

2008 – 09

# Continuing professional development annual report

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# Foreword

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

In its early deliberations, the Council was in agreement that any new process for monitoring ongoing CPD must be flexible, fair and appropriate for all the professions regulated by us. This was no small challenge, and as a member of the Professional Liaison Group which undertook some of the work, I am well aware of the effort that went into this development.

As a Council, we were clear that the standards should not disadvantage any profession or group, and should be equally applicable to those working in independent practice as in health, education or social care settings. In addition, the standards should promote reflective practice and a commitment to lifelong learning, both of which are recognised as key attributes in maintaining high standards of professional practice over time. For some professions, the requirement to write in a reflective way about CPD activities was not well received, but we believe that over time the benefits of the flexible, reflective nature of our CPD standards has been recognised.

Our aim is for these CPD standards, and the audits that we carry out to ensure compliance with them, to promote reflective practice and foster a greater emphasis on the outcomes of CPD activity.

I am grateful to all those who have been involved in the development of the CPD standards, the design and delivery of the audit process, and the dissemination work that has allowed this innovative outcome-based approach to CPD to flourish.



**Anna van der Gaag**  
Chair

# Introduction

## About this document

We, the Health Professions Council (HPC), have written this document for registrants, professional bodies, other regulators and others – including members of the public and service users – with an interest in our approach to CPD. It provides information and feedback from the first four CPD audits to take place. We will also publish the results of subsequent audits.

Throughout this document:

- ‘we’ refers to us, the Health Professions Council;
- ‘you’ refers to a professional on our Register;
- ‘registrant’ refers to a professional on our Register; and
- ‘CPD’ refers to continuing professional development.

People who might find this document useful are:

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

- a person or organisation thinking about offering CPD activities to registrants; or
- a member of the public, especially someone who uses or has used the services of HPC registrants.

## About us (the Health Professions Council)

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

We currently regulate 14 professions.

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

## Our main functions

To protect the public, we:

- set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants;

- keep a register of professionals who meet those standards;
- approve programmes which professionals must complete before they can register with us; and
- take action when registrants do not meet our standards.

## Continuing professional development

We define continuing professional development (CPD) as:

“a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.”

This definition is taken from a report called Allied health professions project: Demonstrating competence through continuing professional development, published by the Department of Health in 2003. You can download this at:

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

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

In this document we provide a summary of the work undertaken to engage, inform and support registrants in the period before the first round of CPD audits, which began in May 2008. The section called ‘The CPD audit process’ contains detailed information on the audit. We have also included references to other publications which are referred to throughout the document and which provide further information.

## Background

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

In 2003 we set up a Professional Liaison Group to look at how we would go about assessing the CPD activities of registrants. The Council consulted widely on the proposals for the standards for CPD and took account of the comments that were made through written consultation and via public meetings.

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

Many professionals emphasised to us that formal didactic learning opportunities were not the only means of keeping up-to-date. This approach was key to maintaining public reassurance that registered professionals were continuing to maintain high standards, as was the need to specify the perceived benefits to service users in the standards themselves. The standards are therefore deliberately flexible, in that they do not demand that a specific number of hours of CPD be undertaken. They are deliberately outcomes based, in that they encourage registrants to be explicit about the benefits of the CPD activity for themselves and service users.

## Consultation

In 2004, we held a three-month consultation on our proposals for linking CPD with registration. The consultation document was sent to all professionals registered with us, as well as being available on our website. We held 46 meetings in 22 locations throughout the UK. At each meeting, we presented the proposals and then provided an opportunity for feedback. Over 6,500 individuals attended the meetings and over the course of the consultation we received almost 1,500 written responses. A summary of the responses to the consultation was published on the website in July 2005.

## Professional Liaison Group

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

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

# The standards

Our standards state that registrants must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. seek to ensure that their CPD benefits the service user; and
5. present a written profile containing evidence of their CPD upon request.

## **Amendment to standard five**

During the first round of audits we received a small number of profiles in a strikingly similar format. We investigated the matter and established that they had been produced on the individuals' behalf by a third party. Whilst this was not in breach of the CPD standards as they were written, it did not reflect the purpose of the audit process which was to examine a sample of profiles generated by the registrants themselves.

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

The amended wording of standard 5 is:

“5. 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.”

Since making this change the issue of registrants using third parties to complete CPD profiles does not appear to have continued to raise concerns.

# Communicating our audit requirements

## Sample profiles

In 2005–06, we began working with professional bodies to produce sample CPD profiles for our website. We have now published a total of 33 profiles across 13 different professions and we are continuing to work on publishing more.

The sample profiles are examples of the CPD profiles registrants might submit if they were audited, without the supporting evidence. We have published these profiles to give examples of how registrants in different settings, undertaking different kinds of activities, could show how they meet our standards of CPD if they were selected for audit. We have also found that registrants often find it helpful to look at profiles from outside of their own profession to compare different approaches to CPD.

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

## Publications

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

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

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

## CPD talks

Shortly after the publication of the CPD standards we saw registrant demand increase for speakers at events, meetings and conferences. Initially these were responded to by HPC employees from the Policy and Standards Department, and a number of talks were also given by HPC Council members. To enable us to coordinate the communication of the CPD requirements to registrants we created the post of CPD Communications Manager in October 2007.

Since then, more than 13,000 registrants have attended talks at over 200 locations across the UK given by the CPD Communications Manager. We took a proactive approach to organising the talks using new and existing networks and advertising in the HPC e-newsletter HPC In Focus. All parts of the UK were visited for extended periods to allow for as many talks as possible to be delivered.

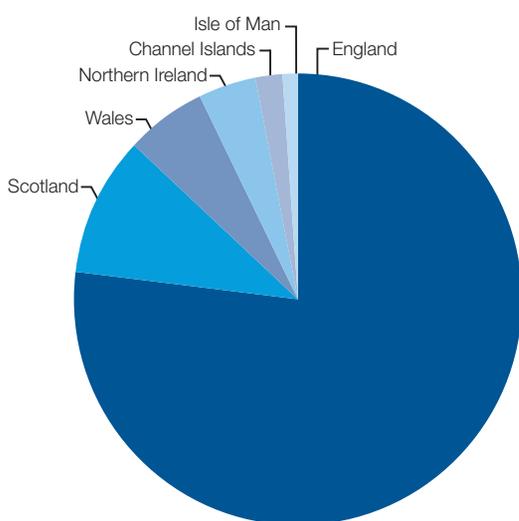
Feedback from registrants who have attended these events has been positive. The opportunity to meet so many registrants and hear and address their concerns first hand has been invaluable to the CPD programme of work.

