

We are very grateful to the National Institute Of Medical Herbalists for preparing this document and being willing to share it with us and allow us to use it



## Continuing Professional Development

### *Guidelines for medical herbalists*



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## Foreword

Welcome to the Continuing Professional Development (CPD) Handbook.

This handbook is intended to help you understand the URHP CPD Scheme, identify your CPD needs and record your CPD activities and demonstrate how your CPD has benefited you and your patients.

Our objective is to make CPD a positive and enhancing experience from which practitioners reap positive benefits, both in their confidence and practice skills.

CPD demonstrates to the public that herbalists take the enhancement of knowledge and skills to improve quality and safety of patient care seriously.

CPD has developed political significance. CPD has increased in importance in every profession whether that is accountancy, engineering or any field of medicine. It is one of a number of ways that a profession can reassure the public it serves about the professionalism of the group. For a profession it can help to construct the emerging and evolving professional knowledge of the entire group, thereby developing the entire profession.



## Introduction

Continuing Professional Development (CPD) is a lifelong learning process, which you undertake with the aim of maintaining standards and enriching your professional work.

The public takes it for granted that professionals will keep their knowledge and skills up to date. As a herbalist you are responsible for maintaining competence in all areas of your practice. CPD helps you turn that responsibility into a positive opportunity to identify and achieve your own learning and development objectives.

CPD is a term used to describe the activities you undertake which maintain and develop existing knowledge and skills following qualification and entry into professional practice, and continued throughout your career as a herbalist.

CPD enables you to provide better healthcare services for your patients through enhancing your knowledge and skills and providing opportunities to take your practice forward.

## About the CPD handbook

The first section of the guide provides useful information on the principles and processes of CPD. Taking time to familiarise yourself with the CPD process gives you a clear idea of how to plan and implement effective CPD.

The second section helps you get to grips with reflective practice.

The third section helps you create and maintain a CPD portfolio.

Finally the appendices provide you with blank forms to help you to create a portfolio and draw out learning from CPD activities and from your practice. There are also worked examples of some of the forms.

## About the CPD scheme

The URHP CPD scheme has been designed to be as flexible as possible and aims to take into account the vast array of experience of our members as well as current educational theory about such things as learning styles. It is especially important that all development should be relevant to your work as a herbalist, now and in the future. Any CPD process should serve the interests of those who do it – in this case, you.

We are not concerned with how much time you spend on training courses or seminars, or how many boxes you tick on a form. There is no formal requirement for a certain number of hours or that you gather a certain number of credits. This is not a scheme in which it is possible to attend seminars and workshops or read articles solely for the purpose of obtaining sufficient hours or points.

We see CPD as being about capturing useful experiences and assessing the practical benefits of what you have learned.

What you identify as an area for development, how you achieve it and demonstrate that you have achieved it is up to you. However we do provide some examples and forms for you to use if they will help you.

We recommend setting yourself objectives for development and then charting your progress towards achieving them. However, in recognition of different learning styles, we are not prescriptive and do not require CPD to be rigidly planned. URHP CPD is about where you want to be, and how you get there.

Reflective practice is at the heart of NIMH Continuing Professional Development. Fundamentally, our approach is based on reflection that focuses on outcomes and results, rather than 'time spent' or 'things done'.

When you evaluate each CPD activity or piece of learning you should ask yourself: what do I know now that I did not know before? What do I understand now that I did not understand before? Or what can I do now that I couldn't do before?

Ultimately the URHP CPD Scheme can be reduced to two questions and their answers:

“What did I learn?” and

“How do I intend to apply this learning?”

## The standards for continuing professional development

As a herbalist on the URHP register you must:

1. maintain a continuous, up-to-date and accurate record of your CPD activities in whatever format is most convenient for you;
2. demonstrate that your CPD activities are a mixture of learning activities relevant to current or future practice;
3. seek to ensure that your CPD has contributed to the quality of your practice;
4. seek to ensure that your CPD benefits your patients
5. keep a written portfolio containing evidence of your CPD and present a profile summarizing it upon request
6. submit an annual summary report of your CPD activities.

### The standards mean the following

- You should aim for your CPD to improve the quality of your work. It may not actually improve your work, due to factors beyond your control, but when you choose your CPD activities you should *intend* for them to improve your work.
- You should aim for your CPD to benefit your patients. As above, you may not be able to make sure that this happens, but you should have the intention of benefiting patients. If you work in education, your CPD should benefit your students and/or colleagues in addition to your patients
- If you are selected for audit, you need to send us a CPD profile to show how you have met our standards. We will send you the CPD profile to complete if you are audited.
- You can make your own decisions about the kinds of CPD activity that are relevant to your role and your work. For example, CPD activities could include attending seminars or conferences, mentoring, or reading or reviewing journal articles.
- You could create a personal development plan and structure your CPD activities around it if you wish. Our standards give you the flexibility to plan your own CPD in a way that suits your work, your learning needs, your preferences, and the time and resources available to you.
- Your development is formally recognised as an important part of being registered with the URHP. If the profession achieves Statutory Regulation, CPD will be a mandatory part of registration with the regulating body.

The standards give you the flexibility to undertake your own CPD in a way that suits your work, your learning needs, your changing circumstances, your preferences, and the time and resources available to you. What you need to ensure, however, is that you record what you do, and ensure that you are prepared to make a résumé, remembering that you may be required to justify your choices.

You make your own decisions about the kinds of CPD activity that are relevant to your role and your work.

## About the standards

The NIMH is grateful to the Health Professions Council (HPC) for permission to use their CPD standards and CPD scheme to inform the development of the NIMH CPD scheme.

*N.B. The NIMH has an additional standard.*



## What counts as professional development?

Everything that contributes to your learning is professional development. Whether you are increasing knowledge, developing a new skill, or improving your performance, it all counts. It is also important to remember that sometimes you need to practice your skills, as well as developing new ones, in order to maintain your professionalism. A list of example activities is given below.

This non-prescriptive approach reflects our intention to help and support our members in their professional development, and shows that we realise how important it is for members to be able to control and direct their own activities, development and lifelong learning. What you choose to do, and how much value you gain from the experience, will be as individual as you and your practice.

As an individual herbalist you take full responsibility for planning, documenting and reviewing your learning. To meet the URHP's requirements, you will need to identify why you undertake a particular activity, and how the learning experience from that activity has informed your practice. It is likely you will have both longer-term and short-term development needs and interests. These may result from work with specific patients or simply be an area of interest for you. While you might plan your CPD activity, it is also possible that learning opportunities will arise by chance and will trigger an interest to explore an area further. These might include chatting with a colleague, taking part in an online forum discussion, or reading an article or book. Whatever the source of your interest, it is important for you to take full advantage of every opportunity that comes along and stimulates an interest, or highlights an area for development.

Sometimes learning may result in seemingly negative outcomes rather than positive ones. For example you might decide you are interested in developing your skills and knowledge in treating children and although you do some study and additional reading, and attend seminars, after consideration you decide that you do not relate well to children and would rather not expand your practice in this area. This would be considered a negative outcome but still counts as CPD – at the very least it has led you to an awareness of yourself. Hopefully you will tend to have a greater incidence of positive rather than negative learning experiences.

