Education and Training Committee, 10 September 2015

Perceptions and experiences of the HCPC's approach to continuing professional development standards and audits

Executive summary and recommendations

Introduction

At its meeting on 5 June 2014, the Education and Training Committee agreed a brief for research to explore registrants' and stakeholders' perceptions and experiences of the HCPC's CPD standards and audits. This research forms part of a wider programme of work exploring continuing fitness to practise.

Qa research were commissioned to undertake this work and their final report is attached. The research comprised of an online survey, focus groups and interviews with registrants and key stakeholders.

Qa research have been invited to present on their findings and conclusions at this meeting of the Committee.

The Executive has produced a draft 'management response' to the report's recommendations. This is appended. The Committee's discussion at this meeting will inform the development of an action plan with timescales to be considered at a future meeting.

Decision

The Committee is invited to discuss the attached report and appendix; no specific decision is required at this stage.

Background information

- An update about the continuing fitness to practise related research reports can be found in the Policy and Standards report to Council.
  http://www.hpc-uk.org/assets/documents/10004C37Enc12-PolicyandStandardsReport.pdf

- Education and Training Committee, 5 June 2014. CPD research.
  http://www.hcpc-uk.org/assets/documents/10004644Enc03-CPDresearch.pdf

Resource implications

None as a result of this paper – there may be resource implications as a result of actions agreed subsequently.

Financial implications

None as a result of this paper.

Appendices

Appendix 1: Draft management response to report recommendations

Date of paper

15 July 2015

Perceptions and experiences of the HCPC's approach to continuing professional development standards and audits

For Health & Care Professions Council

June 2015

Contents

1. Executive Summary

Key findings

Registrant's views on current CPD standards

- Over 90% of respondents stated that they understood 'well' or 'completely' each of the five CPD standards set by HCPC. Registrants who had been in practice for ten years or more were more likely to state that they understood the standards well or completely. This was also the case for registrants who had been audited.

- Over half of all respondents (57%) were in agreement that the current CPD standards should remain as they are, 25% neither agreed nor disagreed and 17% disagreed. This view was echoed by stakeholders from professional bodies and employer organisations.

- There appears to be a minority of respondents who would support a change in the standards with 14% in agreement that the standards should be less stringent and 12% in agreement that the standards should be more rigorous. Respondents who had been in practice for longer were more likely to disagree that the standards should be more rigorous, this was also the case for respondents who had been thorough the audit process.

- Arguments for increasing the rigour of the standards and audit process were related to a range of factors including the self-assessed nature of the audit submission, the size of the audit sample, and a preference for specific minimum requirements which would drive more employers to allocate time and funding for CPD activities.

- Those in support of less stringent standards were concerned about the time commitment required under the current standards (in terms of documenting CPD activity) and a perception that the current approach was overly bureaucratic.

- A recurring theme within the qualitative research with registrants and stakeholders was the mixed picture in terms of the availability of time and funding available for CPD activities and variable levels of employer support.

- Overall, 69% of respondents agreed with the statement 'current CPD standards encourage me to reflect and think critically about my practice'. It was clear from the research that the majority of registrants were already doing this to differing degrees regardless of the need to comply with the standards.

Views on the audit process (non-audited registrants)

- Overall, 50% of survey respondents had not been selected for CPD audit by HCPC. The online survey asked these respondents how prepared would they feel if they were to be selected for audit. In total, 39% stated that they would feel 'prepared' or 'completely prepared' with 22% stating that they would feel 'unprepared' or 'completely unprepared' – 40% were neutral on the issue.

- For those who felt unprepared the main issues seemed to be that they did not feel informed about the process. It is evident that although registrants are aware of the standards and the audit process they are only likely to seek out this information if they are selected for audit.

Another significant concern amongst registrants was the length of time that it would take them to prepare for the audit.

- Evidence from the depth interviews with registrants suggests that some do keep comprehensive continuous records of their CPD activity using a range of methods (including tools provided by professional bodies); however this is not always the case. Although many registrants are committed to their CPD, they are not always sure what counts as CPD and what the best way is to capture this activity on an ongoing basis.

Views on the audit process (audited registrants)

- Overall, 50% (450) survey respondents had been audited by the HCPC. The majority (80%) had their audit profile accepted first time.

- In total, 68% of audited respondents stated that they were happy with the information that they had received from HCPC in connection with their audit.

- Over half of all respondents audited were also satisfied with the amount of work required to put together their profile (57%), the amount of time the audit took (61%) and the tone and content of correspondence from HCPC (61%).

- Of the 450 respondents who had been audited, 165 (37%) were asked to provide further information. Just over a third (34%) of these respondents agreed that what was required from them was clear; however 30% disagreed with this statement.

- The main reasons for dissatisfaction with requests for further information from the HCPC were that some respondents were not clear what was expected. Frequently mentioned concerns included confusion around submitting a timeline of CPD activities that was acceptable to the HCPC.

- Respondents who had been audited were asked to what extent they were satisfied with the assessor's decision - 87% of respondents stated that they were 'very satisfied' or 'satisfied' with the assessor's decision. The main reasons for dissatisfaction with the assessor's decision related to delays in receiving the results, or unclear requests for additional information.

- Respondents who were satisfied with the assessor's decision also commented that despite being satisfied, they would still have liked more feedback on their submission other than the standard acceptance letter.

- Respondents were asked to what extent their experience of the audit process had influenced or had an impact on their approach to CPD. Overall, 39% felt that it had some or significant impact, 27% felt it had little or no impact, and 33% felt fairly neutral about the impact of the audit on their CPD. Registrants who had been practicing for a relatively short period of time (0-5 years) were more likely than more experienced registrants to report that the audit had had an impact on their CPD.

- It is evident that experience of the audit has encouraged many registrants to think differently about how they record their CPD and how they select which CPD opportunities to take.

- In terms of improvements that could be made to the CPD standards/audit process, a number of themes arose including a need to improve the clarity of information provided to registrants and providing more feedback to registrants post audit.

Use of the HCPC's guidance resources

- All survey respondents (audited and non-audited) were asked to identify which HCPC resources they had used. Respondents were most likely to have used 'Continuing Professional Development and your registration' (71%), followed by 'Your guide to our standards for Continuing Professional Development' and 'How to complete your CPD profile' (64%). A much smaller proportion has used the video presentations on CPD (16%). Respondents who had been audited were more likely to have used all of the resources.

- Fourteen percent of respondents (131 respondents) stated that they had not used any of the resources, and the majority of these (92%) had not been audited.

- In terms of the perceived utility of the resources respondents were most likely to have found the CPD sample profiles useful (75%) and least likely to have found the video presentations useful (66%).

2.   Introduction

The Health and Care Professions Council (HCPC) commissioned Qa Research to conduct a research project to explore the perceptions and experiences of the HCPC's approach to continuing professional development (CPD), including standards for CPD and CPD audits. It is likely that the outcomes of the research will inform any future changes to the CPD standards; audit process; and supporting communications materials.

The research took place between September 2014 and May 2015 and this report outlines the findings.

3.   Background and context for the research

The Health and Care Professions Council (HCPC) was established in 2002 and is an independent professional regulator set up to protect the public. The HCPC registers the members of 16 different professions and sets and maintains standards which cover education and training, behaviour, professional skills and health, the HCPC also approve and monitor educational programmes which lead to registration; maintain a register of people that successfully pass those programmes; and will take action if a registrant's fitness to practise falls below the required standards.

The HCPC now regulate 16 health and care professions (c.320,000 registrants), including, for example, biomedical scientists, operating department practitioners and radiographers. Fifteen of these professions are regulated UK-wide. Social workers are regulated on an England only basis, with separate regulators in the other UK countries.

The HCPC's CPD standards were published in 2006 and audits began in 2008 and form the central part of the HCPC's approach to 'continuing fitness to practise', which it has defined as referring to all those steps taken by regulators, employers, health and care professionals and others which support the maintenance of fitness to practise beyond the point of initial registration.

This research forms part of a wider programme of work exploring continuing fitness to practise. 'Revalidation' is a term that has been commonly used to describe the process by which health and care professionals are required to demonstrate periodically that they are fit to practise and should remain registered. In 2013 medical revalidation was introduced. The system involves doctors undertaking appraisal in the workplace and maintaining a portfolio of evidence including evidence of CPD and quality improvement activity. This informs the recommendations of a network of 'responsible officers' in the workplace. The General Medical Council (GMC) then makes the final decision about whether to renew a doctor's licence to practice.

Across the regulators of health and care professions, there have been a variety of different approaches to the range of policy initiatives on continuing fitness to practise, with different starting points as to the systems already in place. They have included undertaking research to gather evidence to inform their proposals, particularly around the risks involved in particular professions; introducing auditing of continuing professional development; and augmenting existing systems to introduce, for example, a greater role for peer review and other forms of third party feedback.

The Professional Standards Authority's 2012 report on continuing fitness to practise noted this variation in approach across the regulatory bodies, concluding that there are 'many possible responses to the challenge of fitness to practise' (paragraph 6.1; page 19). The PSA conclude that revalidation is one approach to continuing fitness to practise, concluding that assurance of continuing fitness to practise 'can and, in most cases, should be achieved by means other than formal revalidation' (paragraph 3.4; page 5). A risk-based continuum is suggested, with revalidation at one end, and 'self-reported CPD' at the other.

Alongside this piece of research HCPC have been conducting other work to build the evidence base for any enhancement to their approach. This has included, for example, research on the potential value of multi-source feedback tools designed to collect feedback from service users, including looking at their potential role in the CPD standards or process (Chisolm and Sheldon 2011). The Department of Health has also commissioned a research study which will look at the costs and benefits of the HCPC's approach to CPD standards and audits.

This research project is therefore complementary to that work, with a strong focus on the perceptions and experiences of registrants and others of the CPD standards and audit process.

The current CPD standards and audit process

The HCPC first published standards for CPD in 2006, following an extensive period of engagement with stakeholders. A minor amendment to one of the standards was made after consultation in 2009. However, the standards have not been formally reviewed since their publication. The five standards which apply to all sixteen of the regulated professions are as follows:

Registrants must:

- maintain a continuous, up-to-date and accurate record of their CPD activities;
- demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
- seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
- seek to ensure that their CPD benefits the service user; and
- 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 HCPC does not set any 'points' or 'hours' requirements or endorse any CPD activities or providers. The standards above are focused on the outcomes of a registrant's learning and how this has benefited them and others. Audits to check compliance with the standards have taken place since 2008 and all of the regulated professions have been audited at least once.

Each profession renews its registration at a fixed point in a two year cycle. At point of renewal, a sample of each profession (currently 2.5%) is audited at random. Registrants selected are required to submit a written profile setting out how they have met the CPD standards. This is assessed by HCPC CPD assessors, who are recruited against competencies. Two assessors assess each profile with at least one of them being from the same profession as those who are being audited (although, in practice, in most instances both are from the relevant profession).

CPD is linked to registration, so if a registrant fails to participate in an audit, or does not meet the standards, they are administratively removed from the Register. The process has been designed,

however, to allow registrants who are audited a fair opportunity to meet the standards. This includes the opportunity to request further information from the registrant. A registrant who has participated in the audit in good faith but is struggling to meet the standards might be given an additional three months to complete a new profile or to undertake more CPD, with guidance from the assessors.

Analysis of audit outcomes to date has revealed that relatively few registrants participating in an audit have failed to meet the standards. Those administratively removed from the Register during an audit process typically either voluntarily request to be de-registered, or fail to participate in the process at all.

A range of materials have been published to explain the CPD standards and audit process to registrants and to support them in meeting the standards. These materials are supported by other activities such as undertaking presentations on request and at HCPC events with registrants and employers.

4. Aims and objectives

The objectives of the research are as follows:

To gather feedback from stakeholders on their perceptions and experiences of the HCPC's approach to CPD, including (but not necessarily limited to) the following.

- The CPD standards.
- The audit process.
- Supporting materials such as guidance.

The findings from this research will be used to inform any future changes to the CPD standards; audit process; and supporting communications materials.

5. Methodology

The research included several elements as follows. All fieldwork materials, questionnaires and discussion guides used in the research are available on request.

Online survey of registrants

A link to an online survey for registrants was emailed to a randomly selected sample of registrants who had and had not been selected for CPD audit.

The audited sample included audited registrants (who had been selected for audit between 1st January 2011 and 31st December 2014) who had their audit profile accepted (including those accepted after further information extra time or after appeal). Excluded from the sample selection were registrants with statuses other than accepted, registrants selected for deferral but who have not been subsequently audited again and accepted, and registrants with fitness to practise statuses. Social workers were also excluded from the email sample selection as they were currently undergoing their first audit round at the time of the research.

The sample was determined by identifying all those registrants audited and accepted in the required period and then sampling based on the proportion of each profession on the HCPC Register.

The sample also included a random sample of non-audited registrants who were registered with the HCPC as at 1st January 2015. Excluded from the sample were registrants with fitness to practice statuses.

The link to the online survey was also made available on the HCPC website and promoted via HCPC's Twitter account, a guest article in a professional body blog and in the HCPC's 'In Focus' newsletter. The survey was available from 12th January 2015 up until the 27th February 2015. A total of 905 registrants completed the online survey (450 audited and 455 non-audited). A total of 9375 registrants were sent an email invitation to the survey, and 905 participated giving an overall response rate of 10%. The response rate differed slightly for audited and non-audited respondents;

- 3,802 audited respondents were invited to participate and 450 responded giving a response rate of 12%
- 5573 non-audited respondents were invited to participate and 455 responded giving a response rate of 8%.

Table 1shows the profile of online survey respondents.

Table 1Profile of respondents by profession

Profession	Count	Survey Percentage	Percentage of overall register
Arts therapist	13	1%	1%
Biomedical scientist	103	11%	7%
Clinical scientist	28	3%	2%
Chiropodist/podiatrist	45	5%	4%
Dietitian	34	4%	2%
Hearing aid dispenser	8	1%	1%
Occupational therapist	96	11%	11%
Operating department practitioner	31	3%	4%
Orthoptist	10	1%	0%
Paramedic	71	8%	6%
Physiotherapist	117	13%	15%
Practitioner psychologist	57	6%	6%
Prosthetist/orthotist	7	1%	0%
Radiographer	133	15%	9%
Speech and language therapist	33	4%	4%
Social worker (England)	119	13%	28%
Totals	**905**	**100%**	**100%**

As illustrated above, the profile of online survey respondents is broadly similar to that of the overall registrant population with the exception of social workers. Social workers were not targeted as part of the audited sample as they were being audited for the first time during the period of this research project.

Depth telephone interviews with audited registrants

At the end of the online survey audited respondents were asked if they would be happy to take part in a follow up depth telephone interview to discuss their views/experiences of CPD standards and the audit process in more detail. It was decided that telephone depths would be the most appropriate method as this would allow for more registrants to take part at a time to suit them and would also allow for a more detailed discussion of individual experiences of the audit. Registrants were offered a £15 online voucher as a thank you for participating. A sample of respondents was selected for follow up. The sample included a range of professions, audit status (e.g. profile accepted, or accepted after further information) and included a mix of those who were satisfied, dissatisfied and neutral about their experience of the audit. A total of thirty registrants took part in an interview.

Focus groups/depth interviews with non-audited registrants

At the end of the online survey non-audited respondents were asked if they would be happy to take part in a focus group or telephone depth interview to discuss their views on HCPC's CPD standards in more detail. Three focus group discussions took place (in London, Glasgow, and Manchester). Focus group participants received a £50 cash incentive as a thank you for their time and to cover travel expenses. An insufficient number of registrants in Wales and Northern Ireland expressed an interest in attending a focus group discussion so these individuals were invited to take part in a telephone depth interview instead; six depth telephone interviews were carried out. These interviewees received a £15 online voucher for participating in an interview.