The two tables and graphs overleaf show the number of CPD talks delivered alongside the number of registrants in each of the four countries of the UK (as well as the Channel Islands and the Isle of Man). You can see that the number of talks delivered in each region is roughly proportionate to the number of registrants in that area.

**Table 1 – CPD talks delivered**

Territory	CPD talks delivered
England	154
Scotland	20
Wales	12
Northern Ireland	8
Channel Islands	4
Isle of Man	2

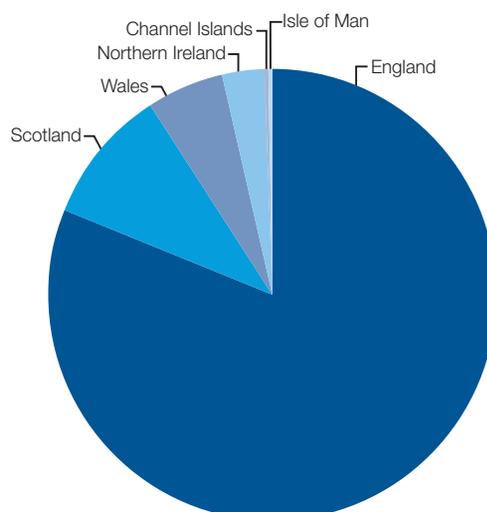
**Graph 1 – CPD talks delivered**



**Table 2 – Number of registrants in four home countries and the Channel Islands and the Isle of Man**

Territory	Number of registrants
England	155,433
Scotland	18,545
Wales	10,260
Northern Ireland	6,194
Channel Islands	439
Isle of Man	249

**Graph 2 – Number of registrants in four home countries and the Channel Islands and the Isle of Man**



### Audio-visual CPD presentation

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

### Listening Events

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

## **Employer Events**

We currently hold five of these events each year across the four home countries of the UK. These events are specifically targeted at managers and human resources professionals who employ HPC registrants. The events are made up of presentations and workshops looking at key issues affecting registrants and employers. As CPD is a statutory requirement we have included workshops on the standards, audit process and profile preparation at each of the events.

## **Website**

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

# The CPD audit process

## Registration and CPD

Registrants must renew their HPC registration every two years and each profession has fixed renewal dates. Each time a profession renews its registration registrants are asked to sign a form to confirm that they continue to meet the HPC's standards of conduct performance and ethics, and the standards of proficiency for their profession. When the requirement to undertake CPD activities was confirmed in 2006, registrants were also asked to confirm that they were undertaking CPD activities when they renewed their registration.

We took registration dates into account when deciding when to audit professionals, and have therefore linked CPD audits with registration renewal. For example, paramedics' registration renewal forms were issued during the first week of June 2009, this was followed by CPD audit notification within 10 working days. The submission deadline for both renewal forms and CPD profiles was 31 August 2009.

## Selection

We took the decision to audit a sample of randomly selected registrants, rather than asking to see a CPD profile for every registrant. This decision was proportionate and appropriate given our assertion that registrants were committed to their responsibility for meeting the standards of CPD and the majority were already undertaking CPD prior to the introduction of the standards.

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

Registrants were selected randomly from all those registered within their profession for the last complete renewal cycle (the two year period after which registrants must renew their

registration). This meant that those new to their profession and those returning to practice were not selected.

## Deferral

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

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

## Sample size

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

We chose levels of five per cent and 2.5 per cent after taking account of the total number of registrants on each part of the Register. We also took advice on sample sizes from the Statistical Services Centre at the University of Reading. For more information see the report produced by the University of Reading, which is available at [www.hpc-uk.org/assets/documents/1000275520090326-Council-enclosure24-CPDsamplesizes.pdf](http://www.hpc-uk.org/assets/documents/1000275520090326-Council-enclosure24-CPDsamplesizes.pdf)

It is our intention to review the sample sizes once the first round of audits is completed in June 2010. At that point all 13 professions which were part of the HPC Register in 2006 will have been through the CPD audit process.

# Assessing the profiles

## Developing the audit process

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

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

## Assessor appointments

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

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

## Assessor training

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

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

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

## Assessment days

Given the number of CPD profiles that needed to be assessed, an efficient method of assessment was required. Previously, 'International' and 'Grandparenting' applications had been copied and posted to registration assessors in order for them to be assessed at home. However, it was decided that CPD profiles would be assessed at our offices, with the assessors working in pairs and recording their decisions together.

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

The process recommenced in July 2009 for the CPD audit of orthoptists and paramedics. Once again, our new assessors worked alongside assessors from the previously audited professions, who were keen to refresh their skills and pass on their experience. The assessment days continued throughout August and September with a total of 25 orthoptists and 336 paramedics assessed.

## Assessment decisions

Assessors have a range of assessment decisions, which are set out below.

- Decide that the profile meets the CPD standards.
- Request further information, to be supplied within 28 days. For example, this decision may be reached if the assessors need more information about a CPD activity or if evidence is missing.
- Allow further time for the registrant to meet the CPD standards. This is a fixed period of three months and is open to the assessors where a registrant has shown that they are committed to CPD but needs more help in meeting the standards.
- Reject the profile.

## Assessor feedback

This section contains personal accounts from four CPD assessors who were involved in the first audits.

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

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

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

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

“Some registrants submitted out-of-date material and this needs to be made more clear in future accompanying explanatory notes. Two assessors checked the submissions for discrepancies or concerns. We were able in the first instance to request further information. Alongside the exemplary submissions were submissions from those who had not submitted or shown any attempt to increase their knowledge over the preceding years and certainly not within the required timeframe.

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

“I was pleased to be a part of this overall positive system and was then asked to assist with the ODP [operating department practitioner] audit cycle. As a podiatric surgeon I found that my experience of operating theatres was helpful when reviewing CPD profiles of ODPs. Here again the clear, concise and well thought out submissions were plentiful and it was fascinating to learn about the profession of ODP in this detailed manner.

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

**Maria Boutabba – Operating department practitioner CPD assessor**

“I am a senior ODP [operating department practitioner] with clinical team leader surgical responsibilities in a developing and forward-thinking day surgery unit. In addition to this I am an occasional visiting lecturer and have been involved in partnership with a university for developing a programme of study enabling perioperative healthcare assistants to develop and extend their skills through a Foundation Degree framework – part of a local ‘developing the perioperative workforce’ initiative.

