



## CPD profile

1.1 Full name: Private Practitioner

1.2 Profession: Podiatrist

1.3 Registration number: CH. XXXX

## 2. Summary of recent work/practice

I am a generalist podiatry private practitioner. I am self-employed and have been so for 20 years. My practice is based on a busy high street in rented premises on which I have a lease. There are two fully equipped surgeries on the premises. An important role as an employer and owner of the practice is to ensure the business remains profitable by employing the highest standards of patient care. I employ a full time receptionist and two podiatry associates work with me on a part-time fee sharing basis, contributing specialised skills to the practice.

The majority of the patients I treat are self-referred and I have to be prepared to treat, or recognise the need for referral, of anyone or any podiatric condition that attends for treatment I also treat patients who are referred from local general medical practitioners. I have close contacts with colleagues who provide more specialised services both within private practice and the NHS and I refer patients to them as necessary. I regard communication between professionals as being very important, in that it can improve the patient pathway greatly.

My knowledge base is broad and is based on extensive experience and continued learning. I am also annotated on the Health and Care Professions Council (HCPC) register as being competent in the use of local anaesthetics and the use of Prescription Only Medicines. I do have an interest in orthotic devices of a particular type that I find of value and of benefit to a number of my patients. I have developed what I regard as a specialised expertise in the use of this particular device.

I do not anticipate my future patient case load will change very much from the profile I am accustomed to treating, although it is possible that with verrucae treatments and nail care no longer being provided by the NHS, these types of treatment may well fall to the private sector.

321 words

(maximum 500 words)

### 3. Personal Statement

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

I keep and maintain a continuous up-to-date and accurate record of my CPD activities. It is updated on a monthly basis. It is kept in the electronic format provided by my professional body on the Society of Chiropractors and Podiatrists website (evidence 1).

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

My CPD activities are a mixture of learning activities relevant to my current and future practice. This is demonstrated by the wide range of CPD activity listed below. The reason for the wide choice of learning activity is that I am a generalist practitioner treating patients with a wide range of conditions. My professional development has therefore concentrated on the following activity over the past two years:

- Attending lectures at branch meetings (evidence 2)
- Attending two life support training courses
- Local anaesthesia update course
- Pharmacology update course
- Reading professional journals and completing the learning outcomes pull out section of the CPD enclosures in 'Podiatry Now'
- Networking with colleagues to discuss clinical issues
- Mentoring younger colleagues in my practice
- Attending a basic biomechanics update course
- Attending a private practice business course
- Carrying out a small scale patient survey

I am competent in the use of analgesics for the purpose of Part III of Schedule 5 to the Prescription Only Medicines (Human Use) Order and therefore I have followed the advice of my professional body and have undertaken Life Support training on an annual basis (evidence 3). It is also a professional body expectation that I undergo updating in local anaesthesia (LA) and I have accordingly attended an updating course in LA last year (evidence 4). This course has identified future learning needs such as when podiatrists are able to legally access adrenaline in the future, that there will be a need for me to undergo appropriate training in the diagnosis of anaphylaxis and the safe administration of adrenaline if required. The course has also shown me that I am adhering to best practice and that my patients are

continuing to receive safe and effective pain relief. It is also an expectation of my professional body that I undergo periodic updating in pharmacology. I have therefore attended an update course in pharmacology (evidence 5) which has enabled me to i) understand the current position with regard to Prescription Only Medicines, ii) refresh my memory regarding the pathogenesis of adverse drug reactions and iii) consider the medico–legal implications of podiatric Access and Supply legislation. The benefit to my patients is that of renewed confidence in my ability to supply appropriate, effective and timely medication. Evidence for this can be seen in case study 1 (evidence 6) where knowledge of the disease process of rheumatoid arthritis and pharmacological management facilitated effective management of the patient’s foot pain.

