

## **Consultation on revised guidance on Continuing Professional Development**

**Analysis of responses to the consultation on 'Continuing Professional Development' and our decisions as a result**

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# 1. Introduction

## About the consultation

- 1.1 We consulted between 3 October 2016 and 13 January 2017 on revised Guidance on Continuing Professional Development (CPD).
- 1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.
- 1.3 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website:  
[www.hcpc-uk.org/aboutus/consultations/closed](http://www.hcpc-uk.org/aboutus/consultations/closed).

## About us

- 1.4 We are a regulator and were set up to protect the public. To do this, we keep a Register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called 'registrants'.
- 1.5 We currently regulate 16 health and care professions:
  - Arts therapists
  - Biomedical scientists
  - Chiropractors / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers
  - Social workers in England
  - Speech and language therapists

## About this document

- 1.6 This document summarises the responses we received to the consultation.
- 1.7 The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section three provides a summary of the general comments we received, while section four is structured around the responses we received to specific questions. Our responses and decisions as a result of the comments we received are set out in section five.
- 1.8 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

## 2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

### Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. This invited them to indicate whether they were responding as an individual or on behalf of an organisation. For each question they answered, respondents were able to select from four options: yes; no, partly; and don't know. They were also able to give us their comments on each question in a free text box.

2.3 Where we received responses by email or by letter, we recorded each response in a similar format.

2.4 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

### Quantitative analysis

2.5 We received 80 responses to the consultation document. 58 responses (73%) were made by individuals of which 53 (91%) were HCPC registered professionals and 22 (28%) were made on behalf of organisations.

2.6 The table below provides some indicative statistics for the answers to the consultation questions. Responses to question seven, which asked for any other comments on the standards, are summarised in section three of this paper.

### Quantitative results

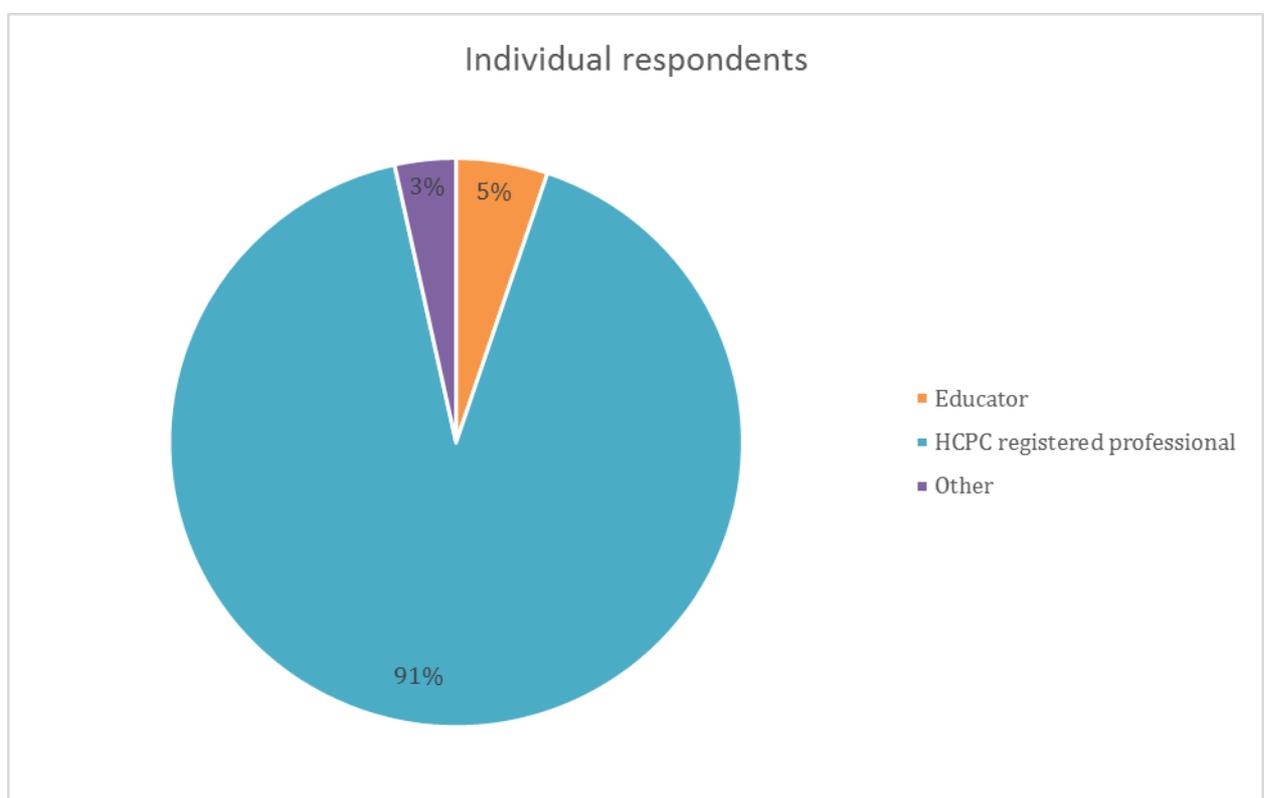
Questions	Yes	No	Partly	Don't know	No answer
Is the guidance clear and easy to understand? How could we improve it?	63 (79%)	3 (4%)	13 (16%)	1 (1%)	0 (0%)
Could any parts of the guidance be reworded or removed?	19 (24%)	44 (55%)	8 (10%)	7 (9%)	2 (3%)