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

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

that I could apply my skills as a fair and reasonable CPD assessor using measurable standards.

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

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

**Felicity Court and Helen Fletcher –  
Speech and language therapist  
CPD assessors**

Felicity Court and Helen Fletcher, both speech and language therapists who have worked as CPD assessors, give their personal feedback on assessing CPD profiles below. They have chosen to do this by giving examples of what they found good, poor or unnecessary in submissions.

**Examples of good practice in  
CPD submissions**

- Printing and sending a list of CPD activities for the whole period of CPD being assessed (ie allowing assessors to clearly see that standard 1 is met).
- Printing and sending examples of different types of CPD activities for the whole period of CPD being assessed (ie allowing assessors to clearly see that standard 2 is met).
- A detailed personal statement that focuses on three to four different CPD activities.
- Personal statement taking a number of personal / professional objectives and then demonstrating how these have been met and the benefits to service users.
- Use of one or two A4 pages to write up a record of a CPD activity undertaken (eg what they did, what was learnt, what the benefits were).
- Using a structured format for the personal statement. For example: activity; what I learned; how this learning affected how I work; how my learning has benefited service users / quality of work.

**Examples of questionable / poor  
practice in CPD submissions**

- Sending in pieces of evidence marked “highly confidential” or “confidential”.
- Failing to send in a list of their CPD activities over the last two years to demonstrate that standard 1 had been met.
- Submitting copies of patient reports / letters / case notes or patient-identifiable information as part of CPD evidence.
- Keeping a record of day-to-day work activities (ie confusion between what is CPD and what is actual work). For example: activity = budget meeting; learned = update on budget; comments = recruit to vacancy.
- Listing activities that form part of a job description as a CPD activity without demonstrating standards 3 and 4 have been met. For example, recruitment activities such as short-listing for a post or interviewing are only CPD activities if the registrant is learning / developing their practice within these activities and can clearly explain and evidence this.
- Sending a sample of professional body CPD log and suggesting that the assessors could log on and look at the log if further information required.
- Repeated use of “we” in CPD statement with focus on what the department, service or organisation had achieved rather than what the individual had learnt.
- Excessive use of profession-specific abbreviations in statement.
- Printing and sending professional body CPD in monthly / calendar format or just printing the certificate or hours, as this provides insufficient detail.

**Examples of potentially unnecessary practice in CPD submissions**

- Sending large folders or a bound book full of CPD evidence.
- Re-typing professional body CPD information into a Word document.
- Writing-up six or more activities in personal statement.

# Audit results

In this section we give statistics for the outcome of the CPD audits for the first four professions we audited: chiropodists / podiatrists; operating department practitioners; orthoptists; and paramedics.

For each of the professions we have included a table which outlines the outcome of the audit. We have also included graphs to illustrate some of the trends we identified in the audit.

## Key to tables and graphs

The results of the CPD audits are presented by profession. We have categorised each registrant audited into one of seven different categories. An explanation of each of these categories is given below.

Accepted	The CPD profile met the CPD standards.
Deferred	The registrant was selected for audit but requested a deferral due to unavoidable circumstances, and we accepted their request.
Deregistered (voluntarily)	The registrant was selected for audit but did not participate in the audit and asked us to remove their name from our Register.
Deregistered (lapsed)	The registrant was removed from the Register because they did not pay the registration fee or send a completed renewal form to us.
Under assessment	The registrant's CPD profile is currently being assessed.
Appealed	The CPD profile did not meet the standards or the registrant failed to submit a CPD profile and the registrant appealed against the decision to remove them from the Register.
Removed	The registrant was removed from the Register because their profile was assessed as not meeting the CPD standards but did not appeal against the decision.

## Chiropodists / podiatrists

We audited five per cent of all chiropodists / podiatrists in May 2008.

**Table 3 – Outcome of CPD audit of chiropodists / podiatrists**

Outcome	Number of registrants	% sample
Accepted	480	73.8
Deferred	66	10.2
Deregistered (voluntarily)	41	6.3
Deregistered (lapsed)	62	9.5
Under assessment	0	0
Appealed	1	0.2
Removed	0	0
<b>Total</b>	<b>650</b>	<b>100</b>

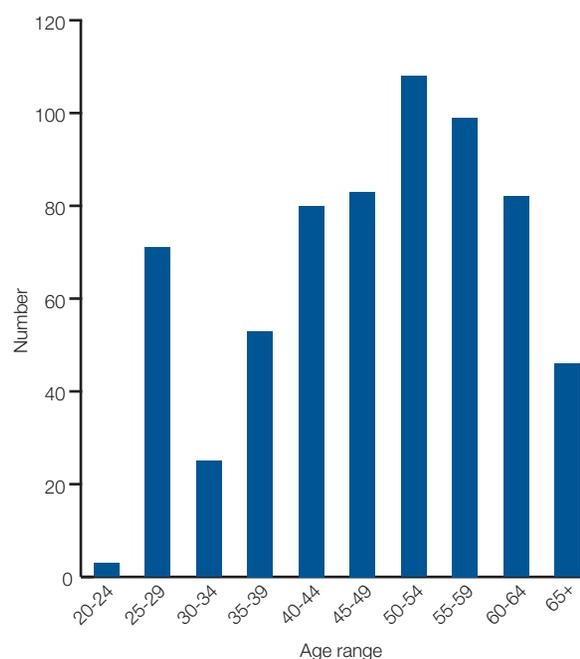
The majority of registrants who were audited (78.5% of the total accepted) had their profiles accepted on their first assessment. A further 103 were required to provide further information before their profiles were deemed to have met the standards.

Approximately 16 per cent of registrants (103 registrants) selected for audit either voluntarily deregistered or lapsed from the Register. This means that approximately one in six registrants selected for CPD audit did not continue their registration after the end of the registration cycle, compared to one in 13 registrants across the whole profession. This seems to indicate that registrants' decisions to come off the Register may have been influenced by their selection for CPD audit.