Depth telephone interviews with stakeholders

HCPC provided Qa Research with a list of 26 stakeholders from a range of organisations including representatives from professional bodies, the NHS, and trade unions. All 26 were invited to take part in an interview and 15 agreed to be interviewed.

Depth telephone interviews with assessors

HCPC contacted a selection of assessors (excluding social work assessors as their audit was ongoing at the time of the research) to ask whether they would be happy to be interviewed. Seven assessors were happy to be contacted and five were available to take part in an interview.

6. Key findings – Online survey of registrants

6.1 Profile of respondents

The first part of the survey asked respondents for some background information, e.g. length of time in practice and type of practice setting.

Figure 1 shows that 69% of respondents had been in practice for between 10-20 or more than 20 years.

Figure 1 Profile of respondents by length of practice

Q1b. How long have you been in practice?

Source: Qa Research 2015 Base: 905 (all respondents)
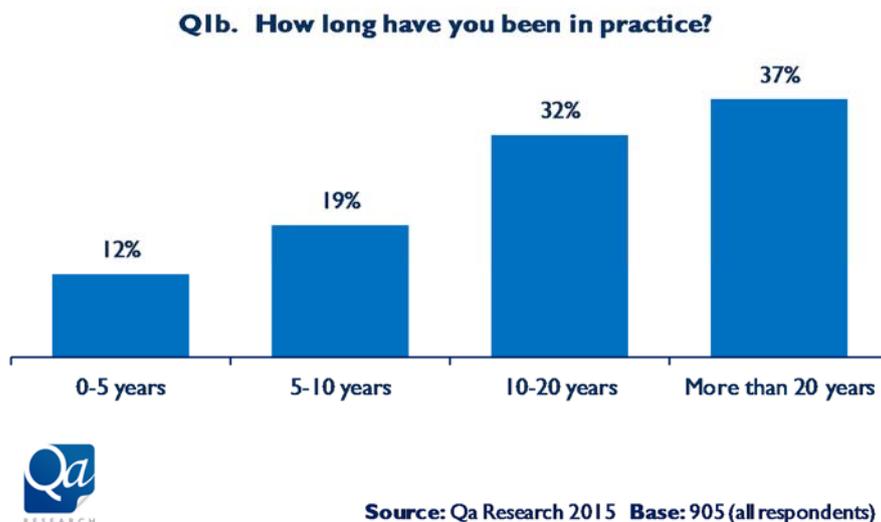
Figure 2 shows that 61% of respondents worked within the NHS, and a further 28% within independent/third sector organisations.

Figure 2 – Profile of respondents by setting

Q1c. Where do you practice?

Source: Qa Research 2015 Base: 905 (all respondents)

15
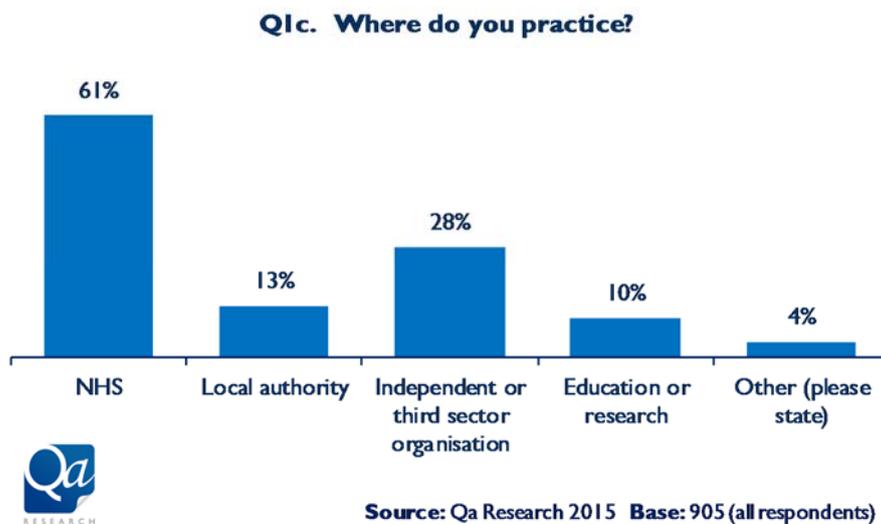
6.2   Current understanding of CPD standards (audited and non-audited registrants)

Respondents were asked to what extent they understood the following CPD standards as set by HCPC:

Registrants must:

- maintain a continuous, up-to-date and accurate record of their CPD activities;
- demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
- seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
- seek to ensure that their CPD benefits the service user; and
- 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.

Figure 3 shows that over 90% of respondents stated that they understood 'well' or 'completely' the CPD standards set by HCPC.

Figure 3 Current understanding of CPD standards

Q2a. On a scale of 1 - 5 please indicate how well you understand what is meant by each of the CPD standards:

	Net: 1&2	3	Net: 4&5
Present a written profile explaining how the standards for CPD have been met	3%	7%	90%
Seek to ensure that CPD benefits the service user	2%	8%	90%
Seek to ensure that CPD has contributed to the quality of practice and service delivery	2%	9%	90%
Demonstrate that CPD activities are a mixture of learning activities relevant to current or future practice	1%	7%	92%
Maintain a continuous, up-to-date and accurate record of their CPD activities	1%	4%	95%

Source: Qa Research 2015 **Base:** 905 (all respondents)

As might be expected, a general pattern is apparent in that registrants who had been in practice for ten years or more were more likely than those who had been in practice for between 5-10 years to state that they understood the standards well or completely. Those who had been audited were

also more likely to state that they understood the standards well or completely when compared with those who had not been audited.

Respondents who stated that they had limited understanding of the standards (e.g. gave a rating of 1 or 2) were asked to provide further comments. Some examples of the comments made in respect of each standard are shown in the table below.

Q2b. You indicated you didn't understand the following CPD standard. Please can you say a little more about this?				
Maintain a continuous up to date record	**Demonstrate that CPD is a mixture of relevant learning activities**	**Ensure that CPD contributes to quality of practice/service delivery**	**Seek to ensure CPD benefits service user**	**Present a written profile**
It's not clear what's up to date and continuous. For example how many pieces of evidence do they expect per working month? Does each piece of evidence need to have a date on it? Does there need to be a month by month account of each evidence? I did not understand this when I was audited.	*Not sure how you would demonstrate this or how you would know about future practice.*	*How is this qualified? a minimum standard would be helpful*	*I had trouble with the very bureaucratic language: "Service user" took me a while to realise it meant patient. Why not say so?*	*It is not very clear how they want this demonstrated it all seems longwinded and complicated.*
It sounds laudable but it is so removed from practice.	*What did "relevant to future practice" mean. It seemed all very theoretical. Examples (including those relevant to a sole practitioner, of which I could find none) would have been helpful.*	*Can be a bit difficult to objectively demonstrate how CPD has improved quality of practice.*	*Working in a lab I am rather divorced from direct contact with any "service user" be it patient, doctor or any health care professional*	*Evidence requirement is rather vague*
I am working as a [biomedical scientist] and it is not easy to show evidence of what I do because most the evidence is a repeat of the registration portfolio.	*Difficult to know exactly what future practice might be.*	*The real problem was how? How am I supposed to do this and how am I supposed to prove it to HCPC? And "service delivery"?*	*I find it so difficult to distinguish how something would be beneficial to service delivery or practice and not then benefit the service user.*	
The wording is vague: I was at a loss to understand what was really wanted. CPD turned out to be more than courses which is what I thought was wanted initially.	*How can I have a mixture of activities when the job I do is very limited we are not rotated around different laboratories?*	*dependant on the CPD activity, it can be difficult quantify how it directly contributes*	*There may be training that has benefits for your staff group more directly , such as coaching, with only indirect benefits to the service user.*	
There is no way of recording this; it is not clear on any documentation that I must do this	*There are no proformas when audited to show what they mean; no clear standards etc.*	*quality needs to be defined - this is answered in the other standards it is repetition really of what we have already submitted*	*Again - there are no standards, so how can someone demonstrate this?*	
Base 9-18				

6.3   Views on suitability of current CPD standards (audited and non-audited registrants)

Respondents were asked to what extent they agreed or disagreed with the following statements:

- The current CPD standards should be strengthened/be more rigorous
- The current CPD standards should be less stringent
- The current CPD standards should remain as they are
- The current CPD standards encourage me to reflect on and think critically about my practice

Figure 4 – Views on suitability of current standards

Q2c. Thinking about the current CPD standards, to what extent do you agree/disagree with the following statements…
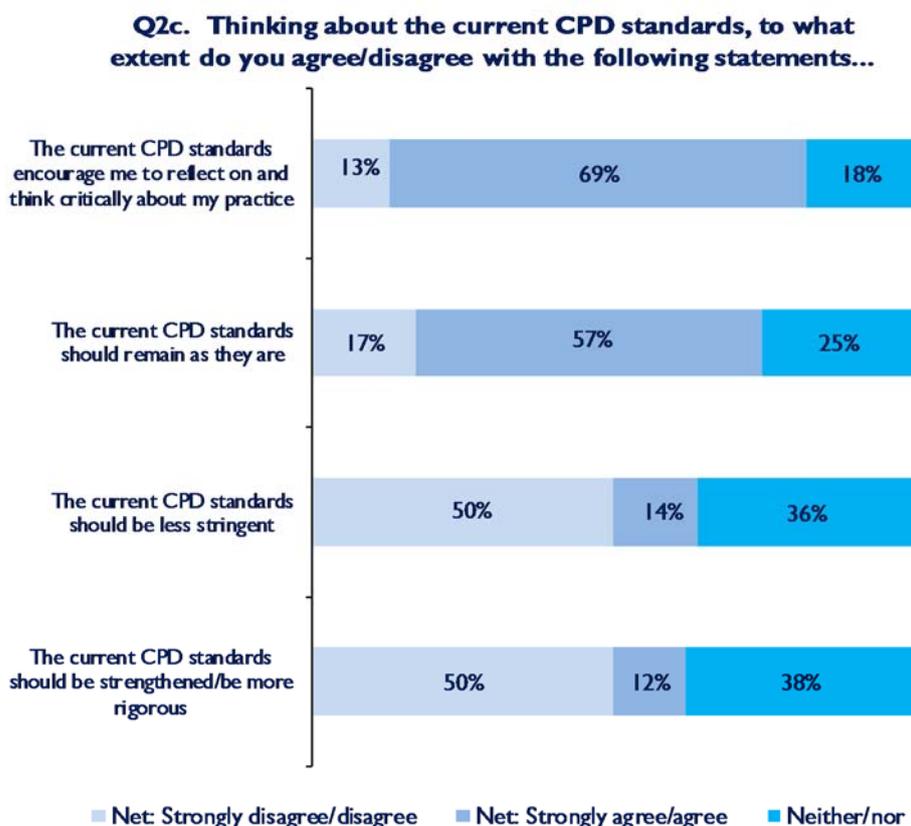
Source: Qa Research 2015   Base: 905 (all respondents)

As illustrated above, over half of all respondents (57%) were in agreement that the current CPD standards should remain as they are, 25% neither agreed nor disagreed and 17% disagreed. Respondents who had been audited were more likely than those who had not been audited to agree that the standards should remain unchanged (66% vs. 48%).

There appears to be a minority of respondents who would support a change in the standards with 14% in agreement that the standards should be less stringent and 12% in agreement that the standards should be more rigorous. Respondents who had been in practice for longer were more likely to disagree that the standards should be more rigorous. For example, 54% of those who had

been in practice for twenty years or more disagreed with the statement compared with 37% of those who had been in practice for between five and ten years. Respondents who had been audited were also more likely to disagree with this statement compared with those who had not been audited (58% vs. 42%).

Overall, 69% of respondents agreed with the statement 'current CPD standards encourage me to reflect and think critically about my practice'. Those who had been audited were more likely to agree with this statement (74% of audited respondents compared with 64% non-audited).

Reasons for supporting more rigorous CPD standards

Respondents (12%) who were in agreement that CPD standards should be more rigorous were asked to provide some further explanation of their views. The following table shows a summary of the types of comments made.

Table 2 – Reasons why CPD standards should be more rigorous

Q2d. You agreed that the current CPD standards should be strengthened/be more rigorous - please can you say a little more about this?	Count	Percentage
More rigorous requirements or evidence are needed	23	23%
Employers should allocate time or funding for CPD activities (there should be a minimum requirement)	14	14%
The current system is not the best way of evaluating CPD	13	13%
Audit more people	12	12%
Other	11	11%
It is too easy to lie or embellish a portfolio	10	10%
There needs to be clearer guidance	10	10%
There should be a clearer link between CPD activities and influence on practice	9	9%
Statement expressing importance of CPD	4	4%
No relevant answer	2	2%
No answer	1	1%
Base 100		

As illustrated above, some respondents felt that employers needed to take more responsibility for ensuring that funding or adequate time was allocated for CPD activities and that this would in effect strengthen the current system;

> *"Employers should be obliged to provide CPD to professionals and have the equal responsibility as registrants. All employers should be strictly monitored whether they allow registrants to attend and support CPDs."* (Practitioner psychologist)

Others thought that specific changes could be made that would serve to strengthen the standards;

> *"Perhaps a larger selection for audit or a scheme similar to the medics where feedback is taken from other healthcare workers and service users as part of registration."* (Occupational therapist)

"I think audits should be completed more regularly and should not be as easy. There is too much time given to people selected for audit to prepare. If they are maintaining an up to date CPD they should be able to submit an audit relatively quickly. Perhaps "mini" audits could be utilised 6 monthly. Registrants are lackadaisical about their CPD until audit time arrives and then they do the bare minimum. If it was more regularly done maybe people would make more of an effort." (Paramedic)

Reasons for supporting less stringent CPD standards

Respondents who were in agreement that CPD standards should be less stringent were asked to provide some further explanation of their views. The following table shows a summary of the types of comments made.

Table 3 – Reasons why CPD standards should be less stringent

Q2e. You agreed that the current CPD standards should be less stringent please can you say a little more about this?	Count	Percentage
Too much is required under the current system	41	43%
CPD requirements take up too much time	25	26%
The current system is not the best way of evaluating CPD or reflective of the role	17	18%
More flexibility needed, current system is too prescriptive and does not consider different situations	15	16%
It is too bureaucratic (tick box exercise)	10	10%
Time should be allocated to do this by employers	7	7%
Other	6	6%
CPD requirements are expensive	4	4%
No answer	2	2%
No relevant answer	2	2%
Base 96		

As shown in the table above, some respondents felt that the current requirements were too time consuming;

"There is not sufficient time to undertake CPD on a regular basis during work time. A lot of the work is similar in practice and using ones clinical judgement and experience is used constantly when working with colleagues and clients. Formal reflection other than that used in supervision is not necessary." (Occupational therapist)

Others were concerned that the current system lacked flexibility, or perceived it to be overly bureaucratic;

"There appears little flexibility for those in the profession who do not work in an NHS department. I am the only BMS in my building so finding relevant CPD activities that reflect my current practice can be a challenge." (Biomedical scientist)

"Evidence of CPD every 2 months can be difficult to achieve, although I feel I do plenty of CPD it is difficult to prove I have done it. For example I am on Google looking up different things all the

time to improve the patients experience but have no real proof. I help teach all the different visitors that turn up in MRI but have difficulty proving this." (Radiographer)

CPD standards and reflection on practice

As mentioned previously, the majority (69%) of respondents agreed with the statement 'current CPD standards encourage me to reflect and think critically about my practice'.

