessors' expectations. This applies to all of the groups of registrants listed above with the exception of non-practicing registrants.
- If registrants selected for audit are on maternity, paternity or extended sick leave, or on leave to care for young or aged relatives, they will be permitted to defer assessment of their CPD learning for two years, when they will be automatically selected for assessment again. It is worth noting however that being on leave does not necessarily mean that no CPD is being undertaken. This is one of the reasons that we ask you to put your practice and learning into context in the summary section of the profile. If you are in this situation and wish to submit a CPD profile, you may still be able to do so.
- Registrants who have not been practicing for several years and cannot meet the required Standards of Proficiency should consider whether they should still be on the Register. Failure to meet the HPC's CPD Standards would, in any case, be reason for removal from the Register. If such registrants wished to renew their registration at a later date and met the HPC's CPD and other required Standards, they would be eligible to reapply.
- Where registrants take up a voluntary or employment post overseas, there is broad scope for widening experience. The HPC recognises that a post outside the UK means a new environment and generally exposure to a range of different modes of practice, which can be beneficial to an individual's learning. Gaining experience in a new and different context may contribute to CPD.

Appendix 1: consultation events

We held 46 public consultation events in 22 different locations around the United Kingdom, as listed in Table 1.

Table 1: Locations and dates of public consultation events

Town or city	Venue	Date (2004)
London	School of Oriental & African Studies	13 September
Orkney Islands	Phoenix Theatre	16 September

Mold	Beaufort Park Hotel	21 September
Bolton	The Pack Horse Hotel	22 September
Leicester	Leicester Tigers R.F.C	28 September
Sheffield	Sheffield United F.C.	29 September
Wolverhampton	Britannia Hotel	30 September
Fort William	Moorings Hotel	4 October
Glasgow	Hampden Park	5 October
Hastings	The Cinque Ports Hotel	12 October
Oxford	The Oxford Centre	20 October
Ipswich	Ipswich Town F.C.	21 October
Swansea	Holiday Inn	27 October
Bath	Hilton Bath City	28 October
Belfast	Wellington Park Hotel	2 November
Derry	Tower Hotel	4 November
Plymouth	New Continental Hotel	9 November
Southampton	Southampton F.C.	11 November
`Dundee	Hilton Dundee	17 November
Edinburgh	Apex International Hotel	18 November
Sunderland	Sunderland F.C.	24 November
Penrith	Exhibition Hall	25 November
London	Regent's College Conference Centre	29 November

Appendix 2: corporate respondents

Organisations and institutions that responded to our consultation document are listed below. Details of those responding in a personal capacity remain anonymous.

All Wales NHS Physiotherapy Managers Committee

Allied Health Professions

Amicus Trade Union

Association of Chartered Physiotherapists in Management

Association of Clinical Biochemists

Association of Clinical Cytogeneticists

Association of Clinical Scientists

Association of Operating Department Practitioners

Barnet, Enfield & Haringey Mental Health NHS Trust

Bedfordshire Education Authority

Birmingham Heartlands & Solihull NHS Trust

Board of Welsh Community Health Councils

British Psychological Society Division of Health Psychology

British Academy of Audiology

British Association of Arts Therapists

British Association for Counselling & Psychotherapy

British Association of Play Therapists

British Association of Prosthetists & Orthotists

British Blood Transfusion Society

British & Irish Orthoptic Society

British Psychological Society

Burnley, Pendle & Rossendale Primary Care Trust

Canterbury & Coastal Primary Care Trust

Canterbury Christ Church University College

Cardiff & Vale NHS Trust

Care Council for Wales

Castle Point & Rochford PCT

City University London

Colindale Hospital

College of Occupational Therapists

Department of Health (Quarry House, Leeds)

Department of Health, Social Services & Public Safety (Belfast)