### **National Professional Standards**

You may find it useful to refer to the National Professional Standards (NPS) for herbal medicine when deciding on what CPD activities you need to undertake.

You can find the NPS on the EHTPA website:

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[http://www.ehpa.eu/pdf/NPS Units Elements.pdf](http://www.ehpa.eu/pdf/NPS%20Units%20Elements.pdf)

## Examples of CPD activities

You should make a professional judgment as to which type and frequency of activity will allow you to meet the CPD Standards. The CPD scheme is based on on-going learning and development and focuses on your individual learning achievements and how these have been reflected in your clinical, or other, practice, either directly or indirectly.

This list is not intended to be exhaustive and is simply given for illustrative purposes:

- Higher education (Postgraduate diploma, MSc, MPhil or PhD)
- Attending conferences
- Attending or teaching CPD seminars (run by URHP or another organization)
- Giving a presentation at conference
- Contribution to herbal publications, articles, book reviews
- Attending regional group meetings
- Projects with URHP or other colleagues
- Attending URHP AGM
- Member of URHP committee or URHP Council
- Taking part in URHP projects
- Being a Mentor
- Supervision
- Answering patient enquiries (beyond your normal practice enquiries)
- Preparing information/advice sheets for patients
- Reflective practice
- Keeping a reflective journal
- Publishing/editing/reviewing articles in journals.
- Publishing/editing books
- Shadowing other healthcare professionals or students from other professions
- Being shadowed by other healthcare professionals
- Shadowing other herbalists or being shadowed by them (or students)
- Projects with other healthcare professionals
- Member of a committee involving other healthcare professionals
- Reading books, journals, articles related to herbal practice
- Self directed learning
- Case studies series
- Audit of practice
- Developing marketing and/or business skills (not marketing activities themselves)
- Developing computer literacy skills
- Teaching (see below)
- Contributing to a wiki
- Membership of special interest group
- Undertaking research
- Supervising research
- Providing a facility for supervised practice for members returning to practice

## What does not count as CPD?

Anything that falls within your normal work is not CPD. Seeing patients, dispensing medicines and so on are normal work activities. Reading the latest research papers on a condition presented by a particular patient is CPD.

### **Time spent planning and recording CPD**

The time you spend selecting, planning and recording your CPD does not count towards your annual requirement. Nor will the time spent compiling your CPD Record Folder and completing your CPD Annual Summary Form or an Audit Profile.

### **Teaching**

Teaching will not automatically count towards CPD. Whether or not teaching qualifies as CPD rather than being part of your daily work, will depend on the type of development involved. Direct development – through discussion and debate with colleagues (formal meetings as opposed to casual conversations), the sourcing and preparation of new lecture material, attending teacher training programmes and involvement in research – constitutes appropriate CPD. (*see below CPD in non-clinical settings*)

### **Promotional and business activities**

Activities that you undertake to develop or enhance skills which help you run or organise your business such as marketing/promotional skills or book-keeping will count as CPD. However, the act of promoting your business and activities connected with that, such as designing business cards or leaflets or distributing them, is not considered CPD. So for instance, if you attend a course on marketing it is CPD, but time spent designing an advert is not CPD. Other business activities such as maintaining patient records, book-keeping, stock-taking, meeting with an accountant, and so on are considered part of your daily work and do not qualify as CPD.

## CPD in non-clinical settings: educators, academics, researchers

As the profession of herbal medicine has developed, there are many more opportunities opening up for herbalists to work in areas beyond clinical settings, mainly in the areas of education or research.

Whatever your role you must ensure that your CPD helps you develop as a professional within that role. If your role extends beyond the clinical environment, you need to ensure that your CPD activity covers all aspects of your work.

### **The Standards for Continuing Professional Development**

The standards for professional development apply to all aspects of your work – clinical, educational, academic and research.

#### **'Current practice' (Standard 2 and 3)**

If you work in education, your practice includes your teaching practice, and your academic work.

If you work in research, your practice includes your research practice.

#### **'Beneficiaries' (Standard 4)**

If you identify your 'client' first of all, you will then have a focus for your CPD activity and know who needs to benefit as a result of your CPD.

Examples: In a clinical setting, your clients will be your patients.  
In education, your clients will be your students and your colleagues.  
In research, your clients will be your colleagues.

As a herbalist you will have attained a level of clinical competence prior to entering Higher Education. Maintaining clinical competence when you are not engaged in daily clinical work requires a degree of lateral thinking but can be achieved. CPD ensures you maintain professional competence and to keep up-to-date with professional issues.

## **Reflection for educators, academics and researchers**

There are many opportunities and areas open to you for reflection such as:

Opportunities for reflection and clinical reasoning will arise from the reflection and personal research needed in planning and evaluating teaching sessions.

The symbiotic relationship between teaching and research;

How research informs teaching and provides it with criticality;

How teaching may involve an inquiry-based approach to learning

Consideration of the role of a clinical educator and factors (personal, professional, cultural, ethical etc) that impact on the role

Individualised learning

Learning in the workplace

Mindful practice

Critical incidents

Action research

The role of historical research

## **So what sorts of things should you include in your CPD if your work involves non-clinical settings?**

Personal Development Plan

Developmental actions arising from appraisal

Developing teaching skills

Undertaking further study and attaining higher degrees.

Scholarly activity

Reflection on all aspects of your work

## **Professional focus**

Keeping up to date with professional issues and skills includes:

- reflection on practice and attendance at herbal medicine orientated courses, seminars, conferences and workshops;
- actively participating in special interest study groups;
- research and audit projects about clinical, practice and service issues
- active participation in profession-led initiatives

## **Personal focus**

We learn many skills in non-therapeutic settings which may be relevant to our practice – involvement in a community group, bringing up a family or traveling.

Personal development can be very relevant to CPD.

**Patient focus**

If you have an interest in a particular condition or patient group you could work with a group of practitioners/colleagues to develop and build a knowledge base of that condition/ demographic. Your collective reflective process may provide the evidence base for the future of the profession.

**Employment-based focus**

Some of your CPD may involve activities which arise out of objectives set by your employer, perhaps arising from your annual appraisal. For instance keeping up to date with technology and IT initiatives.

**Academic focus**

This will include:

- studying for higher degrees
- developing research skills; attending seminars/workshops on research/methods
- writing and contributing to books and articles in journals
- undertaking and disseminating research through publication
- supervising/mentoring research

**Educational focus**

Your employer will expect you to continue to develop competence to teach. Those new to education are expected to complete a teaching certificate or in-house equivalent.

CPD as an educator should include:

- on-going regular staff development on a wide variety of teaching related issues
- (in-house or otherwise)
- activities in the wider field of clinical and academic education
- courses, workshops, networking and web-based activities related to teaching in
- higher education, particularly in healthcare settings

## Annual Summary

All members will be required to submit an Annual Summary and Declaration of Compliance. The Annual Summary of CPD activity must be returned to the URHP Registrar by 31 March each year to remain on the register.