Respondents who disagreed (13%) were asked to provide further details. The types of comments made are shown in the table below.

Table 4 – Reasons for disagreeing that current CPD standards encourage you to reflect/think critically about practice

Q2f. You disagreed that the current CPD standards encourage you to reflect on and think critically about your practice please can you say a little more about this?	Count	Percentage
I reflect on my practice and think critically regardless of the current process	30	30%
The current system is not the best way of evaluating CPD or reflective of the role	26	26%
CPD requirements take up too much time	19	19%
Too much is required under the current system	16	16%
It is too bureaucratic (tick box exercise)	15	15%
Other	7	7%
I do not critically reflect on my practice or CPD or struggle to do so	6	6%
More flexibility needed, current system is too prescriptive and does not consider different situations	5	5%
Base 100	**124**	

As shown above, some respondents felt that they already thought critically and reflected on their practice regardless of the CPD standards;

> *I do it anyway, am afraid I don't think auditing people every 2 years will make those that don't do it, would support a more random unannounced audit process* (Physiotherapist)

Others found it difficult to relate the standards to their role;

> *"I have little information about them; they are very vague and are not specific to my profession (social work)."* (Social Worker)

Time constraints of the job were highlighted as a reason why some respondents found it difficult to record their reflections;

> *"I enjoy attending and learning from actual CPD's as they benefit and enrich my career and practice overall. However, the CPD standards themselves--doing the paperwork, writing a profile--do not inspire further reflection on my part. They seem more like an annoying burden in a sea of annoying burdens. I already work in the NHS; I sincerely do not need to fill out more forms."* (Social Worker)

6.4   Views on preparation for audit (non-audited registrants)

Overall, 50% of survey respondents had not been selected for CPD audit by HCPC. The survey asked these respondents (on a scale of one to five, where five is completely prepared) how prepared would they feel if they were to be selected for audit.

Figure 5 – Views on preparation for future audit

Q2g. In the future, if you were selected by HCPC for CPD audit, how prepared would you feel?

Source: Qa Research 2015 Base: 455 (unaudited respondents)
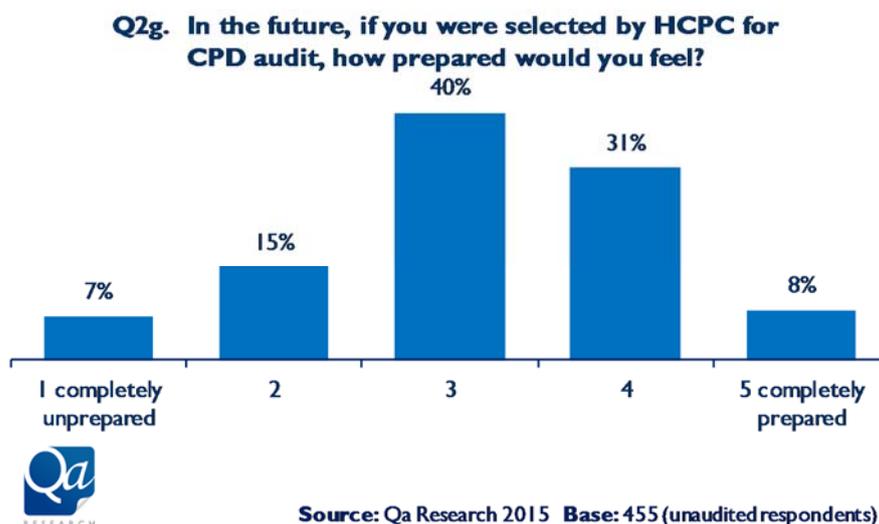
As shown above, (40%) of respondents placed themselves in the middle of the scale, and 39% stated that they would feel 'prepared' or 'completely prepared' with 22% stating that they would feel 'unprepared' or 'completely unprepared'.

Following on from this, respondents who stated that they would feel unprepared for audit were asked what might help them to feel more prepared.

Table 5 – Help to feel more prepared for audit

Q2h. You stated that you would feel unprepared if selected for audit. What might help you to feel more prepared?	Count	Percentage
More information about the audit process and requirements	25	26%
Dedicated time or having spare the time to complete the audit	24	25%
No relevant answer	15	16%
Other	14	15%
Having a log or record of my previous CPD	11	12%
Having audit templates to fill in	9	9%
Being able to see examples of portfolios or evidence	7	7%
Base 95		

As shown in the table above, information about the audit process and requirements was a key concern. Some respondents were also concerned that they would not have dedicated or spare time to complete the audit and knowing that they had this time would help them to feel more prepared in the event that they were selected;

"More time to record CPD activity. Realistically there is no time during normal working day to write reflections or record CPD in any detail." (Occupational therapist)

"I am a new Social Worker in the UK and I do not receive any guidance via a newsletter from the HCPC or my employer regarding the CPD." (Social Worker)

"At the moment my CPD folder is quite jumbled and incomplete. I would need to do quite a bit of work to update it." (Radiographer)

From the comments made it is apparent that some people keep their CPD records more up to date than others. Some respondents suggested ways in which HCPC could help them to complete their CPD records more easily on an ongoing basis;

"More direct guidance about how/what to present. Online templates available to fill in." (Occupational therapist)

"Having a straightforward system for recording CPD such as the capacity to link electronic calendar entries into an online CPD system with just a button click, do that's it's quick and easy to record basic relevant events to then expand on. The biggest challenge with CPD is the large amount of admin time required to record CPD, when time is pushed in day to day work already." (Practitioner psychologist)

6.5   Experiences of the audit process (audited registrants)

Overall, 50% (450) survey respondents had been audited by the HCPC. As shown below, the majority (80%) of the 450 audited respondents had their audit profile accepted and 18% had been asked for further information prior to their profile being accepted.

Figure 6 – Profile of respondents by audit outcome

Q1e. What was the outcome of your most recent audit?

Source: Qa Research 2015 Base: 450 (audited respondents)
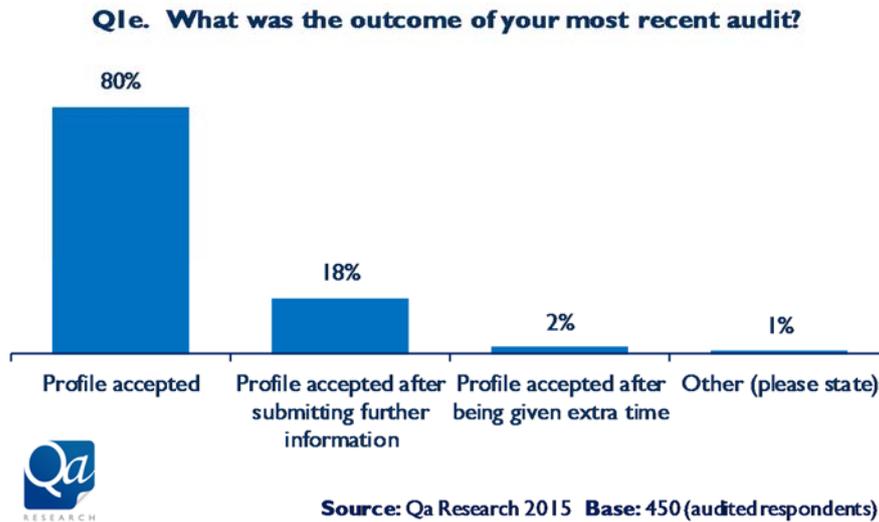
Audited respondents were asked to what extent they agreed/disagreed with a range of statements relating to the audit process;

- I was happy with the information I received from HCPC
- HCPC requested further information from me and what they needed from me was clear
- I felt that the amount of time the audit took from start to finish was reasonable
- I felt that the amount of work required to put together my profile was reasonable
- I was happy with the tone and content of correspondence from HCPC

As illustrated below, 68% of respondents stated that they were happy with the information that they had received from HCPC.

Figure 7- Views on the audit process

Q3a. Thinking about the audit process, to what extent do you agree/disagree with the following statements?

Statement	Net Disagree	Net Agree	Neither/nor
I was happy with the tone and content of correspondence from HCPC	22%	61%	16%
I felt that the amount of work required to put together my profile was reasonable	30%	57%	12%
I felt that the amount of time the audit took from start to finish was reasonable	27%	61%	12%
HCPC requested further information from me and what they needed from me was clear	30%	34%	36%
I was happy with the information I received from HCPC	20%	68%	11%

Source: Qa Research 2015 Base: 450/165 (audited respondents/those asked for further information)

Over half of all respondents audited were also satisfied with the amount of work required to put together their profile (57%), the amount of time the audit took (61%) and the tone and content of correspondence from HCPC (61%).

Of the 450 respondents who had been audited, 165 (37%) were asked to provide further information; Just over a third (34%) of these respondents agreed that what was required from them was clear; however 30% disagreed with this statement.

Respondents who were in disagreement with these statements were asked to provide further explanation of the reasons for their dissatisfaction. Their responses are described in more detail below.

Information received from HCPC

Table 6- Reasons for dissatisfaction with information received from HCPC

Q3b. You disagreed with this statement; When I was selected for audit, I was happy with the information I received from HCPC please tell us more...	Count	Percentage
The information provided was inadequate and I needed more information on what was required	31	36%
The information provided was ambiguous or confusing	26	31%
I did not receive the first notification	10	12%
It was unclear how much information needed to be submitted	9	11%
It was unclear how the evidence should be formatted	6	7%
When requesting further information the service or advice was poor	5	6%
Other	5	6%
No relevant answer	1	1%
Base 85		

As shown in the table above, the main reasons for dissatisfaction were that some respondents perceived the information to be generally inadequate or felt that the information provided was ambiguous or confusing;

> *"The experience felt frustrating when I was repeatedly asked to send further information and exactly what was required was unclear. (Speech and language therapist)*

> *"It is not very easy to state on paper how your personal CPD will benefit service users - you need to research past audits to understand exactly what is required."* (Radiographer)

> *"I felt that the booklet provided was difficult to relate to the format of the information required. It took a lot of reading and re-reading to work out how each standard related to the CPD evidence."* (Physiotherapist)

Amount of work required to put together the profile

Table 7- Dissatisfaction with amount of work required to put together the profile

Q3b. You disagreed with this statement; I felt that the amount of work required to put together my profile was reasonable please tell us more...	Count	Percentage
It was very time consuming	66	50%
The amount of work required was unreasonable	49	37%
It was hard to balance this with work and family commitments	32	24%
I was unsure how much information to include	21	16%
Other	5	4%
No relevant answer	1	1%
Base 132		

As illustrated above, respondents who were dissatisfied with this element felt that the requirements required them to spend an unreasonable amount of time on their profile to make it 'fit' HCPC requirements. This was especially difficult for those who did not have dedicated time at work to do this and were trying to do this in their own time whilst balancing other responsibilities;

"I use the RCSLT [Royal College of Speech and Language Therapists] online log and link this to my KSF. My written evidence and reflection is quite full. It would have been much easier for the HCPC to refer straight to my log as a professional document. Instead I had to compose an essay for the HCPC selected from my log which took considerable time and effort on my part. It felt as if I was doubling up on my work and certainly added to the workload stress." (Speech and Language Therapist)

"It took about 2-3 work days and I had a complete CPD folder but formatting into the requirements of the HCPC was time-consuming. I probably went over-board but without an indication of the amount of evidence required this was hard to gauge. More examples and an indication of amount of evidence would be helpful." (Occupational Therapist)

"I work part time. I get very little time in work to compile the evidence and preparing the work for presentation in the way the council wanted took days of work all in my own time. I feel employers should be made to commit work time for people to do some of the preparation and learning for CPD. Over ninety-five percent of my CPD and writing it up all happened in my own time and this continues to be the case." (Physiotherapist)

Length of time of audit from start to finish

Table 8 – Dissatisfaction with length of audit from start to finish

Q3b. You disagreed with this statement; I felt that the amount of time the audit took from start to finish was reasonable please tell us more...	Count	Percentage
The amount of time it took me was too long	64	56%
The time between submitting and confirmation of acceptance was too long	19	17%
The process was stressful or overwhelming	19	17%
I had to do this in my own personal time due to work commitments	14	12%
I would have benefitted from more time	10	9%
The time of year was inconvenient	10	9%
The time scale was reasonable	6	5%
Other	6	5%
No relevant answer	1	1%
Base 115		

Generally, respondents who felt that the time commitment required to put together their profile was onerous were also likely to find the whole audit process too lengthy and drawn out. However, there were some specific comments around the time between profile submission and acceptance and also the time of year that the audit had taken place;

"Personally I felt the audit was wrong time of the year - Information received prior to Christmas. The New Year is always busy. I feel the audit should be sent in February and submitted by April." (Radiographer)

"There was a considerable delay in learning of the final outcome. I contacted the HCPC twice. It finally transpired that the letter never reached me as the HCPC had mis-spelt my address." (Physiotherapist)

"The period of time for the HCPC to return with a decision took over a month longer than was stated in their correspondence." (Paramedic)

Tone and content of correspondence from HCPC

Table 9- Dissatisfaction with correspondence from HCPC

Q3b. You disagreed with this statement; I was happy with the tone and content of correspondence from HCPC please tell us more...		
I would have liked some feedback rather than just- 'your profile has been accepted'	33	35%
Intimidating language and tone	30	32%
Contradictory or unclear information	19	20%
The letter was very curt and impersonal, just stating- 'your profile has been accepted'	17	18%
Slow correspondence or lack of correspondence	10	11%
I would have liked confirmation that my portfolio was received	4	4%
I was informed I still needed to submit but already had	3	3%
Other	2	2%
Base 94		

As shown in the table above, some respondents who have been through the audit process would have welcomed more feedback on their profile, particularly given the length of time that some had spent preparing it;

> *"Following the hard work of completing the profile, the letter indicating that it had been successful appeared very matter of fact rather than congratulatory. I know that this is a requirement and so, perhaps, congratulations are not due but a more positive letter would have reflected the hard work needed to complete the process. There just was no feedback on what felt like very personal professional development."* (Speech and Language Therapist)

> *"The process was easy to follow and complete. The feedback at the end of the process was poor. I received a letter that simply said that I met the standard but no feedback about the range of tools I used, evidence provided, value of any element. Some thoughtful feedback would be useful in developing further CPD activity.*" (Radiographer)

Some respondents were also critical of the language and tone of the correspondence. Whilst aware that the HCPC is a regulatory body respondents felt that there was scope to give the correspondence a more human/supportive tone;

> *"I was unhappy with the tone and correspondence from the HCPC as I found it intimidating and impersonal. I did not like the way they informed you that you could carry on practising in the meantime."* (Radiographer)

> *"I felt from the initial letter and all following correspondence that I was being treated like I was guilty of incompetence until passed by the HCPC."* (Physiotherapist)

Other comments made included some references to contradictory information or administrative errors;

> *"Unfortunately I was not sent the confirmation that my audit was acceptable - I had to ring up after 4 months and ask if I had "failed" - the confirmation had just not been sent to me which led to a period of anxiety!! The person I spoke to was not particularly sympathetic just said - Oh it was fine - didn't you get the letter!!"* (Speech and Language Therapist)

"When I phoned HCPC for further advice they were unable to provide me with clear information about what was required. I was told that it was unlikely I would not get through after submitting further evidence but practical advice was not given. I felt this was very dismissive as the outcome of the audit was very important to me as it had implications on my ability to practice." (Physiotherapist)

Requests for further information

As mentioned previously, of those audited, 165 (37%) were asked to submit further information. It appears that there are mixed views in terms of whether information about what they were required to submit was clear; 34% were in agreement that the information was clear, 30% disagreed and 36% were neutral. Further detail on the reasons behind dissatisfaction with requests for further information is shown below.

