

Education and Training Committee 25 November 2009

First annual CPD report

Executive summary and recommendations

**Report of the results of the first four professions to be audited for continuing professional development (CPD)**

This report is intended to provide a review of the CPD process so far. It looks in detail at the standards, audit process, assessments, communications and finally the audit results of the first four professions. The results are for chiropody / podiatry, operating department practitioners, orthoptists and paramedics. CPD assessors have contributed to the report, providing feedback and suggestions for those selected for audit in the future.

The report will be art-worked and ready for publication in January/February 2010. It will be distributed to professional bodies and other key stakeholders.

**Decision**

The Committee is asked to discuss and agree the report

**Background information**

**Resource implications**

The publication falls with the 2009/2010 Communications workplan. The CPD Communications Manager has worked closely with Registrations and Policy and Standards Departments to produce the document. The design and production of the final publication will be managed by the Publications Manager.

**Financial implications**

The publication falls with the 2009/2010 Communications budget

**Appendices**

n/a

**Date of paper**

25 November 2009

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## **Foreword**

I am delighted to present the Health Professions Council's report on the first audits of compliance with our standards for continuing professional development (CPD). We have produced this document to provide you with information about the process by which the standards were agreed and implemented, and to share the results of the first four professions to be audited. This will be followed by further reports each year on subsequent audits.

In its early deliberations, the Council was in agreement that any new process for monitoring ongoing CPD must be flexible, fair and appropriate for all the professions regulated by HPC. This was no small challenge, and as a member of the professional liaison group which undertook some of the work, I am well aware of the effort that went into this development by many people. As a Council, we were clear that the standards should not disadvantage any profession or group, and should be equally applicable to those working in independent practice as in health, education or social care settings. In addition, the standards should promote reflective practice and a commitment to lifelong learning, both of which are recognised as key attributes in maintaining high standards of professional practice over time. For some professions, the requirement to write in a reflective way about CPD activities was not well received, but we believe that over time the benefits of the flexible, reflective nature of our CPD standards has been recognised.

If these CPD standards, and the audits that we carry out to ensure compliance with them, promote reflective practice and foster a greater emphasis on the outcomes of CPD activity, then we as a regulator will have fulfilled our commitment to promoting higher standards of practice for all.

I am grateful to all those who have been involved in the development of the CPD standards, the design and delivery of the audit process, and the

dissemination work that has allowed this innovative outcome based approach to CPD to flourish.

**Anna van der Gaag**  
Chair

## **About this document**

We, the Health Professions Council (HPC), have written this document for registrants', professional bodies, other regulators and others with an interest in our approach to CPD. It provides information and feedback from the first round of CPD audits. We will publish the results of subsequent audits on an annual basis.

Throughout this document:

- 'we' refers to us, the Health Professions Council;
- 'you' refers to a health professional on our Register;
- health professionals on our Register are known as 'registrants'; and
- 'CPD' refers to continuing professional development.

People who might find this document useful are:

- a registrant who has been audited;
- a registrant was not audited but who wants to find out more about the CPD audits;
- a student who wants to find out more about the CPD audits;
- a manager thinking about the CPD needs of their team and how they can help them with their CPD by providing feedback;
- a CPD co-ordinator, union representative or a representative from a professional body who wants to support registrants with their CPD;
- an employer of registrants who wants to find out more about the results of the CPD audits; or
- a person or organisation thinking about offering CPD activities to registrants.

## About the Health Professions Council

We are the Health Professions Council. We are a regulator, and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their professional skills and behaviour.

We currently regulate 14 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

### ***Our main functions***

To protect the public, we:

- set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants (the health professionals who are on our Register);
- keep a register of health professionals who meet those standards;
- approve programmes which health professionals must complete before they can register with us; and
- take action when health professionals on our Register do not meet our standards.

## Introduction

We define continuing professional development (CPD) as;

*‘a range of learning activities through which health 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’*

<sup>(1)</sup>

Although many of our registrants have always undertaken CPD, it did not become a statutory requirement for registrants until July 2006.

In this document we provide a summary of the work undertaken to engage, inform and support registrants in the period before the first round of CPD audits which began in May 2008.

There is a section containing detailed information on the audit. We have also included references to other publications which are referred to in the document or which might be of interest.

## ***Background***

The HPC was created by legislation called the Health Professions Order 2001. The legislation had within it provisions for the Council to establish standards for CPD under article 19(1). This gave the Council powers to devise and implement new standards requiring registrants to undertake CPD.

The Council consulted widely on the proposals for the standards for CPD, and took account of the comments that were made through written consultation and via public meetings.

At the time, we recognised that many existing systems for monitoring CPD relied upon an hours or points (inputs) based approach. However, we also recognised that the quality of CPD activity was in many instances more important to maintaining high standards of professional practice than the quantity of CPD undertaken at any time.

Many professionals emphasised to us that formal didactic learning opportunities were not the only means of keep up to date. In terms of giving the public re-assurance that registered professionals were continuing to maintain high standards, this was seen as key, as was the need to specify the perceived benefits to service users in the standards themselves. The draft standards therefore were deliberately flexible, in that they did not demand a specific number of hours of CPD, and deliberately outcomes based, in that they sought to invite registrants to be explicit about the benefits of the CPD activity for service users.

## ***Consultation and key decisions***

In 2004, we held a three-month consultation on our proposals for linking CPD with registration. The consultation document was sent to all health professionals registered with us, as well as being available on the website. We held 46 meetings in 22 locations throughout the UK. At each meeting, we presented the proposals and then provided an opportunity for feedback from

registrants. Over 6500 registrants attended the meetings and over the course of the consultation we received almost 1500 written responses. .

A summary of the responses to the consultation was made available in July 2005.

### ***Professional liaison group***

In September 2005, a Professional liaison group was established to take the work forward. The PLG was made up of both professional and lay HPC Council members. Their work included preparing the registrant guides to CPD, developing example CPD profiles and beginning the work to design the audit process.

In February 2006, the PLG members met with representatives of the professional bodies to discuss the work and to invite the professional bodies to provide sample profiles for their respective professions. These sample profiles were then reviewed by members of the PLG for consistency and conformity with the CPD standards. In July 2006 the CPD standards became part of the statutory requirement to remain registered with HPC. From July 2006 all registrants had to meet the CPD standards. The first CPD audit began two years later, in July 2008.

## **The standards**

Our standards state that registrants 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; and
5. present a written profile containing evidence of their CPD upon request.

### ***Amendment to standard five***

During the first round of audits we received a small number of profiles in a strikingly similar format. We investigated the matter and established that they had been produced on the individuals' behalf by a third party. Whilst this was

not in breach of the CPD standards as they were written, it did not reflect the purpose of the audit process which was to examine a sample of profiles generated by the registrants themselves.

In February 2009, we therefore consulted on amending Standard 5. The majority of the responses were in favour of the change and after Council approval the revised standard came into force in June 2009.

The amended wording of standard 5 is:

'Registrants must, upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD'.

## **The CPD audit process**

### ***Registration and CPD***

We register professionals on a bi-annual basis. This means that each profession has fixed dates to renew their registration every two years. When deciding when to audit professionals we took this in to account and have linked CPD audits with registration renewal. For example, paramedic's registration renewal forms were issued during the first week of June 2009, this was followed by CPD audit notification within 10 working days. The submission deadline for both renewal forms and CPD profiles was 31 August 2009.

### ***Selection***

We took the decision to audit a sample of randomly selected registrants' CPD activities bi-annually, rather than checking each registrant. This decision was proportionate and appropriate given our assertion that health professionals were committed to their responsibility for meeting the standards of CPD and the majority were already undertaking CPD prior to the introduction of the standards

By auditing a sample of registrants rather than all those registered with us, we have also been able to manage costs and provide better value for money for those who pay registration fees. If we were to audit all those registered with us the costs would be considerably higher and this cost would have to be met by increased registration fees.

Registrants were selected randomly from all those registered within their profession for the last complete renewal cycle (the two year periods that we register each profession). This meant that those new to their profession and those returning to practice were not selected.

Selection for audit took place at the same time as renewal notices were sent out, three months before the end of each registration cycle.

## ***Deferral***

We recognised that, due to unavoidable circumstances, some health professionals would need to defer (put off) their audit. This was because they could not fill in their CPD profile as a result of illness, family circumstances or maternity leave. 'Deferral' offers those who cannot complete their CPD profiles due to circumstances beyond their control the opportunity to stay registered.

When requesting 'deferral' we ask that registrants write to us as soon as possible giving their reasons for deferring and evidence to support it. Anyone accepted for deferral will be automatically included in the next round of CPD audits.

## ***Sample size***

When the first audits took place in 2008, we selected 5% of the first two professions (chiropractors / podiatrists and operating department practitioners). Dependent on the outcome of those audits, we then proposed to audit 2.5% of the professions after that.

We chose levels of 5% and 2.5% after taking account of the number of health professionals on our Register and taking advice on sample sizes from the Statistical Services Centre at the University of Reading.

## **Assessing the profiles**

### ***Developing the audit process***

In June 2007 we held a test assessment day to investigate the most effective methods for assessing CPD profiles. We invited our registration assessors to volunteer to submit a profile of their CPD for assessment and a further group of assessors to undertake the assessments. We selected 20 of the volunteers to participate.

The assessors worked in pairs looking at the profiles and accompanying evidence, they then discussed the profiles before reaching a joint decision. As the CPD standards are the same for all the professions we regulate we also trialled 'cross profession assessing'. This meant that the second assessor would be from a different profession.

## ***Assessor appointments***

We appointed 31 CPD assessors from the first four professions to be audited. They worked as 'partners' of the HPC to undertake the assessment of CPD profiles.

To recruit the CPD assessors we wrote to our current partners and advertised on our website. Where there was a shortfall we also advertised in professional journals. We required applicants to be registered members of the professions with appropriate experience of review and assessment.

Mark – reading this again – I think there is too much detail – hence my deletes

## ***Assessor training***

Once appointed, the assessors were invited to attend training days at our offices. The aims of the training sessions are to enable the assessors to:

- understand and apply the CPD standards
- understand the assessment process
- undertake a CPD assessment
- make well reasoned decisions

The assessor training days were facilitated by the CPD Communications Manager and members of the Policy department. They comprised a mixture of presentations, discussion and practical exercises.

