



## CPD profile

**1.1 Profession: Senior Academic Health Psychologist**

**1.2 CPD number: CPD1234**

## 2. Summary of recent work/practice

I have been working as a psychology lecturer in higher education for twenty years and have been a Professor of Health Psychology for the past three years. I have taught undergraduate psychology students and medical students health psychology and psychological research methods in the past, but most of my teaching is now at MSc and Professional Doctorate level, and I regularly supervise PhD students and Stage 2 trainees. I am the Course Director for the MSc Health Psychology in my institution and am the Director of our Health Psychology Research Centre. As Course Director I am responsible for managing the award, and provide pastoral care for all students (approximately 20 per year), as well as teaching and assessing students, and supervising a number of dissertations (approximately 5 per year). I am also responsible for the Professional Skills module on the Professional Doctorate in Health Psychology and so teach trainees about issues such as ethics, team-working, communication skills and reflective practice. I also conduct staff appraisals and attend university meetings representing Psychology research. As Research Centre Director I am responsible for drafting business plans, co-ordinating activities of the Centre, organising a visiting speaker programme, and mentoring other members of the Centre for their research.

I am also involved in a number of research projects relating to substance use with collaborators from other Faculties and external institutions, and occasionally provide consultancy work to Government Departments and voluntary sector organisations. I am also on the editorial board of one of the leading journals in my field. For these roles I need to keep my research expertise up to date, and negotiate timescales and outcomes with a number of other individuals.

(Maximum 500 words)

## 3. Personal statement

I keep a continuous and up-to-date CPD log, which I tend to update an average of once a month. The log is stored online on the BPS CPD Online Planning and Recording System and is sub-divided into development needs, a record of activities undertaken and descriptions of learning outcomes. I use my CPD log to discuss my professional development needs with my line manager and also during my own review. Evidence 1 of this CPD profile contains the information from my CPD log for the two-year period under review together with supporting evidence.

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

My CPD activity is geared towards; a) ensuring I am keeping up-to-date with current developments in my fields of expertise and b) improving my teaching and supervisory skills. My CPD is planned annually during my appraisals, when my personal development plan is agreed with my line manager, and I also plan other activities which I feel will be relevant to my own professional practice. I have undertaken a mixture of activities to meet the HCPC CPD requirements, which include formal and informal learning. Examples of my activities include reading journals and other publications, discussions with colleagues and attendance at various conferences and events. All of my CPD activity is relevant to both current and future practice.

Service users are anyone who directly or indirectly is affected by my practice. For my practice, service users could include staff and students on the MSc programme, stage 2 trainees, members of the research community, patient groups, health professionals, members of the public. For my consultancy work this also includes members of governmental or voluntary organisations.

## **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 benefits the service user**

The examples below demonstrate how my CPD activity has contributed to my practice and how the service user has benefited from my professional development.

### **Relevant reading**

I regularly read a number of relevant psychology journals [*British Journal of Health Psychology*, *Health Psychology Update*, and *Psychology & Health*] and also the allied publications which relate to my current research interests [i.e. *Drugs: Education, Prevention & Policy*; *Health Education*]. This keeps me up to date on the latest methodology techniques and current theories in my area. In addition it keeps me up to date with other research that health psychologists are conducting in different areas and this can help me identify new directions. For example, a recent qualitative paper on reasons for substance use in bipolar disorder (Healey et al, 2010, *J Affective Disorders* 113 118-126), prompted me to understand how a similar methodology would be appropriate to identify similar issues for the client group relevant to my own research and help towards developing an appropriate intervention. In this way, during the last year I have extended my knowledge of research into effective approaches to smoking cessation and international approaches to drug treatment. I have been able to incorporate this information into a grant proposal for a smoking cessation project, using a similar methodology in the first phase of the project. This has since been submitted to a European research funding body (Evidence 2).

Developing more effective approaches to smoking cessation and drug treatment has direct benefits to service users, including higher quit rates, reduction in smoking and drug-related illness and problems. I have also been able to incorporate the information gained into my teaching sessions, for example I was able to inform my MSc students about the findings from an evaluation of drug

treatment and testing orders on drug use. I used this example as a basis for a session where students developed their own intervention plan for a case scenario. From this experience students were better able to make the link between research, policy and individual treatment planning. (Evidence 3)

### **BPS Division of Health Psychology Annual Conference**

Attending this conference helped to keep me up to date with research being conducted in my area, as well as providing the opportunity to network with other health psychologists – possibly building relationships for future collaborations (Evidence 4). I have been increasingly aware that my skills in qualitative methodologies are limited and I attended a useful workshop on current issues in qualitative methods. I have used what I learnt from this in refining the EU proposal I submitted (Evidence 2). I also presented findings from my own work (an intervention aimed at ‘breaking the cycle’ of injecting drug use) which allowed me to demonstrate my presentation skills, and gave me an opportunity to receive ‘peer review’ on my own work which I am now writing up for publication (Evidence 5). Constructive feedback during discussions with delegates has led me to develop a dissemination strategy to service users of the findings from this study and increased my awareness of the need for greater patient and public involvement in my research. Consequently I have sought to involve a service user co-applicant in a grant proposal I am developing and include within this funding for a service user reference group (Evidence 6).