Table 10 – Dissatisfaction with further information requests

Q3b. You disagreed with this statement; HCPC requested further information from me and what they needed from me was clear please tell us more...	Count	Percentage
Which specific changes were required were unclear	26	55%
The HCPC did not request further information from me	12	26%
Other	6	13%
When requesting further clarification the service I received was poor or unclear	5	11%
I was asked to provide information they had already received	3	6%
Base 47		

As shown above, the main concern of respondents who had been required to submit further information were related to a lack of clarity on what specifically was required;

"They did not make it clear what they wanted from me. It seems that the evidence I submitted was fine but I wasn't presenting it in the format they wanted. I was under the impression there was no fixed way of presenting your evidence. I found it all very misleading." (Radiographer)

"It just said I needed more information against various areas. Again because there are no actual standards - this was a very subjective request." (Practitioner psychologist)

"All they eventually wanted was for me to update the timeline - that was totally unclear." (Biomedical scientist)

Some comments were also made in cases where registrants had contacted the HCPC for further guidance and had received misleading or unclear advice.

"It was very unclear the amount and type of information they wanted, had to call several times to get this and got different views from different people." (Practitioner psychologist)

"I was unsure regarding how they expected me to evidence certain things such as multidisciplinary team meetings. When I phoned to enquire the person at the end of the phone was unable to give me a clear answer. They were only able to look at the feedback already provided to me which they struggled to interpret. If someone responsible for CPD at the HCPC was unable to be clear about what was requested of me how was I to know!" (Physiotherapist)

6.6   Satisfaction with assessor's decision (audited registrants)

Respondents who had been audited were asked to what extent they were satisfied with the assessor's decision. Encouragingly, as shown below, 87% of respondents stated that they were 'very satisfied' or 'satisfied' with the assessor's decision.

Figure 8- Satisfaction with assessor's decision

Q3c. How satisfied were you with the decision made by the assessors regarding your audit?

Source: Qa Research 2015 Base: 450 (audited respondents)
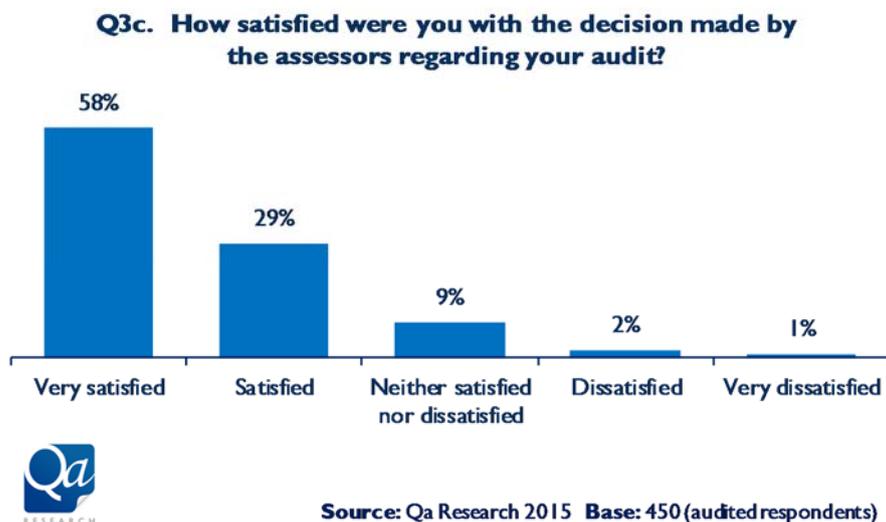
As shown in the table below, the main reasons for dissatisfaction with the assessor's decision related to delays in receiving the results, or unclear requests for additional information.

Table 11 – Reasons for dissatisfaction with the assessor's decision

Q3d. You indicated you were very dissatisfied with the assessor's decision; please tell us more	Count	Percentage
I was not given the results or feedback	5	36%
The audit system is too rigid	3	21%
The same information can be submitted twice, rejected the first time but accepted the second	2	14%
I had to provide additional information	2	14%
Other	2	14%
Base 14		

"My initial submission was rejected not because of the content or amount of CPD I had completed but because my CPD did not fit neatly into 1 piece every 2 months I feel that this box ticking make a mockery of the entire process. CPD is done whenever an opportunity arises and as long as professionals are not going for extended periods without doing any it has to be combined with work and home commitments not necessarily every other month." (Radiographer)

"I submitted the same information twice. Second time it was accepted." (Practitioner psychologist)

Some respondents who were satisfied with the assessor's decision also commented that despite being satisfied, they would still have liked more feedback. Other respondents also took the opportunity to offer some positive feedback on the process;

> *"It would have been nice to have some more personal feedback - even if just a couple of lines. I know it creates more work but the process felt very sterile and impersonal and it would have been nice to see the human side."* (Speech and Language Therapist)

> *"As one of the first to be audited I was pleased that my CPD profile was accepted with no problem. The information from HCPC and my professional body was excellent."* (Orthoptist)

6.7   Impact of the audit process (audited registrants)

Respondents were asked to rate on a scale of one to five (where five is significant impact) the impact of the audit on their CPD.

Figure 9 – Impact of the audit on CPD

Q3f. **Thinking about your experience of the audit process overall, please rate on a scale of 1-5 the impact the audit has had on your continuing professional development**

Source: Qa Research 2015 Base: 450 (audited respondents)

As shown above, a third of respondents (33%) felt fairly neutral about the impact of the audit on their CPD although 39% felt that it had some or significant impact, and 27% felt it had little or no impact. The audit experience appears to have had more of an impact for those fairly new to the profession. For example, 61% of those in practice for 0-5 years felt that the audit had 'some' or 'significant' impact compared with 37% of those who had been in practice for 20 years or more.

Reasons for lack of impact

Respondents who felt that the audit had not had an impact on their CPD were asked to provide further details.

Table 12 – Reasons for lack of impact of audit on CPD

Q3g. You indicated that the audit process had little to no impact on your continuing professional development, please tell us more	Count	Percentage
I already considered CPD valuable and practiced this regardless of the audit	97	80%
The audit was unhelpful or stressful	22	18%
Other	10	8%
It is too bureaucratic (tick box exercise)	7	6%
The audit take up too much time	6	5%
No answer	1	1%
No relevant answer	1	1%
Base 122		

As illustrated above, the majority of respondents stated that they already valued CPD and as such the audit experience had not changed their approach. However, some respondents had a more negative experience and had found the audit process unhelpful or stressful;

> *"I would do CPD anyway as I have a genuine interest in bettering myself as a clinician. Being audited is of no significance.* (Practitioner psychologist)

> *"The audit process was simply time consuming. This was of no benefit to me or my department. My boss was annoyed with my need to have time away from my clinical duties in order to complete the order and this created a horribly negative work environment."* (Radiographer)

Reasons for positive impact

Respondents who felt that the audit had a positive impact on their CPD were asked to provide further details.

Table 13- Reasons for positive impact of audit on CPD

Q3h. You indicated that the audit process had a significant impact on your continuing professional development; please tell us more	Count	Percentage
It encouraged me to keep a record of my CPD	61	34%
It gave me the opportunity to reflect on my CPD	48	27%
I now have much more awareness of the process and what is required	43	24%
I am now more focussed on which CPD to participate in and its importance	35	20%
I am able to advise others on audits and CPD	21	12%
Other	13	7%
I am now prepared if I am selected for another audit	11	6%
No relevant answer	3	2%
Base 179		

Overall, respondents who felt that their experience of audit had a positive impact on their CPD commented on the fact that the audit had encouraged them to keep an ongoing record of their CPD and had provided them with an opportunity to reflect.

Some of those who had experienced an audit valued the fact that they were now more aware of the requirements and would feel less anxious about the process if they were to be selected again. Others commented that the experience had helped them to focus on the types of CPD which would be of most benefit and had enabled them to help others to do the same;

> "I really enjoyed the process and it allowed me to reflect more on my practice and also where I was going in the future. I am more aware of CPD opportunities and am much more keen to get involved in things at work or professionally. I feel a bit reenergised about our SLT profession that had been a wee bit jaded by all the organisational/political change." (Speech and Language Therapist)

> "[The audit has] raised awareness of the need to maintain profile according to area of expertise/practice. Has enabled me to advise others on the construction of their portfolio and what to/not to send in…" (Paramedic)

> "It highlighted the huge amount of CPD activities that we have the opportunity to engage in during our work lives, not just focusing on formal learning, but reflective practice, learning through experience, work based learning etc. I have also had the opportunity to put together and present a talk on the audit experience to my therapy colleagues across the Trust." (Physiotherapist)

6.8   Suggestions for improvement to the audit process (audited registrants)

The survey asked respondents for their views on how the overall audit process could be improved. A summary of the main themes is shown in the table below.

Q3i. How do you think the audit process could be improved?	Count	Percentage
No improvements required	111	25%
Don't know	73	16%
Provide more information, clarity or guidance	57	13%
Provide feedback or provide better feedback	37	8%
The process is too rigorous or time consuming	35	8%
Use other means of assessment (e.g. face to face interviews)	31	7%
Other	25	6%
Make it less restrictive, less of a 'tick box exercise'	24	5%
Provide more or better examples of profiles	18	4%
Audit process to be available online	13	3%
Measures put in place so same person is not selected or is not selected as frequently	14	3%
Better communication in general	15	3%
Correspondence should be more personal or friendlier	13	3%
Audit more people or a specific group of people	13	3%
Faster response to submission	9	2%
Time should be allocated by employers to complete audit or undertake CPD	10	2%
Better communication once portfolio has been submitted	5	1%
More time should be allowed for audit	6	1%
The time of year of the audit is inconvenient	5	1%
Submissions should be assessed by qualified people working within the same field	5	1%
No relevant answer	3	1%
Base 450		

As illustrated, the main improvements suggested are around improving the clarity of the information or guidance, providing more/better feedback following audit, and for the HCPC to look at ways in which the process could be streamlined to be less time consuming.

6.9   Views on HCPC guidance resources (audited and non-audited registrants)

All survey respondents (audited and non-audited) were asked to identify which of the following HCPC resources they had used:

- Continuing professional development and your registration
- How to complete your CPD profile
- Your guide to our standards for continuing professional development
- Video presentations on CPD
- CPD sample profiles

As shown below, respondents were most likely to have used 'Continuing Professional Development and your registration' (71%), followed by 'Your guide to our standards for Continuing Professional Development' and 'How to complete your CPD profile' (64%). A much smaller proportion has used the video presentations on CPD (16%). Respondents who had been audited were more likely to have used all of the resources.

Fourteen percent of respondents (131 respondents) stated that they had not used any of the resources, and the majority of these (92%) had not been audited.

Figure 10 – Use of HCPC guidance resources

Q4a.   **Which of the following HCPC guidance resources have you used?**

| Resource	%
Continuing professional development and your registration	71%
Your guide to our standards for continuing professional...	64%
How to complete your CPD profile	64%
CPD sample profiles	55%
Video presentations on CPD	16%
I have not used any guidance resources	14%
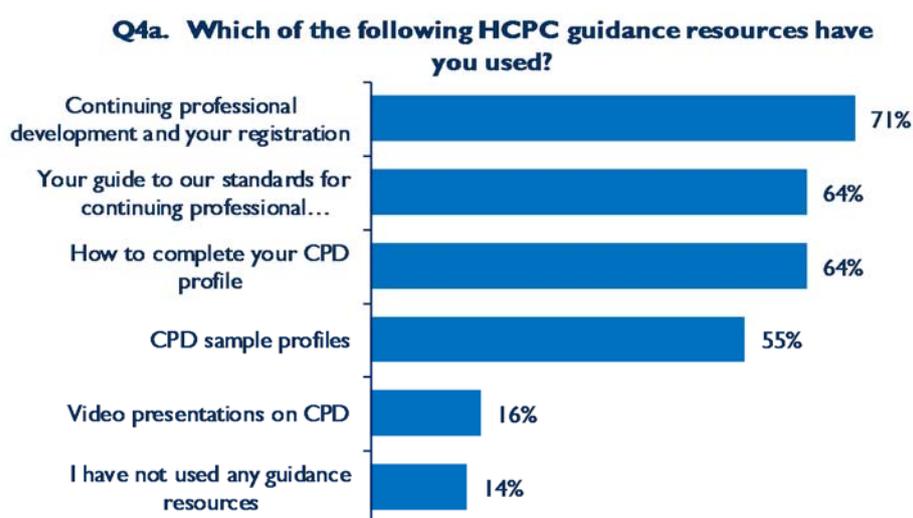
Source: Qa Research 2015 **Base:** 905 (all respondents)

Respondents were also asked to rate how useful they found the individual resources on a scale of one to five (where five is very useful).

Figure 11 – Views on individual resources

Q4b. Please rate on a scale of 1-5 how useful you found the following resources...

Resource	Net: 1&2	3	Net: 4&5
CPD sample profiles	8%	17%	75%
Your guide to our standards for continuing professional development	5%	22%	72%
How to complete your CPD profile	5%	23%	72%
Continuing professional development and your registration	5%	29%	67%
Video presentations on CPD	9%	25%	66%
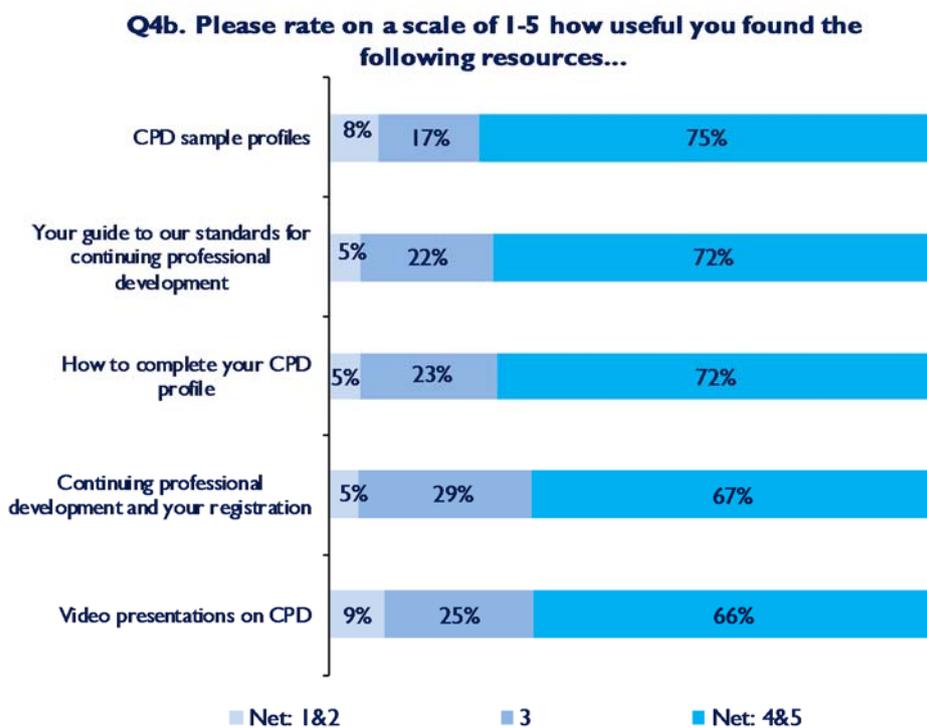
Source: Qa Research 2015 Base: 142-639

As illustrated above, respondents were most likely to have found the CPD sample profiles useful (75%) and less likely to have found the video presentations useful (66%).