The assessment decisions available to the assessors are:

- to accept the profile
- to request further information (within 28 days)
- to allow further time (3 months) to meet the standards
- to reject the profile

## ***Assessment days***

Given the number of CPD profiles that needed to be assessed, an efficient method of assessment was required. Previously assessments of International and Grandparenting applications had been copied and posted to registration assessors in order for them to be completed at home. However, it was

decided that CPD profiles would be assessed at our offices, with the assessors working in pairs and recording their decisions together.

The first assessment day took place in June 2008 when six assessors completed over seventy profiles submitted by chiropodists and podiatrists. A further five assessment days took place during the summer and a total of 450 profiles were assessed. When assessment days resumed in October 2008 for operating department practitioners, we were able to invite a number of the chiropodist and podiatrist assessors to assist with the audit. This was the first occasion when profiles were assessed by two assessors from different professions. The chiropodists and podiatrists adapted easily to assessing a new profession and were able to apply the five standards for CPD without having in depth knowledge of the OPD profession. In total 346 ODP profiles were assessed on five assessment days.

### **Assessor feedback**

This section contains personal accounts from CPD assessors involved in the first audit.

#### **Chiropody / podiatry**

*The requirements of the CPD audit are innovative and pioneering. The emphasis is on benefits to patients and reflects the role, scope and active plans for the life-long learning of a health professional with the guidance of the Health Professions Council to have a 'light touch'.*

*I became involved as I have been a professional partner for the HPC on the register as a chiropodist / podiatrist since 2003. I also hold a post in the NHS as a podiatric surgeon.*

*As podiatrists were the first of the registrants to be audited for the CPD cycle it was an interesting and useful process to take part in. One month after our training day we were invited to the HPC's offices in South London and were given huge bundles of paperwork to work through to assess the recent CPD cycle over the last two years for each individual selected for audit. There was a clear randomisation as all aspects of podiatry practice were covered including high level management and researchers. It was always straightforward when a registrant had read the instructions and presented their information in the correct format. Even so it was very heartening to read about the huge diversity of work carried out in the name of podiatry which included some surprises such as ear piercing licences!*

*Some registrants submitted out of date material and this needs to be made more clear in future accompanying explanatory notes. Two assessors checked the submissions for discrepancies or concerns. We were able in the first instance to request further information. Alongside the exemplary submissions, Masters, extensive scope and experience were submissions from those who had not submitted or shown any attempt to increase their*

*knowledge over the preceding years and certainly not within the required timeframe.*

*Most of the resubmissions readily met these requirements but some failed to grasp the need to show a commitment to the CPD cycle and process and more information and more time to undertake CPD activities was granted to them.*

*I was pleased to be a part of this overall positive system and was then asked to assist with the ODP audit cycle. As a podiatric surgeon I found that my experience of operating theatres was helpful when reviewing CPD profiles of ODP's.*

*Here again the clear, concise and well thought out submissions were plentiful and it was fascinating to learn about the profession of ODP in this detailed manner.*

*In summary I found the process to be positive and certainly it is important to be maintaining your individual portfolio and a sense of direction in ones own learning. No doubt those who were asked to submit had been daunted by the task but in the reading of the submissions there was a sense of professional pride in the many achievements accomplished.*

**Emma Supple** – chiropodist / podiatrist CPD assessor

### **Operating department practitioners**

*I am a senior ODP with Clinical Team Leader surgical responsibilities in a developing and forward thinking Day Surgery Unit. In addition to this I am an occasional visiting lecturer and have been involved in partnership with a university for developing a programme of study enabling perioperative Health Care assistants to develop and extend their skills through a Foundation degree framework - part of a local developing the perioperative workforce initiative.*

*I became a 'Partner' with the HPC in 2004. To this day, I am amazed that I attended the interview not really believing I would be 'good enough' to be part of such a high profile public organisation - I felt really passionate about protecting the public, making them more aware of my ODP profession and how we contribute to their care – Here I am today, as a valued registration assessor and panel member taking part in assessing CPD profiles.*

*I attended a CPD assessment training day alongside other colleagues in my profession – a mix of academic and clinical practitioners. For me the CPD standards were reasonable to follow – what we needed as a group of assessors was to be very clear and focused that we did not assess the academic style of the profile but assessed profiles against clearly articulated CPD standards. It could be so easy for some assessors to get trapped in an academic style of assessment. As a registration assessor, I was used to the*

*style of the HPC documentation and thus felt confident that I could apply my skills as a fair and reasonable CPD assessor using measurable standards.*

*Like Registrations, CPD assessors work in pairs, reviewing profiles and coming to a joint decision. We were one of the first professional groups to be audited and thus my early experience of assessing profiles was during an 'assessment day' held at the HPC. This was very useful because we worked in pairs and were able face to face in pairs to discuss the profiles and share our developing experience with the HPC and other assessors in the group. As an assessor, I quickly became familiar with the standards which would ultimately guide our decision making. From that initial day, I now continue to assess profiles remotely with another assessor often through a series of e-mails and always making a shared decision within a 2 week time period.*

*Most of the profiles were fine and it was an inspiration to see such a diversity of roles within the ODP profession. It was also a shared sense of pride to see that Registrants had really taken on board the value of CPD and had submitted profiles which clearly met the standards. In contrast, other profiles really struggle to meet the standards. As an assessor, I genuinely empathise with those Registrants who do not meet the standards and are either requested to provide more information or be given more time to resubmit a profile. As an assessor, I am not there to make it difficult for such Registrants but to clearly state what it is they need to provide so that their CPD evidence meets the standards and maintains their Registration. The most common errors are that Registrants do not submit a list of CPD activity to meet standard 1 or they do not clearly articulate why their sample of CPD activity benefits them in terms of professional development or how it benefits service users (standards 3&4). I am still involved with assessing the final few that are coming through as resubmissions but I have enjoyed the CPD assessment journey and learned so much from the process.*

**Maria Boutabba** – Operating department practitioner

***Assessor guidance when submitting a CPD profile***

Felicity Court and Helen Fletcher – Speech and language therapists

Examples of best practice in CPD submissions:

- Printing and sending the CPD activities for whole period of CPD being assessed (i.e. allowing assessors to clearly see that standard 1 is met)
- Printing and sending the CPD types of CPD activities for whole period of CPD being assessed (i.e. allowing assessors to clearly see that standard 2 is met)
- A detailed personal reflective statement that focuses on 3 to 4 aspects of CPD
- Personal statement taking a number of personal/professional objectives and then demonstrating how these have been met and the benefits to service users
- Use of one or two A4 pages to write up a reflective record of a CPD activity undertaken (e.g. using a format such as Gibbs reflective cycle)
- Using a format for the personal statement. For example: activity; what I learned; how this learning affected how I work; how my learning has benefited service users/quality of work.

Examples of questionable/poor practice in CPD submissions:

- Sending in items marked “highly &/or confidential”
- Not sending in a continuous, up-to-date record of CPD (as per standard 1)
- Submitting copies of patient reports/letters/case notes or patient identifiable information as part of CPD evidence
- Keeping a record of day-to-day of work activities (i.e. confusion between what is CPD and what is actual work). For example: activity = budget meeting; learned = update on budget; comments = recruit to vacancy
- Listing activities that form part of a job description as a CPD activity without demonstrating standards 3 & 4. For example recruitment activities such as short listing for a post or interviewing are only CPD if the registrant is learning/developing their practice within these activities and can demonstrate/evidence this
- Registrants sending a sample of professional body CPD log and suggesting that the assessors could log on and look at the log if further information required
- Repeated use of “we” in CPD statement with focus on what the department, service or organisation had achieved rather than what individual had learnt
- Excessive use of profession specific abbreviations in statement
- Printing and sending professional body CPD in monthly/calendar format or just printing the certificate or hours, as this provides insufficient detail.

Examples of potentially extraneous/unnecessary practice in CPD submissions:

- Sending in copies of DVDs, policies, full articles/papers, handouts or overheads from presentations attended that registrants have read or influenced practice
- Sending large folders or a bound book full of CPD evidence
- Re-typing professional body CPD information into a word document
- Writing-up six or more activities in personal statement

## **Communicating our audit requirements**

### ***Sample profiles***

In 2005, we began working with professional bodies to produce sample CPD profiles for our website. We have now published a total of 33 profiles across 13 different professions and we are continuing to work on publishing more.

The sample profiles are examples of the CPD profiles a registrant might submit if they were audited, without the supporting evidence. We have published these profiles to give examples of how registrants in different settings, undertaking different kinds of activities, could show how they meet our standards of CPD if they were selected for audit.

The profiles are not intended to be the best or only way of putting together a CPD profile, but instead illustrate how there are a variety of different ways of meeting our standards. They also illustrate that there are a variety of different ways of structuring and writing a CPD profile. For example, some of the sample profiles use almost the full 2,000 word limit, whilst others use less than half of that but still comfortably meet the standards.

We have also found that registrants often find it really helpful to look at profiles from outside of their own profession to compare different approaches to CPD.

### ***Publications***

In May 2006, we published 'Your guide to our standards for continuing development', which was mailed to all registrants. We also published a more detailed guide to the standards and audit process, 'Continuing professional development and your registration' in July 2006 which has been available upon request and via our website. To date we have distributed over 21,000 copies.

In preparation for the first round of audits in May 2008 we published specific guidance for those selected for audit, 'How to complete your continuing professional development profile'. This is sent to registrants selected for audit.

At the same time we also produced paper-based and electronic CPD profile templates for use by those selected for audit. This allowed for the profiles to be either completed by hand or word processed. Using a standardised template gave registrants' a clear format for producing the profile and provided the assessors with an understanding of what to expect.