Members who do not submit an annual report by the due date will be deemed to have lapsed their membership. Re-admission will be subject to paying the appropriate fee and submitting the necessary documentation including the Annual Summary of CPD activity.

### **Annual monitoring and audit: The Audit Process**

Each year a sample of members will be selected at random for CPD audit. If you are selected for audit you will be required to complete a CPD profile and provide evidence of your CPD activity which demonstrates how you have met the CPD standards. You will be given a date for completion.

The profile will consist of:

1. A summary of practice history for the last two years (maximum 500 words)
2. A statement of how the CPD Standards have been met (maximum 1500 words)
3. Evidence to support your statement such as certificates of attendance.

The summary of your practice history should help you to show how your CPD activities are linked to your work.

Your statement of how you have met the standards should clearly show how you believe you meet each of the standards, and should refer to all the CPD activities you have undertaken and the evidence you are sending in to support your statement.

The evidence you send in will back up the statements you make in your CPD profile. It should show that you have undertaken the CPD activities you have referred to, and should also show how they have improved the quality of your work and benefited your patients and/or students. Your evidence should include a summary of all your CPD activities. This will show that you meet standard 1.

Your evidence should also be able to show that your CPD activities are a mixture of learning activities and are relevant to your work (and therefore meet standard 2).

For full details see The Audit Process (available on Sharepoint website)

Examples of CPD evidence to include in your portfolio and/or with your audit profile.

### **Things you may have produced**

- Information leaflets
- Case studies (anonymised, and with consent)
- Critical literature reviews
- Documents relating to URHP processes (e.g. mentor or clinical supervision)
- Reports (e.g. on project work, clinical audit, reviews of activity)
- Business plans
- Guidance materials (e.g. for patients, colleagues or students)
- Clinical audit tools
- Course assignments
- Action plans
- Course programme documents
- Presentations
- Articles produced for publication
- Contributions to the work of a professional body
- Contributions to the work of a special interest group
- Contributions to a wiki
- Mind maps, drawings, diagrams, CDs, DVDs, web-pages,
- Questionnaires
- Research papers/proposals/funding applications/ethical approval applications
- Induction materials for new members of staff
- Posters

### **Materials demonstrating reflection and evaluation of learning & practice**

- Profiles drawn from portfolios (or reflective journal)
- Evaluation of courses/conferences attended
- Personal development plans

### **Materials acquired from others**

- Testimonies
- Letters from patients, carers, students or colleagues
- Course certificates

## Deferral or waiver of the requirements

The URHP CPD department is able to exercise some flexibility in the enforcement of CPD requirements. It may be possible to reduce or waive your CPD requirements under special circumstances. Those experiencing genuine difficulty will not be expected to fulfill the normal compulsory CPD requirements. If there is any reason why you cannot comply with the CPD regulations in any particular year, you should contact the CPD department immediately for advice. Any request for a reduction or waiver of CPD requirements must be submitted in writing using the Deferral/Waiver of CPD requirements Form. Each case will be considered on an individual basis.

For example, the following will be exempt:

Members unable to meet the requirements due to serious ill health

Members on maternity or parental leave

Members providing care to a family member with a critical, terminal or chronic medical condition

Members suffering bereavement

Other circumstances will be considered on their individual merit. It should not be assumed that reduction or waiver is automatic.

If exemption is granted, it will be for a specified period of time, based on the special circumstances stated in the application up to a maximum of 12 months in any given CPD year. After 12 months an application for extension of exemption will be considered. In the case of a member's ill health or caring for an ill family member, the exemption, once granted, will remain in force for up to two years. The onus is on the member to advise the URHP when the circumstances cease to exist.

Members who begin their maternity leave or care-giving or become ill during the course of the CPD year are expected to have undertaken CPD activities up to the date they stopped work or were granted exemption. An Annual Summary of CPD activity will need to be submitted for the period covered, unless the member's exemption specifically covers this requirement due to the particular nature of the member's circumstances.

Retired members (that is those members who have fully retired from all practice and practice-related activities) are automatically exempted from the requirements of CPD.

## Returning to practice after a break

Whilst CPD is compulsory for all practising members, we recommend that members on career breaks undertake some CPD to maintain competence and make returning to practice easier. We can become de-skilled quickly when our knowledge and skills are not used regularly, so it is prudent to remain current if you intend to return to practice.

### **Updating skills and knowledge: returning to practice**

If you have been out of practice for a period of time, you will need to complete an updating period before returning to practice. When you return to practice, our requirements mean that you can decide to update your skills and knowledge in a way that is most convenient and beneficial for you. You determine what you need to update, submit a plan to us, undertake the necessary work and submit evidence of completion when you have done this. You may find it beneficial to have a colleague mentor you during this period.

### **Minimum requirements for returning to practice**

Every professional has an obligation to ensure that they practise safely and effectively within their scope of practice and that they maintain Fitness to Practise (FTP). The requirements we set for returning to practice are minimum requirements. You may feel that you need spend longer updating your skills and knowledge before you are able to return to practice confidently. This might include a longer period of supervised practice. To ensure you meet the competence criteria for practice and to inform your Development Plan for returning to practice you may find it helpful to refer to the Core Curriculum Learning Outcomes. In addition, the EHTPA offers detailed information about Western Herbal Medicine Curriculum requirements (see page 9 for link to NPS).

This updating period can be made up of a combination of supervised practice, formal study or private study. Formal study can include attendance at seminars and conferences, or private arrangements on EHTPA accredited courses.

### **Minimum amount of time required**

Under 2 years - no updating required but you must be able to demonstrate FTP

2 -5 years - 10 days updating

5 yrs or more - 30 days updating

50% of your updating should be in a clinical setting (you can either go to a training clinic or shadow a colleague)

You should submit a CPD plan to the Admissions Board indicating what you will do to update and rebuild the competencies that you need to return to safe, effective and confident practice.

The updating period must take place within 12 months of the date in which you apply to come back onto the register.

## In summary

### **CPD is:**

- continuous and lifelong - professionals should always be looking for ways to improve what they do and increase their knowledge
- the responsibility of the individual learner to own and manage
- driven by the learning needs and development of the individual
- evaluative rather than descriptive of what has taken place
- an essential, integrated part of professional life, not an optional extra
- a process rather than a series of discrete events. This process involves a cycle of identification, action and reflection



## Overview of the NIMH CPD scheme

- Applies to all URHP members with the exception of retired members
- Based on the principles of reflective learning
- Does not specify time spent or credits gained but is based on individual learning and development needs
- Individuals responsible for identifying their own learning interests and needs and how these are met
- All members to maintain their own records of CPD
- Individual members to show how their learning meets the CPD standards
- Individual members to show how their learning relates to improving patient care and/or the development of the profession
- Individual members to submit an annual summary by 31<sup>st</sup> December each year
- URHP to monitor compliance with CPD requirements together with more intensive sampling of members' records of CPD done randomly
- Individual members to ensure they keep their records for at least 7 years.
- Failure to comply may lead to removal from the register

## Frequently asked questions

### **What if I don't have the time?**

One of the most common misconceptions about CPD is that it takes extra effort over and above your normal daily activities to deliver results. Actually, the most effective professional development flows from the experiences and challenges you encounter in your everyday role. Some people set aside a regular hour or so a week to reflect on what they've done, plan development or spend some time reading or researching. Many members find that they're already doing CPD without realising it – it's just a matter of 'feeling the benefit' and getting into the habit of recording it.