Derby City Council

Dudley Social Services

Eastern Birmingham Primary Care Trust

Elekta Ltd

Enfield Primary Care Trust

Federation of Clinical Scientists

Ferndown Local Office

Fife Acute Hospitals

General Chiropractic Council

General Medical Council

General Optical Council

Glasgow Caledonian University

Guy's & St Thomas' NHS Foundation Trust

Health Professions Wales

Healthcare Commission

Homerton School of Health Studies

Institute of Biomedical Science

Institute of Physics & Engineering in Medicine

Isle of Man Government

Joint Royal Colleges Ambulance Liaison Committee

Kneesworth House Hospital

Macmillan National Institute of Education

National Association of Primary Care Educators

National Blood Service

Newbury Physiotherapy Service

NHS Education for Scotland

North Bristol NHS Trust

North Devon Primary Care Trust

North East London Strategic Health Authority

North Hampshire Hospitals NHS Trust

North Hertfordshire & Stevenage Primary Care Trust

North Kirklees Allied Health Professional Forum

North Surrey Primary Care Trust

North West London Occupational Therapist Liaison Committee

Northern Ireland Council of the Society & College of Radiographers

Nottingham City Primary Care Trust & Social Services

Nuffield Orthopaedic Centre

Operating Department Practitioners of Northern Ireland

Oxford Brookes University

Papworth Hospital NHS Trust

Pharmaceutical Society of Northern Ireland

Play Therapy UK

Queens Medical Centre

Raigmore Hospital

Registration Council for Clinical Physiology

Rotherham General Hospital NHS Trust

Royal College of General Practitioners

Royal College of Midwives

Royal College of Speech & Language Therapists

Royal Free Hospital

Royal Pharmaceutical Society of Great Britain

Royal Shrewsbury Hospital

Royal Surrey County Hospital

Rushcliffe Primary Care Trust

Scarborough, Whitby & Ryedale Primary Care Trust

Sheffield Hallam University

Society & College of Radiographers

Society of Chiropodists & Podiatrists

Society of Homeopaths

Society of Sports Therapists

South Birmingham Primary Care Trust

South Manchester Primary Care Trust

St Mary's Hospital

St George's Healthcare NHS Trust

Swindon Primary Care Trust

Thames Valley Strategic Health Authority

The Alliance of Private Sector Chiropody & Podiatry Practitioners

The British Dietetic Association

The Chartered Society of Physiotherapy

The Health Service Ombudsman

The Institute of Chiropodists & Podiatrists – Wolverhampton Branch

Tonbridge & Malling Borough Council

UNISON Health Group

University College London

Victoria Hospital/Queen Margaret Hospital

Welsh Therapies Advisory Committee

Wessex Primary Care Research Network

Western Infirmary (Glasgow)

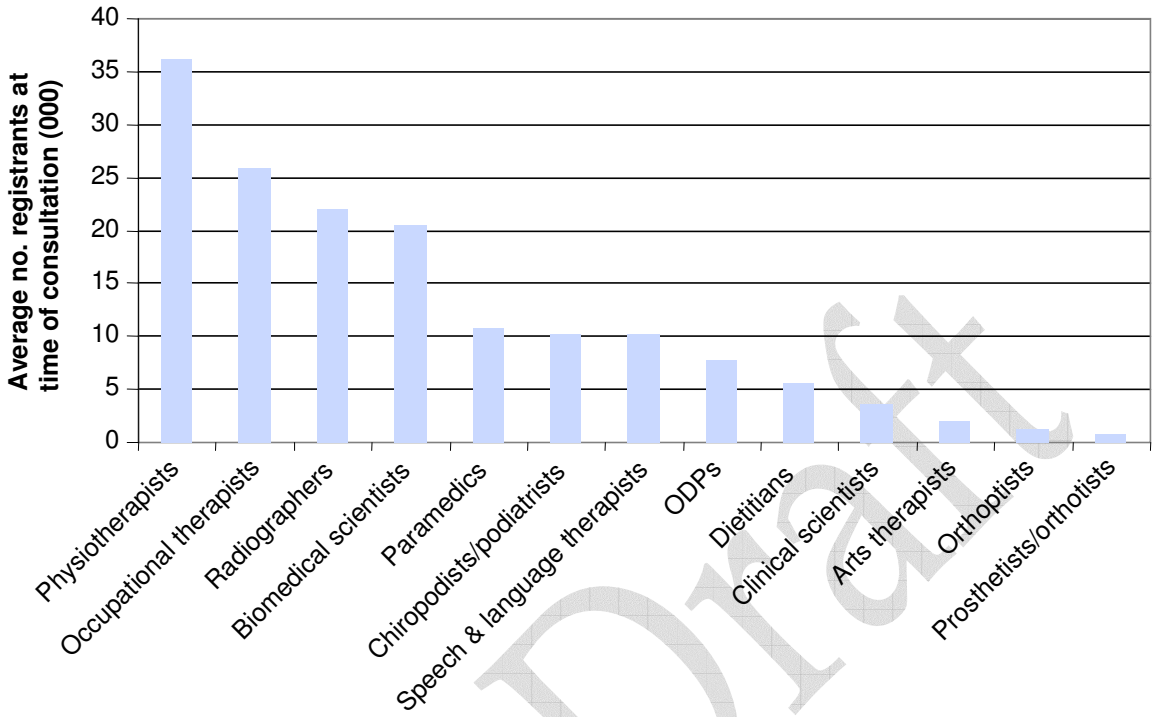
West Lincolnshire Primary Care Trust

West Sussex Health & Social Care NHS Trust

West Yorkshire Strategic Health Authority

Wrightington, Wigan & Leigh NHS Trust

Appendix 3: Registrants per profession



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