## ***Presentations***

### **CPD Talks**

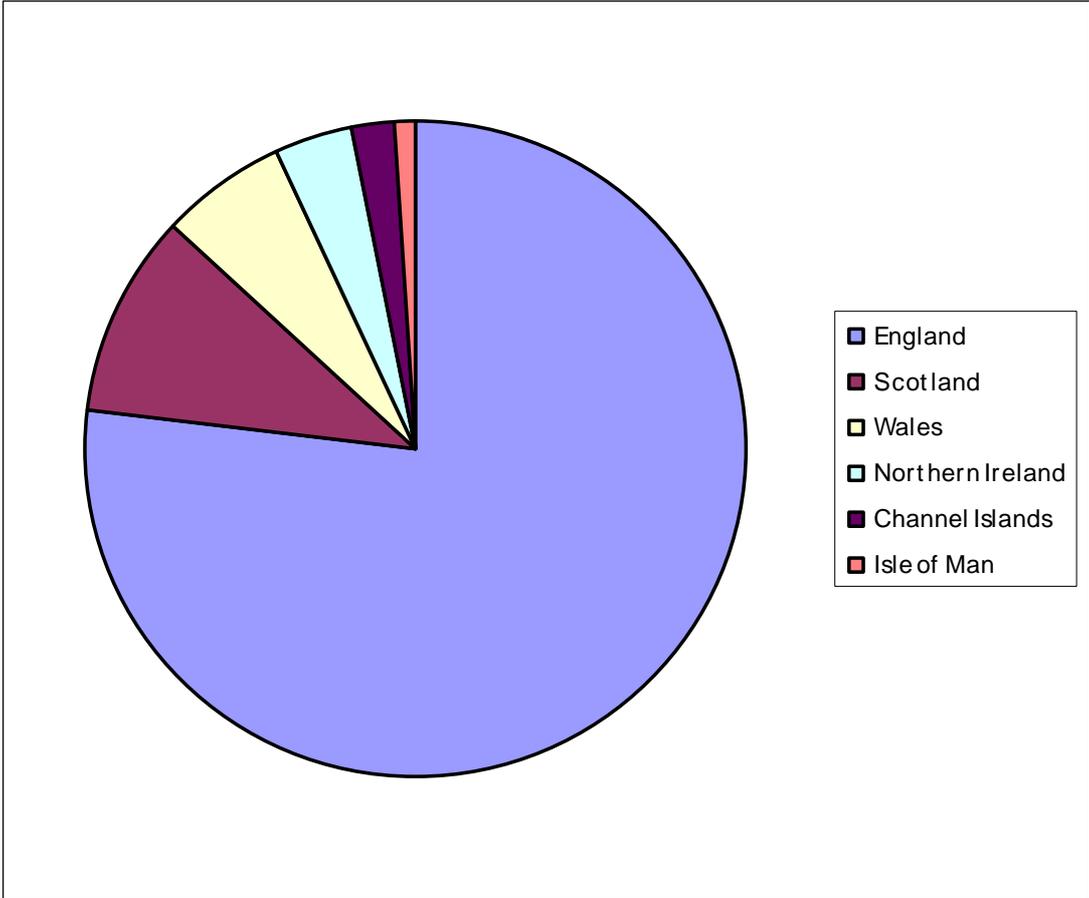
Shortly after the publication of the CPD standards we saw demand increase from registrants for speakers at events, meetings and conferences. Initially these were responded to by members of HPC staff from within the Policy department, and a number of talks were also given by HPC Council members.

To enable us to coordinate the communication of the CPD requirements to registrants we created the post of CPD Communications Manager in October 2007

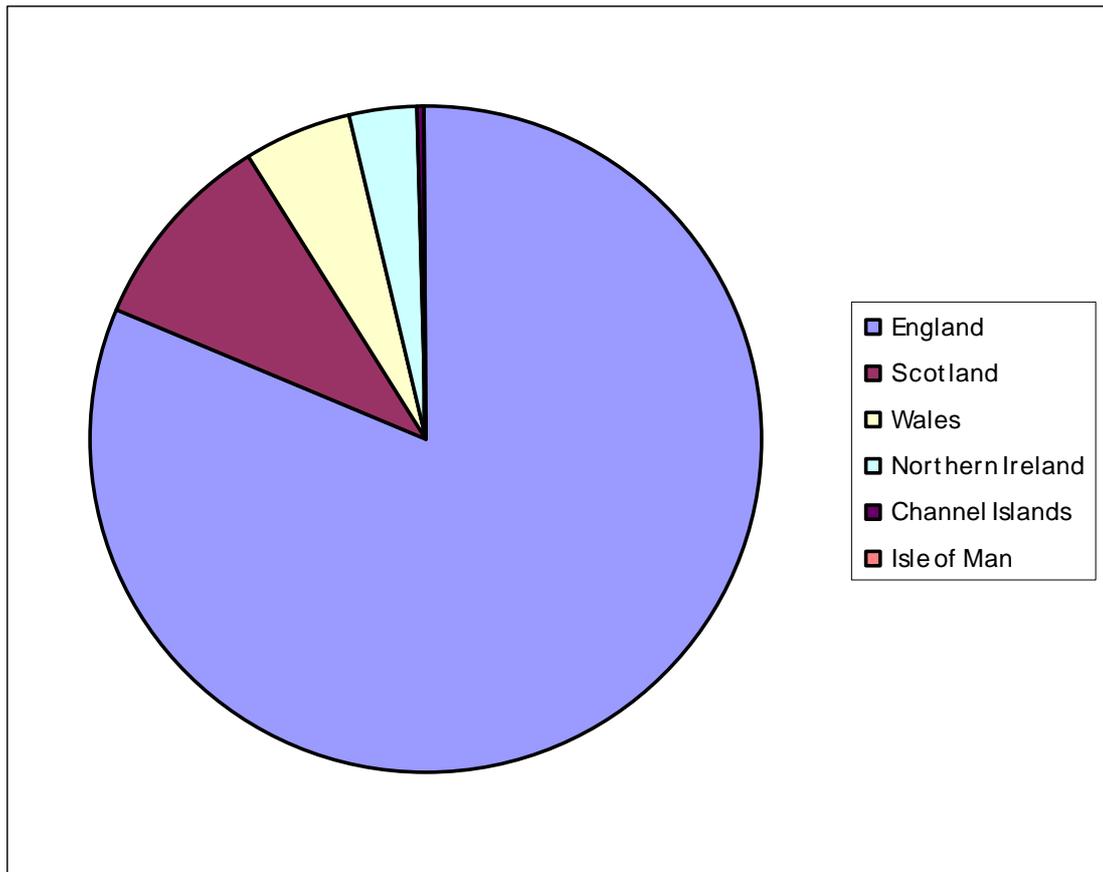
Since then, more than 13,000 registrants have attended talks at over 200 locations across the UK given by the CPD Communications Manager. We took a proactive approach to organising the talks utilising new and existing networks and advertising in the HPC's newsletter 'InFocus'. All parts of the UK were visited for extended periods to allow for a greater number of talks to be delivered.

Feedback from registrants' who have attended has been positive. The opportunity to meet so many registrants and hear and address their concerns first hand has been invaluable to the CPD programme of work.

<b>CPD talks delivered</b>	
England	154
Scotland	20
Wales	12
Northern Ireland	8
Channel Islands	4
Isle of Man	2



<b>Registrant home country populations</b>	
England	155433
Scotland	18545
Wales	10260
Northern Ireland	6194
Channel Islands	439
Isle of Man	249



### **Audio-visual CPD presentation**

To allow us to reach more registrants in a sustained and cost effective way we produced a version of the CPD presentation in DVD format. This was initially sent to every chiropodist / podiatrist and operating department practitioner selected for audit. . As a result of the positive feedback on this initiative, the presentation was placed online in June 2009 and to date had more than 7,000 visitors.

### **Listening events**

Our ongoing programme of listening events across the UK has also provided a useful forum for sharing information on the CPD requirements. We hold 16 events at 8 locations each year which are an opportunity for registrants to discuss issues which are affecting them. Since 2006 we have included CPD in the 'break-out' sessions at these events as an opportunity for questions and queries to be answered. The topical nature of the CPD audits has meant that those attending the listening events have had an opportunity to address their concerns, as evidenced by the feedback collated from the events.

### **Employer events**

We currently hold 5 of these events per year across the home countries of the United Kingdom. These events are specifically targeted at Managers and HR professionals responsible for allied health professionals. The events are made up of presentations and workshops looking at key issues affecting registrants and employers. As CPD is a statutory requirement we have included workshops on the standards, audit process and profile preparation at each of the events.

## **Website**

Since July 2006 when the standards for CPD were implemented we have developed and regularly updated the CPD pages on [www.hpc-uk.org](http://www.hpc-uk.org). This has provided a consistent and developing area for resources relating to CPD to be placed for registrants. This area of the website includes electronic versions of the CPD guides, Sample profiles, FAQ's, and the CPD profile template for use when submitting a CPD profile.

## **Overall audit summary**

These audit results only relate to 4 out of the 14 professions HPC currently regulates but it is interesting to note that from a total of 1175 registrants whose profiles were accepted, 940 were successful after their first assessment with 235 required to provide further information before their profiles were deemed to have met the CPD standards. This gives some indication that registrants are engaging in the CPD audit process and the guidance and communication provided by HPC is enabling registrants to complete their CPD profiles in order for them to demonstrate how they meet the CPD standards.

Whilst approximately 1 in 6 chiropodists that were selected for audit did not continue their registration after the end of the renewal window, compared to 1 in 13 registrants across the whole profession this variance was not seen across the other 3 professions audited which indicates that registrant's decision whether to voluntarily deregister or lapse was not affected by their selection for CPD audit. However, a large proportion of those who voluntarily deregistered or lapsed across all four professions were in the over 50 age bands which suggests that these registrants may be retiring from their profession.

The deferral reasons table shows that 59% of approved deferral requests were due to personal and family illness with a further 21% due to pregnancy or those registrants that have recently given birth.

A small number of registrants also failed to submit their profile within the time allowed and had to appeal against the decision to remove them from the register. A number of these cases are still ongoing.

## ***Deferral reasons***

<b>Reason</b>	<b>Chiropodist / podiatrist</b>	<b>Operating department practitioner</b>	<b>Paramedic</b>	<b>Orthoptist</b>	<b>Total</b>	<b>% Total</b>
Personal illness / accident	21	17	12	0	50	35.7
Family illness / commitments	16	14	3	0	33	23.6
Maternity	13	11	4	2	30	21.4
Relationship breakdown	7	2	4	1	14	10
Bereavement	4	1	0	0	5	3.6
Career break / travel	2	3	1	0	6	4.3
Other	3	1	0	0	2	1.4
<b>Total</b>	<b>66</b>	<b>49</b>	<b>24</b>	<b>3</b>	<b>140</b>	<b>100</b>

## **Audit Results**

The results of the audit are presented by profession and registrant CPD profile processing status. We categorise each profile into one of seven status descriptions as it progresses through the audit process and an explanation of each of these is given below:

Accepted	CPD profile met the CPD standards
Deferred	Registrant requested to defer (put off) their audit due to unavoidable circumstances
Deregistered voluntary	Registrant requests removal from the Register
Deregistered lapsed	Registrant removed from the Register as a result of non-payment or completed renewal form not returned to HPC
Under assessment	CPD profile currently being assessed
Appeal	CPD profile did not meet the

	standards and registrant appealing against this decision
Removed	Registrant removed from Register as a result of not meeting the CPD standards

A summary of the findings of each profession selected for audit follows.