<b>Do you have any other comments on the draft guidance or on our overall approach in this area?</b>	36 (45%)	42 (53%)	0 (0%)	0 (0%)	2 (3%)
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- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add up to 100 per cent.

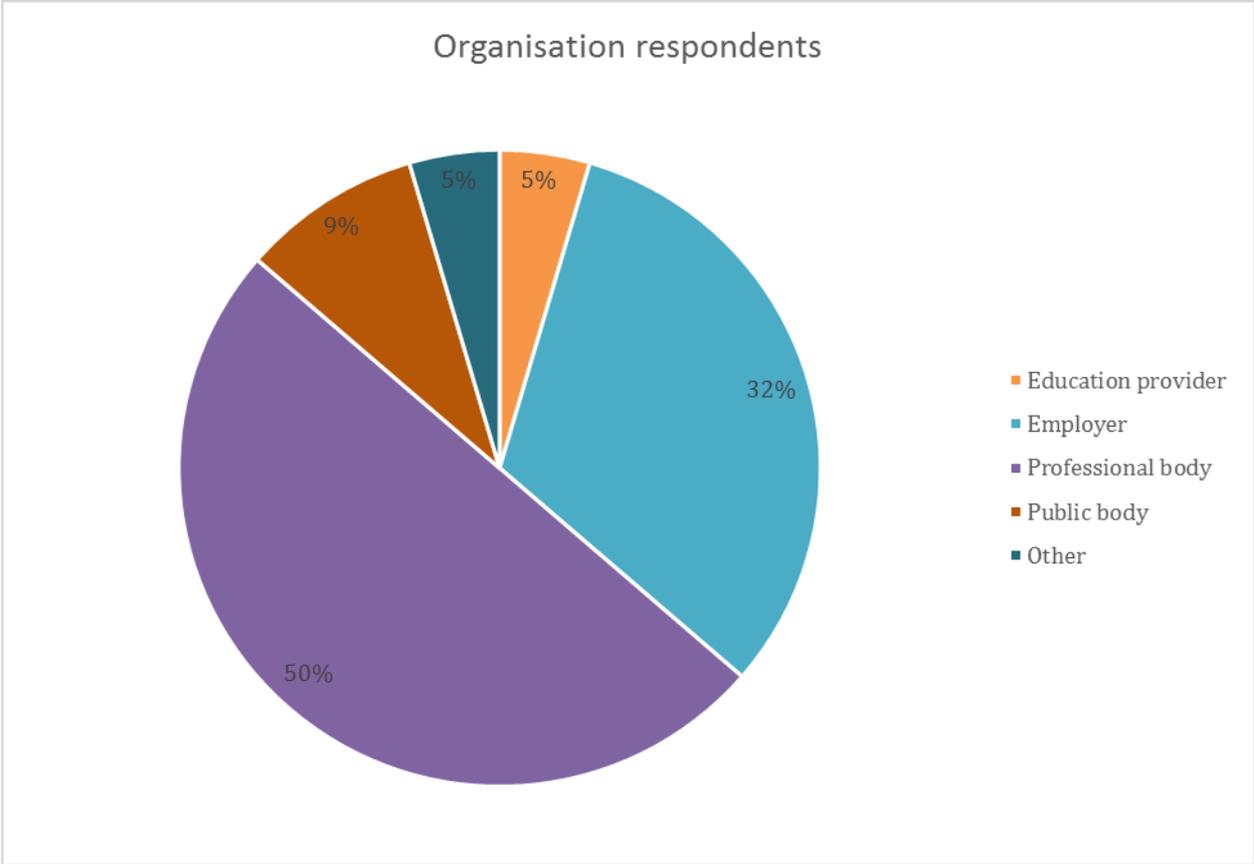
### Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as joint educator and HCPC registrant or another professional.



