



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

Support for Continuing Professional Development

Medical Scientists Registration Board

Contents

Introduction	2
About CORU	2
The Health and Social Care Professionals Act (2005, as amended)	2
About this document	2
CORU CPD Approach: Key Principles	3
Understanding Continuing Professional Development	4
CPD and the Learning Cycle	5
1. Review	6
2. Plan	6
3. Implement	6
4. Evaluate and Reflect	7
Reflective Practice	8
Models of Reflective Practice	8
1. Rolfe, Freshwater and Jasper (2001) – The ‘What’ Model	9
2. Gibbs (1998) Reflective Cycle	11
Achieving deeper learning through reflective practice: Bain’s framework - the 5Rs	13
Types of learning activities	14
CPD Credits	15
Record of your CPD	16
CPD Audit	16
Glossary	17

Introduction

About CORU

CORU is responsible for regulating health and social care professions. It comprises the Health and Social Care Professionals Council and the Registration Boards established under the Health and Social Care Professionals Act 2005 (as amended).

CORU's role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.

The designated professions under the Act are clinical biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational therapists, optometrists, orthoptists, physical therapists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.

The Health and Social Care Professionals Act (2005, as amended)

Section 27 (1) of the Health and Social Care Professionals Act states that *the object of the registration board of a designated profession is to protect the public by fostering high standards of professional competence among registrants of that profession.*

Section 27 (3)(c) states that one of the functions of a registration board is *to give guidance to registrants concerning ethical conduct and give guidance and support to them concerning the practice of the designated profession and continuing professional development.*

About this document

This support document provides advice on how to demonstrate that you have a system in place to engage in ongoing continuing professional development to ensure your skills, knowledge and performance are of a high quality, up to date and relevant to your practice.

This document should be read in conjunction with:

- › The Medical Scientists Registration Board Code of Professional Conduct and Ethics
- › Guidance on Continuing Professional Development

CORU CPD Approach: Key Principles

Continuing Professional Development (CPD) is the means by which health and social care professionals maintain and improve their knowledge, skills and competence, and develop the professional qualities required throughout their professional life for the benefit of service users.

1. The Medical Scientists Registration Board Code of Professional Conduct and Ethics is directed towards the protection and safety of the public. CPD is about the maintenance and development of your professional competence to ensure you adhere to your Code.

2. Registrants are autonomous and responsible learning professionals.

Adult learning theories conclude that effective learning is an active rather than a passive process. Professional learning cannot occur if registrants are passive recipients, instead of active participants. CORU recognise that health and social care professionals are motivated to take ownership of their own professional development.

Registrants should exercise autonomy in identifying, and engaging in, the types of professional learning opportunities that contribute to their professional development for the benefit of service users and quality service provision.

The concept of professional autonomy is closely related to that of professional responsibility, as both are based on the premise that, as a professional, you are trusted and also committed to act in the interest of others.

CORU's CPD approach recognises that you, as a professional, are best placed to identify and address your learning needs, and as such is self-directed.

3. It is flexible and appropriate for all registered health and social care professionals, regardless of occupational role, career stage or employment sector.

A registrant's learning should be linked to their individual learning needs, service user and organisational needs, recognising the context of their professional practice. Health and social care professionals are not a homogenous group, and CORU's approach takes account of individual career patterns, variety of work situations, stages of career and professional development needs.

CORU's approach is flexible recognising a variety of learning opportunities that contribute to professional development. Learning opportunities may be formal/informal, work based, structured/unstructured or personal experiences.