### ***Chiropodists / podiatrists***

5% of registrants selected for CPD in May 2008

Accepted	480	73.8%
Deferred	66	10.2%
Deregistered voluntary	41	6.3%
Deregistered lapsed	62	9.5%
Under assessment	0	0%
Appeal	1	0.2%
Removed	0	0%
<b>Total</b>	<b>650</b>	

There were a total of 480 registrants whose profiles were accepted, 374 were successful after their first assessment with 103 required to provide further information before their profiles were deemed to have met the standards.

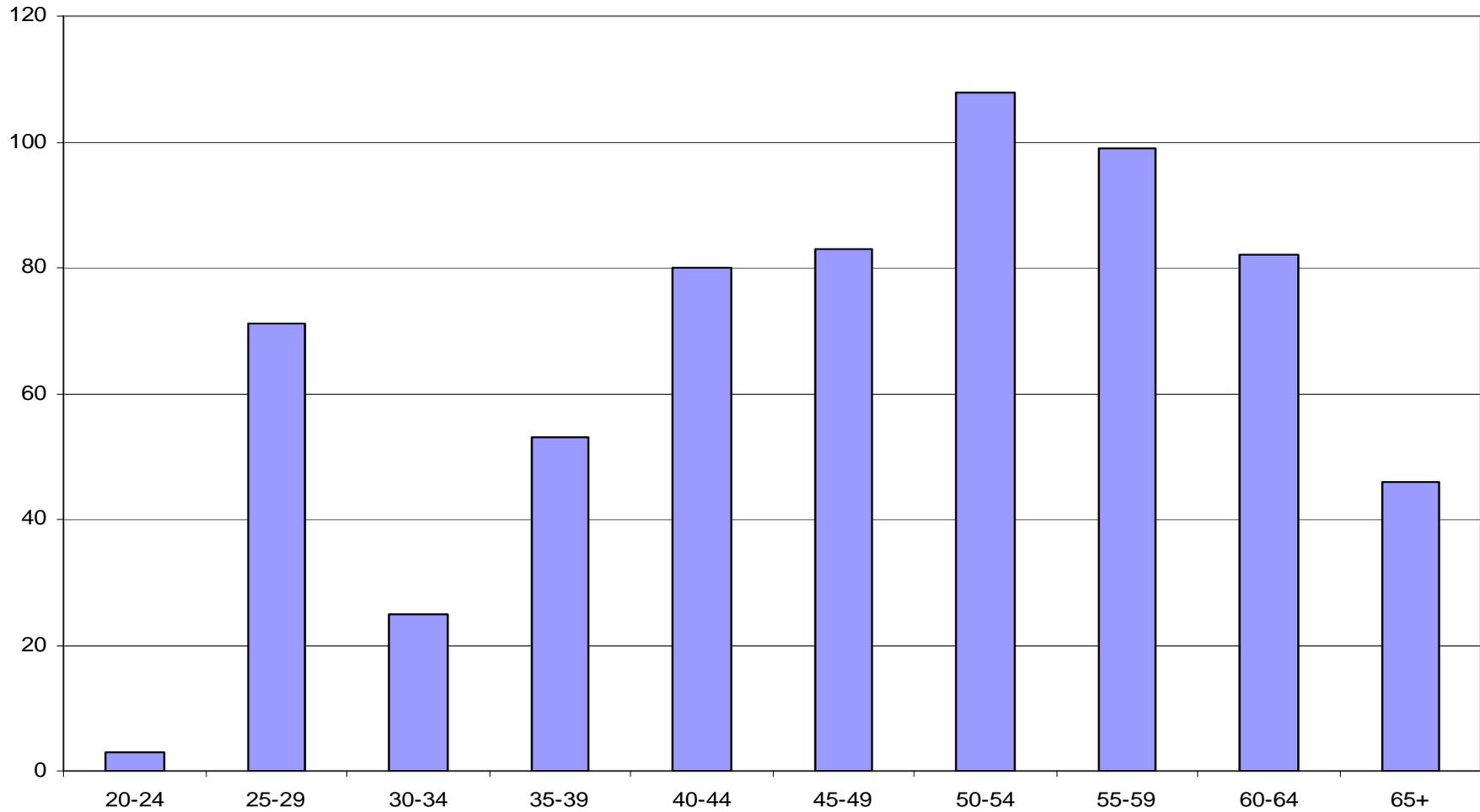
Of the 650 chiropodists / podiatrists randomly selected, 103 of those either voluntary deregistered or lapsed from the Register. Approximately 1 in 6 registrants selected for CPD did not continue their registration after the end of the renewal window, compared to 1 in 13 registrants across the whole profession indicating that registrant's decision whether to voluntary deregister or lapse may have been affected by their selection for CPD audit. Tables 1, 2 and 3 illustrate the age range of chiropodists / podiatrists selected for CPD audit and those who voluntary deregistered or lapsed. This shows that a high

percentage of those registrants who voluntarily deregistered and lapsed were in the over 50 age bands which is also reflective of the age profile of those chiropodist registrants selected for CPD audit.

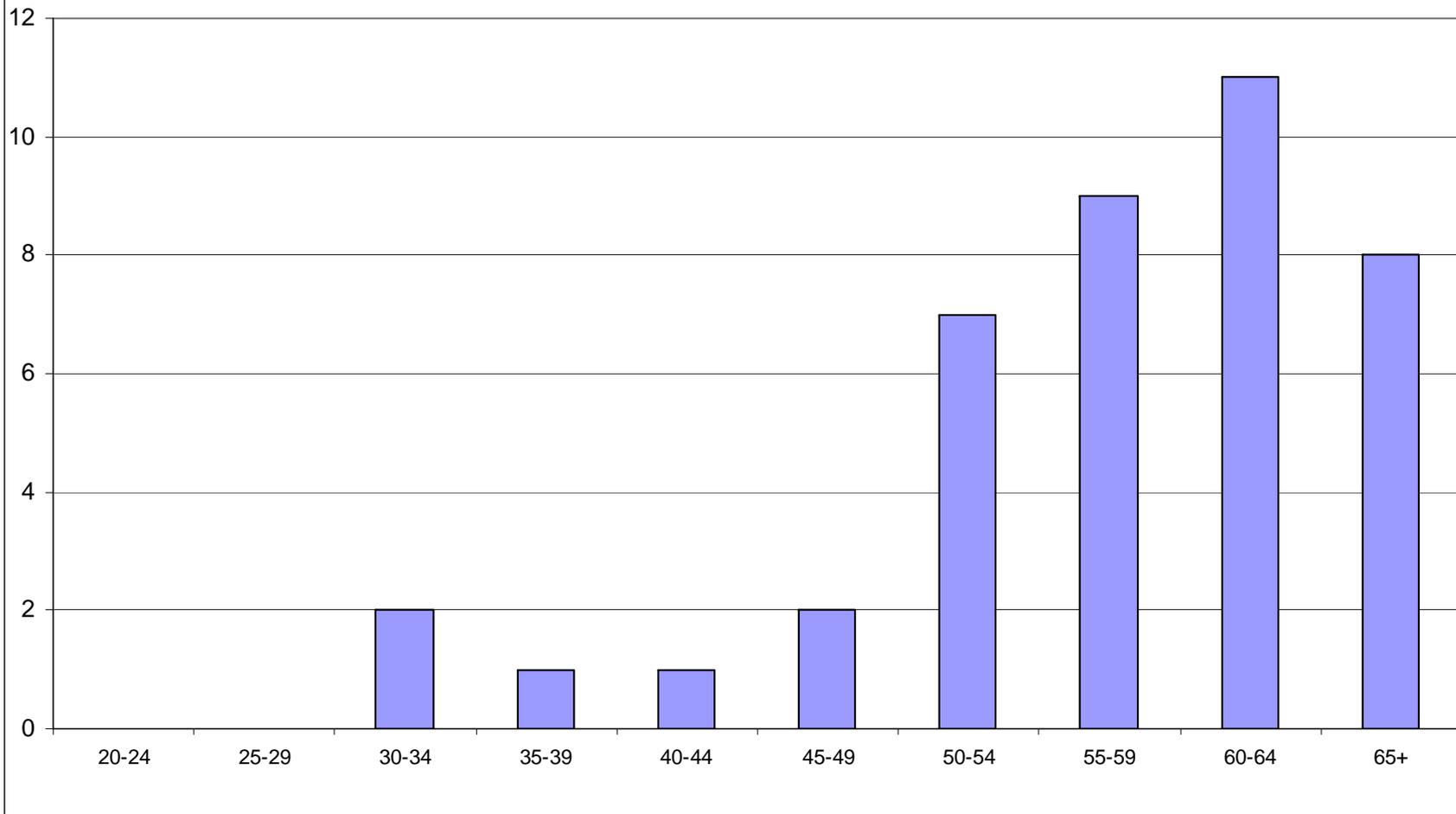
The vast majority of registrants who submitted profiles were able to meet the standards at their first attempt. Almost all of those who were required to provide further information or were granted further time, were able to provide the evidence that our assessors had requested in order for their profile to be considered acceptable. The 66 deferrals were granted after the registrant provided evidence of the circumstances surrounding their request, a full breakdown of reasons is included in the deferrals section. All those who deferred will be automatically selected for audit in 2010.

Currently there is 1 registrant who has been selected for audit and has failed to meet the CPD standards and the registrant is appealing against this decision. The registrant failed the CPD audit because HPC received no response to any of the letters we sent requesting the profile and there was also no response to the final letter advising that the registrant was being removed from the Register.