More detail on the positive and negative aspects of each resource is provided in the following section.

CPD sample profiles

Respondents who did not find the sample profiles useful felt that more examples relevant to their area of practice were needed. Those who did find them useful valued being able to see the layout and structure of the profile and found them a useful illustration of what was expected. A selection of comments is provided in the table below.

Table 14 – Views on 'CPD example profiles'

| Q4c & Q4d Views on CPD example profiles | |
Negative	Positive
I was more informed using OT profiles than SLT - they were v limited samples, which was disappointing	The examples were very useful to ensure you were on the right track. It was also good that it gave a profile sample for a private clinician and an NHS clinician.
As a therapeutic radiographer, there were no CPD sample profiles relevant to me.	Interpreting what was in the profile helped me to see that what I do every day is CPD.
Bigger variety of profiles, only senior physiotherapists were examples.	An example of what is expected from a CPD profile - structure, length, tone etc
They were not really relevant to me as academic	Interesting to see how others had reflected, helped to layout the presentation of my career summary.
I Would like to see more examples of biomedical scientist profiles. The examples show someone who is on various bodies. It does not show the average scientist and what they can use as evidence.	Useful to read samples of people at different stages in their career/work settings
Base Q4c 35, Q4d 279	

Your guide to our standards for continuing professional development

Respondents who did not find this resource useful felt that the resource needed to be clearer and more concise. Those who did find it useful felt that it clearly explained the expectations in a user friendly manner. A selection of comments is provided in the table below.

Table 15 – Views on 'Your guide to our standards for CPD'

| Q4c & Q4d Views on Your guide to our standards for CPD | |
Negative	Positive
Clearer instructions. Bullet points?	The standards are succinct which enables the worker to use their time efficiently in order to match the requirement
I generally find HCPC standards very vague and very subjective	Reminder that you can use a range of different activities for CPD
Made much clearer to be honest I didn't understand some of it neither did my workmates when asked for help	It made me aware of the need to continually try to improve and not to stagnate.
Base Q4c 20, Q4d 302	

How to complete your CPD profile

Respondents who did not find this resource useful felt that the resource needed to be clearer and more concise with more examples. Those who did find it useful felt that the resource provided clear information on HCPC's expectations. A selection of comments is provided in the table below.

Table 16 – Views on 'how to complete your CPD profile'

Q4c & Q4d Views on How to complete your CPD profile	
Negative	**Positive**
I found it difficult to use and awkward to edit	Gaining insight into how to complete my cpd profile in easy to follow steps.
It was difficult to navigate around at the time, found it very time consuming to search what I was looking for.	Clear and concise.
Not enough depth to info provided, no suggestions	Easy to read
More examples and how people can use everyday scenarios learning etc for reflection	The examples given of different kinds of CPD were useful
It could be clearer	Template ideas and categories under which to define my CPD
Base Q4c 24, Q4d 315	

Continuing Professional Development and your registration

Again, respondents who did not find this resource useful felt that the resource needed to be clearer and more concise. Those who did find it useful felt that the resource provided clear information on registration, standards and the audit process. A selection of comments is provided in the table below.

Table 17 – Views on 'CPD and your registration'

Q4c & Q4d Views on CPD and your registration	
Negative	**Positive**
It is repetitive and long winded.	As ever when registration moves from one body to another there is always concern about ensuring you are meeting standards so it was very helpful to almost have a "walk through" of registration.
More specific about what counts as CPD.	It made clear what was needed and what activities were applicable to registration
Very dry	The variety of the activities and the flexibility in terms of the activities in realtion to the various job roles
Too complicated too much jargon	Explaining why cpd is important and how it is used in accordance with your registration.
Base Q4c 21, Q4d 308	

Video presentations on CPD

Respondents who did not find this resource useful felt that the presentation could be improved and that it would be useful to see what other practitioners have done. Those who did find it useful found it a reassuring reinforcement of the other information, and good for audio learners. A selection of comments is provided in the table below.

Table 18 – Views on video presentations on CPD

Q4c & Q4d Views on video presentations	
Negative	**Positive**
It just didn't tell me anything different or helpful. The sample portfolios were better.	Because I had to watch and listen it made me concentrate me and therefore take in more of the information
too generic	It is another method of reinforcing the information and gives calrity. In addtion, the video clips appeals to the different ways in which people learn
The video presentations were an added extra but as I understood what I needed to do from the rest of the literature, I just briefly looked at the videos.	To observe views and be reassured of expectations
The prestantions were poorly presented and not very informative. This could be improved by giving beter case exqmples which are profession specific.	It was great to see a virtual tour on how to complete the profile. It complemented the written information.
Base Q4c 12, Q4d 67	

6.10   Suggestions for improvement to guidance resources (audited and non-audited registrants)

Finally, respondents were asked for suggestions on how the HCPC could improve the CPD guidance it provides to registrants. These responses are summarised below.

Table 19 – Suggestions on improvements to CPD guidance

Q4e. Please tell us how you think HCPC could improve the guidance on CPD that it provides to registrants?	Count	Percentage
Unable to comment- I have not looked at guidance available	17	21%
Better communication of what is available and easier access (e.g. by email)	15	19%
No suggestion- it is fine as it is	10	12%
Providing specific examples of portfolios	8	10%
Make it simpler, more user-friendly	7	9%
I was not aware of guidance available	6	7%
Other	6	7%
Do not know	5	6%
Information should be provided when registering	4	5%
Provide information face to face (briefings, interviews etc.)	4	5%
Having the ability to record CPD online	4	5%
Allocated time should be provided by employers to complete the audit	3	4%
Utilise 'apps'	2	2%
No answer	1	1%
Base 81		

As shown in the table above, some respondents suggested that more could be done to make registrants and employers aware of the resources available on a regular basis and more use of technology to make the process easier;

> *"An E-portfolio would be invaluable. Each registrant would be given sections based on their profession with guidance about types of activity that would be relevant. Including a reflective journal with links to online guidance. Compatible apps would be even better and link to calendar apps."* (Practitioner psychologist)

> *"I think we should maybe have it emailed to us. I have not looked at it as of yet."* (Orthoptist)

> *"Probably not improving the guidance but being more proactive in the way it communicates the guidance i.e. emails etc, to gently remind members that it is there for use. Not everyone checks the HCPC website on a regular basis."* (Biomedical scientist)

> *"It would be helpful to have something that can be given to managers regarding their responsibility in ensuring registrants can meet their CPD requirements with appropriate CPD for job/grade/role plus needs of the service and patients/clients."* (Practitioner psychologist)

7. Key findings – Depth interviews with audited registrants

7.1 Profile of respondents

Twenty-nine audited registrants took part in a depth telephone interview. The profile of interviewees is shown in the table below. Please note that three audited social workers were interviewed. Although social workers were excluded from the audited registrants sample because their audit was ongoing at the time of the selection, it was possible for audited social workers to complete the survey via the HCPC website and to indicate that they wished to be interviewed.

Table 20- Profile of respondents (audited depth interviews)

Profession	Length of practice	Setting	Audit outcome	Satisfied or dissatisfied with assessors decision (Q3c)
Arts therapist	10-20 years	Independent/third sector	Profile accepted after further info	neither/nor
Biomedical scientist	5-10 years	NHS	Profile accepted	satisfied
Biomedical scientist	more than 20 years	NHS	Profile accepted after further info	satisfied
Biomedical scientist	more than 20 years	NHS	Profile accepted after further info	neither/nor
Dietitian	more than 20 years	NHS	Profile accepted	satisfied
Dietitian	10-20 years	NHS	Profile accepted	satisfied
Occupational therapist	more than 20 years	NHS	Profile accepted	satisfied
Occupational therapist	more than 20 years	NHS	Profile accepted	satisfied
Occupational therapist	0-5 years	NHS	Profile accepted	satisfied
Operating department practitioner	more than 20 years	Independent/third sector	Profile accepted	satisfied
Operating department practitioner	0-5 years	NHS	Other	Dissatisfied
Orthoptist	10-20 years	NHS	Profile accepted after extra time	satisfied
Paramedic	more than 20 years	NHS	Profile accepted	satisfied
Paramedic	10-20 years	NHS	Profile accepted	satisfied
Paramedic	5-10 years	NHS	Profile accepted after further info	neither/nor
Physiotherapist	more than 20 years	NHS & Education	Profile accepted after further info	satisfied
Physiotherapist	5-10 years	NHS	Profile accepted	neither/nor
Physiotherapist	5-10 years	NHS	Profile accepted after further info	neither/nor
Physiotherapist	more than 20 years	Independent/third sector	Profile accepted after further info	neither/nor
Physiotherapist	10-20 years	NHS	Other	neither/nor
Physiotherapist	more than 20 years	Independent/third sector	Profile accepted	Dissatisfied
Practitioner psychologist	more than 20 years	NHS & Independent	Profile accepted	satisfied
Prosthetist/orthotist	5-10 years	NHS	Profile accepted after further info	Dissatisfied
Radiographer	more than 20 years	NHS	Profile accepted	neither/nor
Radiographer	more than 20 years	NHS	Profile accepted	neither/nor
Radiographer	more than 20 years	NHS	Profile accepted after further info	Dissatisfied
Social worker (England)	0-5 years	Independent/third sector	Profile accepted after further info	neither/nor
Social worker (England)	10-20 years	Local authority	Profile accepted	satisfied
Social worker (England)	10-20 years	Local authority	Profile accepted	neither/nor

7.2   Experiences of CPD in the workplace, levels of employer support

Interviewees were asked to give a bit of background information on how CPD operated in their workplace. Generally it appears that the picture is mixed in terms of those who have real protected time for CPD, some have notional time that in reality does not always materialise, and others appear to have no protected time at all;

> *"There is this sort of subliminal message that well if you're sitting at your computer doing some CPD or writing up some reflections you should really be tackling the waiting list."* (Physiotherapist)

There was a sense across the board that funding for CPD activity and dedicated time was on the decrease, but there were also examples of employers who had been very supportive when registrants had been selected for audit and needed to dedicate some time to this.

Generally, it also appeared that for some interviewees discussion around CPD did not routinely form part of appraisal or performance review but for some it did and in some cases the experience of going through the HCPC audit process had prompted this;

> *"Once I was audited, it was seen then that you really do need to have this time protected, even if it is just to keep your folder up to date"* (Orthoptist)

> *"We have a new appraisal system and one of the things I have said to everyone I appraise is that you must put in as one of your personal objectives to keep your CPD up to date and if it's on your appraisal you have to have met that objective at the end of the year. Its formalising it I suppose."* (Occupational therapist)

7.3   Views on current CPD standards

Overall, interviewees felt that they had a good understanding of the CPD standards and the majority understood why the HCPC had taken a decision to focus on outcomes rather than hours or points and could see the value in this;

> *"I think on the whole they are good because they aren't so specific that it is difficult to achieve if you work in a large number of different areas and it's sometimes difficult to have a standard that encompasses all the areas."* (Dietitian)

However, the flip side of this is that some interviewees commented that the standards were 'vague' or 'woolly'. For some, the HCPC's approach was at odds with what they had been used to or the approach taken by their professional bodies or employers, e.g. points or hours based CPD records rather than outcomes based.

In general though, the broad definition of CPD was viewed in a positive light by most interviewees, although some were unsure about what activities 'counted' as CPD. However, a recurring theme noted by interviewees was a sense that people are often not aware that a lot of what they are already doing on a daily basis is CPD and the key was to be aware of this and to record it on an ongoing basis.

Some interviewees who felt that the standards could be clearer commented that they seemed to overlap in places, particularly standards three and four which some people struggled to differentiate between e.g. the contribution of CPD to the quality of practice/service delivery and the benefits of CPD for the service user;

"Surely if you have learnt something it is going to benefit your patients?" (Prosthetist)

Demonstrating benefits to the service user also appeared to be more challenging for those registrants who were not in regular contact with patients/service users, e.g. those in managerial or lab work.

However, there was a consensus that the standards and (associated audit process) were broadly fit for purpose and it would be difficult to think of a viable alternative;

"I think it's probably about right…I don't think you could do any less and I'm not sure how much more you could do really I think it's pretty rigorous." (Occupational therapist)

Interviewees who questioned the rigour of the standards tended to focus on the self-assessed nature of the standards and audit process. There were some doubts expressed around the lack of a need to 'prove' the content of the CPD profile e.g. by providing third party feedback from a line manager or supervisor and some perceived that it would be easy to fabricate a profile. However, it was also acknowledged that there complications associated with this particularly for independent practitioners in terms of who would validate their profile.

A more radical tightening up of the approach seemed to be a minority view amongst interviewees. The view expressed here was that if the current system is intended to 'police' registrants then it was probably not a suitable approach. Furthermore, some interviewees felt that the sample selected for audit should be larger than 2.5% but were conscious of the cost and resource implications of an increase;

"The flexibility within the standards provides no mechanism by which people can claim training as a right and therefore it doesn't particularly protect the public from ill trained practitioners… it encourages CPD but doesn't police it particularly." (Practitioner psychologist)

"I think that 2.5% is too low…but if I said 100% should be audited then the cost implication would be huge…ideally it would be great if you had regional assessors who could come round and look at your profile and what you do in the workplace, a bit like what happens with GPs but they pay hundreds of pounds for their registration." (Paramedic)

Several interviewees made reference to the revalidation requirements for doctors but struggled to see how this could work in the context of the broad range of professions covered by HCPC. Some interviewees expressed confusion around the role of HCPC and perceived that they were paying a fee and as such should be getting something in return but were not entirely sure what this was apart from perhaps a protected title.

7.4   Experiences of the audit process

For the majority of interviewees the anticipation of audit tended to be worse than the actual event. Interviewees frequently spoke about feeling worried and anxious when they received the initial notification that they had been selected but on reflection, for most, the experience was not as arduous as they anticipated, but was time consuming;

> *"When I got the letter I thought oh no, like the sword of Damocles hanging over you! I sort of went sick really, I'm not very diligent at keeping my folder up to date…but having looked at the guidelines and it was all quite clear what was needed and it made me feel a lot less panicked."* (Occupational therapist)

> *"Time consuming but quite straightforward."* (Practitioner psychologist)

A lack of time was highlighted by many interviewees as the main difficulty that they had experienced as part of the audit process, and although the time allocated by HCPC was perceived to be fairly reasonable for some it could still be challenging, particularly if CPD was something that the registrant was typically required to do in their own time alongside family commitments;

> *"It was quite stressful doing it I have to say because there is no time at work to do any CPD, absolutely none….other than that I had a good idea of what I had to do and other than that [lack of time] it was okay. I don't mind doing it [CPD] in my own time, but when you're called for audit like that, there are obviously deadlines."* (Occupational therapist)

There were a couple of examples of what appeared to be administrative hiccups, whereby registrants who had been asked for further information had sent this in and it been lost and there were also a couple of instances where initial notification of audit letters had not been received by the registrant.