### **Is there a minimum number of hours of training I have to do?**

In short, no. There are very few things that you 'have to do' with CPD. We don't specify a minimum number of hours of training, or even the kind of learning experience you should have. For those who like to have some guidance, you should be spending between half an hour to an hour a week on your CPD at least.

### **Is there a particular way I have to present my CPD?**

We don't provide rigid templates or lay down restrictive rules for planning or recording your development activity. You'll find examples in this handbook, but that's all they are – you don't have to follow them. As long as you clearly identify the practical value of the things you've learned, you can do whatever suits you. The thing to remember is that records and logs are tools for planning and reflection. CPD is what you experience, learn and then apply.

Some people find it helpful to write things down in detail, while others record 'insights and learning points' in their diaries as they go along. This helps them to assess their learning continuously. These records and logs are useful tools for planning and reflection. In the same way that it would be difficult to do your accounts in one go when you have to submit a tax return, it would be difficult to review your learning and learning needs yearly without recording your experiences regularly.

### **Do I have to obtain a certain number of credits or get approval for attending a conference or seminar?**

You do not have to seek approval of your identified learning needs at any stage in the process. You simply identify your learning needs and provide evidence of how you have met them and what value you have gained from the experience. We do recommend that you obtain attendance certificates when you attend a non-NIMH seminar or conference and keep them in your portfolio as evidence, and use them if your CPD is called for audit.

**I only work part-time; will I be required to complete the same amount of CPD as someone who works full time?**

All members irrespective of whether they work full-time or part-time are required to meet the Standards with the onus being on the individual to select which CPD activities best suit them and will allow them to meet the standards.

**I find it difficult to attend seminars. Am I obliged to attend them?**

No, you do not have to attend seminars. There are many ways to fulfill your CPD requirement and the URHP is continually working on new ways to provide CPD activity. You can take advantage of any of them and many of them mean you do not have to go anywhere. However, herbalists often work in isolation so we encourage members to find ways to meet and interact with other members as well as other healthcare professionals to share good practice.

**I am a lecturer and I'm in full-time (or part-time) employment with a university. It is clear what CPD is expected of practising clinicians but what would be required of clinicians who are lecturers and therefore are not doing the same 'hands-on' work as our colleagues in private practice?**

In order to remain registered and to use the protected title all registrants including clinicians, academics, researchers and managers must continue to meet the standards that have been set. The handbook gives additional guidance to members working in education or research.

**How long do I need to keep my CPD records for?**

You should keep your records for at least 7 years.

## **Comments please**

The URHP CPD scheme has been revised and developed over a number of years, through consultation with the profession and research into best practice in other professions, including healthcare.

It is hoped that you will find the CPD scheme sufficiently fair and flexible to adapt to your lifestyle and development needs. However, we realise that in practice you may encounter difficulties with the scheme or you may identify areas for improvement.

The handbook and the CPD scheme will be kept under regular review. We do value your responses and want to make the handbook as useful to you as it can be. The URHP encourages you to send us your comments and suggestions.



URHP

## Continuing Professional Development

*Guidelines for reflecting on your practice*



## Introduction

Reflective practice is now an accepted part of developing professional expertise and reflection is considered to be what turns experience into learning and therefore professional knowledge. It may seem obvious to state it, but reflection is central to development of reflective practice.

Within the URHP CPD scheme, reflective practice and reflection are considered an essential part of professional development. Through reflection we can examine our strengths, weaknesses and identify areas for development. It forces us to question what it is that we know and how we come to know it.

Learning is an activity we can engage in throughout the whole of our lives. By developing your own skill at learning from experience, it is fairly obvious that you have a lifetime of experiences from which to learn. Engaging in reflective practice and learning to do it effectively is one way to ensure that you learn from your experiences.

Reflection is not an end in itself. The purpose of the activity is to learn and to be able to use that learning in the future, so that we can act in a more informed, thoughtful way. By reflecting we might learn of a new way of doing something - possibly something that will be beneficial for those we work with - hence developing the effectiveness of our practice.

Reflecting on practice can help us to gain a deeper understanding of what we are doing and why, as well as discovering ways we could improve upon this. It helps us to analyse situations where we may experience doubt or some sort of problem so that we can transform those and future situations. Basically in reflecting on practice we are using the experiences that we have in life in such a way as to learn and develop from them.

*A great deal has been written about reflection and reflective practice. It is not our intention to provide a full explanation of reflection and reflective practice here. Instead there is a very basic outline below and some 'tools' to help you reflect on your work. Undertaking a study of reflective practice could be a complete and valuable CPD activity. If you wish to study reflection/reflective practice in detail a suggested reading list is given at the end, along with some online resources.*

## Reflective Practice – developing as a reflective practitioner

The concept of critical reflection was originally promulgated by John Dewey in 1916 who said “*We learn by doing and seeing what becomes of our actions*”.

The concept was developed by Donald Schön (1983,1990) who identified two types of ‘reflection’:

- ‘reflection-on-action’ which happens after the experience, enables learning from clinical practice and promotes development of such practice.
- ‘reflection-in-action’ where the competent practitioner uses knowledge, experience and judgment to guide decisions in real life clinical situations as they are happening.

Reflective thinking is more than just a simple awareness of our experiences.

*‘It is not sufficient simply to have an experience in order to learn. Without reflecting upon this experience it may quickly be forgotten, or its learning potential lost. It is from the feelings and thoughts emerging from this reflection that generalisations or concepts can be generated. And it is generalisations that allow new situations to be tackled effectively.’ (Gibbs 1988)*

Most herbalists continually reflect on their clinical practice, critically analysing and evaluating their clinical decision-making, and their interactions with patients and colleagues. This constant reflection allows learning from every opportunity offered by the clinical experience, and as a result practice is constantly being fine-tuned. When you reflect on your practice, you are able to make the most of your clinical work. Reflection can be an essential tool for life long learning leading to the improvement of clinical practice but it can seem to be such a natural process that there is a danger that it may be taken for granted.

Being a critically reflective practitioner should be both challenging and rewarding, as you become more aware of how you practise and change that practice, and the possibilities begin to grow before you.

Reflection is a skill which needs to be developed and enhanced. Reflection is not an ‘add-on’ to your practice but is an integral part of it. Successful reflection enables self- awareness, personal and professional growth. It is associated with improvement in the quality of care and closing the gap between theory and practice.

## Critical incidents (also known as significant events)

Reflection and analysis of 'critical incidents' is widely regarded as a valuable learning tool in medical practice. Critical incidents are snapshots of something that happens in practice. The term 'critical incident' is used to describe events which are significant **for you**, and which lead you to reflection. A critical incident may be something positive, or negative, and it does not need to be a dramatic event – it may be something quite minor, mundane or trivial but nevertheless has significance for you. A critical incident is something which made you stop and think, or one that raised questions for you. It may have made you question an aspect of your beliefs, values, attitude or behaviour. It is an incident which in some way has had a significant impact on your personal and professional learning and development.