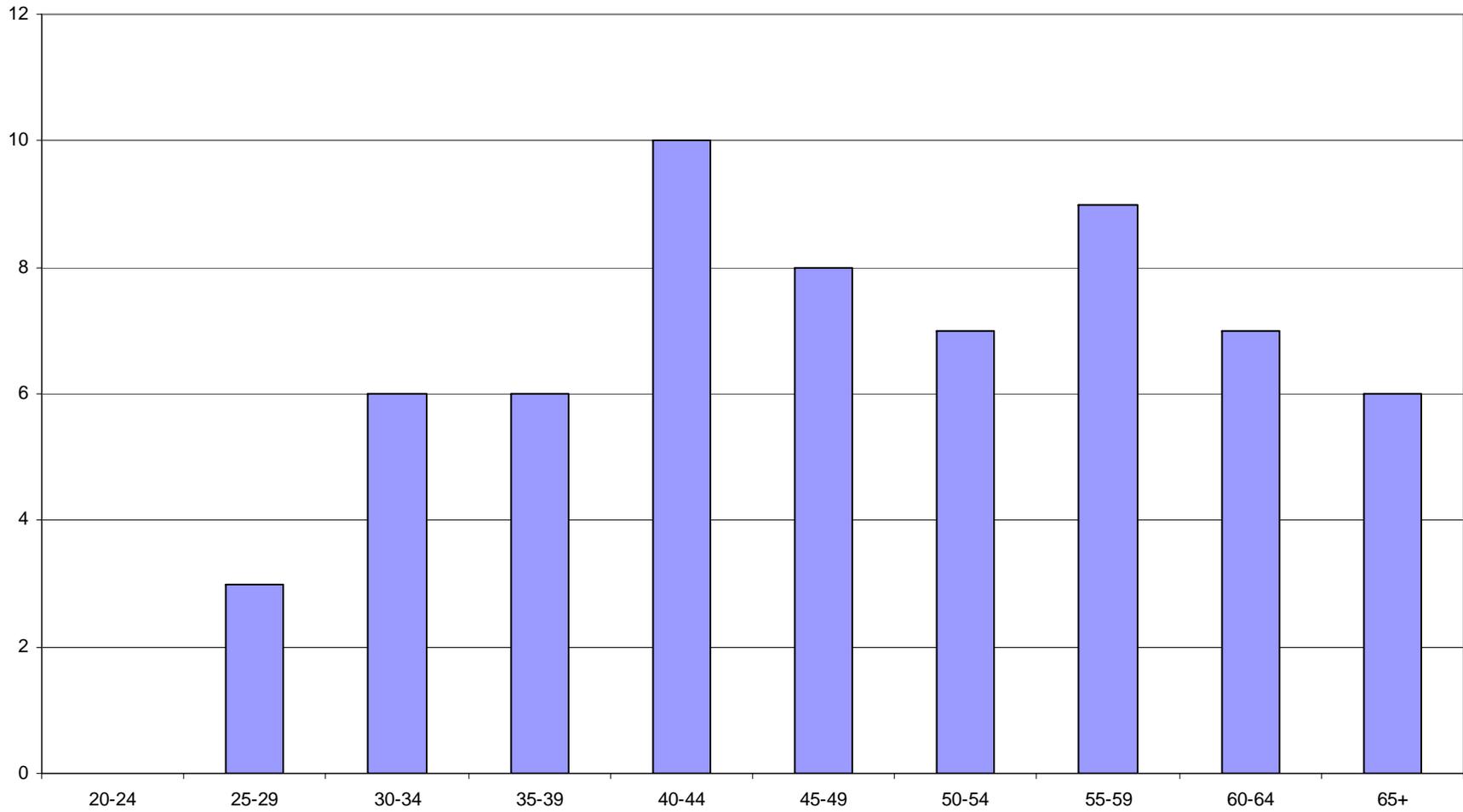
### All chiropodists/podiatrists selected for CPD audit by age range



### Age range of chiropodists/podiatrists selected for CPD audit and voluntarily deregistered



### Age range of chiropodists selected for CPD audit and lapsed



## ***Operating department practitioners***

5% of registrants selected for CPD in September 2008

Accepted	371	79%
Deferred	49	10.4%
Deregistered voluntary	12	2.5%
Deregistered lapsed	17	3.6%
Under assessment	13	2.8%
Appeal	6	1.3%
Removed	2	0.4%
<b>Total</b>	<b>470</b>	

There were a total of 371 registrants whose profiles were accepted, 295 were successful after their first assessment with 76 required to provide further information before their profiles were deemed to have met the standards.

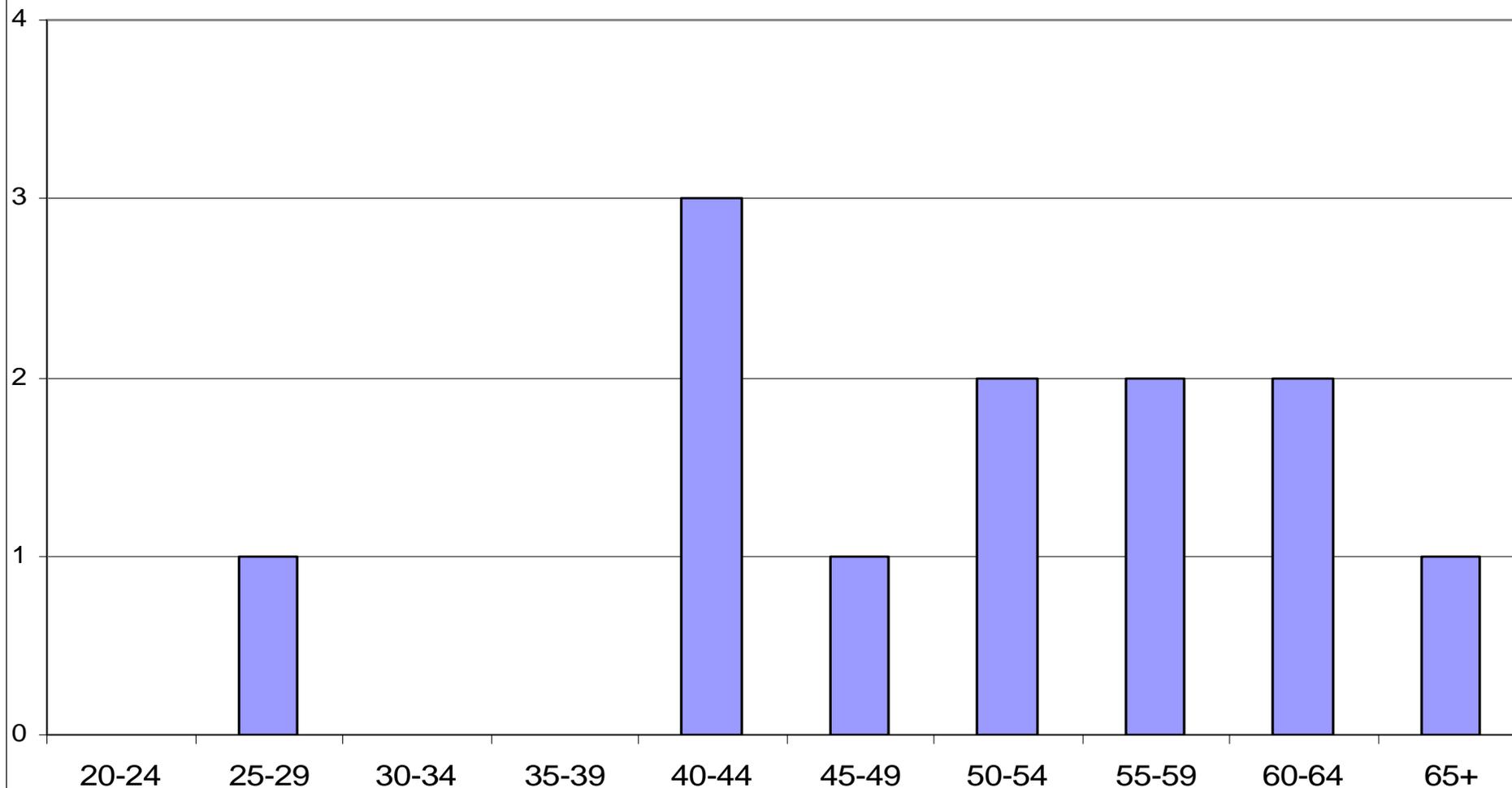
Of the 470 operating department practitioners randomly selected, 29 of those either voluntary deregistered or lapsed from the Register. Approximately 1 in 16 registrants selected for CPD did not continue their registration after the end of the renewal window, compared to 1 in 17 registrants across the whole profession indicating that registrant's decision whether to voluntarily deregister or lapse was not affected by their selection for CPD audit. Table 4 illustrates the age range of operating department practitioners selected for CPD audit and voluntarily deregistered. This shows that a high percentage of those registrants who voluntarily deregistered were in the over 50 age bands and this is not comparable with the age profile of those operating department practitioner registrants selected for CPD audit as shown in table 5.

The vast majority of registrants who submitted profiles were able to meet the standards at their first attempt. Almost all of those who were required to provide further information or were granted further time, were able to provide the evidence that our assessors had requested in order for their profile to be considered acceptable. The 49 deferrals were granted after the registrant provided evidence of the circumstances surrounding their request and a full breakdown of reasons is included in the deferrals section. All those who deferred will be automatically selected for audit in 2010.