**Graph 2 – Breakdown of organisation respondents**

Respondents were asked to select the category that best described their organisation. The organisation who selected 'other' identified themselves as a certification body.



### **3. Summary of responses**

- 3.1 There was strong support from the majority of respondents for the revised guidance on 'Continuing Professional Development', although some qualified their response by suggesting further improvements.
- 3.2 Many respondents commented that they felt the language in the revised guidance was clearer, although some requested that further detail was provided in the glossary definitions.
- 3.3 A significant number of respondents welcomed the changes to the format of the guidance, citing the amalgamation of the short and long guidance documents in to one version, and the inclusion of bullet points and a new flowchart as substantial improvements.
- 3.4 A number of HCPC registrants responding to the consultation commented on the difficulties they face in completing their CPD profile and suggested that it would be helpful for the HCPC to provide templates and further examples. However others appreciated the flexible model adopted in the revised guidance.
- 3.5 A number of respondents commented that further clarification around the outcomes-based approach taken by the HCPC to CPD would be helpful.
- 3.6 HCPC registrants raised concern about the difficulties they face in obtaining sufficient time and funding for CPD activities and suggested ways they felt the HCPC might assist in raising awareness with employers.
- 3.7 Two respondents raised concern about the accessibility of the guidance to dyslexic individuals, and provided suggestions of simple ways this could be improved.

## **4. Response to the consultation**

- 4.1 There was overall support from respondents for the revised guidance on 'Continuing Professional Development', with some comments for further amendments to improve the content and accessibility of the document.
- 4.2 The comments we received are summarised below, structured around the common themes we have identified.

### **Language and style**

- 4.3 The majority of respondents (79%) considered that the revised guidance was clear and easy to understand. Of those respondents who also provided comments, around a quarter specifically mentioned how helpful and simple the language was. A number of respondents also welcomed the amalgamation of the short and long guidance in to a single document, which they felt provided clarity and improved accessibility.
- 4.4 A number of suggestions were made regarding the language and style of the document to improve readability, these included: removing some repetition in the document; and using consistent language, for example aligning the terms 'CPD profile' and 'written profile' to avoid confusion.

### **Format and content**

- 4.5 Respondents welcomed the changes made to the format of the guidance, in particular the introduction of bullet points and the inclusion of a flowchart. However, a number of suggestions were made for further improvements, these included:
- generating an interactive contents page;
  - incorporating clearer headings to make the document easier to navigate;
  - adding links to other guidance documents (for example standards of proficiency) and guidance videos on the HCPC website;
  - making minor tweaks to the structure and content of the flowchart;
  - providing clearer signposting to the helpful information contained in the appendices.
- 4.6 A number of respondents highlighted the difficulties some registrants face in completing their CPD profile, and suggested that it may be helpful to include template forms for registrants to use. Some considered that this would ensure a more streamlined approach to CPD across AHPs and social care professionals. However, others welcomed the current, flexible and non-prescriptive approach.

- 4.7 Some respondents suggested that more accessible practice examples would assist them in understanding the approach they should take to completing CPD activities and documenting them.
- 4.8 One organisation suggested that further clarity was necessary around how certain types of CPD could be evidenced, for example supervision or meeting attendance, particularly where notes taken contain confidential information.
- 4.9 A number of HCPC registrants responding to the consultation raised concern about the lack of direction in the guidance regarding the minimum number of hours of CPD required. They considered that a minimum requirement would provide a helpful benchmark in determining the appropriate input required.
- 4.10 However, several organisations who provided comments welcomed the flexible, outcomes-based approach taken in the guidance. One organisation however commented that the guidance on this should appear earlier in the document and provide greater clarity on the reasons for this approach to help registrants' understanding.
- 4.11 A number of respondents commented that it would be helpful to include further definitions in the guidance, for example, what is meant by the term 'regular CPD' or 'gap in CPD activity'. One organisation raised concern that the definition of 'CPD' contained within the glossary in the revised guidance wasn't the same as that on the HCPC website.

### **Employer responsibilities**

- 4.12 A small number of respondents, predominantly HCPC registrants, raised concern about the difficulties faced in securing time and funding for CPD activities in the workplace. Some felt that the guidance, and activities planned for its release, could do more to raise awareness amongst employers of their obligations to staff in this regard.
- 4.13 One organisation suggested that, where an employer has failed to adequately support an individual in their CPD activities, the HCPC should take account of this during the audit process. They considered that the HCPC should address the concerns with the employer, and provide additional time for the registrant to undertake further CPD activities where required.