Critical incidents might include an aspect of your work that

- went particularly well
- proved difficult
- you found particularly demanding
- increased your awareness, or challenged your understanding,
- an incident involving conflict, hostility, aggression or criticism

*(based on Fook & Cooper, 2003).*

For instance, a critical incident might include:

a patient presenting with an unusual condition

a compliment

an unfamiliar enquiry

a treatment going well (possibly unexpectedly or better than you expected)

a difficult situation (e.g. a patient or yourself becoming upset or angry during a consultation)

a communication problem (e.g. with a patient or colleague)

an interaction with a patient that made an impression on you (either positive or negative)

an incident that made you feel inadequate in some way

a time when you felt confronted

an incident, which made you think differently, or caused you to question your assumptions or beliefs

a medical emergency

repeated DNAs

a complaint

Critical incidents may relate to issues of communication, knowledge, treatment, culture, relationships, emotions or beliefs.

Many 'critical incidents' occur during your professional work and you are encouraged to record and analyse them in your reflective journal.

On first sight it may appear that reflective practice has a tendency to look at 'critical incidents' negatively and this has been highlighted in the work of Alger. i.e.: what went wrong? What do I have to change? Why didn't that activity work? (Alger, 2006).

The aim of reflection should be to acknowledge what was good or positive, as well as identifying potential areas for improvement. Looking at an incident and the questions it raises is an important part of understanding the nature of reflection and the value of reflective practice. A problem may be a starting point for reflection, but it is not the only one. We may tend to focus on the patients who do not seem to respond to treatment, as we strive to find solutions to their problems. By giving adequate time to what is done well, our reflections may help us find solutions to the areas that are more problematic. Although a problem may be important, it often 'seems to attract more attention than may be warranted and in doing so afforded great status than other aspects of the reflective process' (Loughran, 2006).

Therefore, aim to ensure when you reflect that you pay attention to the positives as well as the problems, and avoid being overly negative as far as possible.

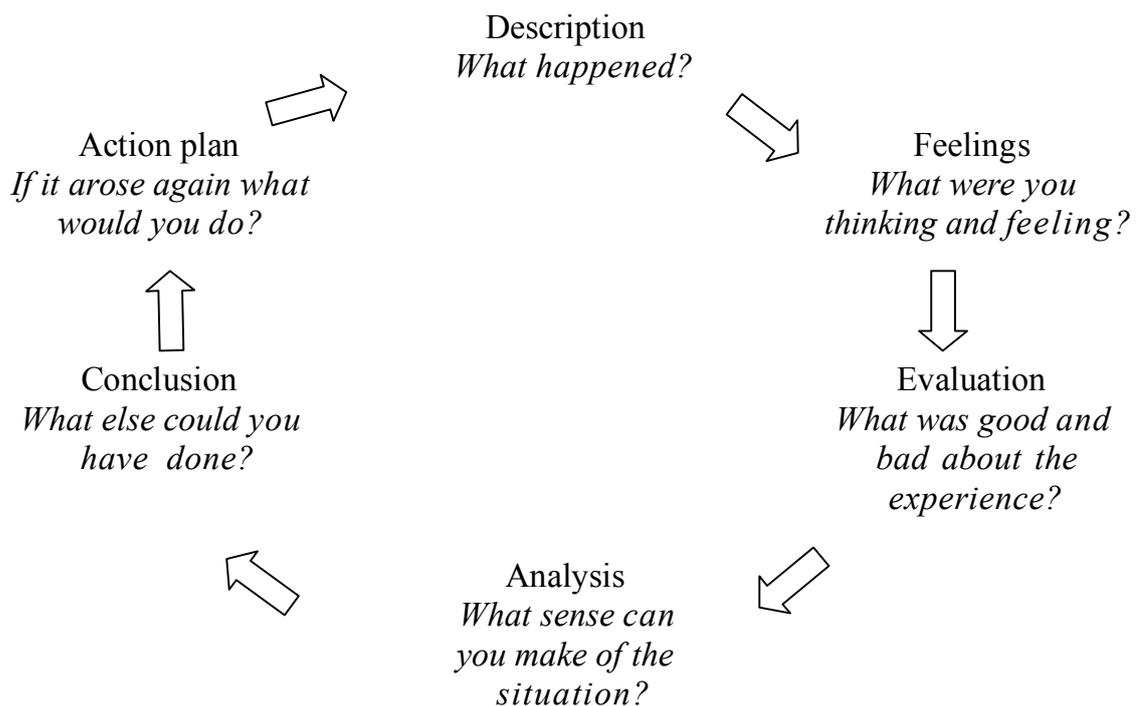
To be effective at reflecting on your practice you will find it useful to use:

- a notebook to jot down questions, thoughts, observations as they occur while these triggers for learning are fresh and sharp (see below for further help in creating and using a reflective journal)
- a framework to help you adopt the discipline of reflection and capture learning opportunities. There are a number of such frameworks available, for example see Gibb's cycle below (others include Kolb's learning cycle).

Utilising a framework such as Gibbs (1998) or Stephenson's (1993) can assist you to critically reflect on your practice.

## Gibbs Reflective Cycle

Gibbs (1988) developed the following reflective cycle in order to provide structure for reflecting on an experience or situation. It is fairly straightforward and encourages a clear description of the situation, analysis of feelings, evaluation of the experience, analysis to make sense of the experience, conclusion where other options are considered and reflection upon experience to examine what you would do if the situation arose again. This cycle can be used to help with your reflective writing.



## Stephenson's Framework

Choose a situation and ask yourself:

What was my role in this situation? Did I feel comfortable or uncomfortable? Why?

What actions did I take? How did I, and others act? Was it appropriate?

How could I have improved the situation for myself, the patient, others involved?

What can I change in future?

Do I feel as if I have learnt anything new about myself?

Did I expect anything different to happen? What and why?

Has it changed my way of thinking in any way?

What knowledge from my theory and research can I apply in this situation?

What broader issues, for example ethical, political or social, arise from this situation? What do I think about these broader issues?

*Stephenson 1993, in Palmer, Burns and Bulman, editors, 1995:56-57.*

## Reflective Questions

The following is a set of questions that could be used to assist your thinking, perhaps when you are writing up your reflections on practice in a diary or when you are thinking back over an experience.

What was I aiming for when I did that?

What exactly did I do? How would I describe it precisely?

Why did I choose that particular action?

What theories/models/research informed my actions?

What was I trying to achieve?

What did I do next?

What were the reasons for doing that?

How successful was it?

What criteria am I using to judge success?

What alternatives were there?

Am I satisfied with how I dealt with the situation?

Could I have dealt with the situation any better?

Would I do anything differently next time and why, or why not?

How would I do it differently next time?

What do I feel about the whole experience?

What knowledge/values/skills were demonstrated?