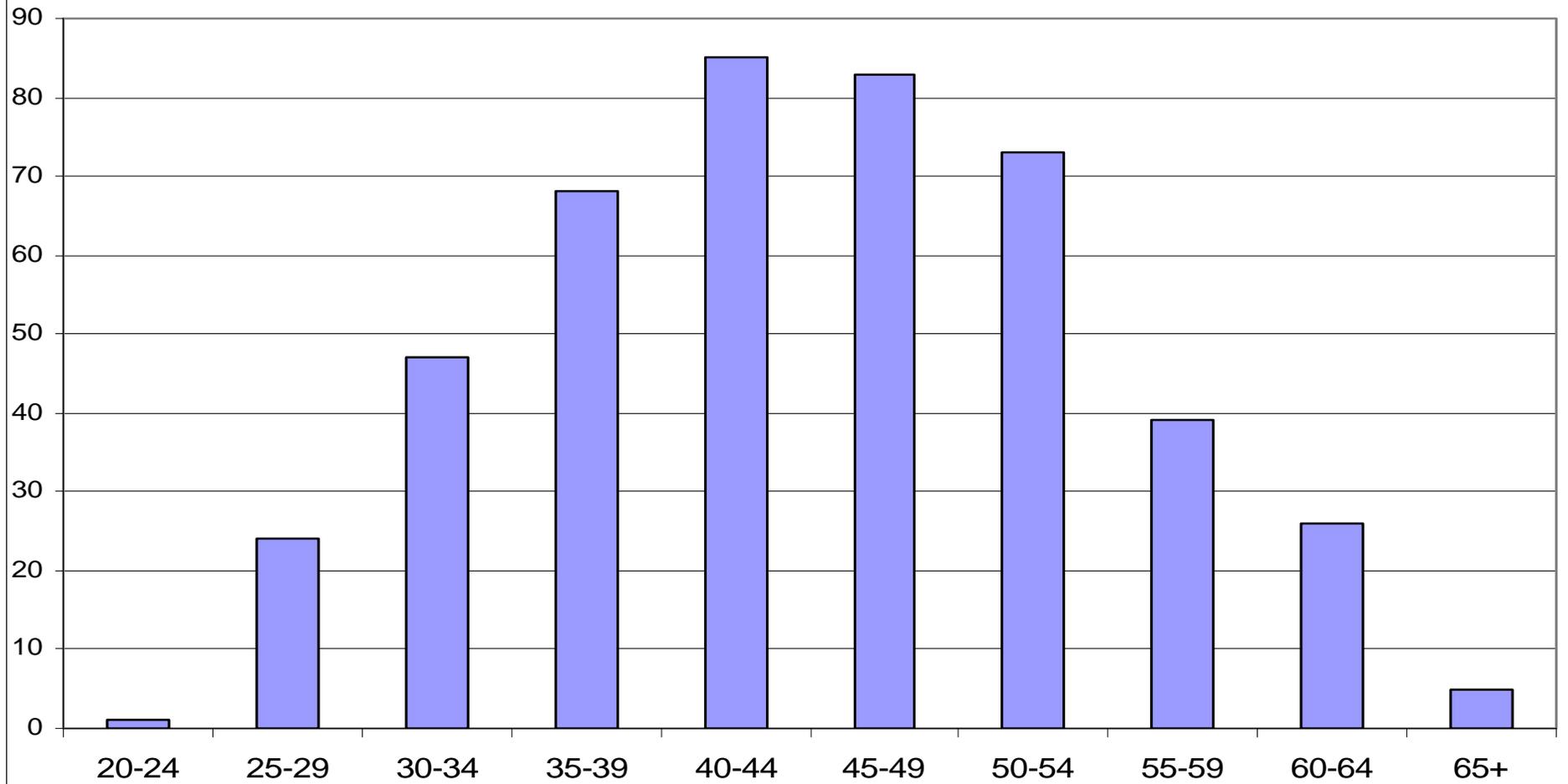
Currently there are 8 registrants who have been selected for audit and have failed to meet the CPD standards, 6 of which the registrant has appealed against the decision and 2 have been removed from the Register. The 6 registrants that have appealed and the 2 registrants that have been removed from the Register failed the CPD audit because they did not respond to any of

the letters we sent them requesting their profile. They also did not respond to the final letter advising them they were being removed from the Register.

### ODPs selected for CPD audit and voluntarily deregistered by age range



**ODP selected for CPD audit by age range**



## **Orthoptists**

2.5% of registrants selected for CPD in June 2009

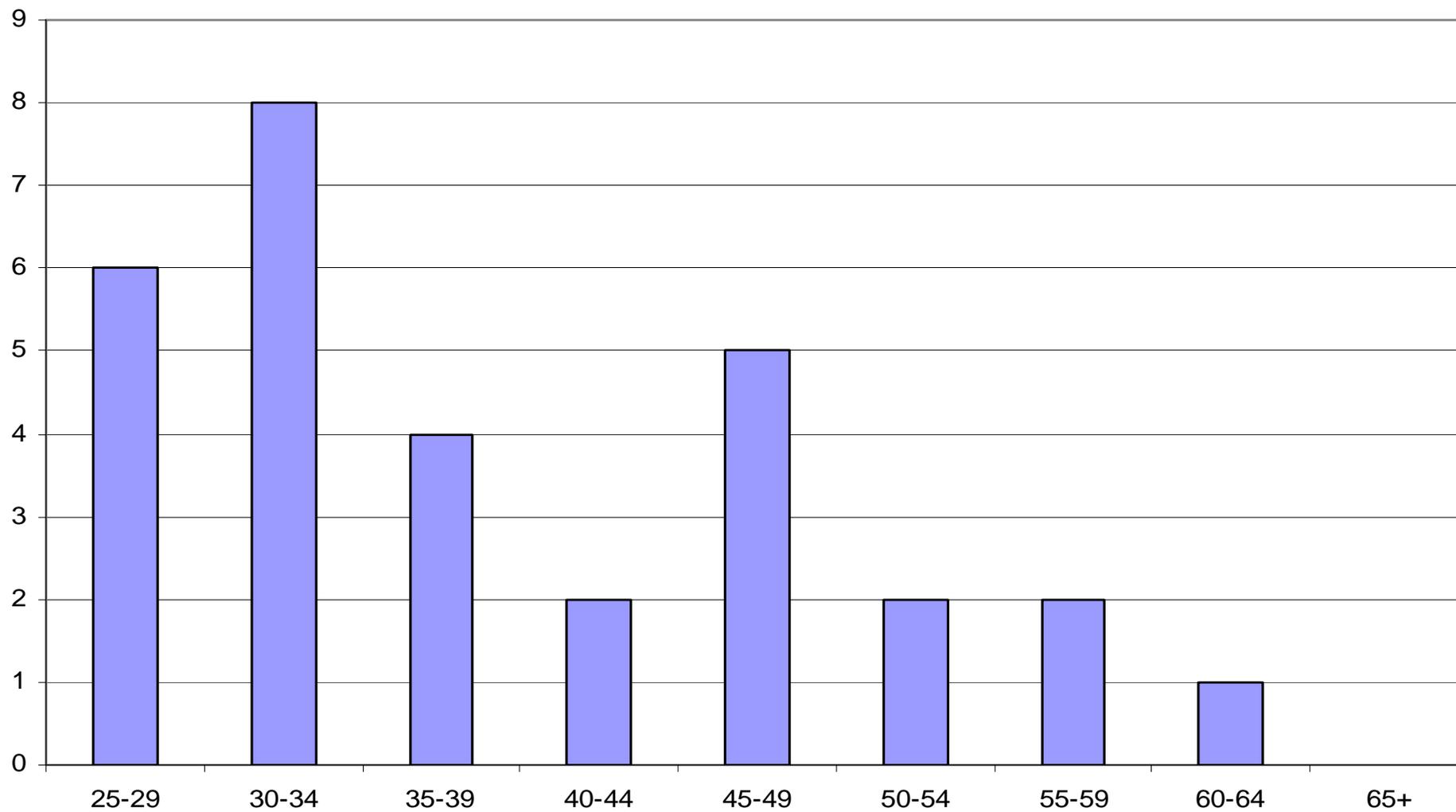
Accepted	22	73.4%
Deferred	3	10.0%
Deregistered voluntary	1	3.3%
Deregistered lapsed	1	3.3%
Under assessment	3	10%
Appeal	0	0%
Removed	0	0%
<b>Total</b>	<b>30</b>	

There were a total of 22 registrants whose profiles were accepted, 20 were successful after their first assessment with 2 required to provide further information before their profiles were deemed to have met the standards.

Of the 30 orthoptists randomly selected, 2 of those either voluntary deregistered or lapsed from the Register. Approximately 1 in 15 registrants selected for CPD did not continue their registration after the end of the renewal window, compared to 1 in 21 registrants across the whole profession. The age profile of those orthoptist registrants selected for CPD audit is shown in table 6.

The vast majority of registrants who submitted profiles were able to meet the standards at their first attempt. Almost all of those who were required to provide further information or were granted further time, were able to provide the evidence that our assessors had requested in order for their profile to be considered acceptable. The 3 deferrals were granted after the registrant provided evidence of the circumstances surrounding their request and a full breakdown of reasons is included in the deferrals section. All those who deferred will be automatically selected for audit in 2011.

### Orthoptists selected for CPD audit by age range



## ***Paramedics***

2.5% of registrants selected for CPD in June 2009

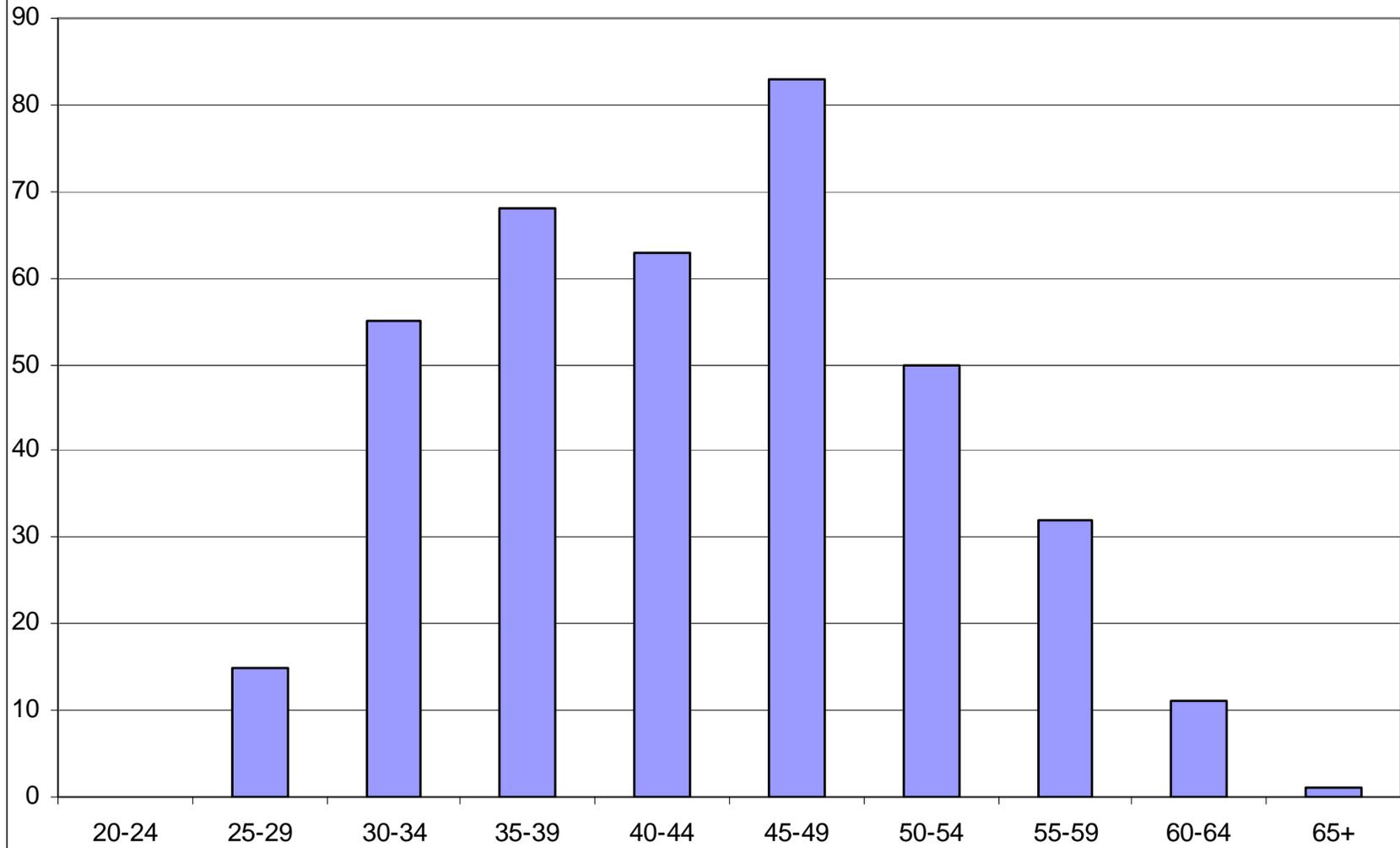
Accepted	302	79.8%
Deferred	26	6.9%
Deregistered voluntary	9	2.4%
Deregistered lapsed	4	1.1%
Under assessment	37	9.8%
Appeal	0	0%
Removed	0	0%
<b>Total</b>	<b>378</b>	