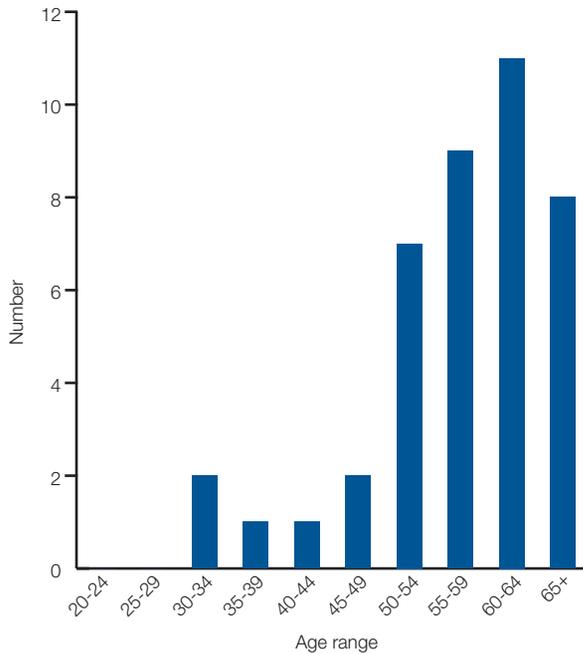
The following graphs illustrate the age range of chiropodists / podiatrists selected for CPD audit and the age range of those who decided to voluntarily deregister or lapse. This shows that a high percentage of those registrants who voluntarily deregistered and lapsed were in the over 50 age bands. This is also reflective of the age profile of those chiropodists / podiatrists selected for CPD audit.

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

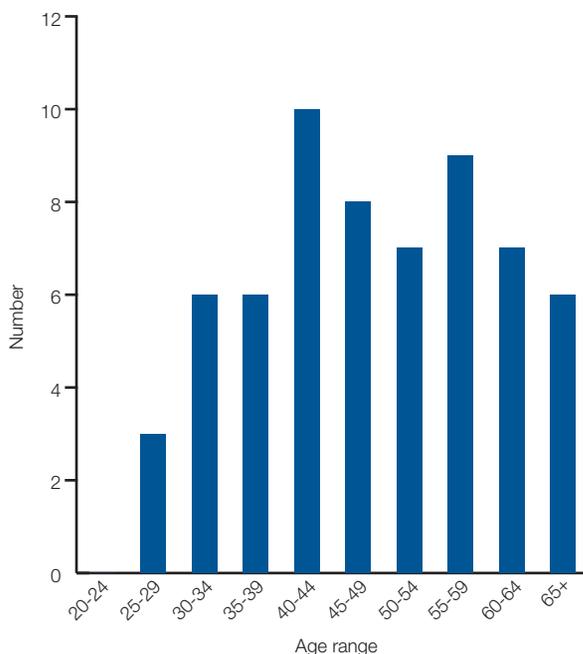
**Graph 3 – All chiropodists / podiatrists selected for CPD audit by age**



**Graph 4 – Age range of chiropodists / podiatrists selected for CPD audit who deregistered (voluntarily)**



**Graph 5 – Age range of chiropodists / podiatrists selected for CPD audit who deregistered (lapsed)**



### Operating department practitioners

We audited five per cent of all operating department practitioners in September 2008.

**Table 4 – Outcome of CPD audit of operating department practitioners**

Outcome	Number of registrants	% sample
Accepted	371	79
Deferred	49	10.4
Deregistered (voluntarily)	12	2.5
Deregistered (lapsed)	17	3.6
Under assessment	13	2.8
Appealed	6	1.3
Removed	2	0.4
<b>Total</b>	<b>470</b>	<b>100</b>

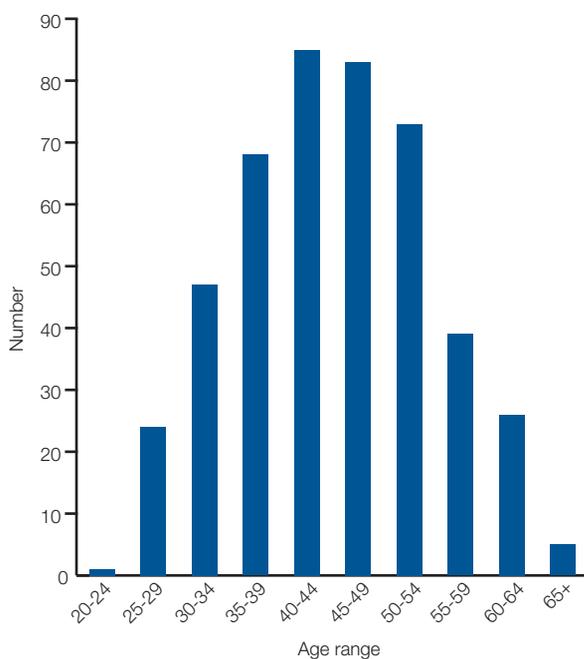
The majority of registrants who were audited (79.5% of the total accepted) had their profiles accepted on their first assessment. A further 76 were required to provide further information before their profiles were deemed to have met the standards.

Twenty nine (approximately 6%) of registrants selected for audit either voluntarily deregistered or lapsed from the Register. This means that approximately one in 16 registrants selected for audit did not continue their registration after the end of the registration cycle, compared to one in 13 registrants across the whole profession. This seems to indicate that registrants' decisions to come off the Register might have been influenced by their selection for CPD audit. However, the number of registrants may be too small to safely draw this conclusion.

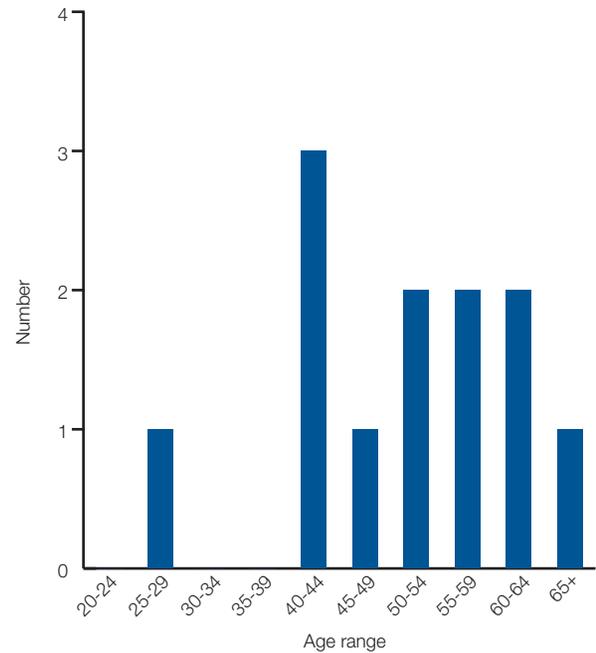
Graph 7 shows the age range of operating department practitioners selected for CPD audit who deregistered (voluntarily). This shows that a high percentage of those registrants who voluntarily deregistered were in the over 50 age bands and this is not comparable with the age profile of those operating department practitioner registrants selected for CPD audit as shown in Graph 6.