Some interviewees who had been asked for further information at audit were not happy with the support that had been provided by HCPC, for example this included receiving conflicting advice/messages from different members of staff, or there appeared to be no record of previous conversations that had taken place. Some interviewees who had received letters asking for further information commented that the requirements were vague and the phrasing of the letters could be improved;

> *"What they actually wanted was a chronological list of activities but it wasn't clear to me that was what they wanted – the letter I received said I had 'failed to reach the required standard' but I had to phone them and find out what it was. It would have been better to say 'you have reached the standard on these sections but on this section you need to do the following…I found the [tone of] the letter quite threatening."* (Physiotherapist)

> *"I communicated quite a lot with them and they never seem to keep a record of our telephone conversations."* (Arts therapist)

A theme which arose fairly frequently during the interviews was that some registrants who had been qualified for many years or had come into the profession via a non-academic route appeared to have specific difficulties with the concept of CPD standards and the audit process. Interviewees commented that university modules now frequently cover CPD reflection and HCPC requirements and this perhaps gives more recently qualified registrants an advantage;

"I trained a long time ago so reflection wasn't part of my course, so this was a new thing for me. You were encouraged to do a reflection but there was no specific format." (Occupational therapist)

"We have got people in our profession in their 60s who haven't been to university and don't have a degree… they aren't used to reflecting and reading papers but you can't substitute that for experience. They are not going to do it the way that younger people are… we had someone who said if he got called for audit he would retire and we can't afford to lose people like that." (Prosthetist)

Similarly, some interviewees commented that the audit process seemed to be more about how to write well rather than about providing a real demonstration of knowledge. One example was given whereby two registrants in the same department were selected for audit, and the individual (whose profile was accepted first time) was generally perceived by others to not pay much attention to CPD whereas the other individual (whose profile was not accepted first time) was felt to be more proficient in this area;

"We couldn't believe it and a lot of us had come to the conclusion that it's just what you can write. Not necessarily what you know. I read all the literature online, watched all the videos it sounded so simple. I had just finished setting up a service; everybody said 'you're alright! You've got plenty of stuff you've been doing in the last year and two years!'" (Biomedical scientist)

"I didn't really change the evidence [on resubmission] I just changed the words the way that it was written." (Prosthetist)

A couple of interviewees also commented that the process could be more challenging for independent practitioners to some extent, but was perhaps even more important for this group;

"It is easy for independent practitioners to be complacent, it is difficult for them to do the audit but it is also essential to make sure people are beholden to society…I do know someone who retired rather than go through the audit." (Physiotherapist)

As mentioned previously, although registrants are generally clear on the standards and are committed to developing their CPD, recording this in an appropriate way on an ongoing basis can be more challenging. A couple of interviewees had used the NHS KSF framework thinking that it would complement the HCPC approach but had found that in practice this was quite difficult;

"I actually just do it myself under the HCPC now because I know that's actually what I need to do it under, but I think at the time if you hadn't been through this you wouldn't have known that and you did what your NHS trust asked you to do, but the two didn't tally very well." (Occupational therapist)

Providing information in a suitable timeline in accordance with the HCPC's requirements was something that several interviewees had found quite difficult and had on a number of occasions led to a registrant being required to submit further information;

"For instance, they ask that they [CPD activities] are no more than three months apart…the way I work, sometimes I have a load of things in the space of three or four months, then I might have nothing for six months…" (Occupational therapist)

7.5   Impact of the audit process

Overall, interviewees perceived that their experience of the audit had minimal impact on the way they do their job but it had had an influence on the way they approached CPD. Most frequently mentioned was a more careful and consistent approach to documenting CPD, thinking more carefully about picking relevant CPD opportunities, consciously reflecting on what counts as CPD, and sharing learning about the audit requirements with colleagues. The need to think about CPD in different ways (following experience of audit) was also highlighted by a number of interviewees, particularly in the context of a lack of funding for traditional external courses;

"I don't know if it's actually changed the way I practice at all, I think that it might make me more organised in the way I maintain a record of my CPD." (Physiotherapist)

"There is a table that HCPC ask for the CPD to be recorded in so now as a team we all record our CPD in that list form" (Orthoptist)

"It has made me think about not doing a course because it's interesting but thinking what the outcomes will be." (Paramedic)

"I keep it collated and up to date and I've also fed back to the department that I work in about my experience and I am a lot more mindful that every 3 months I need to be doing something CPD- wise." (Dietitian)

A couple of interviewees who had qualified fairly recently had found that the experience of audit had increased their confidence about the progress that they had made;

"It made me realise how much I have progressed from when I qualified…cos you don't always realise that…good thing for me, confidence." (Occupational therapist)

7.6   Suggestions for improvement to audit process

One consistent theme expressed by interviewees was a desire for more feedback than the standard letter issued by the HCPC. This letter seemed quite blunt to registrants who felt that they had put in so much work and also felt that more feedback would be helpful for their future development;

"I feel that I did a lot of work for it but they could turn round to me and say it was average or that I had just done the minimum, I just don't know." (Orthoptist)

"Considering the amount of work I had put in it would have been good to get more feedback – was it a first or a third did I scrape through or did I do more than was really needed?" (Physiotherapist)

As mentioned previously, registrants who had been asked to provide more information after their first submission had not always found this a positive experience and several interviewees suggested that more could be done to enhance the support provided by HCPC at this stage;

"I was asking questions but they couldn't provide answers…I was getting a bit frustrated to be honest cos obviously it was quite important to me…I don't know if there is a way that could be improved, I'm guessing for confidentiality of who is marking it they don't want you to speak to the actual assessors." (Physiotherapist)

Some interviewees thought that adjustments needed to be made to the 'random' nature of the audit selection process. There were a couple of instances of individuals who had been selected more than once and there was a feeling that there should be some period of exemption;

> *"I think as far as choosing people to actually be audited I think once you've been chosen your name should be removed from, taken out of the hat for five years or ten years or something because it seems unfair that in theory I could be picked again having only done it four years ago and there will be hundreds of other people who will never be picked."* (Occupational therapist)

Although the time taken to receive a decision on their profile was generally acceptable to most interviewees some would have liked to have been informed sooner;

> *"It took them three months for them to send me a letter saying my profile had been accepted – that could surely be decreased, it's just in the back of your mind all the time (*Biomedical scientist)

Timing was an issue for some interviewees who had received their notification of audit letters around Christmas or Easter. Some interviewees would also prefer to receive email correspondence as well as a hard copy letter for notification of audit selection and acceptance letters.

7.7   Views on HCPC guidance resources

Generally, interviewees were very positive about the range of guidance resources available and found them comprehensive and easy to access. The sample profiles appear to be particularly well used and interviewees appreciated the different formats (including videos) which appealed to different learning styles;

> *"The booklets were good and gave you examples which were really helpful."* (Dietitian)

However, some interviewees would have preferred the information to be more concise or to use simpler language and for others difficulties became apparent when they were asked for further information;

> *"I thought they [guidance resources] were useful until I was asked for more information! I thought 'I haven't understood this!"* (Biomedical scientist)

A recurring theme, noted by registrants (and assessors) was that further information is often requested because a profile has gaps in the timeline of CPD activity, and that perhaps this requirement needs to be more prominent in the guidance and in the initial correspondence from the HCPC;

> *"I think the only thing I missed out on when I made my initial submission was that you needed a list of dates and all the different CPD opportunities you would include or you'd participated in and I didn't pick that up as being a requirement in my initial submission so the initial submission was sent back to me…when I read it again I could see it was in there…it could be made more explicit that a list of dates is required."* (Physiotherapist)

Some interviewees reported that they struggled to gauge how much time to spend on their audit submission or how long the profile should be. Others would like to see more examples of what counts as CPD evidence.

8. Key findings – Depth interviews and focus groups with non-audited registrants

8.1 Profile of respondents

In total, 29 non-audited registrants took part in three focus groups (Glasgow (6 participants), Manchester (10 participants) and London (7 participants) and depth interviews (Wales, 3 interviewees) and (Northern Ireland, 3 interviewees.

Participants were recruited through the online survey and via additional contacts randomly selected and supplied by HCPC.

Table 21 – Profile of non-audited participants in focus groups and depth interviews

Profession	Count
Arts therapist	1
Biomedical scientist	4
Clinical scientist	0
Chiropodist/podiatrist	3
Dietitian	2
Hearing aid dispenser	0
Occupational therapist	2
Operating department practitioner	2
Orthoptist	1
Paramedic	2
Physiotherapist	1
Practitioner psychologist	2
Prosthetist/orthotist	1
Radiographer	2
Speech and language therapist	1
Social worker (England)	5
Totals	**29**

8.2   Experiences of CPD within the workplace

Firstly, participants were asked to talk about their experiences of CPD in their workplace.

Immediately, questions were asked by some participants as to what constitutes CPD;

> *"I have experience [of some CPD courses] and sometimes I feel 'how does this fit my practice?' I want some clarity over what CPD is."* (Art therapist, Manchester)

Some participants expressed a preference for a loose, broad definition of what constitutes CPD and others seemed to prefer a more rigid definition. Generally, there was a feeling that registrants were often unaware that many activities that they took part in could count as CPD;

> *"In some ways I like that though, rather than a system where you have to do certain courses and credits, that would be more pressure than being able to choose what you can do."* (Occupational therapist, Manchester)

> *"Even a conversation with a colleague can be really valuable CPD, I totally agree really like the loose definition…but it's tight enough." (*Prothetist, Manchester)

> *"I don't think a lot of people realise that even just doing your job they're doing their CPD, they think it's something different; they don't realise it's just what they're doing."* (Biomedical scientist, Glasgow)

Participants discussed the changes to CPD that they had experienced over the years. There was a general feeling that CPD had increasingly become the exclusive responsibility of the practitioner;

> *"They [governing body] came out when CPD first started off…they came up with about eight different modules that people really need to do regular on a three year cycle, we set something up within our organisation…we used to get funding for that and run big events…but since the NHS has really started to focus down on numbers numbers, numbers, they've gone away from that, now CPD is the responsibility of the clinician…they don't want to help, support, fund anything to do with CPD; it's the registrant's responsibility." (*Podiatrist, Manchester)

Some participants expressed the view that ultimately it was the responsibility of the registrant to complete CPD and record and reflect on it but others felt that this should be a mixture of the employer and the registrant's responsibility. It was also apparent that some participants were not fully aware of the support and guidance that is already available from the HCPC;

> *"There needs to be support and more tools from the HCPC, you end up thinking 'what am I getting for my registration?'"* (Occupational therapist, Manchester)

The majority of participants were in agreement that CPD – especially more recently – has to be mainly done in their own time;

> *"The [profession's] guidelines for us is half a day a month I think, when I first started practising ten years ago…we were able to say 'can I have an afternoon CPD?' But that's gone."* (Occupational therapist, Manchester)

> *"I think we were supposed to have some protected time but in the real world it just doesn't happen because you've got to meet the demands of the service."* (Occupational Therapist, London)

There were some exceptions within specific professions;

"Most paramedics get protected time." (Paramedic, Glasgow)

Generally, most participants agreed that it was difficult to try and 'fit in' CPD (and the recording of it) alongside their work commitments. Those who found it easier felt that the key to managing this was to keep an ongoing record;

*"I don't really find it difficult to fit it in, but I don't really have a particularly formal way of doing it. I keep a note book in my pocket and I note down as I'm going along pretty much anything, even a two minute conversation with someone…I treat that as my CPD." (*Prothetist, Manchester)

"I'm self-employed so all my time is dedicated to working and earning money so I do…constant CPD, every conversation I have…its all CPD but to be honest the idea of writing up something on a daily, weekly or monthly basis is totally ridiculous…I've got some comments from colleagues, two of whom are retiring rather than go through the audit." (Practitioner psychologist, London)

"I'm gonna have to disagree, I don't think it's that onerous, it takes me about five minutes to reflect on whatever I've done, and the Royal College of Radiographers' website is fantastic…" (Radiographer, London)

"We have an IPR| system at work (formerly KSF) and we have the professional body system and they all have different formats." (Podiatrist, Northern Ireland)

8.3   Views on current CPD standards

Participants were asked to what extent they felt that they understood the HCPC CPD standards in general.

There were differing responses when the general familiarity question was asked; some had looked recently on the website, whereas others were less familiar with the detail of the standards.

Generally, participants agreed that the standards themselves might not be something they look at/refer to regularly. Others felt those in their profession were less likely to refer to the standards regularly due to the nature of the route into that profession and also when they were qualified. There was consensus that registrants who had qualified more recently would perhaps be more familiar with CPD and the principles of ongoing learning and reflection;

"We've got people coming in via the higher education route so they are more used to the academic side of it but people of my generation not so much… we've got a lot of ex plumbers mechanics… very capable that have come through internal training but this side of it they struggle with. It's like keeping a diary some people like to keep one others don't, and I think some might fall at that hurdle [audit]. They do a lot of stuff but they don't realise it is CPD and they don't record it." (Paramedic, Wales)

"I think they [standards] do encourage you to do training and keep up to date, and the union (UNISON) work with the employer to make sure that you get your training…quite active on that" (Operating department practitioner, Northern Ireland)

"I think it's possibly a lot easier for newer qualified graduates because at uni you are really told the importance of lifelong learning…it's just how you are trained to constantly be doing things that are going to progress your learning. The HCPC standards aren't [a worry] because that's how you've been taught that's how it must be done…for people who have been working for quite a long time it could be slightly more daunting because maybe that's not how you were trained."
(Podiatrist, Glasgow)

Participants were then asked to consider each standard in turn:

1. **Maintain a continuous, up to date and accurate record of your CPD activities**

There was a general understanding that a record should be kept and several participants commented that this was currently (and had always been) standard practice for them, and others referred to other ways of recording CPD activity, such as use of the e-KSF (NHS Knowledge and Skills Framework) – although some people liked this method and others did not;

"We've always been asked to do that for Speech and Language Therapy there was a written CPD log that we had." (Speech and language therapist, Glasgow)

"We can take the attitude that our EKSF is that CPD log…loads of people hate it but I like it, because it's a standard format for everything and everyone rather than a hundred bits of paper of I like it this way you like it that way." (Dietitian, Glasgow)

"The Ambulance service has used the EKSF as well, with mixed views; some people really liked it – I liked it – and some absolutely hated it, some people won't use a computer!" (Paramedic, Glasgow)

In terms of Standard One there was a split between those who were quite confident that they knew what this meant and how to record it; and those who were confused by (what they perceived to be) the vagueness of the first standard;

"How are you supposed to record it and what are they, what are the activities? What sort of things do you put in?" (Dietitian, Manchester)

All agreed the record should be presented chronologically as it's easier to evaluate. What participants found more challenging was thinking about how they would relate their work to standards and find the time to do it in an efficient manner. Some participants referred to resources that they were aware of through professional bodies;

"The other thing to remember is that the HCPC cover so many different professions that you've got to make them very global statements…you can't make them specific for a professional group…there really should be better relationships with each inter-professional say governing body because they can actually support and help people with their CPD, as to what types of things they are looking for per profession." (Podiatrist, Manchester)

"That's the irony isn't it – there isn't enough time to do CPD then you have to suddenly find the time to go through a notebook! That just makes me shudder at the thought that you've got something that's not sorted." (Dietitian, Manchester)

"It would be good if they [HCPC] had a tool where you recorded it…and then they could audit it through that." (Occupational therapist, Manchester)

One member of the group spoke about how there are many CPD websites that wish to charge to assist in how to put your portfolio together. Another agreed that in their profession you can log your CPD on their website;

> "I've registered to a free one that is for paramedics, but I am using that to upload my CPD. But the HCPC could provide that…maybe it's more of a thing for the professional body…" (Occupational therapist, Manchester)

2. Demonstrate that CPD activities are a mixture of learning activities relevant to current or future practice

Generally, most participants were clear about the meaning of this standard, however some participants questioned this standard and asked "what is the mixture?" or "what do you mean future practice?" Other participants had slightly different interpretations and explained what it meant to them;

> "I generally take that to mean if you've applied for a job in management or you're about to change jobs and its slightly different, I think of that as the future, it's not something that you're doing now, but you know that in a few months' time you might be asked to do something different to your current role, so your CPD then will be addressing that future need rather than maybe what you are currently doing." (Social worker, Manchester)