How did the patient feel about it?

How do I know the patient felt like that?

What sense can I make of this in the light of my past experience?

Has this changed the way in which I will do things in the future?

## Keeping a Reflective Journal

Whether you use the term diary, journal or learning log, a lot of attention has been given to the value of recording events and experiences in written form. According to Richardson and Maltby (1995), the exercise of diary writing promotes both the qualities required for reflection, i.e. open-mindedness and motivation, and also the skills needed to reflect i.e. self-awareness; description and observation; critical analysis and problem-solving; and synthesis and evaluation.

You may find the terms learning journals, logs and reflective diaries used interchangeably. However, the purposes of each of them differ slightly. When keeping a learning journal, the emphasis is on making explicit, and recording, the learning that occurs. Reflective diaries, as the name suggests, are more concerned with demonstrating reflection on an experience, while logs are a record of events that have happened. They usually, however, all have an aspect of reflection in them. (*Jennifer Moon*)

Each person will have a different way of keeping a reflective journal. However, there are some general points to keep in mind

Your journal should be:

- A record which is useful to you
- A cue to memory
- Honestly written
- Enjoyable to you in its production

It can be used:

- To describe key events in your practice
- To evaluate key events in your practice
- To engage in focused evaluation of recurring themes
- Reflect on what may have become habitual
- Develop and appraise action taken

### Getting Started:

- Set aside time for writing
- Allow time for sifting your thoughts and ideas
- Do not worry about style, presentation
- Remember that the aim is to facilitate reflection on practice

Try to find evidence to back-up your thoughts: what evidence do I have for what I have just written?

## **Things to do and things to avoid in keeping a reflective journal**

You will get most out of your reflective processes if you set aside sufficient time on a regular basis to stop and think, as well as write about your practice and critical incidents that occur in it.

Take time to stop and think. Perhaps the major obstacle to learning through reflection is not devoting sufficient time to it, and consequently failing to explore an experience in depth.

You should avoid a mechanical or mechanistic approach to reflection, so that you get the most out of it. If you do not engage fully in the process of reflection, it will not lead to meaningful insights or positive change.

Be as objective as possible about yourself and the impact of your actions.

Be honest.

Adopt an open, non-defensive attitude to the experience.

Focus on the deeper levels of meaning – moral, ethical, social and/or professional issues, in addition to your emotional response.

The following article gives an excellent account of how to keep a journal, its purpose and value, as well as helping you with the process. We strongly recommend you read it.

[http://www.infed.org/research/keeping\\_a\\_journal.htm](http://www.infed.org/research/keeping_a_journal.htm)

The starter questions below come from the above article:

“Ron Klug (2002) has come up with a helpful set of starter questions for an 'end of the day' type of journal. We have amended these here slightly - they can be further amended so that they can be used at any point in the day:

As I look back on the day, what were the most significant events?

In what ways was this day unique, different from other days?

Did I have any particularly meaningful conversations?

Did I do any reading? What were my reactions to it?

How did I feel during the day? What were the emotional highs and lows? Why did I feel as I did? Is God or my spirit trying to tell me anything about these feelings?

Did I find myself worrying about anything today?

What were the chief joys of the day? What did I accomplish?

Did I fail at anything? What can I learn from this?

What did I learn today? When did I feel most alive?

Last, it is important to be honest when writing journals. 'Write how you really feel and not how you think you *should* feel. Record what you really think, not what you believe you *ought* to think' (Klug 2002).”

### **A final note**

Reflective diaries are a private record of experiences. It is important to use them to report thoughts, feelings and opinions rather than merely the factual events of the day. By reporting personal feelings following an event, experiences can be used to create learning.

It is important to use your reflective journal to record positive experiences and achievements as well as the not so positive.

## Reading list if you want to take reflective practice further

### Reflective practice

Bolton, G. (2005) *Reflective Practice. Writing and professional development*. 2e. London: Sage. Popular text that explores how practitioners can critically engage with their actions and feelings.

Boud, David et al (eds.) (1985) *Reflection. Turning experience into learning*, London: Kogan Page. 170 pages. Good collection of readings which examine the nature of reflection. The early chapters make particular use of Dewey and Kolb.

Dewey, J. (1933) *How We Think*, New York: D. C. Heath. Classic and highly influential discussion of thinking.

Schön, D. (1983) *The Reflective Practitioner. How professionals think in action*, London: Temple Smith. 374 + x. Influential book that examines professional knowledge, professional contexts and reflection-in-action. Examines the move from technical rationality to reflection-in-action and examines the process involved in various instances of professional judgment.

Schön, D. (1987) *Educating the Reflective Practitioner*, San Francisco: Jossey-Bass. 355 + xvii pages. Development of the thinking in the 1983 book with sections on understanding the need for artistry in professional education; the architectural studio as educational model for reflection-in-action; how the reflective practicum works; and implications for improving professional education.

(For a useful critique see M. Eraut [1994] *Developing Professional Knowledge and Competence*, London: Falmer;).

The idea of reflection-in-action is explored in M. K. Smith (1994) *Local Education*, Buckingham: Open University Press.

### Keeping a Journal

Bolton, G. (2005) *Reflective Practice. Writing and professional development*. 2e. London: Sage. Popular text that explores how practitioners can critically engage with their actions and feelings.

Holly, Mary Louise (1989) *Writing to Grow. Keeping a personal-professional journal*, Portsmouth, New Hampshire: Heinemann. One of the best guides to journaling for professional growth. Written initially for teachers it explores reflective writing, understanding experience, gives practical suggestions for writing about experience and examines different dimensions of personal and professional inquiry.

Klug, Ron (2002) *How to Keep a Spiritual Journal. A guide to journal keeping for inner growth and personal discovery* (rev. edn.), Minneapolis: Augsburg. Now in its fourth edition, this rightly popular book is a good starting point for journaling as a spiritual practice.

Moon, Jennifer (1999) *Learning Journals. A handbook for academics, students and professional development*, London: Kogan Page. A helpful introduction to learning journals that not only looks at their possibilities and how they may be kept, but also reflects on their use within education and training programmes.

Rainer, Tristine (1978, 2004) *The New Diary. How to use a journal for self-guidance and extended creativity*, Los Angeles: J. P. Tarcher Inc. Reissued with a new introduction in 2004, this book is rightly regarded as a classic. It provides a good introduction to the writing and keeping journals and opens up different approaches.

Progoff, I (1975) *At a Journal Workshop*, Dialogue House Library, New York

Rogers, C (1969) *Freedom to Learn*, Charles E. Merrill, Columbus Ohio

<http://www.ucd.ie/teaching/printableDocs/Good%20Practices%20in%20T&L/learningJournals.pdf>



URHP

## Continuing Professional Development

*Creating and maintaining your CPD portfolio*



## Introduction

In order to meet CPD standards URHPmembers must maintain a CPD portfolio containing a record of learning activities, which shows what activities have been undertaken, evaluates what has been learned from them and reviews how the learning has impacted on practice.

