

Amendment to standard five of the Standards for continuing professional development

Responses to the consultation and our decisions

Introduction	2
Standards for continuing professional development.....	2
Our proposed amendment	2
Analysing your responses	3
Amendments to other publications	3
Consultation responses.....	4
Our comments.....	5
List of respondents.....	7

Introduction

We consulted between 11 February 2009 and 11 May 2009 on a proposed amendment to the standard five of our standards for continuing professional development.

Standards for continuing professional development

The standards for continuing professional development (CPD) became effective on 1 July 2006.

Our existing standards say 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.'

Each time a profession renews its registration we audit a random sample of registrants and ask them to submit a written profile explaining how they have met the standards for CPD, supported by some evidence of their CPD activities.

Audits take place each time a profession renews its registration (every two years). The first two professions to be audited were chiropodists / podiatrists and operating department practitioners.

For more information about the CPD standards and CPD audits, please see our website: www.hpc-uk.org/registrants/cpd/

Our proposed amendment

Whilst we try to avoid making frequent changes to our standards, we keep them under regular review to ensure that they remain relevant and appropriate.

We proposed a small amendment to standard five of the standards for continuing professional development. This standard asks a registrant to fill in a written profile containing evidence of their CPD on request.

We know that the vast majority of registrants asked to fill in a profile do so in good faith, putting together their own profile. However, during the recent audits we identified a very small number of registrants who had not acted in this way and instead had asked third parties to write their CPD profiles on their behalf.

We argued that this is not in the spirit of the CPD standards and proposed a small amendment to standard five to make it clear that a profile must be a registrant's own work. We proposed that the new standard should read:

Registrants must: ...

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

The proposed change to this standard is intended to make clear our requirements and prevent the writing of profiles by third parties, contrary to the spirit of the CPD standards. However, it is not intended that this should prevent registrants from seeking the support and guidance of their colleagues if they are asked to submit a profile.

As this is a minor amendment to one standard, and we believe that the vast majority of registrants would already participate in the forthcoming audits in good faith, we proposed that the change to this standard should become effective in time for the next round of CPD audits, commencing in June 2009.

Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received.

We carefully considered each response we received, taking into account whether similar comments were made by other respondents.

Amendments to other publications

Once the text of the standards is finalised, we will make corresponding changes to any publications which quote the standards, if changed.

Consultation responses

All of those who responded to the consultation agreed with the spirit behind the proposal and the vast majority of respondents agreed with the proposed wording of the amended standard. The Council of Deans of Health that the change would: '...sufficiently help discourage the very small number of registrants who ask third parties to write their CPD profiles on their behalf'. The British Society of Haematology echoed a number of respondents, concluding that the change was 'minor' in nature and helped clarify the requirements for registrants. NHS Orkney, the Institute of Maxillofacial Prosthetists and Technologists, the British and Irish Orthoptic Society and Hidden Hearing were amongst those who endorsed the proposed standard.

A small number of respondents said that they agreed with the spirit of the change but were concerned about implementation and enforcement. One respondent said that they could not support the proposed amendment 'per se' as they were concerned about registrants who wished to seek the help and support of other colleagues. They asked: 'Where do you clearly draw the line that defines when the profile is primarily the work of the registrant?' and 'What types of evidence would a registrant be asked to provide to rebut the claim that the profile was not their own work?' These questions were echoed by a small number of others who said it would probably always be difficult to prove that someone had 'cheated' in any event. One registrant said that computers made it easier for individuals to cheat and that documents submitted with profiles should be checked for authenticity.

The Society and College of Radiographers said that they supported the change but asked that we consider two points. Firstly, they suggested that it should be made clear that registrants with disabilities such as dyslexia might utilise the adjustments they use as part of their practice to ensure clear and satisfactory written documentation when completing a CPD profile. Secondly, the Society drew our attention to their online CPD portfolio system which assists radiographers in recording their CPD. This includes a template for profile submission, incorporating a number of short pre-written statements that can be used, discarded or adapted by the radiographer using the template. The Society sought reassurance that such an approach would not constitute a breach of the amended standard five.

The British Paramedic Association suggested an amendment to the wording of the standard in order to ensure that it was clear about third parties writing profiles [emphasis added]: 'Upon request, present a written profile (which must be their own work, **not written by a third party** and supported by evidence) explaining how they have met the standards for CPD'. The College of Operating Practitioners supported the amendment and suggested the following wording [emphasis added]: 'Upon request, present a written profile (which must be their own work and supported by **appropriate or relevant** evidence) explaining how they have met the standards for CPD'. The Society of Chiropodists and Podiatrists said that the amendment was 'reasonable' but suggested that the proposed standard might be made clearer by specifying that a registrant has to 'write their own profile rather than it has to be their own work'.

