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Undertaking CPD in the workplace in physiotherapy

Joanne Dowds
St. James' Hospital, Dubin 8

Helen French
Royal College of Surgeons in Ireland

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UNDERTAKING CPD IN THE WORKPLACE IN PHYSIOTHERAPY

Dowds J[1] and French H[2]

[1]Physiotherapy Department, St James' hospital, Dublin 8, Ireland

[2]School of Physiotherapy, Royal College of Surgeons in Ireland, Dublin 2. Ireland.

ABSTRACT

Introduction:

Continuous professional development (CPD) is a mandatory requirement for all ISCP registered physiotherapists and an increasing part of physiotherapy practice.

The aim of this article is to highlight the many forms of CPD that can be used within the ISCP framework, to aid practitioners in attaining a balance of formal and informal CPD in the work setting.

Discussion: The ISCP framework for CPD allows for formal and informal (planned and unplanned) learning. These umbrella terms encompass many activities that physiotherapists perform routinely without realising or documenting as CPD. These activities such as in-service training, clinical supervision and performance appraisal, to name a few, can be utilised in the workplace to enhance the informal CPD opportunities. Reflection can be incorporated into these activities, and formal CPD such as attendance at courses and conferences enrich the learning experience and ensure that learning acquired is incorporated into clinical practice. Support for the implementation of CPD activities can be enhanced through the formation of CPD co-ordinators or mentors in the workplace.

Conclusion: There are many different types of CPD allowed within the ISCP framework. All can be documented; however the key to improving patient care is the integration of learning through reflective practice into the everyday working life of the physiotherapist. As CPD is likely to become increasingly important within the profession due to introduction of statutory registration and development of the physiotherapy role, therapists should maximise opportunities to integrate CPD into everyday physiotherapy practice.

Introduction

In 1996, the Irish Society of Chartered Physiotherapists (ISCP) identified that Continuing Professional Development was a key area for development in its Strategic Plan (1). Five years later, the Health Strategy launched by the Department of Health and Children in 2001 recognised the need to invest in training and education (2). Although CPD is not currently mandatory within a state registration system in physiotherapy, the Department of Health and Children identified that a recognised, structured means of monitoring CPD should be an important part of the registration process (2). At an international level within physiotherapy, the World Confederation of Physical Therapists recognises that education of a physiotherapist is a continuum of learning which commences at undergraduate level and continues until retirement (3). Therefore, there is a demand on health care professionals to critically review their skills and knowledge and continuously keep up to date with changes in practice. Continuing professional development (CPD) is an essential part of physiotherapy practice. It requires individuals to take personal responsibility for identifying their learning needs and subsequently evaluating if those needs have been met (4).

In addition to the lifelong and continued learning achieved, CPD also enables therapists to demonstrate ongoing competence and can increase a person's prospects of promotion and future employability (5). It incorporates clinical competency as well as non-clinical areas such as information technology, management, leadership, facilitation and communication skills. It is dependant on the individual's ability to critically evaluate and review their work through clinical reasoning and reflection (5).
The aim of this article is to highlight what activities constitute CPD and to discuss how best to use the ISCP's model of CPD for undertaking and recording CPD activities in the workplace and hereby enhancing professional growth.

Definition of CPD

Continuing Professional Development is the lifelong learning in which physiotherapists engage in the context of their working lives, which maintains, develops and enhances knowledge and skills in order to improve performance at work (6).

According to the EU-WCPT informative paper with recommendation on CPD physiotherapists have always engaged in CPD to maintain, develop and ensure competence. However, it is no longer enough that therapists simply undertake CPD, they must be more systematic and efficient in implementing and planning CPD (7). A key feature of CPD is the notion of self-directed learning where individuals take the initiative and responsibility for their own learning needs.

Continuous professional development (CPD) is more than attendance at courses and undertaking postgraduate study. It also occurs on the job, through day-to-day experiences, performance reviews, journal clubs, peer discussion, inservice training, independent study, critical reading and personal reflection (1). Clinical supervision, networking, lecturing, clinical teaching, writing reports, articles, information leaflets, significant incident analysis and research are also identified as CPD activities (8). In a questionnaire survey of staff grade physiotherapists in acute hospital settings in Dublin, a broad range of CPD activities including clinical supervision, clinical training, in-service education, journal clubs, courses, student supervision, management training, performance appraisal, multidisciplinary team meetings, postgraduate education, membership of clinical interest groups and personal development portfolio keeping were identified (9). However, not all were aware of how these activities could contribute to their professional growth and a low percentage (35%) had a personal development plan (9).

