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Professional portfolios: evidencing best practice

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Abstract
The Health and Care Professions Council (HCPC) maintains a register of healthcare professionals in the UK. Registrants are required to demonstrate that they meet the HCPC's standards, which include engaging with continuing professional development (CPD). This system requires all allied health professionals to maintain profiles, more commonly known as portfolios, that evidence their CPD activity. These are assessed according to set standards. It is essential that a portfolio reflects the standards of proficiency expected of a health professional, and demonstrates the knowledge, understanding and skills required for evolving scope of practice. This paper discusses engagement with CPD, electronic and online resources, building a portfolio, and the information that the HCPC expects to find included in it.

Keywords: best practice, continuing professional development, evidence, professional portfolios.

Introduction

The Health and Care Professions Council (HCPC) is a regulatory body that was established to protect the public. It does this by maintaining a register of healthcare professionals in the UK, and all registrants are required to demonstrate that they meet the HCPC's standards. These include standards for: education and training; good character; health; proficiency; conduct, performance and ethics; and continuing professional development (HCPC 2012a, b, 2013). The HCPC regulates 16 allied health professions, including physiotherapy, radiography, podiatry and hearing aid dispensers. The members of these professional bodies work in a wide variety of locations and have very different roles.

In 2007, the Government published a White Paper entitled *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* (DH 2007), which stated that revalidation was necessary for all health professionals. This was followed in 2008 by the Department of Health's *Principles for Revalidation – Report of the Working Group for Non-Medical Revalidation* (DH 2008), which established the principles and requirements of revalidation, including confirmation of fitness to practise (HCPC 2015a). Each healthcare professional's responsibilities and expectations are unique, and therefore, the establishment of a high-quality system to monitor the re-registration of allied health professionals (AHPs) and ensure adherence to best practice was not a simple task.

Continuing professional development (CPD) has been part of the vocabulary of physiotherapy for more than 30 years. It is defined as "a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice" (HCPC 2014a, p. 6). Following the establishment of a system of self-regulation in 2005, the HCPC's standards have required that registrants must engage with CPD in order to maintain their registration (HCPC 2014a). This system requires that all AHPs maintain profiles, more commonly known as portfolios, that evidence their CPD activity. These are assessed according to set standards. In 2010, 2.5% of the 50 000 physiotherapists and physical therapists who were re-registering with the HCPC were required to submit a portfolio. The re-registration cycle takes place every 2 years. It is essential that a portfolio reflects the standards of proficiency expected of an AHP,

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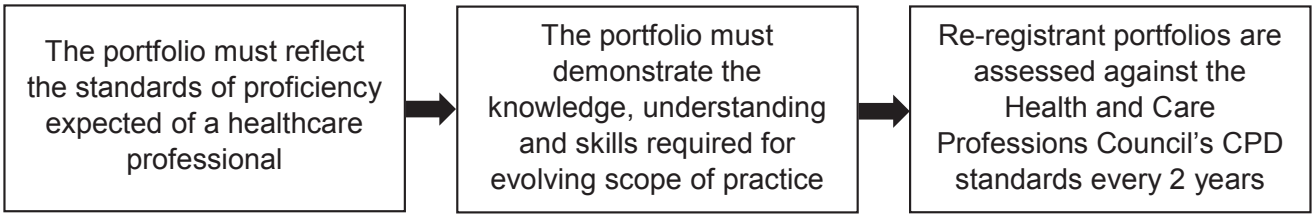

Figure 1. Professional self-regulation via continuing professional development (CPD) portfolios.

and demonstrates the knowledge, understanding and skills required for evolving scope of practice (Fig. 1).

The benefits of maintaining a portfolio are: compliance with HCPC standards; and the perceived personal, professional, patient and organizational improvements associated with CPD (Kennedy 2005; Johnson 2008). However, many AHPs appear to be reticent about capturing their practice on a regular basis, and compliance with portfolio-keeping has been reported to be poor (Gunn & Goding 2009). Is this why I am frequently asked to talk about the subject? It is important to identify the barriers to compliance, and inform physiotherapists about the process of motivating engagement. Although extensive resources are available from the Chartered Society of Physiotherapy (CSP), I often wonder how many of my colleagues have read the previously mentioned HCPC standards, or any of the CSP documents that relate to proficiency, conduct, performance and ethics (CSP 2005, 2011, 2012). These standards should influence and direct our clinical practice.