This guide provides you with information that you can store in your own portfolio. At the end of this document, you will find the URHP example portfolio, which breaks down some possible sections and forms that you may choose to use. You should not feel restricted to using the forms in this portfolio – if you have other templates that work for you or a portfolio that you are happy with then feel free to continue to use this. There are also some worked examples to give you some guidance in completing your records.

If your CPD portfolio is going to be a really valuable resource, it needs to contain the right things and be in a format that works for you. Your CPD portfolio should work for you and not the other way round, so feel free to select just the sections which are relevant to you or invent new approaches most appropriate to your own needs.

You may have a portfolio already but are not sure what to do with it to meet the standards or you may not yet have begun the process of portfolio keeping. This guide will help you create a portfolio from scratch or use your existing portfolio as a record and for reflection on your continuing professional development (CPD) to meet the standards.

The guide will also show you what you must do each year to show you have met CPD standards.

CPD portfolios are not an end in themselves, but a vehicle for planning, capturing and acknowledging learning. We hope you find this useful for developing your practice.

## **What is a portfolio?**

A portfolio is a private collection of evidence that demonstrates learning and development. It is also a tool for planning future learning. It is more than a record of CPD activity; you can use it as a tool for assessing your current skills and knowledge, identifying objectives, reflecting on and evaluating learning, which affect your practice. The information within your portfolio should be more than a record of activity. It should focus on what you have learnt and how you applied this to your practice.

A portfolio should be a private and personal document, but you can use it to extract relevant entries and evidence for a particular purpose. Should you want to get feedback on the contents or structure of your portfolio from e.g. your colleagues, you can remove information from it that you do not want others to see.

Although we are not prescriptive about how you do it, you do need to keep a portfolio as a URHP member. We won't ever ask to see your portfolio – it is for your private use and development. However, you will need to extract some information from your portfolio if you are selected for audit.

In short, a portfolio is a record of your CPD for your personal use.

## **What is a profile?**

A profile is a public collection of evidence, which is selected and extracted from your portfolio for a particular purpose in order to present it to a particular audience. You choose to extract relevant information from your portfolio and present it in a suitable or required format.

A profile should be relevant, up to date, structured and concise so the reader is able to find and understand the information within it.

As a URHP member, you will need to create a profile if your CPD is audited.

If you are selected for audit we will provide you with guidance and documentation to help you present the information appropriately.

In short, a profile is a synopsis of the evidence and records that you have collected in your portfolio.

## Why keep a portfolio?

There are many advantages, at a **personal** level, of keeping a portfolio. These may include:

- Reminding yourself about the quality of your work
- Renewing your sense of self-esteem
- Creating opportunities for managing your own CPD
- Using your CPD as a means of learning. (Gathering evidence about learning and development is, in itself, a legitimate professional practice.)
- Being at the heart of any professional discussion by providing a spring board
- for conversations about progress and development, or about your personal
- professional knowledge or the knowledge, actual and evolving, of the profession
- as a whole.
- supporting shared good practice

Increasingly we're asked to produce evidence that supports what we say about ourselves as professionals and about the work we do. A CPD portfolio is about managing the process of keeping this evidence as well as recording achievement and development, both personal and professional, in a way that is convenient to the individual.

The value of all the CPD activity you undertake can be summed up in answering two questions. The answers to these two questions are the basis of your portfolio and its contents.

“What did I learn?” and

“How do I intend to apply this learning?”



## Compiling your portfolio

Storing evidence is not usually the problem; storing it in such a way to make it retrievable, is more likely to mean the process becomes sustainable over time. Establishing the categories and classification for that storage will aid retrieval. Your initial thinking could include deciding what the most useful categories might be and beginning with these.

It is important to use your portfolio in the way that suits you best.

## Organising your portfolio

There is no right or wrong way to compile your portfolio, as it should be designed to suit you.

Allocate some time to start the process. We recommend that you create an A4 ring-binder or Lever Arch type of file, with plastic wallets and card dividers if you want them. If you begin by making sure you can find all your information easily by making clearly identified sections, using a set of dividers if necessary, it will be easier for you to add to it or to retrieve information when you need it.

Some tips for organising your portfolio:

Find a system/structure that suits you. You might choose to structure your portfolio in four broad sections (planning your learning, formal learning, informal learning, evidence of learning) or you might have more sections (personal development plan, attendance records for seminars and conferences, reading, incidental learning, records of CPD activities).

Take some time to consider the areas you want to include

Have some spare section dividers for when a new area arises

Collect relevant existing information e.g. certificates, but don't try to go back and recollect informal learning. Start from today and move forwards.

Create a contents sheet for your portfolio so you can file records quickly in the right place. You might wish to create contents sheet for each section with entry dates for easy reference to help you keep track of your portfolio information.

*(Sample provided)*

Audit your portfolio regularly and update it annually. Keep the size down by moving out of date information to either a storage section/folder or another file.

Remember you must keep your records for 7 years.

Auditing your portfolio prior to your submitting your annual summary of activity will help you to consider what your achievements have been and what your future learning needs and interests are.

# Keeping Records

## Keeping records up-to-date

We all tend to put 'administrative' tasks to one side thinking that we will 'do it later'; our CPD record keeping can be no different. We also know that later never comes! It is important that you keep your records updated regularly, particularly if you are trying to apply your learning to improve your practice, you will need to reflect upon your learning, and this becomes more difficult the longer you leave it after an activity.

Try to keep notes of informal learning that happens during your everyday work – perhaps in a logbook or diary, or directly into your records.

After more formal events, such as a training course, complete a reflective record – as well as being easier to do soon after the event, this will help to reinforce what you have learnt.

## Time management

Setting aside time on a routine basis to review and update your portfolio is helpful. Whether you do this daily, weekly, monthly or annually, it is best to schedule time in your diary when you can focus on your development needs.

Keeping your records up-to-date is much easier when things are fresh in your mind. Making time to jot something down, even if it's just in note form, will make your records more accurate and meaningful, and will save time in the long run.

All records can be useful. It is important not to duplicate paperwork and the effort of writing things up, but it is also important that you make sure that you are accumulating sufficient evidence.

## Creating retrospective records

Creating retrospective records is difficult, but can be done if necessary. Look out old certificates or course notes. Produce a chronological record of key learning events, and think back to try to recall the significant learning that occurred. An exercise like this can produce more than you might think, and will form a good basis for future records.

## Reviewing your portfolio and your CPD

You should undertake a full review of your activities and your CDP annually, but you can also review what you are doing as you go along. You can monitor and review the effectiveness of a planned activity and modify it as necessary.

## Portfolio contents

What you put in your portfolio should reflect the breadth and scope for CPD activity, and be a mixture of activities. Examples of CPD activities are given elsewhere in the CPD handbook and you can choose how you provide evidence of your activity – if you are selected for audit you will need to be able to explain and justify your choices.

To summarise CPD and therefore your portfolio contents, you should include evidence for any or all of the following examples:

- *Work-based learning*, for example, reflective practice, clinical audit, critical incident analysis, membership of a committee;
- *Professional activity*, for example, member of specialist interest group, mentoring, teaching, presentation at conferences
- *Formal/ educational*, for example, courses, undertaking research, distance learning, planning or running a course;
- *Self-directed learning*, for example, reading journals/ articles, reviewing books/ articles, updating knowledge via internet/ TV/ press;
- *Other activities*, for example, public service, public education, public talks and exhibitions.



