CPD profile

1.1 Full name: Practitioner

1.2 Profession: Occupational Therapist

1.3 Registration number: AB1234

2. Summary of recent work/practice

I am a senior II occupational therapist for social services in the community working with adults with physical disabilities. I also deal with cases involving sensory integration issues. My key responsibilities are to provide assessment and intervention for those clients referred to me, taking into account their environment (home, study or work, for example) as relevant. In order to achieve optimum independence I recommend and/or provide equipment for the user and for the carer as relevant. My role requires me to consult with a range of professionals such as builders and property developers on ergonomic design, equipment providers, budget holders and other health and social care practitioners. I regularly engage in the development of others, taking an active involvement with students of my own and other professions and I advise and guide disability officers on occupational dysfunction and impact of the disease process on occupation. On a day-to-day basis I utilise skills of self-management, time management, and caseload management and use regular supervision with my manager and/or mentor to discuss and develop these issues.

I am also the local manual handling assessor with responsibility for training informal carers in the use of hoists and similar equipment. This role also includes a responsibility for assessing equipment available and needed within relevant agencies for carers to carry out their role.

Total words: 221
(Maximum 500 words)

3. Personal statement

Standard 1: A registrant must maintain a continuous and up-to-date and accurate record of their CPD activity.

I keep a portfolio which documents my CPD activity and enables me to map this against the Health and Care Professions Council's (HCPC) requirements, providing evidence of the range of CPD activity during the last two years. Maintaining a portfolio document enables me to document learning opportunities that have occurred and to reflect on the impact of these events on my practice and the user. My reflections are aided by John's model of reflection and I make use of a variety of reflective tools as recommended by College of Occupational Therapy (COT). My

portfolio contains evidence of formal and informal learning events and documents my reflections of these. These reflections are discussed regularly with my supervisor and links are made both to my current practice and to my personal development plan (PDP).

Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.

The reflective tools provided as evidence for my CPD in this statement are from my portfolio. In planning my CPD I aim to ensure that I undertake a range of activity which incorporates work-based, professional, and self-directed learning and the requirements set by the HCPC. The examples I have chosen to discuss as evidence of how I meet CPD standards 3 and 4 demonstrate the mixture of CPD activity in which I have engaged and therefore how I meet standards 1and 2.

I keep self-directed learning logs which document areas in which I need to continue to develop (clinically, professionally, and personally). I then discuss these issues with my clinical supervisor and identify learning opportunities to enable me to meet these needs where relevant. (Evidence 1: a sample of a completed self-directed learning log).

Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.

Standard 4: A registrant must seek to ensure that their CPD benefitted the service user.

I have selected a number of CPD activities from my portfolio which illustrate how I have met standards 3 and 4, as they have a direct impact on the quality of my work and on the service users and/or students with whom I work.

Clinical supervision

Regular supervision sessions with a clinical supervisor enable me to monitor my development and identify further development needs in line with my established PDP objectives, but also the opportunity to prioritise these in line with current issues and ongoing cases. An example of where this has been helpful example was during a number of cases where a new building had been commissioned to house young adults with complex physical needs. The referring body had requested a physical and mental functioning assessment of each client in order to process their admission. I was concerned that I did not have the experience of standardised mental health assessments and took the matter to supervision. In this case, referral to another agency was required and it also identified a particular learning need of my own that needed to be addressed. By updating my knowledge in this area I will be able to provide better support to this service user group the future. (Evidence 2: a sample of my supervision record and my PDP for the last two years together with the organisation’s policy and procedure followed).

Peer support sessions

I am regularly involved in peer support sessions where I meet with other occupational therapists in similar service provision where we discuss cases and interventions and debate outcomes—this enables me to explore my philosophy of practice and ensure that my practice is evidence-based and in line with current thinking. These sessions can often identify areas for further development and also areas for future research and/or development for example one discussion took place around adapting a difficult housing layout where it was not possible to install a stair lift or to add an extension yet the client needed access to bathing and toileting facilities. Through discussions I was introduced to an adaptation I had not previously been aware of (an under-stairs toilet and shower unit) and I was able to recommend this to improve the client's quality of life. (Evidence 3: reflective log on a peer support session and a copy of the client's report (anonymised)).