Background to CPD in Ireland

In 1996, the ISCP identified CPD as one of five core issues in its Strategic Plan. A working group was set up at this time that took responsibility for developing CPD strategy. This working party made recommendations concerning how these objectives might be achieved, resulting in a submission to Council in 1998. A further two Working Parties were convened in 2001 and 2002 with the objectives of educating members about the concept of CPD, developing a policy on CPD within the ISCP, a system for recording CPD, and implementing a process of CPD for ISCP members in anticipation of a mandatory CPD framework within the Health and Social Care Professionals Bill (2004) (10).

In 2003, ISCP Council approved the introduction of mandatory CPD over a 3 year cycle. This commenced in July 2005 following a 2 year habituation period. The mandatory CPD policy was developed following consultation with members, at a policy

development workshop in 2003 (10). There are many models for delineating CPD to ensure a broad range of learning experiences. The ISCP categorise CPD into formal and informal CPD. Formal learning occurs in a structured environment. Within informal CPD, learning can be planned or unplanned. There should be a balance between all types of CPD (6; 10), and the emphasis should be on self-directed learning and learning outcomes rather than accruing a set number of hours spent in CPD activities (6).

Planned CPD refers to activities that involve working towards predetermined goals, where an action plan is devised for achieving the goal. It can include, for example, conducting an audit, developing clinical guidelines or a treatment protocol.
Informal unplanned opportunities for learning arise from spontaneous events that can occur in day to day interaction with patients and families, one's peers, other health professionals, other organisations and personal experiences (10). Examples of CPD activities as defined by the ISCP are shown in Table 1.

Table 1- Activities that can constitute CPD using the ISCP model

Formal	**Informal**	
	Planned	**Unplanned**
Short Courses Conferences Postgraduate courses (certificates, diplomas, MSc, PhD) Mandatory training Clinical Interest Group events or workshops Scientific meetings	Any activity that is performed to met pre determined learning needs	Clinical Supervision Reflective Practice Critical Incident Analysis Inservice training Journal Clubs Peer Review Multidisciplinary education in the workplace Teaching Preparing -Lectures/Inservices -Presentations/Poster Research Mentoring Performance Appraisal Committee work Service Development Reading/Reviewing/Internet

		searching

Currently the ISCP requires its members to participate in 100 hours of CPD over a three year period. Other international regulatory bodies place limits on CPD points that can be accrued during certain CPD activities, the ISCP does not have stipulate how these hours can be reached. However a balance between formal and informal CPD should be sought, with no less than 30 points being accrued in either category (10). In addition, the ISCP requires its members to keep documentation and evidence of CPD undertaken in a portfolio. Members' CPD portfolios will be randomly audited at the end of every three year cycle (10).

Formal CPD

Formal CPD can range from short courses developing specific skills and knowledge to longer programmes that may lead to an academic award.

Courses

Traditionally, courses are a popular form of CPD for physiotherapists. In a random sample of ISCP members' CPD activity, 94% had attended courses and 77% attended conferences in the previous year (11). They can take the form of theory based or practical hands-on courses, scientific conferences or workshops. Benefits of attending educational forums include professional networking and a break from practice (12). However, there is little supporting evidence for the benefit of physiotherapy courses in patient outcomes or change in practice (13,14). When selecting courses the individual should seek clarification on department learning needs as funding is usually allocated on these grounds and attendees should disseminate relevant information and learning to colleagues on their return to work. However, to apply formal learning to clinical practice requires elements of informal CPD such as reflection on what patients are suitable, how techniques work and what can be done to implement permanent improvements in practice. The key to formal learning is in its application to the clinical setting through reflection and clinical supervision. This was demonstrated by Brennan et al (13) who found that a clinical improvement project held following attendance at a formal course had greater benefit in patient outcomes than course attendance alone.