Currently there are eight registrants who have been selected for audit and have failed to meet the CPD standards. Of these, six have appealed against the decision and two have been removed from the Register. The six registrants that have appealed and the two registrants that have been removed from the Register failed the CPD audit because they did not respond to any of the letters we sent them requesting their profile. They also did not respond to the final letter advising them they were being removed from the Register.

**Graph 6 – Operating department practitioners selected for CPD audit by age range**



**Graph 7 – Operating department practitioners selected for CPD audit who deregistered (voluntarily) by age range**



### Orthoptists

We audited 2.5 per cent of all orthoptists in June 2009.

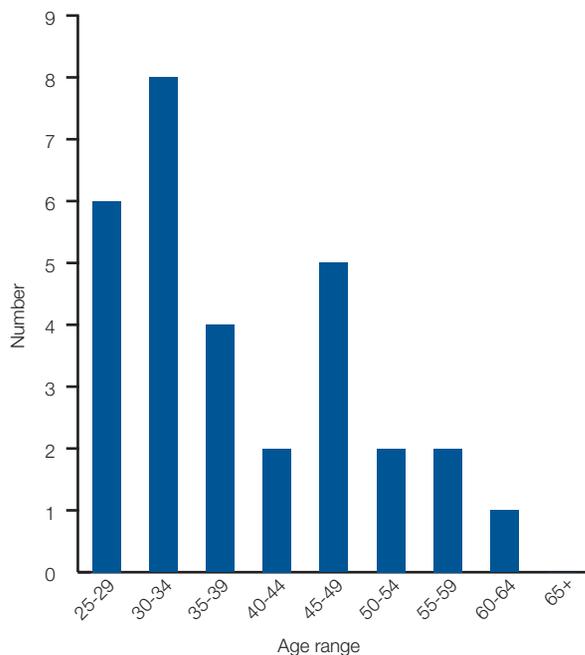
**Table 5 – Outcome of CPD audit of orthoptists**

Outcome	Number of registrants	% sample
Accepted	22	73.4
Deferred	3	10
Deregistered (voluntarily)	1	3.3
Deregistered (lapsed)	1	3.3
Under assessment	3	10
Appealed	0	0
Removed	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

The majority of registrants who were audited (90% of the total accepted) had their profiles accepted on their first assessment. Two registrants were required to provide further information before their profiles were deemed to have met the standards.

Two registrants selected for audit either voluntarily deregistered or lapsed from the Register. This means that approximately one in 15 registrants selected for audit did not continue their registration after the end of the registration cycle, compared to one in 21 registrants across the whole profession. This seems to indicate that registrants' decisions to come off the Register might have been influenced by their selection for CPD audit. However, the number of registrants involved may be too small to safely draw this conclusion. The age profile of those orthoptists selected for CPD audit is shown in Graph 8.

**Graph 8 – Orthoptists selected for CPD audit by age range**



## Paramedics

We audited 2.5 per cent of all paramedics in 2009.

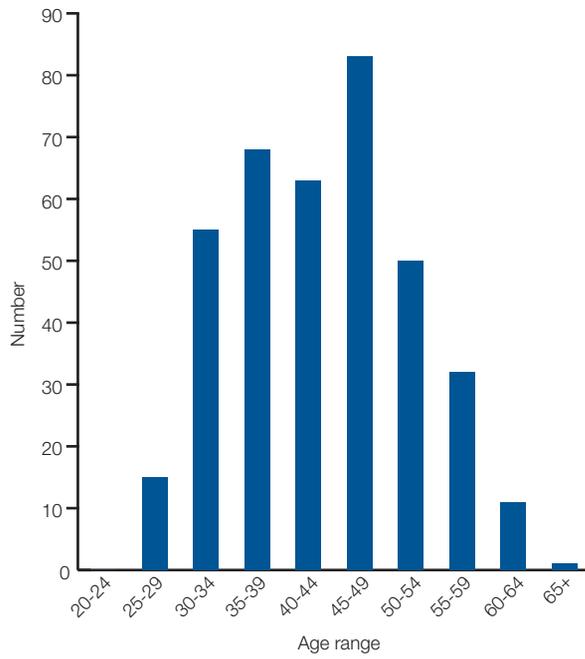
**Table 6 – Outcome of CPD audit of paramedics**

Outcome	Number of registrants	% sample
Accepted	302	79.8
Deferred	26	6.9
Deregistered (voluntarily)	9	2.4
Deregistered (lapsed)	4	1.1
Under assessment	37	9.8
Appealed	0	0
Removed	0	0
<b>Total</b>	<b>378</b>	<b>100</b>

The majority of registrants selected for audit (83% of the total number accepted) met the CPD standards on their first assessment. A further 51 were required to provide further information before their profiles were deemed to have met the standards.

Thirteen registrants (approximately 3.5%) selected for audit either voluntarily deregistered or lapsed from the Register. This means that approximately one in 29 registrants selected for CPD did not continue their registration after the end of the renewal window, compared to 1 in 37 registrants across the whole profession. This seems to indicate that registrants' decisions to come off the Register might have been influenced by their selection for CPD audit. However, the number of registrants involved may be too small to safely draw this conclusion. The age profile of paramedics selected for CPD audit is shown in Graph 9.

**Graph 9 – Paramedics selected for CPD audit by age range**



## Deferral

Table 7 shows that in each profession approximately seven to ten per cent of registrants selected for audit were allowed to defer their CPD audit. These registrants will be automatically selected for audit when they next renew their registration.

The table below shows that 59 per cent of approved deferral requests were due to personal or family illness, with a further 21 per cent due to pregnancy or having recently given birth.

**Table 7 – Reasons for deferral**

Reason for deferral	Profession				Total	% total
	Chiropodists / podiatrists	Operating department practitioners	Paramedics	Orthoptists		
Personal illness / accident	21	17	14	0	52	35.7
Family illness / commitments	16	14	3	0	33	23.6
Maternity	13	11	4	2	30	21.4
Relationship breakdown	7	2	4	1	14	10
Bereavement	4	1	0	0	5	3.6
Career break / travel	2	3	1	0	6	4.3
Other	3	1	0	0	4	1.4
<b>Total</b>	<b>66</b>	<b>49</b>	<b>26</b>	<b>3</b>	<b>144</b>	<b>100</b>

# Overall audit summary

These audit results only relate to four of the 14 professions we currently regulate and we plan to review the outcomes of the audits in more detail once we have completed the audits for the first 13 professions to go through the process.