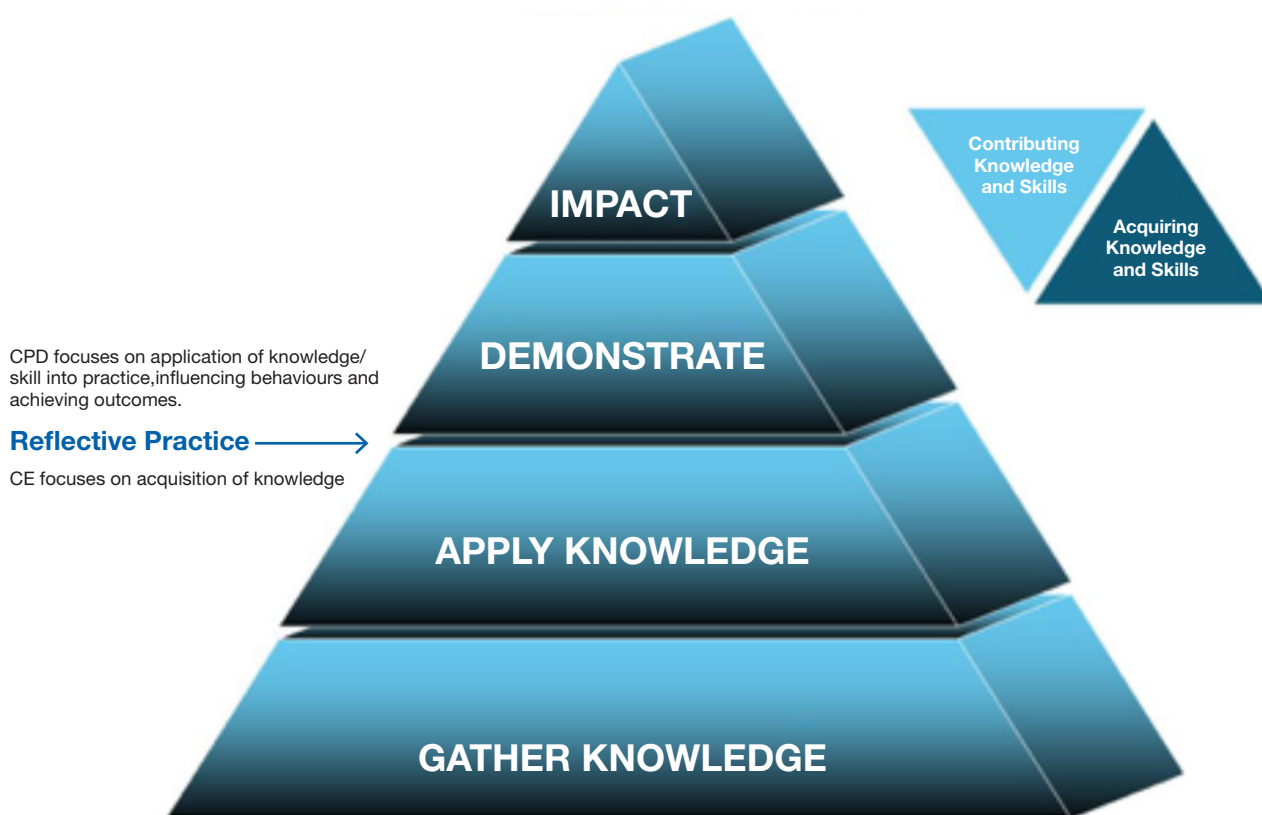
4. It appreciates that maintaining and enhancing professional competence is a process that continues throughout a registrant's career.

CORU's CPD approach is focused on the outcomes of learning opportunities in which you engage, what new or enhanced learning you achieve and how this benefits your practice, service users and the quality of health and social care service delivery.

Understanding Continuing Professional Development

CPD is more than simply the acquisition of knowledge and skill. CPD is not the same as Continuing Education (CE). CPD represents a flexible approach to learning which recognises a wide variety of learning opportunities from formal learning to on-the-job learning.

Continuing Professional Development (CPD) vs Continuing Education (CE)



Source: The Irish Institute of Pharmacy

The emphasis of CPD is on influencing the behaviours expected of a competent health or social care professional. It involves reflective practice to examine how learning is applied and/or informs your professional practice for the benefit of service users. It is a structured process which requires reflection at all stages of the CPD process.

CPD and the Learning Cycle

CPD is a self-directed learning process based on a four stage CPD cycle which includes:

1. Review of learning needs
2. Planning to address learning needs
3. Implementing the plan by engaging in learning opportunities and
4. Evaluating and reflecting on the outcome of learning on your practice, service users and quality of service delivery.

The learning cycle can support you to structure your CPD to meet identified learning needs to enhance your skills, knowledge and professional competence.

CPD Process¹



¹ Adapted from Kolb's Cycle of Experiential Learning

1. Review

This is a self-directed review that allows you to gain perspective and ask yourself the fundamental question - *where am I and where do I want to get to?*

Where appropriate, you may wish to discuss this with a manager, supervisor or colleagues or, if in private practice, a peer learning group. Feedback from others, including service users, can provide insight and enhance understanding of your learning needs.