### **Other comments**

- 4.14 A number of other comments were made by respondents regarding further improvements they felt could be made to the guidance, these included:
- providing greater clarity that a registrant doesn't automatically have an audit every time they renew their registration, but that audits are randomly selected across the profession;
  - aligning audits with other organisations, for example an audit undertaken by a registrant's royal college;

- providing greater clarity for self-employed, private and part-time practitioners, to address issues relating to professional isolation;
- emphasising the connection between CPD and Standards of Proficiency, thereby highlighting the link to public protection;
- replacing the term 'seek to ensure' throughout the guidance with 'be able to demonstrate'.

### **Equality and diversity**

4.15 Two HCPC registrants highlighted the difficulties faced by dyslexic individuals in accessing and understanding the guidance. They welcomed the revisions to the guidance, particularly the new bullet point format. However, they considered that more could be done to make the document accessible, for example by:

- providing a checklist to accompany the guidance;
- giving clearer links to example documents;
- providing more example documents.

## **5. Our comments and decisions**

5.1 We have considered carefully all the comments we received to the consultation and have used them to revise the draft guidance. The following explains our decisions in some key areas.

### **Language and style**

5.2 The majority of respondents to the consultation considered that the guidance was clear and easy to understand. However, we did receive some comments on how it could be improved. In addressing these comments we have: removed some repetition in the document; and provided greater consistency when referencing a registrant's 'CPD profile'.

### **Format and content**

5.3 Respondents supported the amendments we made to the format of the guidance and provided some thoughts on how we could improve it further. In response to these suggestions we have:

- flagged the information held in the appendices;
- clearly signposted the information held on our website, for example CPD profile templates and sample profiles; and
- made minor changes to the content of the flowchart.

5.4 A number of comments were made regarding the format of the guidance, which we hope to address in the final, published document. These changes, which will improve the accessibility of the guidance, include:

- incorporating clearer headings to make the document easier to navigate;
- providing links to other guidance documents; and
- including a checklist for creating a CPD profile.

5.5 A number of respondents, mainly HCPC registrants, requested detail about the minimum hours required for CPD. We have outlined in our guidance that our approach to CPD is outcomes focused. This provides flexibility across the different professions we regulate and ensures a focus on benefits to practice. We have however provided additional signposting to templates and examples which we hope will support registrants in collating their CPD profiles.

5.6 We have also included definitions of 'regular' and 'gap in CPD activity' following feedback from respondents.

## **Employer responsibilities**

- 5.7 Some respondents continue to raise concern about the challenges faced by registrants in securing time and funding for CPD, and a perceived lack of awareness amongst employers of their obligations to staff in this regard. We will review our approach to publicising the new guidance to ensure we raise awareness with employers.

## **Equality and diversity**

- 5.8 Two respondents raised concern about the accessibility of the guidance, particularly for dyslexic individuals. We have provided further signposting to our CPD profile template and sample CPD profiles in the new guidance and are looking at ways we can make these more accessible on our web pages. We also hope to make changes to the layout of the final, published guidance to further improve accessibility. These changes are set out above at point 5.4.

## **Other areas**

- 5.9 We have made a number of other changes to the guidance to improve the content and clarity, these include: outlining clearly that registrants will not have to complete an audit every time they renew their registration; and outlining that CPD is a requirement for registration.
- 5.10 Some respondents requested greater clarity for self-employed, private and part-time practitioners. The guidance clearly outlines that we adopt a flexible approach to CPD based on outcomes to take account of, amongst other things, working roles. We consider that this flexibility is important across the professions we regulate and so haven't included any further prescriptive content in this area.

5.11

## **6. List of respondents**

Below is a list of all the organisations that responded to the consultation.

Academy for Healthcare Science  
Association of Educational Psychologists  
Berkshire Healthcare NHS Foundation Trust  
British Society for Rheumatology  
British Society of Hearing Aid Audiologists  
Canterbury Christ Church University  
Centre for Advancement of Interprofessional Education (CAIPE)  
College of Occupational Therapists  
Greater Glasgow and Clyde Health Board - Area Psychology Committee  
Institute of Biomedical Science  
NHS Education for Scotland  
Northern Ireland Ambulance Service  
Peterborough and Stamford Hospitals NHS Trust  
Royal College of Nursing  
Scottish Ambulance Service  
South Glasgow Psychology Department (NHS Greater Glasgow and Clyde)  
The British Association of Social Workers  
The College of Podiatry / Society of Chiropodists & Podiatrists  
The National Association of Educators in Practice (NAEP)  
The Society and College of Radiographers  
Unite the Union  
Yorkshire Ambulance Service NHS Trust