There were a total of 302 registrants whose profiles were accepted, 251 were successful after their first assessment with 54 required to provide further information before their profiles were deemed to have met the standards. The age profile of those paramedic registrants selected for CPD audit is shown in table 7.

Of the 378 paramedics randomly selected, 13 of those either voluntary deregistered or lapsed from the Register. Approximately 1 in 29 registrants selected for CPD did not continue their registration after the end of the renewal window, compared to 1 in 37 registrants across the whole profession.

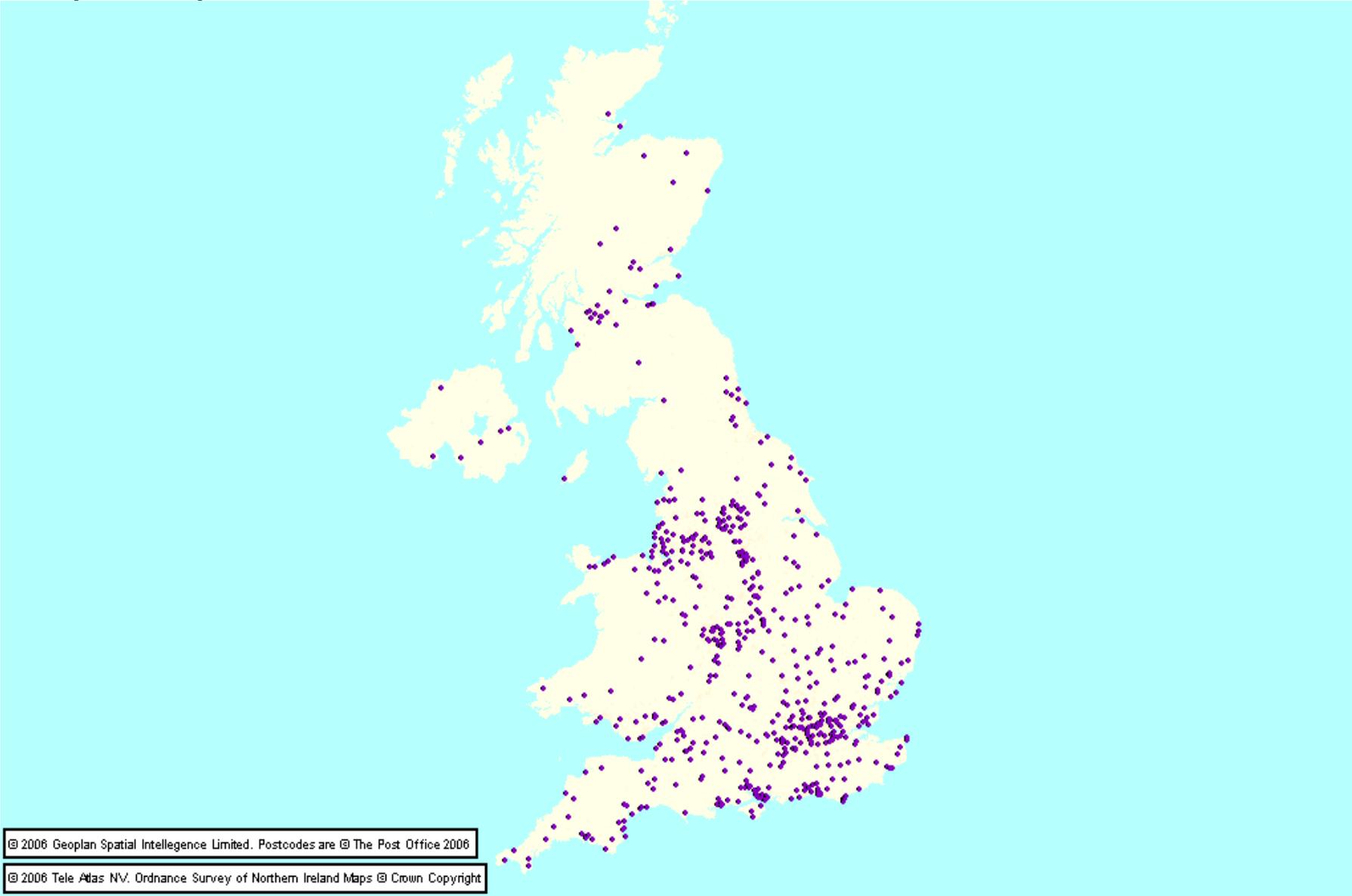
The vast majority of registrants who submitted profiles were able to meet the standards at their first attempt. Almost all of those who were required to provide further information or were granted further time, were able to provide the evidence that our assessors had requested in order for their profile to be considered acceptable. The 26 deferrals were granted after the registrant provided evidence of the circumstances surrounding their request and a full breakdown of reasons is included in the deferrals section. All those who deferred will be automatically selected for audit in 2011.