Engagement with continuing professional development

Engagement with documenting our CPD provides us with intrinsic rewards by developing our clinical skills and improving our level of patient care (Johnson 2008; Haywood *et al.* 2012). Through discussion, I have identified that physiotherapists perceive the barriers to building a portfolio as being: a lack of time for CPD; a lack of funding for courses; and not knowing where to start. A CSP briefing paper on the subject suggested that half a day a month should be earmarked for CPD by organizations (CSP 2003). However, this amount of time is often difficult to allocate and support, and more flexibility can often be achieved by using schemes such as clinical supervision, mentorship, and negotiated development time with specific aims and outcomes on the basis of need. Physiotherapists have to take professional responsibility to make time for, document and retain the evidence of such work-based activities. It is not necessary for individuals to record all of their learning experiences in detail, but they must ensure that sufficient information is included and that this contributes meaningfully to their portfolio.

I have yet to meet a physiotherapist who is not enthusiastic about going to a lecture or conference, and generally, there is greater perceived value in attending such learning opportunities. However, a lack of local funding certainly hinders formal education. This is a matter of concern for many professionals, who fear that their portfolios will be insufficient if they cannot present enough course attendance certificates. I would argue that a piece of paper stating that you attended a training session demonstrates that you have gained knowledge, and developed your ability to practice safely, effectively and legally.

In *Frontline* magazine, the CSP advises its members that courses need to be chosen wisely. I have certainly been in situations in which "experts" have made statements that are biased, lack supporting evidence or are simply factually incorrect. Therefore, it is not just attendance at formal educational activities, but engagement with learning that is important.

I suggest that you should make notes of what you think is relevant to your practice during lectures. Use this material to explore the topic or read the research presented, devise an action plan, and then implement your strategy and review the impact that this has made. Remember that these notes can be handwritten if this works best for you: the portfolio is yours. Greater emphasis is now being placed on alternative learning resources.

The HCPC standards state that it is important to experience all types of educational opportunities, including self-directed, work-based, formal and professional activities, and you should include these in your submission (HCPC 2014a). These possibilities are illustrated with the examples presented in Table 1.

Table 1. Example of a continuing professional development (CPD) list: (POGP) Pelvic, Obstetric and Gynaecological Physiotherapy; and (ePAQ) electronic personal assessment questionnaire

Date	Activity	Learning activity	Outcome
1/4/14–31/4/14	Collated and analysed patient satisfaction questionnaires (CARE)	Work-based learning	Provided information on patients' perception of interventions to the service and team, and identified areas for development
1/4/14–10/4/14	Preparation for individual performance review	Self-directed learning	Reflected on activity in the past year, and identified learning needs for 2015
12/4/14	Researched lecture on CPD for regional POGP meeting	Self-directed learning	Developed a PowerPoint presentation and a feedback questionnaire
	E-mailed R.M. about CPD questionnaire for band 5 physiotherapy staff	Professional activities	Continued to mentor R.M. and promote CPD within the service, and spoke to the service lead about CPD influencing job satisfaction
21/4/14	Met with V.M. to discuss development of CPD in paediatrics	Work-based learning	Suggested ideas for CPD to the paediatric team
30/4/14	Discussion with a band 6 women's health physiotherapist about objectives and workload issues as a result of personal circumstances	Work-based learning	Reviewed objectives, set a date for a further review; reflected on management style and challenges
9/5/14	Meeting with a consultant from Sheffield to discuss ePAQ	Work-based learning	Learned about the benefits of ePAQ and using this system for gynaecological assessment

Professor Zubin Austin reviewed and discussed competency for the HCPC, and stressed that engagement with learning and access to a variety of relevant learning experiences are essential (HCPC 2015b). Engagement is characterized by being purposeful and productive, achieving personal satisfaction, and balancing challenges with skills in the work environment (HCPC 2015b). Local CPD policies and requirements now place a greater emphasis on engagement behaviours, such as work-based learning and reflection. The benefits of engagement are that it is self-assessed, and therefore, supports professional autonomy.

In practice, we develop individualized skills and knowledge that are related to the professionals whom we meet, the reading that we do and the individuals whom we encounter. It is important to maximize these opportunities for learning, and review how we have subsequently changed our practice. Discussion at an individual performance review (IPR) should identify appropriate opportunities to facilitate learning that can be explored in the workplace. Unfortunately, this can be problematic for lone workers, who lack a large organizational structure and do not have peers working alongside them. In this instance, seeking special-interest groups, local colleagues and online forums such as InteractiveCSP are key to facilitating self-regulation.

My personal experience of continuing professional development in and for practice

As a women's health physiotherapist, my personal experience of CPD is that it is intrinsic to what I do every day at work, where I want to give the best-quality service that I can. My opportunities include a varied and challenging patient workload, and easy access to colleagues with expertise and the Internet. I use these work-based and self-directed learning opportunities to facilitate reflections on my knowledge and skills. This process enables me to identify whether I need to access learning, practice learned skills or teach colleagues.