However, it is still interesting to note that (to date) from a total of 1,528 registrants who were selected for CPD audit, 1,175 registrants (approximately 77%) had their profiles accepted and of those approximately 80 per cent were accepted after their first assessment. This gives some indication that registrants are engaging in the CPD audit process. It also indicates that the guidance and communication provided by us is enabling registrants to complete their CPD profiles in a way that demonstrates that they meet the CPD standards.

The proportion of registrants selected for audit who allowed their registration to lapse or who voluntarily removed themselves from the Register varied between the professions. For example, 15.8 per cent of chiropodists / podiatrists lapsed or voluntarily deregistered compared to 3.5 per cent of paramedics.

In each of the professions the proportion of registrants choosing not to remain registered was higher than of the profession as a whole. In particular, our figures indicate that chiropodists / podiatrists selected for CPD audit were twice as likely to lapse or remove themselves from the Register than the profession as a whole.

We have included information in this document about the age profile of those selected for audit in each of the professions and the data indicates that those who lapsed or voluntarily deregistered were generally in the over 50 age bands. This seems to suggest that one possible explanation for this trend is that some of these registrants may be retiring from their profession. However, given the audit sample sizes, the number of registrants involved is relatively small and we would need to monitor future audits to see whether this trend continues before drawing any firm conclusions.

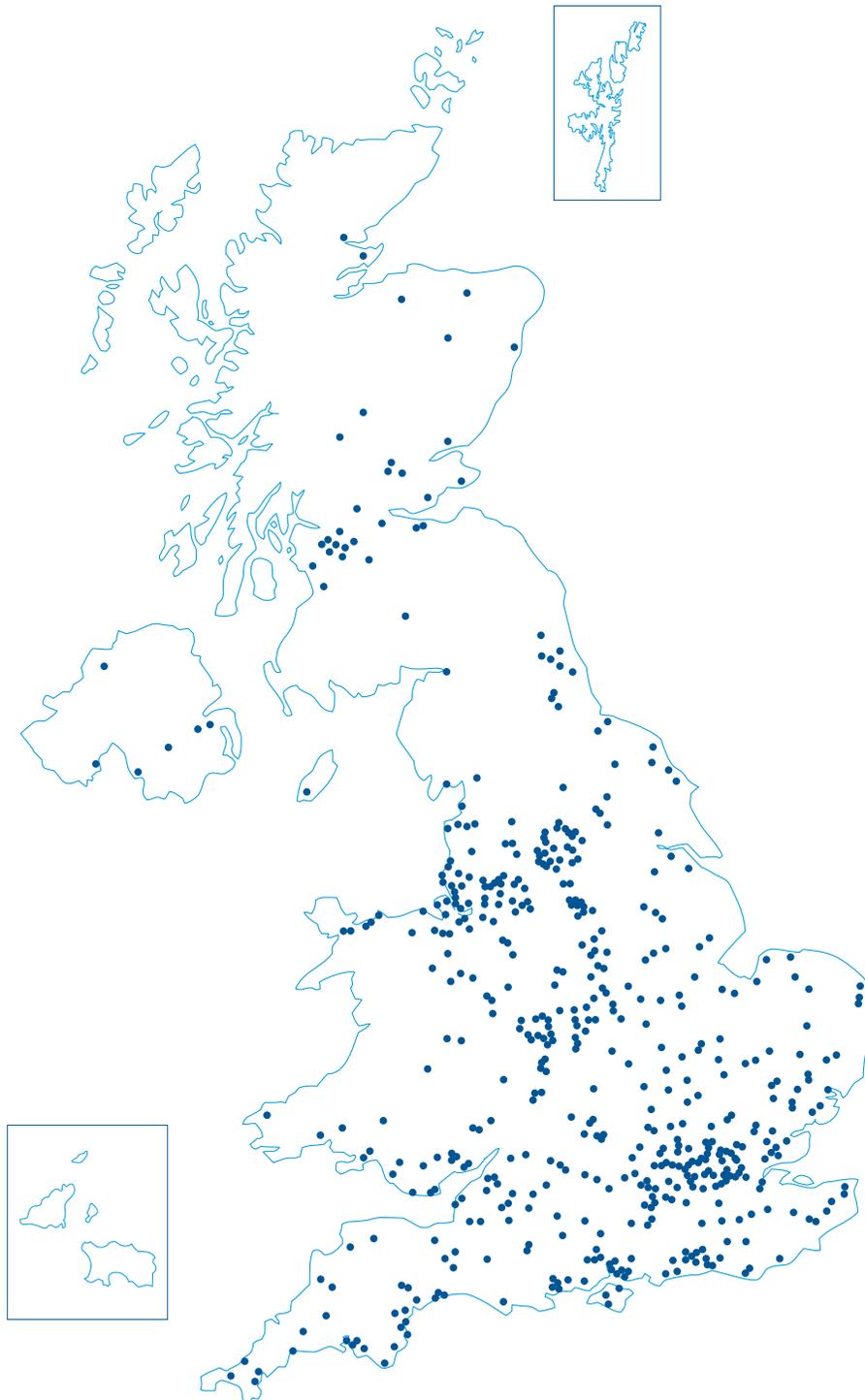
Once we have completed the audits for more professions we hope to be able to provide a more detailed analysis of any trends across the different professions.