Post Graduate Study

Another form of formal CPD is post-graduate study, such as a post-graduate diploma, masters or doctoral degree, which is undertaken in an academic institution. The function of universities in delivering post-graduate education is to develop analytical and critical thinkers (15) Post-graduate study should be seen as a natural but not an essential element of a physiotherapist's CPD (16). An increasing number of physiotherapists are undertaking higher-level degrees. An analysis of ISCP members found that in 2003, 12.5% of members had a post graduate qualification. Of these, Masters of Science Degrees and Diploma level courses were the post popular qualifications (17). In 2005, this had increased to 17.5% of members (10). According to Gosling (16), the move of physiotherapy schools into universities and the transition of qualifying programmes to honours degrees have led to a substantial rise both in opportunities and demand for post-graduate study. The demands of clinical practice have also strengthened the relevance of post-graduate study (18). They can result in job promotion, development of critical analysis, presentation and literature search skills, increased confidence (15), personal achievement and professional status (19). However, different types of Masters learning occurs, for example, distance learning, taught Masters and Master's by research. No research has evaluated if there is a differential impact of the type of Master's programme on the therapist's personal or professional development. A questionnaire survey of graduates of a clinical Master's in manual therapy in the UK that 37.2% of the 83% who continued to have a clinical element to their work worked in consultant physiotherapist, extended scope practitioner or clinical specialist roles (15). However, the career structure is less developed in Ireland compared with the UK and there is no definite physiotherapy career pathway for those who undertake formal postgraduate education. A survey of UK physiotherapy managers and senior physiotherapists regarding their perceptions of Masters programmes found the majority of managers (42%) indicated that a Masters degree would be an advantage in promoting staff, only when choosing between two people who had equal clinical experience, while 30% stated it was not. Benefits identified by both seniors and managers included the development of the physiotherapy profession, improved up to date knowledge, enhanced career prospects at management level, improved clinical knowledge and skills, evaluation of practice and research. Academic courses with a skills component were rated more useful than purely academic courses (19). However, challenges exist for those pursuing postgraduate qualifications include the intensity of study requirements, skills required for academic writing, financial concerns and family

demands (19). To date, no known studies of the impact of Master's degrees on physiotherapy CPD or practice has been established in Ireland.

Informal Unplanned CPD

In the ISCP model, informal CPD is subdivided into planned and unplanned CPD. Informal unplanned CPD is an umbrella term for the spontaneous learning that takes place on a day-to-day basis and is equally as important as formal learning (20). It includes many elements, which can be clinical, for example, joint treatment session with a senior grade or non-clinical for example, participation in meetings, involvement in clinical interest groups, and participation in journal clubs. The CSP recommends that at least a half-day a month be set aside for informal learning, including portfolio keeping and reflective time (8).

Reflective Practice

At the core of CPD is the concept of reflective practice. Although an in-depth discussion of reflection is beyond the scope of this paper, it is vitally important, as attending educational activities does not maintain or improve the therapist's competence. It is the incorporation of new knowledge into everyday practice through the use of reflection that improves and updates skills and knowledge (21). Johns (22) defines reflective practice as the 'practitioner's ability to access, make sense and learn through work experience to achieve more desirable, effective and satisfying work'. The process of reflecting on clinical skills is thought to be essential to move the health professional from technician to autonomous professional (23). The process of reflection need not necessarily be on clinical expertise, it can be on professional issues such as time management, conflict situations or managing change (24). However reflection is not a natural process, the skills required must be learned and practised. For reflection to be effective, physiotherapists must be analytical and self-critical of their own practice. Written reflection can assist the development of skills required to be a reflective practitioner, by enabling therapists to question the context of their practice and reframe its problems (25). A number of tools can be used to facilitate reflective practice such as reflective sheets and critical incident analysis forms (Appendix 1), which are commonly included within professional development portfolios as evidence of the process. Through the process of reflection on informal and incidental learning, and subsequent evaluation and documentation of the event, CPD can be quantified and recorded.