NHS Education for Scotland said that clear guidance would be important. They wanted to ensure that registrants, such as biomedical scientists and clinical scientists, who use professional body templates to record their CPD, should not be prevented from submitting this as evidence. Other respondents also said that clear guidance would be important. The British Association for Counselling and Psychotherapy said that the consultation document should have acknowledged the role of professional bodies in providing support to those undergoing an audit. The British Chiropractic and Podiatry Association said that we needed to define more fully 'support and 'guidance' otherwise we would be open to criticism that we '...are not opposed to third party assistance but only people paying for 'support' and 'guidance'.

The Chartered Society of Physiotherapy (CSP) added that we needed to reinforce the message that peer review is valuable to registrants' practice and that seeking support and guidance from their colleagues when preparing their profile (as opposed to asking a third party to write their profile) can be a helpful step. The CSP also recommended that we added a declaration to the CPD profile template asking registrants to verify that their CPD profile is their own work.

Our comments

We are pleased that the majority of respondents agreed with the proposed change to the standard.

A small number of respondents asked about how we would 'police' this standard. When we receive a profile it is administratively checked before being passed to assessors for assessment. In the event that these checks, or the assessment process, revealed suspected 'cheating', we would look into this further and, if appropriate, the matter would be referred to our fitness to practise process for further consideration. If the matter was referred to a fitness to practise hearing it would be for the HPC to prove its case; the registrant would be obliged to prove nothing.

Our document, 'CPD and your registration' is the most comprehensive guidance we have produced on CPD. In the guidance we explain that we will assess the CPD profiles we receive fairly, including those from registrants with disabilities, including dyslexia. We explain: 'When you are putting your CPD profile together, you can use any reasonable adjustments that are useful to you. For example, if you normally take notes at work by dictating to an assistant you could put your CPD profile together in the same way.'

Some respondents said that it would be important that we were clear about what registrants could and could not do in putting together their profile. In particular, respondents thought that registrant's should be able to seek help from their colleagues, employer or professional body in putting together their profile. This amendment is intended to prevent the writing of CPD profiles by third parties. However, it is not intended to prevent registrants from seeking and receiving the help of others in putting together their profiles. For example, this might include a colleague looking over a draft profile before it is submitted to us. A specific point was raised regarding online CPD systems which might include systems with some 'standard text' for use by registrants. We understand that such templates might include some standard text to help registrants approach their profiles,

similar to the suggestions made in one of our guidance documents. Using such a system would not itself constitute a breach of this standard. We will amend our guidance documents and the guidance notes we send to registrants who are invited to submit a profile so that our requirements are very clear.

We have carefully considered the suggested changes to the standard but have concluded that the existing proposed wording is sufficient and suitably captures the intent of the change. These suggestions will, however, be captured in changes to the guidance we publish.

In light of the consultation responses, we have decided to adopt this change which will be effective with immediate effect. We will update our guidance documents as appropriate in light of the change.

List of respondents

Below is a list of those who provided responses to the consultation. Where a response has been made on behalf of an organisation we have given the name of the organisation in the text. Where the response comes from an individual we have not.

We received 51 responses to the consultation; 40 responses from organisations and 11 from individuals.

We would like to thank all those who responded for their comments.

Acupuncture Association of Chartered Physiotherapists
Association for Clinical Biochemistry
Association for Perioperative Practice
Association of Heads of Psychology Departments
Association of Neurophysiological Scientists
British and Irish Orthoptic Society
British Association for Counselling and Psychotherapy
British Association of Dramatherapists
British Chiropody and Podiatry Association
British Dietetic Association
British Paramedic Association
British Psychological Society
British Society for Haematology
British Society for Immunology
Chartered Society of Physiotherapy
Children's Workforce Development Council
College of Occupational Therapists
College of Operating Department Practitioners
Council of Deans of Health
Heart of England Foundation Trust (Allied Health Professionals)
Hidden Hearing
Institute of Biomedical Scientists
Institute of Chiropodists and Podiatrists
Institute of Maxillofacial Prosthetists and Technologists
Mary Hare
NHS Birmingham East and North (Allied Health Professionals)
NHS Education for Scotland
NHS Lanarkshire
NHS Orkney
Nursing and Midwifery Council
Play therapy UK
Royal College of Midwives
Royal College of Pathologists
Royal College of Speech and Language Therapists
Sandwell and West Birmingham Hospitals NHS Trust
Skills for Care
Society and College of Radiographers
Society of Chiropodists and Podiatrists
Society of Sports Therapists

UK Public Health Register