As a clinician working in a large foundation trust, I am often asked to give my colleagues advice about constructing their portfolios. Some common fears that they express include being unsure about what to write, how material should be presented and how much evidence is needed. What surprises me is the lack of engagement of many staff, which is primarily a result of this uncertainty and a perceived shortfall in skill.

There are two important aspects of the portfolio that you need to consider. First, although this is a professional document, it is not an academic one, and therefore, does not require the specific skills associated with this latter approach since many practising members have not trained to

degree level. The portfolio is your document, and you should write it clearly and concisely in your own way. It is as acceptable to include handwritten notes, where relevant, as it is to use online forms. Secondly, the portfolio is not used to assess competence. This is because it is equally possible to: do no CPD, and meet the standards for knowledge and skills; and undertake CPD, but not be fit to practise.

The HCPC website (www.hcpc-org.uk) contains excellent resources, and the organization has also published handbooks to facilitate the compilation of a portfolio. The website clearly describes the audit standards and presentation requirements, and provides sample profiles.

The HCPC CPD assessment standards are that registrants must:

(1) maintain a continuous, up-to-date and accurate record of their CPD activities;
(2) demonstrate that their CPD consists of a mixture of learning activities relevant to current or future practice;
(3) seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
(4) seek to ensure that their CPD benefits service users; and
(5) present a written profile containing evidence of their CPD upon request.

Electronic portfolios and online resources to support continuing professional development

In addition to the HCPC, the CSP also provides CPD training and resources. For example, your portfolio can be documented online for free with PebblePad[3].

Since 2011, the CSP has worked on a project to promote, develop and evaluate its CPD resources. This includes establishing a network of "learning champions", individuals who have key roles in facilitating the learning and development of their peers through a range of activities. They are involved in: raising awareness of learning opportunities and resources; encouraging critical reviews of CPD practices; and collaborating with their organizations and peers in order to change learning environments, policies and procedures. It is essential that these roles are facilitated within large organizational structures so that the needs of a varied workforce are addressed. The establishment of collaborative support has been shown to enhance practice development (Kennedy 2005).

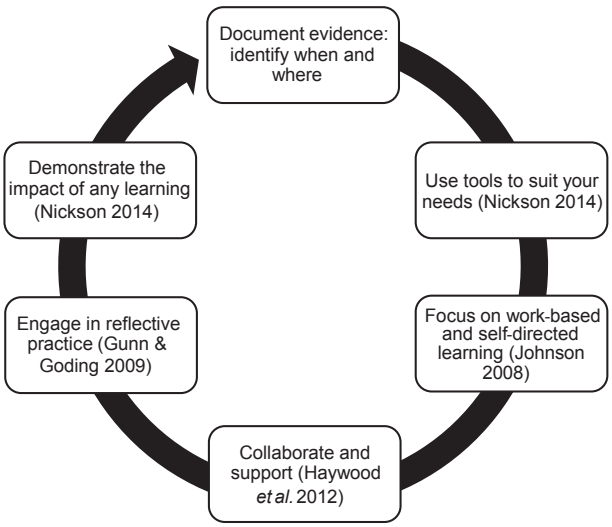

Figure 2. Developing the portfolio: where to begin.

In her discussion of what the content of a portfolio should be, Alison Nickson (2014) stressed that there would not be much evidence of transformational change. If it is focused on regular documentation, your portfolio will reflect your cumulative learning. Take ownership of your portfolio and the documentary evidence that you include, and use this opportunity to reflect, learn and develop over a period of months or years. Do not wait until the HCPC requests your profile to prove what you have been involved with in the past 2 years. As a tool, your portfolio supports your professional autonomy (Kennedy 2005), and will bring personal, patient, organizational and professional benefits (Johnson 2008).

When developing a portfolio (Fig. 2), it is advisable to keep notes documenting meetings, IPRs, discussions, e-mail exchanges, conversations and clinical supervision. It may be useful to carry a notebook to record relevant activities and tasks: this information can then be easily transferred to a dated list (Table 1). Investigate ways of collating this information (e.g. online, in hard copy or using a pro forma), and select tools that suit your needs best (Nickson 2014). What you choose include in the final portfolio and the way in which you present it are up to you.

Johnson (2008) reported that staff who focused on work-based learning and self-directed learning activities were more successful in terms of engagement. Collaboration, and the support of an individual's organization and colleagues have been shown to improve confidence, enhance therapeutic relationships with patients and colleagues, and ensure the delivery of a high-quality service (Gunn & Goding 2009; Haywood *et al.* 2012).