> "More like expansion of your skills, so like with us in orthoptics, we are spreading over to glaucoma…others are retinal diseases…neuro diseases, it depends on what you're interested in and what you plan to be more specialist in." (Orthoptist, Manchester)

> "Again this is something a lot of people don't do, but there's a report we've been doing a C125 report we're going to use for primary cancer and staff don't realise that is actually CPD. Read that, that's a future development how do you think that would affect your work? And that's one done, something else, something different." (Biomedical scientist, Glasgow)

> "What do HCPC think are a mixture of learning activities?" (Radiographer, London)

Training students or other colleagues was also considered as an example of this standard being met;

> "Let's say you want to be able to teach people what you already know, you can create that opportunity for yourself…with students…I think that shows…you are developing as a practitioner." (Social Worker, London)

3. Seek to ensure that CPD contributes to the quality of practice and service delivery

On discussion of this standard, the issue of finding the right CPD for you arose alongside a discussion about the variable quality of some training that is described as 'CPD';

> *"I went for two courses which were advertised as CPD and after I considered it as a waste of my time, it didn't match my profession, it didn't benefit our clients at all, so why is it CPD?..It was a big disappointment. If somebody is providing CPD, they should have their own standards."* (Art Therapist, Manchester)

> *"I think people try and badge things as CPD as well to sell, they know that we need to do it…you have to be choosy I guess."* (Occupational therapist, Manchester)

However, some participants felt that even if a course had not proved to be that useful, it still 'counted' as CPD;

> *"From the point of view of the HCPC, that still counts as CPD because you were trying to improve your practice, looking to become more professional and better at what you do."* (Prothetist, Manchester)

Some participants thought that the aim of this this standard was to encourage registrants to think more carefully about the likely impact of their CPD on their practice rather than choosing just based on personal interest;

> *"It's got to be pertinent…for the benefit of others."* (Biomedical scientist, Glasgow)

4. Registrants must seek to ensure that their CPD benefits the service user

Some participants questioned the value of this standard in that there appeared to be no specific requirement to provide evidence from service users;

> *"Again that's it your view isn't it? Presumably there's no requirement to get feedback from our service users; there's no 360."* (Dietitian, Manchester)

> *"It's clear but…how you demonstrate that…?"* (Radiographer, London)

For some professionals who aren't front line staff but work in research, it was difficult for them to gain feedback. There was some discussion over who the service user might be in this situation;

> *"We don't see patients…how would we know, we could speak to the GPs…the actual hospital is a service user of the laboratory but in a different aspect so it's quite difficult for me to demonstrate that."* (Biomedical Scientist, Manchester)

Advice on this was offered by another participant who had some thoughts, feeling that the term service user covers more than just a clinician's patients but also other people who may be in receipt of the work they do. It was clear that a couple of participants would welcome further guidance on who falls into the 'service user' category;

"It's a word that anyone can apply to their own unique situation as to who the people are that their practice is designed to help…If you're in training, then your service users are your students." (Prosthetist, Manchester)

"Maybe if examples were given of service users, not just the patient it could be a whole range of other professions that you come into contact with." (Speech and language therapist, Glasgow)

5. 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.

Most participants felt fairly confident about this standard but some were less confident. There was some uncertainty about what the written profile should contain, and what level of detail. There were concerns raised about the lack of a standard stating that registrants should have practised recently to be registered with the HCPC to practice and to what extent submission of a self-assessed profile was any guarantee of good practice;

"One of the things that really does concern me…if I'm a manager I don't use these [hands] anymore…my clinical skills, hands on application of my knowledge base is not the same…so how somebody can actually say as a manager of a service and they don't do any clinical work should be registered…I just think that's dangerous…that little bit really needs to be clarified." (Podiatrist, Manchester)

"It's no protection for the public, however much CPD you do….the fact that we are doing CPD doesn't mean to say we are working professionally and I have colleagues who do loads of CPD but I wouldn't be particularly happy about them referring people of to them…its no guarantee for the public that you are doing your job…I think your colleagues, people that you've worked with are much better judges of how good you are…than you sitting down writing 1000 words on this…" (Practitioner psychologist, London)

"I think the audit is a blunt instrument, it is only 2.5% so the likelihood of being selected is fairly low and then all you have to do is be good at writing an essay. Really everyone should have to send in a log book or diary…I think if we are going to have a system then everybody should be called. At first people used to worry about it now they don't and if they happen to be 'caught' (which is what people call it) then they will frantically run around and put something in…you do get the feeling you are immune and maybe it should be targeted more at the private sector or those who have been qualified for a long time." (Podiatrist, Northern Ireland)

It was clear that some registrants who already did a lot of CPD and recorded it as a matter of course perceived the requirements of HCPC to be somewhat heavy-handed, whereas others did not appear to have a clear understanding of the role of a professional regulator.

"I think that's why it feels quite irritating from where I'm sitting because it's something that I would do anyway and I feel like it's a sledgehammer to crack a nut; you're trying to get to the people who don't normally do it…" (Dietitian, Manchester)

"Why should we have to prove it? Its personal thing isn't it, it doesn't mean that if you write it on paper that you are a better clinician…if I'm busy then I'm good…if you want to be a good clinician then you educate yourself and why do I have to prove it to this body?" (Art Therapist, Manchester)

However others saw the value of the possibility of audit in encouraging registrants to routinely document and reflect on their CPD;

"I actually think, particularly in the private sector…that people since the CPD requirement has been made to happen, all of a sudden they've taken attention…they've started going on courses, they've started doing things, because they have to! So to me, that gives me some reassurance that something is happening and something is taking place, it has given a little bit of a nudge to them; so I think that's quite positive." (Podiatrist, Manchester)

8.4   Understanding of the audit process

In the event that they were selected for audit, it was clear that for most participants that a lack of preparation time would be their immediate concern, but there was an awareness that help was available, e.g. from professional bodies, peers who have been through the process, and the HCPC;

"We have got learning reps as well through our trade union they are really helpful, if anyone gets called up they will go and meet with them and decide what they actually need." (Podiatrist, Manchester)

"It is mind-blowingly alarming that on top of everything else, I'll have to do a load of work." (Practitioner psychologist, London)

"No I wouldn't be prepared. I would have to look back through all my paperwork and as I'm a manager I get less time than my staff. I'm becoming more worried about it…the time pressures are huge we have lost so many staff and work has gone up tremendously." (Biomedical scientist, Wales)

Some participants expressed the view that they were unsure of how long getting ready for an audit would take, what format the portfolio needed to be in and how far back they needed to go in documenting their CPD. Some initially thought it was everything they had done and were relieved to discover it only covered a two year time period.

Those who had done a little more research into the audit process explained that the information of how far back you need to go for the CPD audit is available once you have had a look at the documents and literature.

The use of certain words was discussed as a potential cause for worry amongst professionals when they do receive the letter informing them they will be audited;

"I think possibly the work 'audit' suggests you're looking for something…perhaps 'written profile' is much better than 'audit' that's not as frightening – you're just writing what you do!" (Paramedic, Glasgow)

*"Yeah, positive rather than negative." (*Biomedical scientist, Glasgow)

Line managers were mentioned as the people registrants would go to for advice if called up for audit, or they would try and speak to a colleague who had been audited recently;

"We've got a copy of one chap who's been audited…a copy of his portfolio is available for people to see." (Biomedical scientist, Glasgow)

There was some discussion around the use of an online system or app for recording and uploading CPD activity, some participants discussed the use of a system like this by doctors but this seemed to be based on a points system of CPD rather than outcomes based;

> *"They automatically get points uploaded to their online registration; I think that might be a really good thing…I think that would encourage us."* (Radiographer, London)

> *"If there was a HCPC app…and those sorts of points get scored up, so there could be a variety of things like that…"* (Practitioner psychologist, London)

> *"Australia has a mandatory upload of all CPD on a tri-annual basis, so if you want to be registered…there no audit…its blanket coverage on their computer system, if you haven't uploaded enough then you're not registered."* (Radiographer, London)

8.5   Views on HCPC guidance resources

Generally, participants were happy with the HCPC website, (although a couple felt it was a bit 'busy') everyone recognised the front page and felt that the documents and guidance were easy to find online, however not everyone was aware of the example profiles and very few had seen the videos;

> *"It's very easy to read, it's pretty clear for each one of these activities [CPD standards] it does go on to list clear, easy examples, I think it's quite a surprise for people…if they do get called up to present their portfolio that there is this thing that is really clear and quite easy to go through…"* (Prosthetist, Manchester)

Participants had mixed experiences in terms of receiving communications material from the HCPC. Some recalled receiving newsletters, others did not. Some participants tended to use the website of their professional body as a first port of call for information around CPD and audits, although others this alongside the HCPC resources;

> *"This is the first time I feel like I've had any direct contact I think it was only the last few years they started reminding you when your registration is up for renewal…"* (Occupational therapist, Manchester)

> *"First point of call [for most registrants] would be the Governing body's website rather than the HCPC website. They don't understand the registration capacity that HCPC have."* (Podiatrist, Manchester)

> *"I would use the website plus the IBMS website, cos it's got a breakdown s well of the different job descriptions."* (Biomedical Scientist, Manchester)

Participants were generally in agreement that the HCPC could do more to make registrants aware of their role, and what they can offer.

9.   Key findings – Depth interviews with stakeholders

9.1   Profile of respondents

Fifteen depth telephone interviews were carried out with representatives from a range of organisations including professional bodies, the NHS, and trade unions.

- British and Irish Orthoptic Society
- British Dietetic Association
- British Society of Hearing Aid Audiologists
- Chartered Society of Physiotherapists
- College of Occupational Therapists
- College of Operating Department Practitioners
- College of Paramedics
- Institute of Biomedical Scientists
- NHS Education for Scotland
- NHS Employers
- Royal College of Speech and Language Therapists
- Society and College of Radiographers
- Society of Chiropodists and podiatrists
- The College of Social Work
- Unite the Union

9.2   Views on current CPD standards

Generally, stakeholders were supportive of the standards and HCPC's commitment to a flexible, outcomes based approach to CPD. Although it was noted that this could be problematic for some registrants who were used to working with the scheme used by their professional body, some of whom used a points or hours based approach. Similarly, some stakeholders felt that registrants frequently required support to understand the full range of activities that could count as CPD;

> *"[The standards] are very effective. I liked them from the moment they came in. It adds value to CPD so people are not just doing CPD as a passive activity. The complication comes when people don't understand the difference between our scheme and HCPCs although we have tried to link the two."* (Stakeholder, professional body)

> *"Generally the feedback I get from people [about HCPC CPD standards] is complementary. Registrants and employers seem to find the standards succinct and clear, and HCPC seem responsive…we get different from other regulators – we don't get this from HCPC, it's a lot clearer."* (Stakeholder, NHS)

> *"It is a very constructive approach – focussed on the outcomes of learning and benefits that learning has for patients…this are an active shift from inputs and numbers or hours, this outcomes approach was seen as quite radical a few years ago."* (Stakeholder, professional body)

> *"I think it [the flexible framework] is quite liberating in terms of practitioners being able to acknowledge the range of activities they undertake – some people can get fixated on a training budget. Part of the support that staff need is recognising their activities as CPD."* (Stakeholder, NHS)

It is evident from discussions with stakeholders that issues around CPD differ widely between professions and some registrants who do not work directly with service users can find it more difficult to demonstrate the impact that their CPD can have;

> *"I think its particularly the case for people who are not in direct, frontline practice roles so people who are managers or who are in more policy roles but are still registered might find it more difficult to think about what CPD they should be doing and how to demonstrate the impact that's had for people who use services so I think that's the main issue that we tend to get questions about and is probably less than clear."* (Stakeholder, professional body)

The view was expressed that a minority of registrants are not convinced about the need for CPD standards and this is partly due to a lack of appreciation of the role of HCPC;

> *"Maybe HCPC doesn't do enough publicity about what its role is, some don't understand what they are paying for and see it as a cost rather than a value…they need to offer a consistent message of encouragement and challenge for people to excel at their profession, I'm not sure that they see this as part of their role, they administer the registers, but there is a need to reinforce more about what it means to be a professional – this would help people see what they get out of it."* (Stakeholder, professional body)

> *"I think one of the issues with the professions is unless you've actually engaged with HCPC for some reason, I'm not sure a lot of professionals actually understand what the HCPC is about."* (Stakeholder, professional body)

9.3   Views on the audit process

Overall, there was agreement amongst stakeholders interviewed that although the audit process was viewed with trepidation by registrants, generally most found it to be more manageable than they expected and some valued the process retrospectively for helping them organise and reflect on their CPD activity. There was a view that concerns from registrants seemed to have diminished with each audit round;

> *"Some registrants seem to struggle with understanding the level of detail that is required, and what counts as CPD, but people find it a good process for getting their CPD in order even though they are worried about it beforehand."* (Stakeholder, professional body)

Several stakeholders from professional bodies felt that the audit process was more of a challenge for some parts of their membership than others. Some health professionals had been practising for many years and had not come through the university route which was now the norm. For these individuals the prospect of submitting a written statement and profile and evidencing outcomes was daunting;

> *"It's an eye-opener for some, and some of my generation say 'if I get called up I'll retire'* (Stakeholder, professional body)

Some of the professional bodies seemed to be more proactive than others when it came to providing support for their members in connection with CPD and the HCPC's standards and audit process. A couple of organisations had developed comprehensive online CPD diary resources which had been designed to reflect the HCPC's standards and make the whole audit process easier for

registrants. Some also ran regular events or scheduled events in advance of an audit to offer support and raise awareness.

In terms of changes to the audit process, several stakeholders had heard registrants say that they would like more feedback from HCPC following the audit process and the acceptance of their profile;

> *"People would like more feedback, I know it's not part of the process for HCPC to comment but people do feel a bit let down…it's an anti-climax."* (Stakeholder, professional body)

Overall, stakeholders were positive about the range of resources provided by HCPC to support registrants through the audit process, but some did comment that more could be done to remind registrants about these resources on a more regular basis;

> *"I don't think our members are very aware of them [HCPC resources] – they tend to use our website, it's only when they get the dreaded letter that they might have a look."* (Stakeholder, professional body)

Furthermore, one stakeholder suggested that there was a need for more transparency about the assessors, e.g. an anonymous profile highlighting their experience.

Generally, stakeholders had not heard of many specific complaints from registrants about the workings of the audit process, although some had heard reports of letters and profiles going missing or instances of registrants being selected for audit three times in a row. Vague requests for additional information from registrants was referred to on a couple of occasions.