A review of key documents can also help you reflect on what your learning needs are. These may include:

- › The Medical Scientists Registration Board Code of Professional Conduct and Ethics
- › Job description
- › Competency frameworks
- › Performance management review documents/Personal development plans
- › Service/Business plans
- › Departmental plans and reviews/Service reviews or inspection reports
- › Strategic plans
- › Health service strategy and planning documents
- › Relevant national strategies and research reports

2. Plan

It's then a case of identifying how you can get there, and creating milestones or check points in order to review progress. This stage will ensure you have a guide to follow. It's important to remember that not all learning will be planned. Focus on the outcomes you would like to see realised, rather than a detailed plan of every activity you plan to undertake.

It's likely that your plan will include a mixture of keeping up to date with your area of expertise, learning about new areas and developing new skills. You may also be considering a change in role or organisation. Whatever your plan involves, it should recognise the range of learning opportunities that are available to you.

It can be helpful to keep a record of your learning goals on a Personal Learning Plan each year. It would be helpful for your Personal Learning Plan to align with your renewal date for registration, as this will be the audit period of the Medical Scientists Registration Board.

3. Implement

Now is the time to prioritise your learning needs and implement your plan. Remember, it is a guide to aid you to structure your learning. Plans can change and it is important to review regularly to check if the learning needs you listed are still relevant.

Don't underestimate the learning you do every day. Whether you've been working on projects, undertaking research as part of your role or recently started a secondment, make sure you make the most of day-to-day learning.

4. Evaluate and Reflect

CORU's CPD approach is focused on outcomes. That means that we're primarily concerned with the outcome of your learning, or in other words how you've applied your learning in the work you do. This stage includes reflecting how you integrate new learning into your practice, including reflection on each learning activity, the learning you achieved and how you implemented this learning in your practice.

You'll also find that there will be aspects of your learning that aren't quite ready to be put into action or applied to your work. It's important to note that learning happens incrementally and so there will be things that will likely need to be revisited in your next iteration of the CPD cycle. Reflecting on how you have integrated learning into your work is a critical stage of the learning cycle.

Some questions you may want to ask yourself are:

- › What have I learnt?
- › Did I achieve my learning outcomes?
- › What kind of unplanned outcomes or challenges arose from this experience?
- › Which barriers or blocks did I have to overcome?
- › How have I applied this learning at work?
- › What was the impact of this learning for service users and/or quality service provision?
- › What lessons can I take from this experience?
- › What was the impact of this learning on my professional practice?

Reflective Practice

Reflective practice is growing in use as a method for professional development. Why? Because it enhances critical thinking, deepens self-awareness and improves communication skills. As you develop the habit of reflective practice, you can consciously and intentionally translate your insights into practice and transfer your learning into the work place. Remember, reflective practice takes practise.

Health and social care professionals' workplaces and working lives are busy. Without realising it we have a multitude of learning experiences every moment of every day. Reflective practice can make sense of these experiences and transform them into insights and practical strategies for professional development and organisational impact. For this reason the potential of reflective practice is significant.

It is typically learned through conversation, writing or reflection on complex cases/examples from practice. Both individuals, groups and teams can engage in reflective practice. The process involves deconstructing experience in order to externalise our thoughts, be honest with our feelings, analyse our patterns of behaviour, become aware of our values, question our assumptions and challenge our perceptions.

Reflection can be on either positive or negative experiences or complex cases. For example, it could be that after attending a course where you learned new skills, you were unable to implement these into your practice. It is important to explore the barriers to implementation within your practice and identify how these could be overcome and if they need to be. It can also be about personal experiences in your own life that influence how you think about a particular problem or issue. For example, reading a biography whose author discusses mental health, may provide you with insight or challenge your assumptions about service users' needs or experiences. This in turn may influence your own work practice.