Use reflective practice to review interventions, skills and experiences in the workplace, and then formulate an action plan to achieve your next objectives. The impact of learning is often the most overlooked aspect of CPD (Nickson 2014). Does it benefit the service user? Finding the answer to this will require using tools such as the Patient Recorded Experience Measure or student feedback (Health Knowledge 2011). You should consider developing an assessment tool, gaining 360° feedback from colleagues or asking your staff to develop a protocol.

Building your continuing professional development portfolio for submission: dos and don'ts

Re-registration takes place every 2 years, and the next round will be in April 2016. You will be given time to collate and submit your portfolio to the HCPC, and you will remain registered until you have met the standards and gained your re-registration. There will also be additional information that you will need to submit in combination with your evidence (see the next section below). This will include a summary of your practice history, and a statement of how you have met the CPD standards. It is advisable that the portfolio is planned and time is allocated to assemble it, even though you are only evidencing your CPD for the past 2 years.

It is important to think about how you present the material. It is not helpful to submit a box file of unnumbered sheets of paper with no headings or logical sequencing. You must remember that your assessors know nothing about you. A clear and concise portfolio with a contents page, numbered pages and headed sections does much to facilitate the assessment. Think broadly about evidence that you have available: it is its quality, not quantity, that will show how you have met the standards. Lastly, carefully consider confidentiality and ensure that you are not sharing information that breaches this.

The HCPC has posted two videos on YouTube that address assembling your CPD profile (HCPC 2014b, c). These describe the two lists that you need to include. The first catalogues the evidence that you are providing (Table 2), and must identify the CPD standard that applies to these items. The second is your first piece of evidence, which dates and identifies your CPD activities (Table 1). You may construct this in any way that suits your needs. This second list should show that there is no longer than 3 months between CPD activities. Therefore, if you have been away on maternity leave or an extended break, it may be beneficial to contact the HCPC to discuss a deferral and submission during the next re-registration period.

It is important that you ensure that the evidence that you supply includes a mixture of learning opportunities, including self-directed, work-based, formal and professional activities. Your evidence can consist of several pieces of paperwork that group together to form a concise document demonstrating learning.

For example, you may:

- undertake a course to train undergraduate physiotherapy students, and then include the course attendance certificate;
- write a reflection on what you have learned and prepare an action plan – this may be

Table 2. List of evidence: (CPD) continuing professional development; and (HCPC) Health and Care Professions Council

Submitted evidence number	Brief description of evidence	Number of pages	Relevant HCPC CPD standards
1	CPD list	1–6	1
2	E-mail communication regarding a book review Book review for journal	7–12	4
3	Patient complaint Reflection on complaint Development of chaperoning protocol Response to complaint	13–22	2, 3, 4
4	Appraisal documentation and professional/personal development plan	23–29	3
5	Programme from bowel course Key learning plan Learning reflection Faecal incontinence case study In-service PowerPoint presentation with feedback	30–40	2, 3

accompanied by a prepared student induction pack including a timetable, a list of learning objectives and a reading list;
- include a PowerPoint presentation of the teaching slides that you have used; or
- use the students' anonymized final assessment and placement feedback, and follow this with reflection, discussion with the university tutor and planning for how you would develop the placement related to your learning.

This evidence encompasses HCPC standards 2, 3 and 4, and includes feedback on your practice.

Other evidence could take the form of:
- your IPR, which objectively identifies and helps to plan your CPD activity, and reviews your practice;
- a report collating feedback from service users (e.g. patient-reported outcome measures);
- the development of a patient information leaflet; or
- establishing protocols for an aspect of the service.

Approximately five pieces of detailed evidence presented in this format are required.

What information does the HCPC want?

When submitting a profile that explains the CPD activity that you have undertaken in the past 2 years, provides evidence of how it is relevant to your current or future work, and meets the HCPC standards, you need to provide:

(1) a continuous, up-to-date and accurate record of your CPD activities;
(2) a summary of your practice history for the past 2 years;
(3) a statement about how you believe that you have met the standards for CPD; and
(4) evidence to support your statement that shows how your activities have improved the quality of your work and benefitted service users.

Conclusion

In conclusion, CPD is *your* professional responsibility. It requires engagement on a regular basis with a range of learning activities, and is facilitated by collaborative activities and support networks. Use learning activities that demonstrate the quality of your practice and service delivery, and ensure that you evaluate how these benefit the service user. It is necessary to maintain a continuous and accurate record of your CPD activities for 2-year periods in a way that suits your needs. Ensure that you access relevant HCPC and CSP resources to keep up to date with the standards expected of a professional and the requirements of re-registration. Ensure that you document your personal activity and its impact. Do not use the work of others, and ensure that you consider aspects of confidentiality.

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