In most cases stakeholders felt that the audit process as is stands is sufficiently robust although a couple did suggest that 2.5% seemed to be a small proportion but also acknowledged the resource implications of auditing a larger sample, along with the implications for HCPC fees. There was some support for moving towards a wholly online approach but again the resource implications were noted;

> *"If CPD standards are by implication standards which are a proxy for competence then I think there needs to be a question mark over how effective they are, but I don't know of a better system. The fact that anybody could be sampled is a means of encouraging people to undertake CPD and record it."* (Stakeholder, professional body)

9.4   Employer support

Views were mixed on the issue of employer support for CPD. Some stakeholders expressed the view that health professionals are ultimately responsible for their own CPD and perhaps should not expect a great deal of support from their employer particularly when it came down to protected time for CPD or for updating CPD profiles. However, others felt there was a need to engage more with employers on this issue as effective support and supervision was a key factor in preventing a range of wider problems from arising in relation to a registrant's fitness to practise;

> *"For those that are employed it is ultimately a registrant's responsibility to complete and evidence their CPD but it is also up to the employer to make sure that the environment and culture is supportive of that."* (Stakeholder, NHS)

"I don't think all employers encourage CPD, although it is by the professions…but not always higher up in the organisation. I don't think it would hurt for it to become part of the corporate process - it should form part of the appraisal process but it is variable." (Stakeholder, professional body)

"Employers don't have much awareness of the audit process…it is the one which looks after itself rather than having an employer's 'system' around it, but there would be no harm in articulating what registrants of HCPC have to do and where as an employer they might be able to use that as part of appraisal or as ongoing reassurance of the fitness of their workforce." (Stakeholder, NHS)

Several professional body stakeholders commented that the feedback they were getting from members was that there seemed to be increasingly fewer opportunities and much less funding for CPD and that the introduction of revalidation for other professions (e.g. nurses and midwives) could serve to increase the 'competition' for funding;

"There has always been a sense of 'not enough support' but we are receiving more feedback about limited CPD budgets. We make the case it should be supported activity but we try to emphasise learning from different activity…work based… drawing out the learning from that, and try to play down the value of external courses. With NMC revalidation…that could have a further impact on other health professionals' access to funded CPD because the imperative to support it will be even less, it will go to other groups." (Stakeholder, professional body)

Although, and as mentioned earlier, stakeholders viewed the flexibility of the CPD standards in a positive light, some disadvantages were noted, particularly in terms of garnering support from employers;

"It is good that [the standards] are flexible and not too prescriptive – the only downside is that how can you use it as a tool to get support from employers? – because there is no requirement for x hours amount of formal study…nothing to put pressure on for employers." (Stakeholder, professional body)

"As standards they are not too bad…they are broad…but I think a lot of our members take a risk that they are not going to be audited…this might be different if the managers were more on board and checking for CPD at appraisals – some do most don't, HCPC need to engage more with managers." (Stakeholder, professional body)

10. Key findings – Depth interviews with assessors

10.1 Profile of respondents

Five assessors took part in depth telephone interviews; these included an operating department practitioner, a podiatrist, an arts therapist and a practitioner psychologist and physiotherapist.

All the assessors interviewed had been in their role for at least two years. Some of the assessors had been appointed as HCPC partners since 2002.

10.2 Views on current CPD standards

Generally, assessors took the view that the standards were fit for purpose and not in need of major overhaul at this point in time. Those who had been involved for a number of years felt that the standards had 'bedded in' and most registrants seemed to be comfortable with the standards. One assessor had noticed that attendance at conferences had gone up considerably since the process was introduced;

> *"On the whole they [the standards] work really well, they are flexible and offer the most open opportunity to truly reflect on CPD by not specifying points or hours."* (Assessor)

> *"HCPC does a good job of a difficult task."* (Assessor)

However, as one assessor pointed out it was clear that not all registrants kept a continuous record of their CPD and maintained this on an ongoing basis;

> *"A small percentage doesn't do this as a matter of routine…they panic… you can see in the way it is written, sometimes it shows, sometimes it doesn't."* (Assessor)

Assessors felt that HCPC's guidance documents were clear and thorough although there were some areas that would benefit from clarification. One example given was that of the requirement to provide a chronological list of CPD activity. As one assessor pointed out, although the HCPC are keen for registrants to respond in their own way this is perhaps one area where it might be better to be more specific;

> *"It's a little bit ambiguous sometimes, it could be clearer. Some registrants seem to struggle with Standard One [maintain a continuous up to date and accurate record of CPD activities] I might have to give them feedback to say provide a dated chronological list…this could be made more explicit in the guidance."* (Assessor)

> *"Presenting an up to date log can be an issue –there can be a gap of three months, but anything above this needs to be explained. This is the most frequent reason for having to go back to the registrant and some forget to send the log in…they could do with reminding about this."* (Assessor)

Another suggestion was that maybe HCPC could provide more examples on the website for registrants who are practising in different ways, e.g. as an academic or manager.

Overall, assessors thought that the standards were sufficiently rigorous but some did acknowledge that the process was by no means watertight;

"They [the standards] are rigorous enough in that they are setting a task for the registrant to do but one of the biggest problems is making sure that people have actually read the professional literature." (Assessor)

"The standards are about right but someone could bluff their way through and say that they had read stuff that they hadn't, and for some of the information it would be difficult to check… we are taking their word for it actually. Some provide certificates but it is not a requirement…we usually have to see how it is integrated into their work…this is the way of checking it." (Assessor)

Assessors recognised that obtaining third party verification would be difficult in practice, e.g. for lone practitioners.

10.3   Views on the audit and assessment process

Overall, assessors felt that the audit process worked well. However, as discussed above, elements of the process rely on self-verification and the experience and professional judgement of the assessors and there were some concerns around this. Some assessors commented that they would like more time for assessments;

"I would like more time for assessments, some CPD assessment is a bit rushed. You need to look beyond the words sometimes and this requires considered reading." (Assessor)

"We had to go to HQ and a do a high volume in one day – maybe we need more assessors - some people seemed to be whizzing through them but I would prefer greater scrutiny. Assessors shouldn't be getting hundreds…maybe less than 50, or 50, is more than enough. I thought it would take half an hour to an hour for each one." (Assessor)

One assessor questioned the number of times that it is acceptable to have to go back to a registrant and request further information, and wondered if a time limit should be placed on this (if it isn't already) or perhaps a different approach (e.g. an interview) should be used for this, albeit infrequent occurrence.

Views were mixed on the practice of co-assessing with an assessor from a different profession. A couple of assessors expressed concerns about this whereas others viewed this more positively;

"When we first started we assessed with someone from the same profession but now it can be someone from a different profession. You can look at the structure [of the profile] but there is a difficulty in assessing what is relevant to that profession. I worked recently with a speech therapist but it was difficult for me to determine what is relevant… this is the biggest weakness, working with others who don't understand the nuances of a specific profession." (Assessor)

"I enjoy being paired with someone – I think there is a great deal of learning in being paired with another profession." (Assessor)

Generally, assessors thought that carrying out assessments online, e.g. by email with another assessor worked well but there was also a need to have the opportunity to meet other assessors face to face at the assessment days as this could provide a valuable opportunity to consult with others on more difficult cases.

A couple of assessors also highlighted an issue that has been raised by registrants, e.g. provision of more feedback following the acceptance of a registrant's profile;

> *"I would like to be able to offer more feedback to people, some are absolutely fantastic and that is a frustration sometimes, maybe even a tick box that you could tick to say why it was particularly outstanding?"* (Assessor)

A couple of assessors also suggested that it would be useful to ask registrants who had submitted particularly good profiles if they would be happy for them to be anonymised and used as example profiles.

10.4   Views on the support provided by HCPC

Overall, assessors were happy with the support that they received from the HCPC;

> *"I get very good support from HCPC, they are very good at talking it through – and are very good at providing the strictly legal definition…they bring you back into line. You can impressed by someone who has submitted what looks like a dissertation and it looks very good but maybe it isn't as good as it could be?"* (Assessor)

A couple of suggestions were made including the need for refresher training for assessors;

> *"It wouldn't do any harm to do a refresher for assessors as it is on a two year cycle. It can be a good 16 -18 months when you don't have any to do…maybe it could be online?"* (Assessor)

Another suggestion was that following an audit it would be good to have 'wash-up session' with the assessors to discuss emerging themes across the profession and to offer a consistent voice. Finally, one assessor commented that HCPC engagement events on CPD seemed to have dropped off the agenda and that it would be good to see these revived.

11.   Conclusions and recommendations

Conclusion: Evidence from the research suggests that the majority of registrants and stakeholders support the current CPD standards and audit process. Whilst concerns around the rigour of the current process were noted by a small number e.g. the self-verified nature of the audit system and the size of the audit sample, this was seen in the context of the likely resource implications involved with making changes of this scale.

It is evident that the audit process is viewed with trepidation by many registrants although in reality the process is experienced as fairly straightforward for the majority. However, a fairly consistent finding was that registrants would like more feedback on acceptance of their CPD profiles. This was also noted by stakeholders and assessors.

Recommendation: The HCPC should consider ways in which it could offer more detailed feedback for registrants following acceptance of their profiles, e.g. a simple 'grading' system.

Conclusion: There is some evidence overall that some registrants do not like the tone of some of the HCPC's correspondence during the audit process and that the HCPC's guidance might be improved to make it clearer and simpler.

Recommendation: The HCPC should review and update its standard correspondence and guidance in the light of the research findings.

Conclusion: There is some evidence to suggest that requests for further information from registrants during the audit process need to be clearer and more specific particularly with regards to submission of a clear chronological list of CPD activity. Although this is noted within guidance resources it appears to be frequently missed or overlooked by registrants.

Recommendation: Review the frequent reasons for requesting further information at first submission and ensure that these are given more prominence within the guidance literature.

Conclusion: Generally, registrants are satisfied with the guidance resources provided by HCPC. Sample profiles appear to be well used and the suggestion was made that real anonymised profiles from registrants could be used (subject to consent) to broaden the range of examples available.

Recommendation: Consider asking registrants for their consent for anonymised audit profiles to be used as examples.

Conclusion: Findings from the research suggest that registrants have mixed experiences in terms of the amount of time they have to dedicate to CPD activities and reflection and recording within their daily working lives. Registrants frequently mentioned funding cuts and increased workloads/reduced staffing and erratic appraisals/discussions around CPD which were impinging on their ability to carry out these activities. Linked to this, it seemed that some registrants would like more guidance on what counts as CPD and advice on how to record it in a simple way on an ongoing basis.

Recommendation: Continue to work with employers to raise the profile of CPD and the requirements of the HCPC with an emphasis on encouraging different forms of learning and CPD if funding for traditional courses is not available.

Recommendation: Raise awareness amongst registrants of the wide variety of CPD activities available and how this can be recorded.

Recommendation: Work with professional bodies to ensure that online systems for recording CPD complement the requirements of the HCPC standards and audit process.

Conclusion: The research suggests that the experience of the audit process does have an impact on the way registrants think about and record their CPD. Registrants reported being more selective about CPD opportunities to ensure that they would result in a benefit for service users. Many of those audited fed back to their colleagues about their experiences and have since supported others going through audit.

Recommendation: Consider the promotion of named 'audit champions' within the workplace to enable registrants to seek peer support during the audit process.

Conclusion: A recurring theme in the research, expressed by registrants and stakeholders, was the perception that specific groups of registrants – namely those who have been in practice for many years or have come to the profession through non-university routes can find the concept of CPD, (and particularly reflection and recording) more challenging.

Recommendation: Consider offering targeted support to those who have come to the profession through non-academic routes and/or improving the HCPC's guidance materials to address this

Conclusion: There is some limited evidence to suggest that some elements of the assessment process may need to be reviewed. There is concern from some assessors around the length of time that is available to assess profiles and the practice of pairing assessors from different professions (although others were positive about this). Suggestions were also made around the introduction of post audit review sessions and refresher sessions for assessors. However, the number of assessors who participated in this research was small.

Recommendation: Consider consulting further with assessors on what improvements could be made to the assessment process.

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Comments:	

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Appendix 1: Draft management response to recommendations

Recommendation	Executive response
1. The HCPC should consider ways in which it could offer more detailed feedback for registrants following acceptance of their profiles - e.g. a simple 'grading' system.	**Accept in part** This has been a theme in feedback since the CPD standards and audits were introduced – that registrants who are successful in the audit are disappointed that they do not receive feedback on the quality of their audit submission (just that it met the CPD standards). The Executive continues to consider that providing such qualitative feedback would be challenging because it would add to the time involved in administering each audit and because it may be likely to generate further correspondence from registrants unhappy that they been told that their submission in some way required improvement, despite it being accepted. Further, doing this would be a deviation from our approach to ensuring that the standards are seen as threshold requirements that need to be met but can be exceeded. Instead, the Executive is in the process of reviewing the standard correspondence used during audits to ensure that the content and tone is appropriate. In particular, we will ensure that the relevant 'accept' letter acknowledges in some way the time and effort put in by registrants in putting together profiles for audit and explains that feedback is not routinely given and why. (This is part of meeting recommendation 2 below.)
2. The HCPC should review and update its standard correspondence and guidance in the light of the research findings.	**Accept** The HCPC's standard correspondence has been regularly reviewed and updated. The improvements made may not be

	fully reflected in the outcomes of the research because it included registrants audited between 2011 and 2014. The published guidance has been updated before with minor revisions, but not for some time. The Executive is undertaking a review of standard correspondence and is proposing to undertake work to review and revise the published guidance. With respect to the guidance, there is scope to make it clearer, more concise and generally more in keeping with more recent guidance we have published.
3. Review the frequent reasons for requesting further information at first submission and ensure that these are given more prominence within the guidance literature.	**Accept** As part of meeting recommendation two, we will review the common reasons for requesting further information and ensure this is reflected in the revision of the guidance. We will ensure that the guidance materials are much clearer and explicit about the desirability of providing a dated list of activities in order to meet standard one ('registrants must maintain a continuous, up to date and accurate record of their CPD activities').
4. Consider asking registrants for their consent for anonymised audit profiles to be used as examples.	**Requires further consideration** We have published a sample profile for at least each part of the Register. In many cases, multiple profiles per profession have been published. These are produced by the professional bodies, by real registrants in different areas of practice, and published on the website joint-badged. The existing sample profiles were very well received in the research – with 75% finding them useful – so it might be better to focus on reviewing and revising the published guidance

	rather than focusing on the sample profiles at this stage. At very least, this is a low priority recommendation.
5. Continue to work with employers to raise the profile of CPD and the requirements of the HCPC with an emphasis on encouraging different forms of learning and CPD if funding for traditional courses is not available.	**Accept** We will continue to engage with employers about the CPD standards and audits. One way in which this is done on an ongoing basis is via our employer events.
6. Raise awareness amongst registrants of the wide variety of CPD activities available and how this can be recorded.	**Accept** We will meet this recommendation as part of reviewing and revising the guidance materials.
7. Work with professional bodies to ensure that online systems for recording CPD complement the requirements of the HCPC standards and audit process.	**Accept in part** We plan to introduce the ability for registrants to fill in and submit their CPD profiles online as part of the registration system review and build project which is ongoing (timescales for this component TBC). This should go some way to meeting this recommendation and help registrants in very easily transferring information from any online CPD diaries / tools they use. However, these tools are often designed for a slightly different purpose (i.e. collecting CPD information also to meet professional body or employer requirements) and complete complementarity may not be possible to achieve.
8. Consider the promotion of named 'audit champions' within the workplace to enable registrants to seek peer support during the audit process.	**Do not accept** We should be encouraging and supportive of registrants who support others going through the CPD audit process and of registrants who feed back their experience to peers – and this might be incorporated into the guidance.

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	However, a system of 'audit champions' may be cumbersome to administer and may cross over into a more professional body role. We should, however, continue to ensure that we give good and timely advice to registrants who contact us about their audit submissions.
9. Consider offering targeted support to those who have come to the profession through non-academic routes and/or improving the HCPC's guidance materials to address this.	**Accept in part** We agree that registrants who trained some time ago or who were registered via grandparenting, for example, may not have training in reflective practice and therefore may require more assistance. We think this recommendation can be achieved by ensuring that our messages in the guidance are clearer about what we expect from registrants during an audit.
10. Consider consulting further with assessors on what improvements could be made to the assessment process.	**Accept in part** This recommendation is based on a very small handful of assessors who were interviewed, a small number of which raised points about the assessment process. The Executive's feedback from assessors to date has been largely positive and that they do have sufficient time during the assessment process. The Executive is currently working with assessors to develop internal guidance for assessors to assist in their role. The Executive will continue to consult with assessors as appropriate and necessary.