Models of Reflective Practice

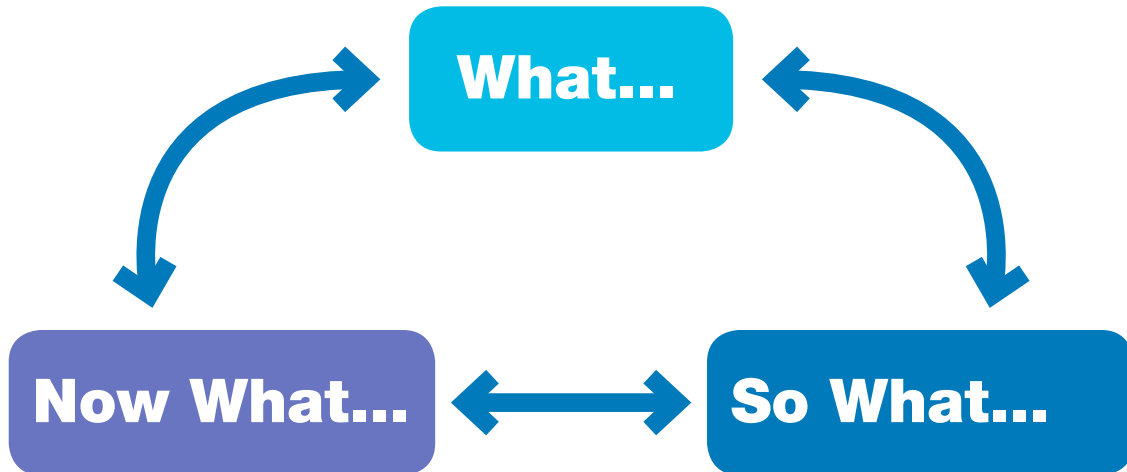
The following are provided as examples of reflective practice models. There are further examples that you may prefer to use that support you to integrate learning into your practice.

1. Rolfe, Freshwater and Jasper (2001) – The ‘What’ Model

Rolfe, Freshwater and Jasper (2001) propose a framework that uses Borton’s (1970) developmental model. They state that *“the advanced practitioner is not only conscious of what s/he is doing, but also of how s/he is doing it”* (p 128).

They advocate using three simple questions to reflect on a situation:

What? So What? Now What?

