

## CPD profile

**1.1 Full name:** Superintendent

**1.2 Profession:** Physiotherapy

**1.3 Registration number:** AB1234

### 2. Summary of recent work/practice

I am currently employed as a Superintendent III Physiotherapist (Band 7) holding a 60/40 clinical/management split. I have worked in Intermediate care for the last five years. I qualified in 1978 and since then have worked in acute and primary care settings in a variety of specialities.

Key Responsibilities:

- I am responsible for the management and delivery of physiotherapy to Intermediate Care Services (ICS)
- Physiotherapy lead for ICS and takes an active role in developing the service
- To hold a clinical caseload, advising and supporting staff clinically
- To actively promote and develop multi-agency approach
- To initiate audits, integrate evidence based resources and clinical guidelines into practice.

I report to the Therapy Services manager.

Total words: 118  
(Maximum 500 words)

### 3. Personal statement

I maintain a CPD portfolio, based on the professional body's portfolio guide – the Chartered Society of Physiotherapy (CSP). This provides a record of all my CPD activities as well as being a reflective tool to assess the impact of my learning on my practice, the service and the service user. I have submitted a copy of the contents page of my portfolio as evidence (Standard 1, evidence 1).

### **Example 1**

#### **Development of Technical Instructor role in ICS**

In the last two years I have started to develop the assistant/technical instructor role within ICS. As a result of a critical incident in recruitment, I recognised the importance of having a structured training and support system for these members of staff (Evidence 2). Due to multi-disciplinary focus of ICS, I drew up a core competency pack with occupational therapists, from which a structured training programme could be developed (Evidence 3). I realised from my Knowledge and Skills Framework (KSF) training that these competencies should complement the KSF process and support NVQ level 3 (Evidence 4). I also learnt the importance of involving and engaging staff in the development. I was given positive feedback on the KSF outline produced (Evidence 5) which was sent to the Department of Health as an example of good practice (Evidence 6). I have also completed the NVQ assessors course to enable support staff to undertake NVQ in Health which has further developed my assessment skills of staff performance (Evidence 7). As a result, ICS now has a clear training and development programme for physiotherapy and occupational therapy support staff ensuring that technical instructor/assistant staff are appropriately competent to undertake their job role. (Evidence 8) (Standard 3). Patients have benefited from this development by receiving additional therapy support and opportunities to practice skills/exercises/progression of mobility more frequently (Standard 4)

### **Example 2**

#### **Completion of Masters Degree in Physiotherapy**

In 2005, I successfully completed a masters degree (Evidence 9), which benefitted my practice and developed my critical thinking skills. The evidence-based practice module in particular enhanced my literature searching skills, ability to appraise evidence and present the findings in a logical manner (Evidence 10). I have been able to use these skills to develop a strategy and discussion document for the development of physiotherapy in ICS. In this process, I researched the literature and documents from the Department of Health, CSP, HCPC etc to assimilate the information to reference the document (Evidence 11). Clinically, I have researched evidence on exercise in older people/groups from which a range of exercise groups have been developed and implemented. This benefits patients as group work undertaken is tailored to their clinical need according to current evidence base (Evidence 12) (Standard 4).

My dissertation topic involved exploring reflection in a multi-disciplinary team. I have utilised my knowledge gained by providing training to the physiotherapy staff (Evidence 13). I am now acting as a preceptor for a colleague currently undertaking a Masters degree. Staff using reflection effectively has been shown to improve patient care (Standards 3 and 4).

### **Example 3**

#### **Development of management skills**

I have attended several courses which have given me underpinning knowledge of the processes and updates in local and national policies (Evidence 14-18) (Standard 3). A management coaching programme has provided me with practical solutions and applications of management theory (Evidence 19-20). I have been more effective in managing my time, planning my clinical and non clinical activities (Standard 3). I have critically appraised my own management style and how I interact with others. This has helped me to assist/advise/support staff in coping with personality conflicts. (Standard 4)

Total words: 534  
(Maximum 1500 words)

#### 4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence	CPD Standards
1	1.Portfolio contents page	1 page	Standard 1
2	2 Reflective account of critical incident 3 Core competency pack 4 KSF training certificate/reflective statement 5 KSF Outline for Technical Instructor 6 Statement from KSF lead 7 NVQ assessors certificate 8 Training programme	1 page  1page 1page	Standards 2, 3 and 4
3	9 Masters Certificate 10 EBP module marking scheme 11 Physiotherapy discussion/strategy paper 12 Appraisal of research 13 Training packs/copy of presentation		Standards 2, 3 and 4
4	Certificate and reflective account for: 14 Managing sickness and absence 15 Recruitment and retention workshop 16 KSF development 17 Complaints training 18 Appraiser training 19 Learning log from coaching programme 20 Reflective account of coaching programme		Standards 2,3 and 4