# Audit selection maps

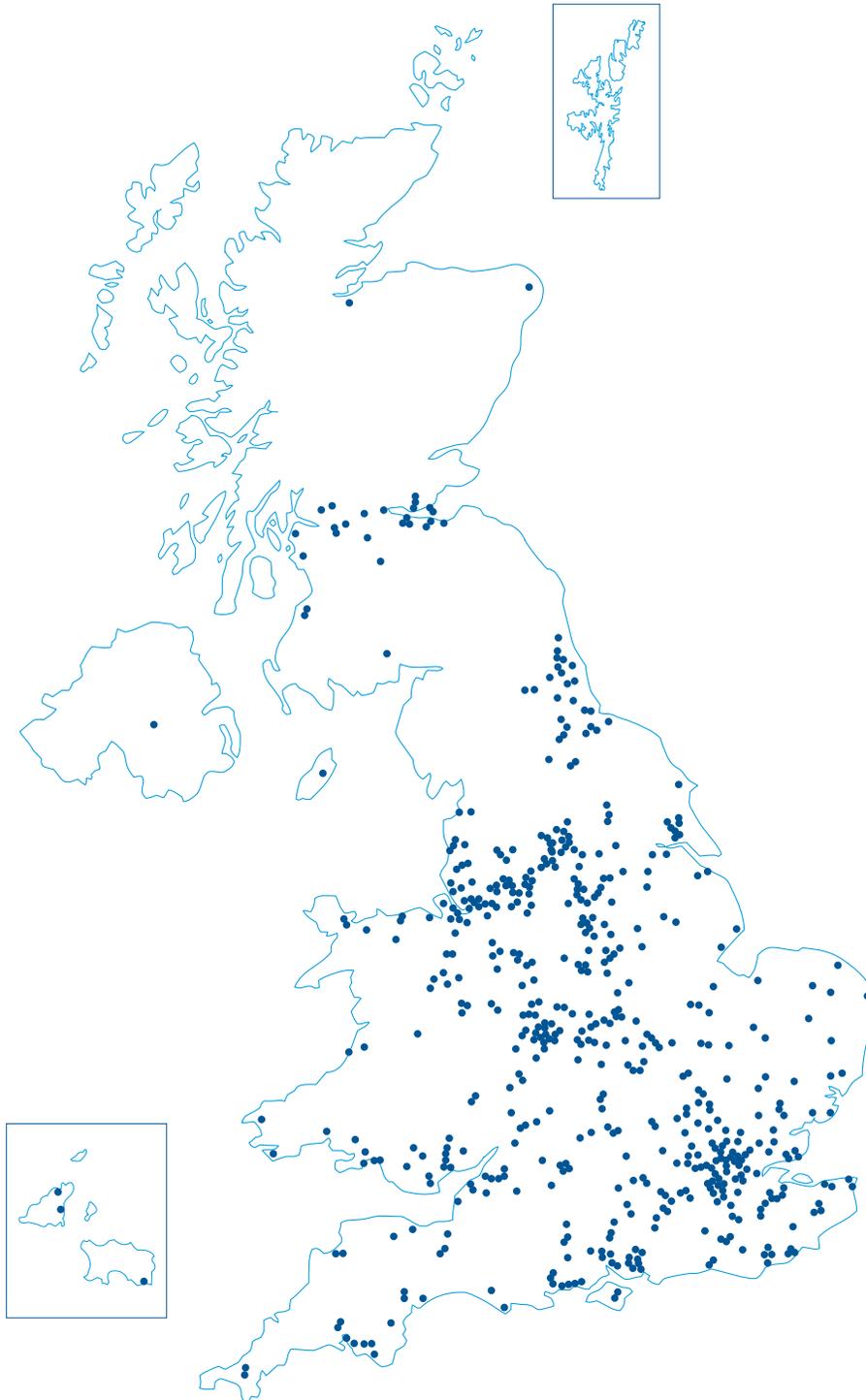
The audit selection process is completely random (see page 11) but registrants have sometimes expressed concern that this might mean that more registrants from certain areas are audited each time.

We have included a series of maps which show where registrants in each of the audited professions live. They show that the random selection process has resulted in a reasonable spread of audited registrants in each of the four home countries.

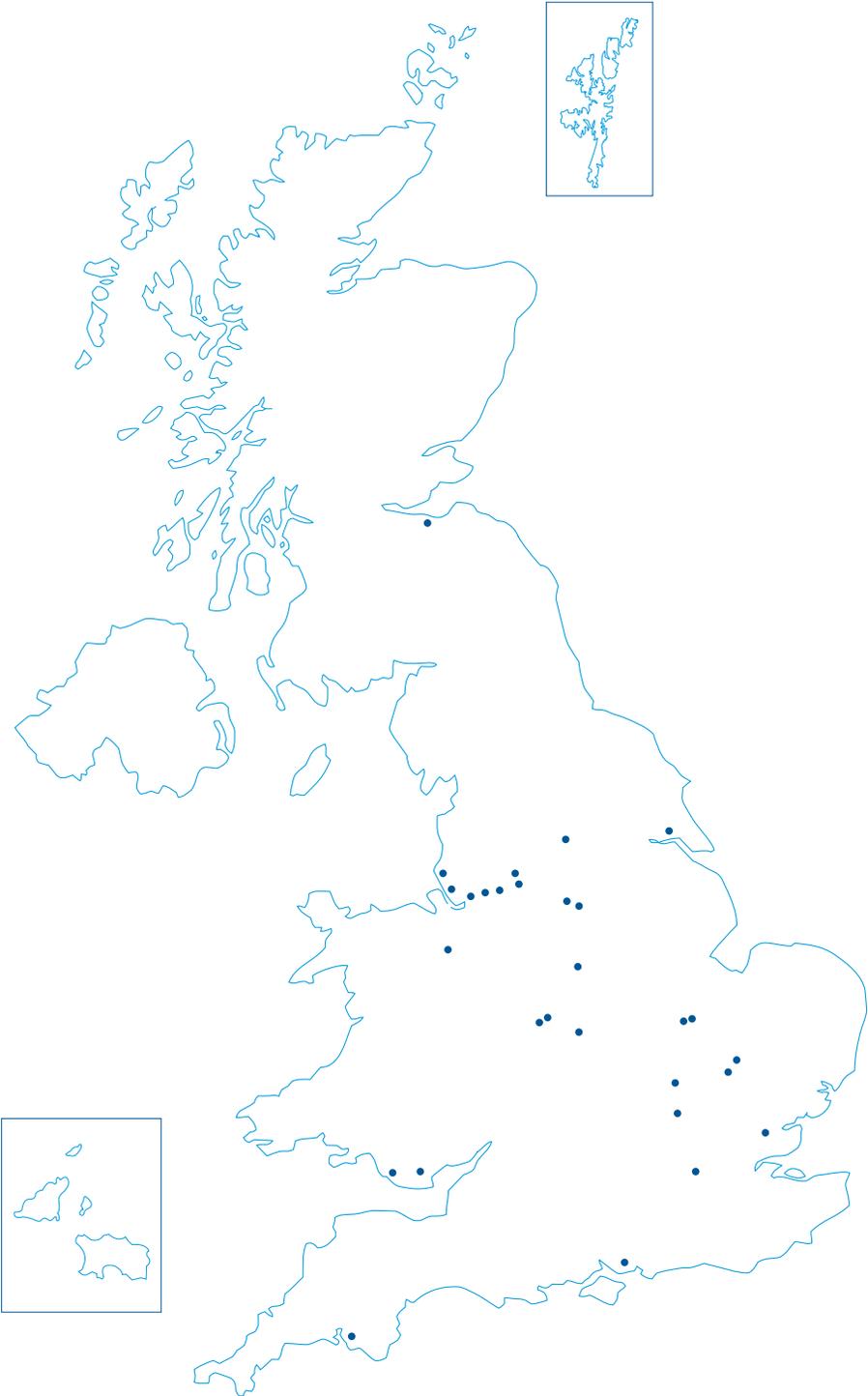
**Figure 1 – Map showing chiropodists / podiatrists selected for CPD audit**