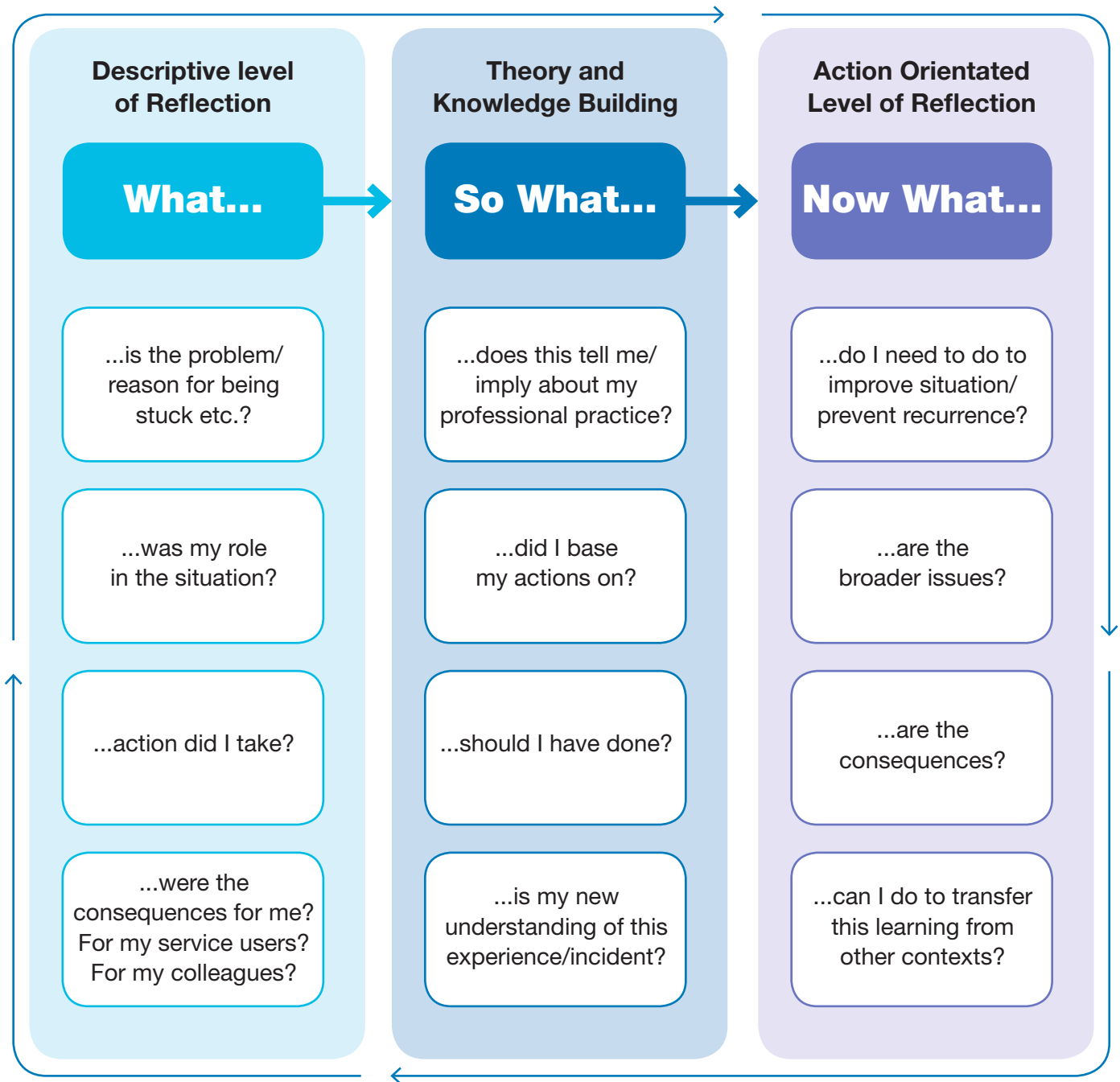


What? In the first instance, you describe the situation in order to reflect on it.

So What? Secondly, you consider your own personal theory of understanding about the event/incident in order to learn from it.

Now What? Following this, you reflect on action, about what can be done to improve the experience and about the consequences of such action. It is this final stage that can potentially make the greatest contribution to practice.

Some helpful questions you may ask include:



2. Gibbs (1998) Reflective Cycle

This model encourages you to think about different aspects of a given situation or event, to evaluate it, and establish an action plan for dealing with such a scenario should it arise again.

It helps you to consider how you think and respond within a given situation and provides insight into self and practice (Johns, 2005).



Key components of Gibb's Reflective Model

Description	What happened?	Describe in detail the event you are reflecting on. Include e.g. where were you; who else was there; why were you there; what were other people doing; what was the context of the event; what happened; what was your part in this; what parts did other people play; what was the result?
Feelings	What were you thinking and feeling?	At this stage, try to recall and explore those things that were going on inside your head. Include: <ul style="list-style-type: none"> > How you were feeling when the event started? > What you were thinking about at the time? > How did it make you feel? > How did other people make you feel? > How did you feel about the outcome of the event? > What do you think about it now?
Evaluation	What was good and bad about the experience?	Try to evaluate or make a judgement about what has happened. Consider what was good about the experience and what was bad about the experience or what did or didn't go so well.
Analysis	What sense can you make of the situation?	Break the event down into its component parts so they can be explored separately. You may need to ask more detailed questions about the answers to the last stage. Include: <ul style="list-style-type: none"> > What went well? > What did you do well? > What did others do well? > What went wrong or did not turn out how it should have done? > In what way did you or others contribute to this?
Conclusion	What else could you have done?	This differs from the evaluation stage in that now you have explored the issue from different angles and have a lot of information to base your judgement. It is here that you are likely to develop insight into you own and other people's behaviour in terms of how they contributed to the outcome of the event. Remember the purpose of reflection is to learn from an experience. Without detailed analysis and honest exploration that occurs during all the previous stages, it is unlikely that all aspects of the event will be taken into account and therefore valuable opportunities for learning can be missed. During this stage you should ask yourself what you could have done differently.
Action plan	If it arose again what would you do?	During this stage you should think yourself forward into encountering the event again and to plan what you would do – would you act differently or would you be likely to do the same? Here the cycle is tentatively completed and suggests that should the event occur again it will be the focus of another reflective cycle.