**Paramedics selected for CPD audit by age range**

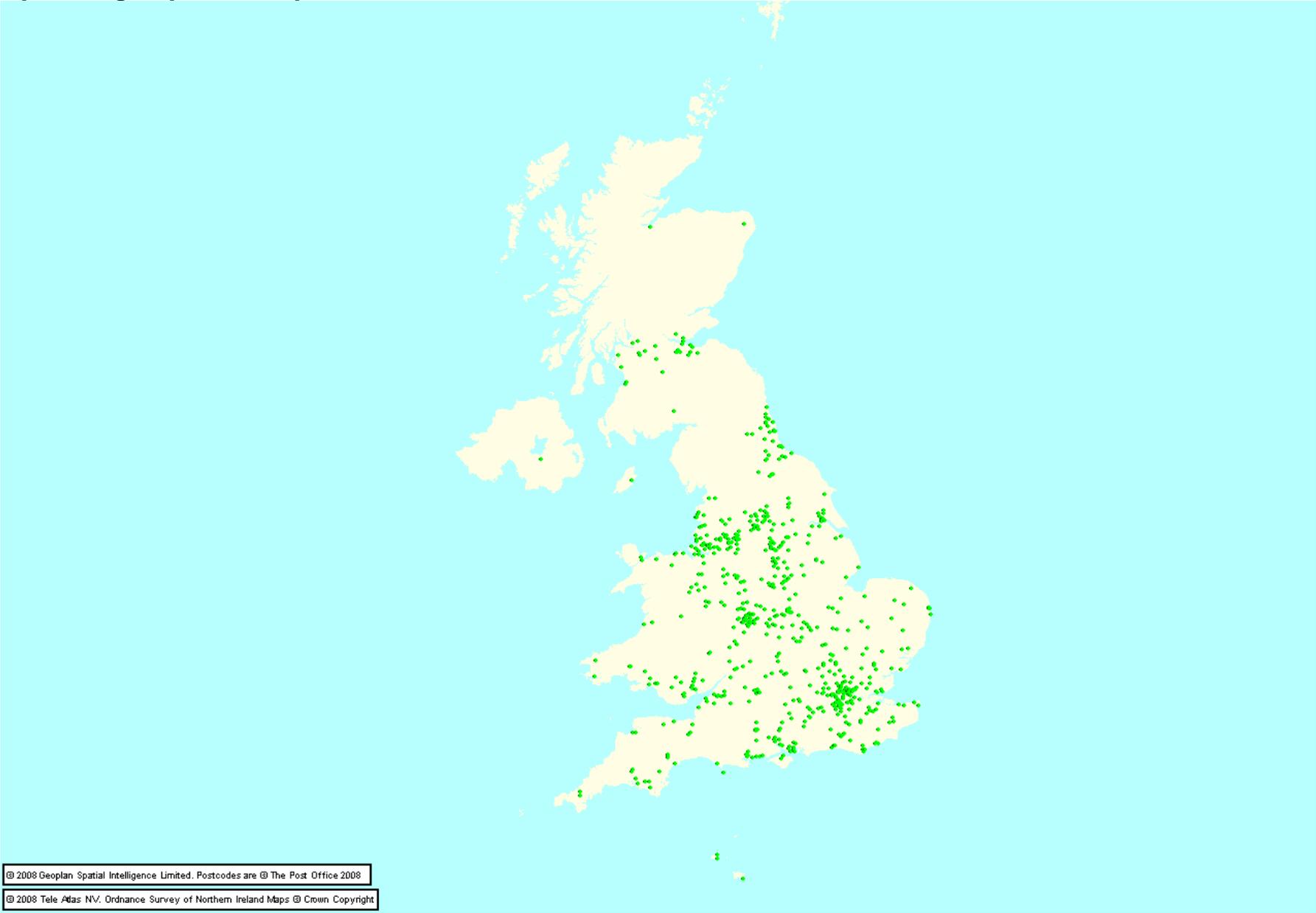


## **Audit selection maps**

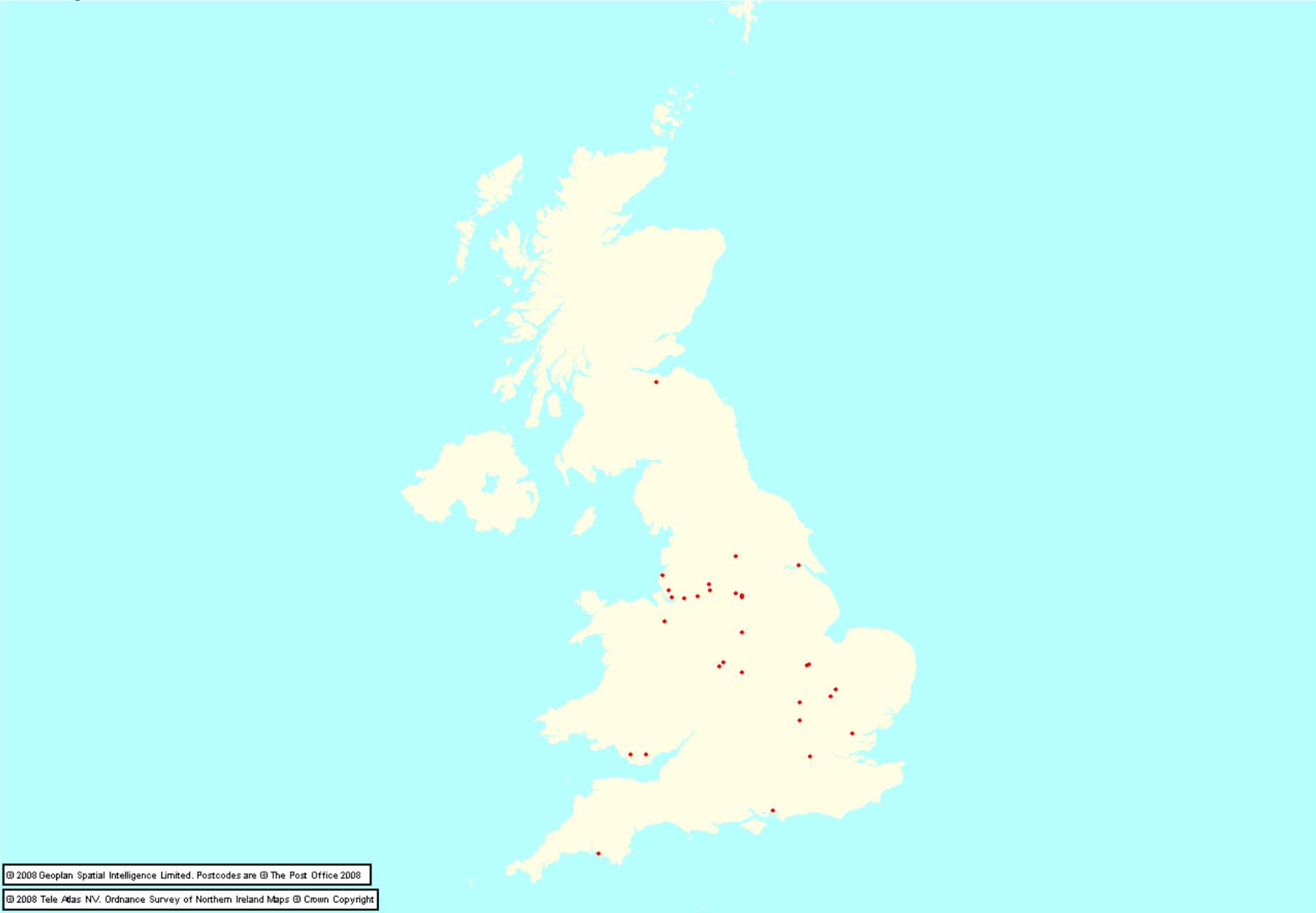
**Chiropodists / podiatrists**



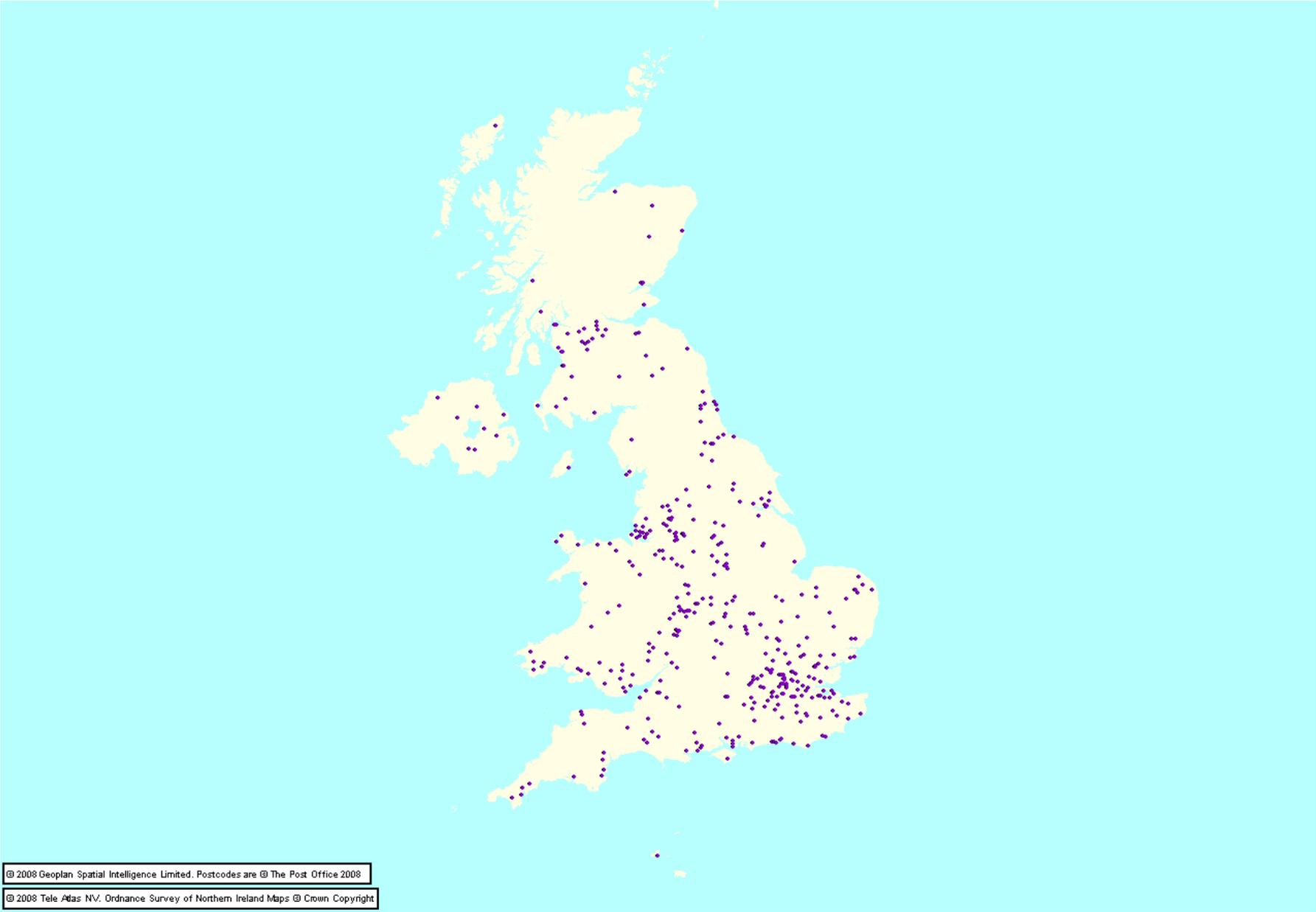
***Operating department practitioners***



**Orthoptists**



**Paramedics**



## **Conclusion**

We hope that you have found this report informative. Since launching the first consultation on CPD in 2004 we have been committed to implementing a process for CPD that is valuable and fair to registrants.

The first rounds of audits indicate that registrants are undertaking CPD to support their learning and development. The majority of profiles did demonstrate the links between ongoing learning and benefits to practise and service users. The quality of the CPD profiles we have seen so far also demonstrates the commitment that registrants have to maintaining their CPD portfolios, reflecting a broad range of CPD activities.

This commitment from registrants has confirmed that the decision to reduce the audit size from 5% to 2.5% was correct and that the sampling process is, for the time being, appropriate. We will review this on an ongoing basis and look forward presenting next years report on the other professions being audited during this period.

## References

(1) Allied Health Professions (2002) Demonstrating competence through continuing professional development

[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4071462.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071462.pdf)

(2) A report on the CPD audit (2009) Statistical Services Centre, University of Reading.

[www.hpc-uk.org/assets/documents/1000275520090326-Council-enclosure24-CPDsamplesizes.pdf](http://www.hpc-uk.org/assets/documents/1000275520090326-Council-enclosure24-CPDsamplesizes.pdf)

## Further information

The following publications are available from our website:

[www.hpc-uk.org/publications/brochures](http://www.hpc-uk.org/publications/brochures)

Your guide to our standards for continuing development  
Continuing professional development and your registration  
How to complete your continuing professional development profile

The following presentation is available from our website:

[www.hpc-uk.org/registrants/cpd](http://www.hpc-uk.org/registrants/cpd)

Continuing professional development (CPD)

The sample profiles can be downloaded in the registrants section of our website:

[www.hpc-uk.org/registrants/cpd/sampleprofiles](http://www.hpc-uk.org/registrants/cpd/sampleprofiles)

The following consultations are available from our website:

[www.hpc-uk.org/publications/consultations](http://www.hpc-uk.org/publications/consultations)

Continuing Professional Development - Consultation paper  
Continuing Professional Development – Key decisions  
Consultation on an amendment to the Health Professions Council Standards for Continuing Professional Development

You can find more information on the CPD professional liaison group (PLG) on our website:

[www.hpc-uk.org/aboutus/professionalliaisongroups/cpd](http://www.hpc-uk.org/aboutus/professionalliaisongroups/cpd)

The Health Professions Order 2001 is available from our website:

[www.hpc-uk.org/publications/ruleslegislation](http://www.hpc-uk.org/publications/ruleslegislation)