Clinical Supervision

Clinical supervision occurs in a variety of settings, it has various definitions and

methods of delivery (26). Most definitions focus on promoting professional development and ensuring patient safety, but a lack of clear definition has led to confusion and ambiguity around the concept. One definition used in physiotherapy is 'a collaborative process between two or more practitioners of the same or different professions' (8). Thus, the process should encourage the development of professional skills and enhanced quality of patient care through the implementation of an evidence–based approach to maintaining standards in practice. These standards are maintained through discussion around specific patient incidents or interventions, using elements of reflection to inform the discussion (6). Reflection is central to clinical supervision (24; 27) and it is the ideal environment in which guided reflection can occur (28). Launer (29) describes clinical supervision as an externalised version of reflective practice, sharing the same stance and skills, whilst reflection is an 'internal conversation'. In reality, the practice of clinical supervision is variable in medicine (30; 31), nursing (32) and physiotherapy (24). It can occur in various formats, most commonly, one to one sessions, or in group format (24; 32). Clinical supervision was most important of a list of 16 CPD activities amongst Irish staff grade physiotherapists in acute hospital settings and comprised activities such as conducting joint treatment sessions with the senior therapist, discussing and problem solving patient cases with the senior therapist, coaching and observation of senior's patient interaction (9). There have been few studies evaluating the effect of clinical supervision. There is some qualitative survey evidence from nursing research that sessions, which last over an hour and occur at least once a month are beneficial from the supervisee's perspective (32). Conducting supervision away from the workplace can enhance effectiveness, as there is less chance of interruptions impinging on the information sharing (32). Qualitative studies in nursing reported improved self-awareness, professionalism leadership and communication skills, and coping skills (33-35). When documenting clinical supervision, there should be a clear statement at the initial clinical supervision session what method of documentation will be used by either or both, supervisor and supervisee (36). Because of the varied and organic nature of clinical supervision it is difficult to present an exact format for its documentation, but an example of how a clinical supervision session could be recorded by a supervisee is presented below (Table 2). The supervisor may find it more useful to document key term to act as an 'aide de memoir' to issues raised (36).

Table 2-Example of how clinical supervision may be recorded

CPD activity	Aim of session	Activities	Outcome/Action Plan
Clinical Supervision with my Senior- NJ 01/04/2008 30 minutes	Discuss current cases- including condition I haven't seen before- spondylolysis	Review of current charts Discussion of -Condition -My assessment findings, problem list and treatments Demonstration of useful treatment techniques/exercises -MDT management -Long term aims	Change in my management of patient Plan to do a IST on condition including review of up to date research in this area

Inservice training (IST)

In-service training is a routine part of most physiotherapists' working week and has been identified as one of the most important forms of CPD for staff grade physiotherapists (9). IST has been defined as training that is locally developed to meet the learning needs of service providers in a departmental setting, and depends on available expertise (33). It can consist of theory, practical hands-on demonstrations, presentation of case studies or a combination of all three elements. In the DATHs CPD Guidelines for staff grade physiotherapists, it is recommended that an hour a week is devoted to IST, that all grades should contribute to the education process and that discussion is encouraged (37). It is also recommended that IST is evaluated and the presenter is given feedback on presentation skills (37). This feedback can be kept, as evidence of the CPD process for the presenter, while those attending the IST should document new learning and how it can be incorporated into clinical practice. Staff grade therapists perceive greater benefit from IST when they deliver the training, rather than merely attending (9).

Journal clubs

Journal clubs have contributed to medical and nursing education for more than a century (38) and their use in physiotherapy departments should be strongly encouraged (39). They encourage therapists to read, disseminate information from the current literature and more importantly to develop the ability to critically appraise articles, with an end result being a review or change in practice (40,41). In a survey of physiotherapy reading practices in the UK, journal readership by physiotherapists largely consisted of newsletters and the professional body journals (42). This may have been partly due to the limited access to journals with few actually located in physiotherapy departments, however with increasing access to internet facilities and free electronic journals this is less likely to present obstacles in the future (40). A postal survey of journal club habits of physiotherapy departments in the UK and Australia found that 42% of responding UK facilities and 18% of Australian facilities held regular journal clubs, generally on a monthly basis. The type of article presented was normally special interest topics with a focus on research with the articles being presented to the group for discussion or review (UK 81.6%, Australia 87 %). Barriers to participation in journal clubs included lack of resources, time constraints and a certain amount of apathy (40). The journal club is an increasingly important CPD activity that can facilitate evidence based practice and there

is some evidence in doctors that it improves knowledge (42). More recent graduates are increasingly likely to utilise literature as a basis for practise, therefore there is a responsibility on those educating to emphasis the importance of journal reading and particularly critical appraisal (42). The formal teaching of critical appraisal skills has been identified as an important factor in the success of journal clubs (43; 44).