Achieving deeper learning through reflective practice: Bain’s framework - the 5Rs

Bain’s five levels model describes the depth that can be achieved in learning through reflective practice. This model aims to ‘move from’ a reflective trigger to a meaningful reflection on practice. It is important to have a systematic method for thinking through the situation or experience.

- › **Level 1: Reporting** – You describe what happened with little or no comment or interpretation of the event(s) attempted.
- › **Level 2: Responding** – You describe how you feel about the event(s) or learning and may pose some questions.
- › **Level 3: Relating** – You try to explain what happened, possibly with reference to your personal experience, and may identify some areas which could be improved.
- › **Level 4: Reasoning** – You look for a better understanding of what happened and consider what the literature tells you about the issue(s). Bain and others (1999) refer to a process of ‘transformation’ here - meaning that you are looking for something new.
- › **Level 5: Reconstructing** – You work out your own position or theory on a particular issue or set of events. You decide how you would respond to similar challenges in the future.

Always ask searching questions that help you think deeply about the many aspects related to a situation/issue. These questions may include:

Reporting	What is the situation/issue about? What are the key aspects of the situation/issue?
Responding	How do I feel about or react to the situation/issue? What makes me feel or react this way?
Relating	How does the knowledge/insight I have about the situation/issue relate to my: <ul style="list-style-type: none"> › personal and/or professional experiences › knowledge, understanding and/or skills? In what way/s does it relate?
Reasoning	How does the practice relate to the theory regarding this situation/issue? How do different perspectives, such as my personal perspective, my perspective as a student and my perspective as a health and social care professional affect the way I understand the situation/issue?
Reconstructing	In summary, what have I learned about the situation/issue? What conclusions can I draw? Why? Why is the situation/issue significant? What have I learned about myself and about professional health or social care practice? How will this situation/issue affect my future learning and the way I practice health or social care?

Types of learning activities

Different types of learning activities provide opportunities that can contribute to your professional development. The below are examples, but is not an exhaustive list:

Discussions with colleagues	Subject specific conferences	Active engagement in research
Active engagement in supervision or mentoring	Keeping up to date with research evidence in support of best practice	Maintaining records of your CPD engagement
Peer review	Active involvement in multidisciplinary groups, support groups, development or peer learning groups or voluntary work	Active participation in a CORU board, committee or assessors panel
Active participation in professional body	Publication of an opinion piece, a clinical audit, a case study or research article	Gaining learning from experience or new learnings in practice or evolving methodologies
Learning through the use of online resources	Membership of professional networks	Work shadowing
Writing clinical protocols, policies or procedures manuals	Undertaking postgraduate education such as postgraduate certificate, diploma, masters or doctorate	Specialist lecture, workshop or demonstrations
Professional reading and study (for example, CORU website and publications, professional publications, journal articles, webinar, online libraries or educational videos)	Professional or Clinical supervision or performance appraisal	Sharing information/learning from CPD activities with work colleagues
Reading and reflecting on literature, case studies, discussion topics either individually or in a group (for example, journal club)	Reflection on critical incidents or complex cases, or review of critical incident and development of action plans in response	Visit to another department or area of organisation

CPD Credits

The Medical Scientists Registration Board recommends you demonstrate a minimum number of CPD credits in a 12-month period. This will demonstrate that you are engaged in ongoing continuing professional development.

Generally, one hour of CPD learning activity is equal to one CPD credit where the learning is new or enhanced.

CPD credits are self-determined, meaning that you decide how many credits to apply to new or enhanced learning you achieved and how this has impacted your practice.

Some examples of credit allocation **depending on new or enhanced learning achieved** may include:

Activity	Example of Credit Allocation
One hour spent reviewing a relevant journal article	1 CPD credit
Being an active member of a committee of one's professional body, which meets four times a year	8 credits
7 hours spent on a training course (allowing for time for breaks)	1 to 6 CPD credits
Discussing a work problem with a colleague for 30 minutes, reflection on learning and application to professional practice	0.5 - 2 credits

Consider the difference in two colleagues attending mandatory health and safety training. For a more senior colleague they may have undertaken this training on a number of occasions and there is little new learning. For the other, it may be a new role and so all the learning gained is new or enhanced learning.