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

**Standard 4: A registrant must seek to ensure that their CPD benefitted the service user.**

### **Professional networking**

As I am self-employed, I regard opportunities to network with other colleagues to be very important. Without the ability to network there is the potential to practice in isolation. To this end I facilitate a network group, which meets every two months and I consider that this shared learning is the most relevant CPD activity I undertake. We have aims and goals at each meeting which benefit our patients directly. We share skills and knowledge. Examples of direct benefit to my patients have been seeking advice by presenting a case history. Eventually using knowledge gained from my colleagues I resolved a patient’s particular foot problem by working with a temporary orthotic, finally providing a custom made orthotic when I was sure the temporary device was effective. Eventually I discharged the patient who was by then pain free and highly satisfied. Another colleague shared her knowledge with us by teaching stretching and strapping skills. We have worked together and developed a diabetic assessment form suitable for use in our practices. We have revised the use of Doppler. We also keep up to date with policy affecting private practice and have discovered the Prodigy Website for evidence-based practice.

### **Reflective practice**

By evaluating my practice through reflection I am able to identify areas of good practice and also areas that need improvement. For example, through discussing case histories with colleagues and reading the pull-out CPD section of my professional journal ‘Podiatry Now’, (evidence 7) I have reflected on my treatment of patients and modified my treatment by no longer using pyrogallic acid for the treatment of verrucae. This is because of the potential drastic action of this medicament. The article on gaining informed patient consent in the October 2005

journal 'Podiatry Now' (evidence 7) has reinforced the importance of providing information to patients and I have modified the written advice sheet I give to patients accordingly.

### **Biomechanics course**

When I attend a course, I write notes to give my opinion at the time of how (or if) the course would enhance my practice. The course in biomechanics has enabled me to relate the general principles of biomechanics to a more detailed view of lower limb function during podiatric biomechanical assessment. This has enabled me to expand my scope of practice by giving me an insight into a particular type of orthotic device which I now use successfully following biomechanical assessment on patients that require this specialised management (evidence 8). This has improved my patient's satisfaction considerably. The evidence for this is contained in a patient satisfaction survey carried out in November 2006 (evidence 9). Further evidence of the effectiveness of this new approach can be seen in the improvement in visual analogue pain scores as symptoms regress. (Case study 2; evidence 10)

### **Business management course**

My patients have the freedom of choice to seek treatment elsewhere unless satisfied, so staying up-to-date and offering the best service available is important to me in a competitive situation. My service delivery is via my business so that I also regard keeping up to date with the latest developments in business management as extremely important. I have a requirement to keep up to date with matters relating to self-employment and business, as well as patient activity. As I am about to close on my practice lease and move into a freehold business property, it is important that I am up-to-date with the law relating to running a business in freehold property. Staying in business is fundamental to providing a service and to the effective delivery of that service. Consequently attending the course on business management (evidence 11) provided a source of information regarding changes to taxation, employment and company law.

### **Staff feedback**

As my business includes other members of staff, we hold regular meetings to discuss patient and practice management. Again this is a useful activity and provides me with management issues I need to resolve. My receptionist identified the need for a written profile for reception services for my practice, as I like things to flow in a certain way. Conflicts were arising, especially as the receptionist works with three individual podiatrists who all do things slightly differently. As a result I am currently working on a reception handbook for my practice (example pages can be provided).

I believe I have endeavoured to engage in activities that are of benefit to my patients, have contributed to the development of my staff and to the sustainability and progression of my business.

1,269 words

(maximum 1,500)

#### 4. Summary of supporting evidence submitted

<b>Evidence number</b>	<b>Brief description of evidence</b>	<b>Number of pages, or description of evidence format</b>	<b>CPD standards that this evidence relates to</b>
1	Summary of CPD activities of previous two years	2 pages	Standard 1
2	Branch membership fee receipt	1 page	Standard 2
3	Life support certificate	1 page	Standards 3 and 4
4	LA update: attendance certificate and copy of course aims and learning outcomes	3 pages	Standards 3 and 4
5	Pharmacology update: attendance certificate and copy of course aims and learning outcomes	3 pages	Standards 3 and 4
6	PT case summary example 1	2 pages	Standard 4
7	Copy of journal articles and copy of informed consent form	5 pages	Standards 3 and 4
8	Biomechanics course: attendance certificate and course aims and learning outcomes	4 pages	Standards 3 and 4
9	Patient survey results	2 pages	Standard 4
10	PT case summary example 2	2 pages	Standard 4
11	Business management course: attendance certificate and course aims and learning outcomes	3 pages	Standards 3 and 4