## **What to include**

Your portfolio needs to demonstrate how any newly acquired or revised knowledge and skills have changed your practice.

A certificate of attendance for a course should be included but you need to reflect on the course itself; this could be detailing the key learning points for you and how this has impacted on your practice. For instance this could be attending a one day seminar, adding to your dispensary as a result and using a specific herb that you learnt more about at the seminar but hadn't used before, prescribing it for a certain patient.

Your portfolio should show varied ways of learning - more than just "formal" learning. Often the most valuable learning experience is that achieved from interactions with others - patients, their carers or colleagues for example. These do not need to be situations where things have specifically gone well or badly but are simply any interactions which have given you the opportunity to reflect and learn. A conversation with a patient might lead you to e.g. write something on the glycaemic index and weight management for your website or for a practitioner wiki.

It is also a good idea to include any of the following information that you have completed or gathered:

- A copy of your CPD Annual Summary Form for the previous year
- A personal development plan if you have one
- A log of activities
- Attendance certificates from CPD events you have attended
- Evaluation or reflections on events you have attended
- Information leaflets
- Literature reviews, articles you have written
- Reflections on experience from day-to-day practice
- Reflections on reading or research you have done
- CDs, DVDs, pictures, mind maps, diagrams,
- Anything else which you consider provides evidence and/or is useful to you

## **Remember your portfolio is about quality not quantity**

Include evidence that has provided you with the best learning. It also needs to be relevant and personal to you. Think about what forms of learning could aid your current development. For instance if you meet with colleagues as a regional group you could critique journal articles or consider clinical questions. This allows you to share ideas and is a supportive means to learn and develop. The evidence you would then include might be a report or a reflection on your meetings.

## **Using a personal (professional) development plan in CPD**

In our aim to be fully flexible in our approach to CPD, we acknowledge that each member should manage their own development by whatever method they choose, whilst meeting the CPD standards and attempting to ensure beneficial outcomes for their practice.

If you feel it will be beneficial to you, you can create a plan for your learning and development, but there is no requirement for you to do so. Even if you do not create a plan, you may find the following questions help you reflect on your learning and development.

## **What is a personal (professional) development plan (PDP)?**

A PDP or personal development plan (sometimes called a professional development plan) is a document outlining your current situation, setting objectives, and identifying the means of meeting these objectives. Your objectives might relate to maintaining and improving your competence in your current role, undertaking further education or getting involved in research. The means you identify of meeting these objectives will most likely reflect the CPD activity you pursue in the forthcoming weeks, months and years.

## **Getting Started**

To start creating your PDP it is a good idea to think about your current position in your professional life and where you want to be. Reviewing and reflecting will help you identify your CPD learning needs.

Thinking about the following questions will help you review and plan your learning. You can use this review to create a personal development plan (PDP). See Appendix 1 for a sample PDP form. You can use this form if you wish, design your own, or use one from another source.

## **Where are you now?**

Take some time to consider the stage you are at in your professional life. Reflecting on the past and planning for the future in this way makes your development more methodical and focused and is easier to measure. Don't worry if you change your plans during the year. For now the important thing to do is to consider all the things you do in your current work, the areas you need to be knowledgeable about, the skills you need and the changes that are likely to occur in the next few years. Also look back at all your CPD activities for the past year. Consider the following questions:

Where are you in your professional life and what have you already achieved?  
What are your strengths and what areas do you need to develop further?  
What have you found challenging in your professional work as a herbalist?  
Which of these challenges have you not fully addressed?  
What areas of your knowledge and skills could you develop to enhance your practice or benefit your patients?  
What were the three most important things you learned (planned or unplanned) in the last year? How did you learn them?  
What were the tangible outcomes of your professional development in the last 12 months?  
Has anyone else gained from your professional development? How?  
What learning activities are you currently engaged in and what progress have you made?  
Which of your previous CPD learning needs do you feel need to be taken further and which need to be consolidated?

## **Where do you want to be?**

Now consider your aims and objectives for the future:

What areas interest you and which ones would you like to take further?  
What aspirations do you have for your career?  
What areas of learning are vital for your career progression?  
How do you identify your learning and development needs?  
What are your three main development objectives and how will you achieve them?  
What differences do you plan to make (to your role, organisation, patients or colleagues?)  
When will you next review your professional development needs?

At the end of this you should have identified some areas you feel you want or need to develop. If you find you have identified several areas, you should attempt to prioritise them in order of importance. This will help you decide whether a particular development need should be addressed immediately or at some future date. If you wish you can now complete a PDP and file it in your portfolio.

## **Some Tips on Developing your Portfolio**

Make a date with your portfolio and stick to this, it is important not only to write and update, but also to reflect on the contents. Use it as a tool to help you identify, prioritise and plan your development needs.

Use a positive approach - try to write in it weekly. Set aside some designated time to review and update your portfolio.

Be honest in your entries - writing it as it is – not as you think it should be or want it to be. Critical reflection is a useful tool in helping you plan and manage your work.

Use your portfolio as a workbook and review entries a number of times. Try to draw out important aspects.

Use spontaneity - use your own words and say what you feel.

Use different ways to express your work e.g. diagrams, pictures, CDs, discs, emails or documents you have produced or received.

Record experiences and reflect on these as soon as they occur when they are fresh in your mind and you can always refine later.

Develop a good filing system - to address the relevant areas.

As time passes and your portfolio develops you may need to summarise previous work.

Use Index box files to hold documents that are too large to add; summarise and reference these in your portfolio.

Adapted from Boud, Keogh and Walker (1985)

*References Boud D, Keogh R and Walker D (1985) Reflection: turning experience into learning. Kogan Page. London*

## **Confidentiality of contents**

Your portfolio is a private collection of information for you. At no point will you be asked to submit your portfolio.

However it is essential to remember that the information contained within it should also respect patient, colleague, and student confidentiality as appropriate. All information that you keep in your portfolio should be anonymised, so it should not be possible to identify an individual or organisation from the information in your portfolio. If using very detailed patient information within your portfolio, you may require patient consent.

## **You are responsible for building your portfolio**

It should be clear from the above information that the responsibility for planning, undertaking, evaluating and recording CPD activities lies with you. CPD is not an isolated process but the ownership of your portfolio is yours alone. To compile an effective portfolio, it is assumed that you are self-motivated to develop and achieve, and that you are self-directed, that is, an independent learner. Other assumptions are that the readiness to learn develops from day-to-day working and problems, and that past experiences are a rich resource for learning.

## **Summary**

A portfolio is a reflective and evaluative tool to help you with your CPD.

It is a private document to organise your learning and to focus your planning for future learning.

You are responsible for maintaining your portfolio.

It can be organized in any way you wish and can contain anything you consider relevant.

You can use your portfolio to provide evidence if you are selected for audit.

You must keep your records for at least seven years.