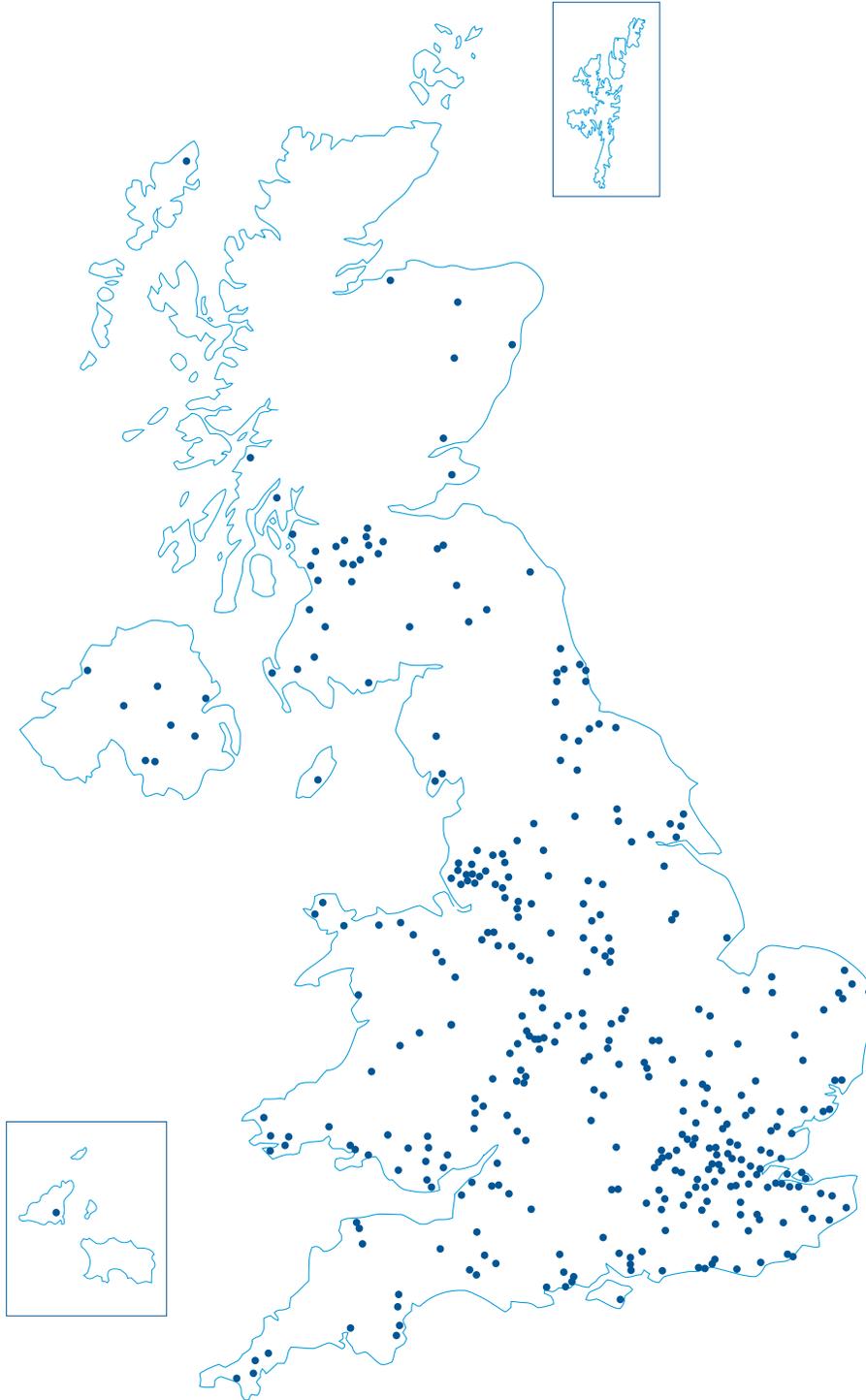
**Figure 2 – Map showing operating department practitioners selected for CPD audit**



**Figure 3 – Map showing orthoptists selected for CPD audit**



**Figure 4 – Map showing paramedics selected for CPD audit**



# Conclusion

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

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

This commitment from registrants has confirmed that the decision to reduce the audit size from five per cent to 2.5 per cent was correct and that the sampling process is, for the time being, appropriate. We will review this on an ongoing basis and look forward to presenting further reports on the other professions to be audited.

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# Further information

The following publications are available from our website at [www.hpc-uk.org/publications/brochures](http://www.hpc-uk.org/publications/brochures)

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

The following audio-visual presentation is available on our website at [www.hpc-uk.org/registrants/cpd](http://www.hpc-uk.org/registrants/cpd)

- Continuing professional development (CPD)

The sample profiles can be downloaded in the registrant section of our website at [www.hpc-uk.org/registrants/cpd/sampleprofiles](http://www.hpc-uk.org/registrants/cpd/sampleprofiles)

The following consultations are available from our website at [www.hpc-uk.org/publications/consultations](http://www.hpc-uk.org/publications/consultations)

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

You can find more information on the CPD professional liaison group (PLG) on our website at [www.hpc-uk.org/aboutus/professionalliaisongroups/cpd](http://www.hpc-uk.org/aboutus/professionalliaisongroups/cpd)

The Health Professions Order 2001 is available on our website at [www.hpc-uk.org/publications/ruleslegislation](http://www.hpc-uk.org/publications/ruleslegislation)

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