Formal training

Formal aspects of my CPD activity have included mandatory in service training (CPR, fire and safety, manual handling, children in need and child protection). These courses ensure that my practice is safe and current (Evidence 4: certificates of attendance and reflective logs) and I have also engaged in formal study on external courses for example:

I attended a training course on community equipment and the law, which gave me a good understanding of the law as it currently stands and changes that are expected to occur in the near future in relation to fair access to care. I gained a better understanding of these issues and about the correct application of the law in these situations. In light of my learning on this course, I raised some issues of concern within my team and with relevant management in our organisation and ensured that the framework by which criteria for services are decided was changed. (Evidence 5: evidence of referral framework before and after course and my reflections on my learning). Our service users should now receive a better service in terms of access to care.

Work shadowing

I worked alongside a senior colleague for a short period of time in order to have a clearer understanding of the procedural aspects of a manual handling role and also to consider her approach and knowledge and skills with this area. As a result of this my confidence in the role has increased and I am about to offer a more individualised and effective service in manual handling to my clients (Evidence 7: a reflective piece of this learning experience and testimonial from the senior colleague shadowed).

Journal reading

I regularly read articles in the British Journal of Occupational Therapy (BJOT) and record comments in a reflective log. I also discuss particular areas of relevance with colleagues and within supervision sessions. This helps me stay up-to-date with current professional thinking and enable me to engage in relevant discussion and debate. One such example was a client who was not sitting on his stair lift due to his size and the room available on the chair. Due to arthritis in his knees he was in

danger of falling. I had recently read an article on through-floor lifts and the requirements so I was able to further my research in this area and eventually recommend this adaptation for the client. (Evidence 8: article critique and client's report (anonymised))

Student work

I am involved with students on a regular basis and have produced a booklet on the role of the community occupational therapists that enables the student to have a greater understanding of the referral criteria and intervention for future information. It also provides the student with an up-to-date idea of equipment available (Evidence 9: copy of the booklet developed). I have also delivered a presentation to students on the undergraduate occupational therapy programme on my role. This has enhanced my ability in presentation and communication skills, as well as adapting material to suit a student audience. This has given me a basis involvement in the undergraduate programme which I would be keen to explore further, as it is beneficial for students to learn from current practice in this area.

Reflective logs

As mentioned previously, I keep regular reflective logs on issues that arise throughout my working practice. This might be areas of conflict, areas of difficulty and areas of success in order to reflect on my involvement and how this might be enhanced for the future. These reflections are regularly discussed with my clinical supervisor. An example of this is dealing with the dilemmas regularly faced in conflict between authority policy and budget with professional and ethical practice. The service in which I work prioritises referrals into cases rated as severe, moderate or mild. On assessing a moderate referral I found that the client should be prioritised as severe. This had implications for resources and intervention and I needed to defend my decision. The opportunity to reflect and discuss this issue has enabled me to gain confidence in my professional reasoning skills and to ensure that I utilise all support available to me, to provide the best possible care for the clients I'm working with. (Evidence 10: reflective log)

On another occasion I was asked to be involved in the discharge of a patient from hospital. Thinking this was a routine home visit, I conducted the visit with the patient's spouse in attendance. I was making preparations for further work to be assessed for major adaptations to be recommended when the spouse asked to see me. It was made clear that she no longer wanted her husband at home not only due to the care issues but due to ongoing marital difficulties. From this I learned the importance of effective and efficient communication with referrers in order to obtain all necessary facts and, in addition, the need for patients and carers to express their needs in confidence. I have since ensured that I facilitated clear communication with all involved before making clinical decisions (Evidence 11: supervision record detailing discussions on this case).

Total words: 1502
(Maximum 1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standards that this evidence relates to
	Summary of CPD activities of previous two years	2 pages	Standard 1
1	Self-directed learning log	2 pages	Standards 2 and 3
2	Supervision record appraisal/personal development plan(PDP) and policy system used	3 pages and 3 pages	Standards 3 and 4
3	Reflective log on peer support and client report	2 pages and 5 pages	Standards 2 and 3
4	Course attendance certificates and reflective logs	6 pages	Standards 3 and 4
5	Referral framework before and after training opportunity	4 pages	Standards 3 and 4
6	Reflective tool	1 page	Standards 2 and 3
7	Work shadowing reflective tool and testimonial	2 pages	Standards 2, 3, and 4
8	Article critique and client report	2 pages and 5 pages	Standards 2 and 3
9	Student booklet	5 pages	Standards 3 and 4
10	Reflective log	3 pages	Standards 3 and 4
11	Supervision record detailing specific case discussion	1 page	Standards 3 and 4