



CPD Profile

- 1.1. Full name: Private practice chiropodist/podiatrist
1.2. Profession: Chiropodist / Podiatrist
1.3. CPD number: XXXXX

2. Summary of recent work / practice:

I am a full-time private practitioner of over 30 years experience, providing the local community with a high level of podiatric care on a surgery based or domiciliary practice basis, the latter being approximately 15 percent of my practice. Patients seek my services either directly (frequently on the recommendation of friends and colleagues), or by referral from general medical practitioners, pharmacists, community nursing staff, physiotherapists, osteopaths or other health related professionals. My duties include treating the following classes of patients:

1. Patients seeking relief from painful superficial excrescences ranging from a variety of types of corns to callousities and skin disorders.
2. The treatment of verrucae, utilising a variety of treatment methods.
3. Nail conditions including infections which may be mycotic, bacterial or viral in origin.
4. High risk patients suffering systemic disorders with complication manifestations in the lower limb, e.g. diabetes, vascular diseases, rheumatoid conditions, neurological ailments and musculo-skeletal abnormalities.
5. Biomechanical anomalies: I perform full biomechanical assessments involving extensive clinical examination and video analysis of gait. This normally leads to the prescription of corrective orthoses. I produce many of these in-house, whilst those requiring more complex devices are referred to specialist orthotic laboratories.
6. Advice and guidance is offered on all aspects of footwear (including hosiery and paediatric requirements) and I maintain contact with several manufacturers of bespoke footwear, referring clients when appropriate.

Total words 224
(Maximum words 500)

3 Personal Statement

Standard 1: A registrant must maintain a continuous up to date and accurate record of their CPD activity.

I maintain an on-going portfolio of my CPD activities both as “hard copy” in a folder supplied by my professional Institute, and also as a back-up on my computer.

I have included a copy of the contents list from my portfolio, which lists all the CPD activities I have undertaken over the last two years (evidence 1).

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice

I have undertaken a wide variety of different learning activities over the past two years. These have included the reading of professional journals, training courses, keeping a reflective diary and internet research. I also attend meetings of my professional body at which there has been significant CPD activity in the form of lectures, tutorials, discussion groups and “hands on” demonstrations of new techniques, equipment and pharmaceuticals relevant to chiropody / podiatry.

Attending meetings of my professional body helps me to meet other practitioners and identify my learning needs. It is invaluable to have the opportunity to meet with colleagues, and discuss changes in clinical techniques, equipment and pharmaceuticals relevant to my practice. This feedback from other practitioners enables me to develop, clinically, professionally and indeed personally.

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

Standard 4: A registrant must seek to ensure that their CPD activity has benefited the service users

I have chosen to explain four activities I have undertaken to explain how my CPD has benefited my practice and the patients who use my services. As I am a private practitioner, my service users are normally my patients. However, I have explained how sometimes they are also my professional colleagues.

Lectures on diabetes:

I attended a series of lectures on the subject of diabetes mellitus which has serious complications, manifesting themselves in the lower limb. I have included the course materials and certificates as evidence (evidence 2).

The treatment of this disease is constantly evolving with developments from current research. Whilst the lectures reinforced my prior knowledge they also served to make me aware of the current research outcomes and heightened my observation of the possible presenting symptoms of the complications among my patients. I also learnt about trends in the NHS towards specialised clinics for the treatment and monitoring of the condition.

As part of the course, I produced a case study of a diabetic patient of mine who has Charcot's joint complications. I have included the anonymised case study (evidence 3) which includes my reflections on my treatment of the patient, following the lectures. My practice has benefited because I am more confident that my treatment of patients is appropriate and my patients have benefited because I am more aware of the best ways of referring patients needing treatment outside of my scope of practice.

Course and article on orthoses:

I attended a practical demonstration course in the subject of the manufacture of orthotic devices within private individual practices. Whilst I studied the subject of biomechanics in my training, I had previously always referred the making of orthoses to specialised laboratories. This course demonstrated the techniques which could be pursued enabling me to become proficient at producing a variety of orthoses "in house".

I wrote an article which was published in my professional body's journal 'Chiropody Review' on my experiences following the course on orthotic manufacture, detailing the techniques I had learnt and explaining the positive feedback I had received from my patients. I have included a copy of my notes from the course and a copy of the journal article that I wrote (evidence 4).

I feel that my patients have benefited because I am now able to produce a greater range of orthoses in a quicker time frame, avoiding costly referral to other clinics. I have included some anonymised examples of the positive feedback I received from my patients (evidence 5). In this context, my professional colleagues are also my service users and I received some positive feedback from my colleagues on the article. I have included the minutes from a local branch meeting where I was congratulated on its content (evidence 6).

Reflective log and course on neurological assessment:

I maintain a reflective log in the form of a "dictaphone" kept in my surgery on which I verbally note any unusual conditions presented by patients during the course of the working day. This is later transcribed onto my computer and the results followed up by consulting the textbooks, the internet, and speaking to professional colleagues. The final outcome is then recorded in my CPD portfolio for future reference.

I have included an anonymised extract from my log notes (evidence 7). I identified a gap in knowledge having seen a patient who had previously undergone a neurological assessment at a specialised clinic. I recognised that I needed to be able to reassure and inform patients of what they might expect if I needed to refer them to another clinic for an assessment. As a result I went on a course on the subject of neurological assessment (see evidence 8). It was helpful to learn about such instruments as the neurothesiometer and vascular flow detector which are generally only used in specialised clinics.

I feel the reflective log benefits my practice because I am able to keep a record of any unusual cases and identify my future learning needs. In this instance, my patients benefited because I identified the need to update my general patient

information leaflet with information about what to expect if I need to refer a patient to another practitioner for a specialised assessment (evidence 9). I can also share the outcomes of my reflective log with my colleagues.

Internet research and journals

I regularly read a variety different professional journals and text books. I also regularly access 'thatfootsite.com' on the internet. This website contains a weekly review of articles from world-wide sources pertinent to my profession. The articles, if of specific or potential future interest, are downloaded and printed out for filing in my portfolio. Sometimes I forward these to friends and colleagues who may be unaware of the site's existence. Further to this, on the subject of the internet, I maintain a log of websites visited in relation to my profession and keep the list updated on my computer. I always take an updated list along to my branch meetings for distribution to colleagues. This technique has "caught on" among branch members and we all now exchange these on a regular basis whilst the branch secretary keeps an overall file of all the websites we encounter and these are distributed to the membership on a three monthly basis. I have included two examples of articles I have read (evidence 10) and a copy of the list I compiled and gave to my branch colleagues (evidence 11).

Total words 1,172
(Maximum words 1500)

4. Summary of supporting evidence submitted:

Evidence Number	Brief Description of Evidence	Number of pages, or description of evidence format	CPD standards that this evidence relates to
1	Contents list from my portfolio	2 pages	1 and 2
2	Course materials and certificates from Diabetes lectures	5 pages	2
3	Case history of patient with Charcot's joint complication of diabetes mellitus	3 pages	3 and 4
4	Copy of notes from Orthotic courses and copy of journal article	1 page of notes and 2 page article	3 and 4
5	Patient feedback on provision of orthoses	3 pages	3 and 4
6	Minutes from branch meeting	2 pages	3
7	Extract from reflective log	1 page	2 and 3
8	Certificate from course on advanced neurological assessment	1 page	2 and 3
9	Extract from updated patient information leaflet	1 page	3 and 4
10	2 x articles read	5 pages	3 and 4
11	List of websites for branch meeting	2 pages	3 and 4