### **Trainee Supervision**

I am supervising two trainee health psychologists enrolled on the Professional Doctorate in Health Psychology. Supervision sessions have taken place fortnightly for an hour each time during the two year period under review. Supervising trainees has been particularly useful for my own professional development this year, as there was a conflict within the workplace for one trainee that had to be delicately negotiated. As such, my own negotiation skills were developed further, as was the type of support that I gave to the trainee, and I also investigated the university’s procedure for dealing with such conflicts, in case the matter couldn’t be resolved. The matter was resolved satisfactorily and both myself and the trainee found this a useful situation for our own future development (Evidence 7).

### **BPS CPD workshops**

I attended three CPD workshops organised by the BPS Division of Health Psychology. These focused on 1) Reflective Practice and Reflexivity in Research, 2) Introduction to Cognitive Behaviour Therapy for Physical Health Problems and 3) Behaviour Change Interventions: Design and Evaluation. All three workshops were useful and I was able to incorporate the learning into my teaching as well as my research practice (Evidence 8). Firstly the Reflective Practice event introduced me to a number of different ways in which people can engage in reflexivity, which gave me ideas for my own professional development as well as providing me with alternatives to present to students in their ‘Professional Skills’ sessions. Student evaluations of the revised teaching session compared favourably with last year’s session: students rated themselves as having a greater awareness of the value of reflective practice and being more confident in these skills compared to the students’ ratings last year. The CBT event was very useful as I have never received any training this technique before and so I learnt about its origins and how it can be applied to a number of physical health

problems, as well as having the opportunity to practice the technique through role play. This is something that I would like to pursue further, and I am considering pursuing a formal qualification in CBT in the future. Having these skills will be helpful when developing interventions within a research setting, but also useful for my teaching and supervision as it is something that my stage 2 trainees have enquired about developing competency in. The Interventions workshop was also useful as it confirmed that I am designing and evaluating interventions in my own practice appropriately. In addition, several useful suggestions about how to closely map back the evaluation to the theoretical underpinnings. I will take these on board in my own work, as well as disseminate the principles to our MSc students to benefit their knowledge and practice.

### **Module development**

In developing my module on drug abuse for this semester's teaching, I read new literature, reflected on how I had taught the material previously and read through student evaluations of the module from last year (Evidence 9). My tendency is to update modules with new research but not necessarily with new approaches to teaching and learning. I therefore read contemporary articles on teaching and learning in psychology, and in conjunction with the student comments I identified a new strategy that I have incorporated into the module this semester. This involved using enquiry based learning, a technique I was previously unfamiliar with. This planning has helped me to reflect on my teaching and learning activities. First, I believe I took much more consideration of the student's perspective and how they will best develop their understanding of the material by engaging more fully in the learning experience (Evidence 10). I have also recognised some of the nuances involved in this subject that I will need to help students to draw out. The feedback from the first sessions has been very positive and students have been much more engaged and lively during the teaching sessions. I will be in a position to evaluate the restructuring more fully at the end of the semester. At this stage I will consider how this new learning approach could be applied to other modules I am involved in.

Word length: 1,208

(Maximum 1500 words)

#### 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	Record of CPD activities	3 pages Hard Copy	1, 2 & 4
2	Brief outline of proposal for EU funding call	1 page Hard Copy	2, 3 & 4
3	List of articles read	2 pages Electronic CD	2, 3 & 4
4	Photocopy from abstracts book confirming presentation at DHP Annual Conference	1 page Hard Copy	2 & 3
5	Copy of powerpoint presentation handout	2 pages hard copy	2 & 3
6	Copy of the MRC call we are submitting a proposal for	1 page Hard Copy	2, 3 & 4
7	Trainee progress log, detailing conflict experienced	1 page electronic CD	2, 3 & 4
8	Certificate of attendance at 3 DHP CPD workshops	3 page Hard Copy	2 & 3
9	Photocopy of one of the teaching articles I found useful	1 page Hard Copy	2, 3 & 4
10	Copy of the enquiry based learning lesson plan I developed	2 page hard copy	2, 3 & 4