Simply completing the same activity a number of times would not accrue additional CPD credits, as the content would not be new to you. However, the same type of learning activity, such as a journal club, may contribute to CPD credit accrual as new content is likely to be generated at each meeting. Another example may be in your role as a placement supervisor. You already had a plan prepared from past experiences for supervising a new student for 3 weeks (37 hours per week). However, you find that this student challenged you on a number of occasions and you determine that it amounts to five hours of new learning. **The greater the number of credits assigned, the more detail should be provided on what new learning was achieved and how this influenced your practice.**

Record of your CPD

It is advisable that you maintain a record of your engagement in CPD. You should keep your records of engagement in CPD for such time as you are on the register.

CPD records often include:

- › your personal learning plan,
- › the learning activities in which you have engaged,
- › what you achieved and reflections on how this influenced your practice.

This record may take various forms and be supported by your employer or professional body. These records will support you to provide the necessary information for participation in the Medical Scientists Registration Board's CPD audit.

CPD Audit

The Medical Scientists Registration Board Code of Professional Conduct and Ethics states that you should:

- › Consider the support and guidance provided by the Medical Scientists Registration Board regarding CPD and,
- › Keep a record of the activities you have completed.

The Medical Scientists Registration Board may audit your compliance with this section of the Medical Scientists Registration Board Code of Professional Conduct and Ethics.

The purpose of an audit of your CPD records is to assure you have a system in place to engage in ongoing continuing professional development to ensure your skills, knowledge and performance are of a high quality, up to date and relevant to your practice.

If you are called for audit, you will be required to submit the following information:

- › Record of your implementation of learning activities that achieved 30 CPD credits of new or enhanced learning
- › Record of your evaluation and reflection of the learning achieved
- › Record of your review of learning needs for the next 12-month period
- › Record of your planned learning activities for the next 12-month period

Glossary

Act	Health and Social Care Professionals Act (2005, as amended).
Code	The Code of Professional Conduct and Ethics adopted by the Registration Board of that profession.
Continuing Professional Development (CPD)	Continuing Professional Development is the means by which health and social care professionals maintain and improve their knowledge, skills and competence, and develop the professional qualities required throughout their professional life for the benefit of service users.
Council	The Health and Social Care Professionals Council, established under the Health and Social Care Professionals Act (2005, as amended).
CORU	The statutory body responsible for regulating health and social care professionals, comprising the Health and Social Care Professionals Council and the registration boards to be established under the Health and Social Care Professionals Act (2005, as amended).
CPD credit	The unit of measurement related to learning activities. In general, 1 hour of new or enhanced learning equates to 1 CPD credit. Registrants are required to complete 30 credits in a 12 month period.
Designated profession	A designated profession is one of the health and social care professions designated under the Health and Social Care Professionals Act (2005, as amended) or by regulation by the Minister for Health.
Fitness to Practise	Fitness to Practise is the process, under part 6 of the Health and Social Care Professionals Act (2005, as amended) to establish whether a registrant is fit to practise their profession, and if a registrant is not fit to practise to find the appropriate measure to remedy the impairment to practise.
Learning activity	Any activity where the professional is learning.
Ongoing engagement in CPD	Registrants should demonstrate 30 CPD credits in every 12 month period. The 30 credits should be accrued in 12 months from the date of registration or registration renewal date.
Professional qualities	Professional qualities for a health and social care professional are the attitudes and behaviours that are relevant to their role.
Personal Learning Plan	A personal learning plan sets out the professional learning and development needs of the registrant and details how the registrant plans to address those needs by undertaking a range of relevant CPD activities.
Record of CPD activities	A record of all the learning activities completed by the registrant, the learning achieved and the integration of this learning into their practice.
Reflective practice	Reflective practice is the engagement in analysis of experiences leading to new insights for the registrant.

Record Templates

Name:		CORU Registration Number:	
Audit period from:		Audit period to:	

Implement			Evaluate & Reflect	
Date and time spent	Type of Learning Activity	CPD credits	Learning Outcome	Impact on practice
When did you undertake this learning activity?	What was the name of the activity?	Approx. 1 CPD credit for every hour of new or enhanced learning achieved	What have you learnt through completing this activity? How have your skills and knowledge improved or developed?	How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role?

Review	Plan
What do I want or need to learn in the next 12 months?	What learning activities will I do to achieve this in the next 12 months?

T: 01 2933160 E: info@coru.ie
www.coru.ie