Planned learning

Planned learning is where learning needs that have been identified by the physiotherapist, usually in conjunction with a direct line manager are agreed and met through the development of an action plan. Action plans should be S.M.A.R.T (Specific, Measurable, Acheiveable, Realistic and Timed) drawn up with deadlines and responsibility for each task discussed and allocated. This should be a cyclical process, where needs are reviewed and revised on a regular basis (45).

Performance appraisals

Performance appraisal was first documented in 1800s and is accepted as method of staff development (45). It is a structured means of facilitated staff reflection that formalises the process of moving a professional through the learning cycle (46; 47) and is a way of evaluating and documenting skills, knowledge and abilities and generating a clear set of workable objectives (8). It is based on the assumption that there are qualities that all employees should have, that these qualities are measurable and that identified learning needs can be matched to a relevant learning activity (6). In the UK, all doctors in the National Health Service must undergo regular appraisal for revalidation (48). Appraisal should be available to all staff (6) and traditionally is done by the direct line manager who evaluates and reports on performance (45). However, 360° feed back which includes appraisal by the direct line manager, peers and supervisees of the appraisee is also recommended, to give a richer measure of the individual's skills and attributes (48). Appraisal should involve a confidential conversation between the appraiser and appraisee, followed by reflection after which the appraisee gives feedback (46). Feedback on performance and objective setting are the two fundamental components of appraisal (6, 49), particularly for newly qualified staff (6). The suggested timing of the appraisal for junior grade rotational physiotherapists is at the midpoint and end of rotation through different clinical specialities. For appraisal to be successful, the right environment should be created by the provision of trained, skilled appraisers,

adequate resources for appraisal through protected time and remuneration, and support for the appraisee to fulfil identified objectives (48). The DATHs CPD pack includes both clinical and professional competencies for staff grades (37). The aim of these documents is to provide a standardised structure for the appraisal conversation between senior and staff grade, in addition to being a method of documenting this process. Competency documents for other physiotherapy grades are being developed by the ISCP in conjunction with the DOHC.

Personal Development Portfolio

Many terms relating to written methods of CPD exist. For the purpose of this review the following are defined as:

- Logbook is a collection of evidence that CPD has taken place including course certificates, in service training timetables and appraisals (50).
- Reflective diary is where private thoughts documenting incidents where learning has taken place from the clinical or personal scenario (51; 52).
- Portfolio is a collection of evidence of CPD, reflection on incidents and planning for future CPD needs (53; 6).

It is necessary to have a permanent record of a physiotherapist career; it can be a record of formal and informal learning and a means to evaluate growth and achievement (54). There is a firm distinction between the possibly private thoughts in a contemplative reflective diary and public disclosure of actions in a portfolio (55). A reflective diary facilitates the documentation and review of learning acquired from a clinical or every day scenario, with the benefit of hindsight, and the resultant change to the individual's clinical and professional behaviour (53).

A portfolio, on the other hand, is an accessible record, providing evidence to employers or registration boards of learning outcomes and continued competence to practice (54). It can be used in career mapping or as a tool for seeking promotion or new employment and could provide a systematic way of tracking expenses accrued from attendance at courses or other CPD events (1). Work places should actively encourage and practically support the use of portfolios as a method of CPD (8).

Portfolio based learning was preferable to traditional postgraduate education such as courses for GPs in the UK. Use of portfolios individualised learning, through the development of identification of specific learning needs, increased self-knowledge and confidence in relation to learning preferences and needs (56).

It is important to have evidence to support informal learning that has taken place and a diary performs this task (8). When physiotherapy students on clinical placement in the UK used a professional development diary, they depended on extrinsic factors such as required course work and a rigid structure to fully engage in the reflective process (52). The author felt that this could be attributed to the possible viewing by the students of critical incident analysis as signs of weakness or failure. However learning can be derived from positive, neutral or negative experiences and it is the learning achieved that is important (54). More recently the CSP and the ISCP have collaborated with the Irish Schools of Physiotherapy to use reflective diaries as part of assessment of student physiotherapists (8; 10).

There is much debate in the literature about the use of portfolios as a learning tool versus an assessment tool, especially with regard to students. (50; 51; 57-60). Education systems lead students towards passing exams rather than towards an enduring process of learning. Assessing the portfolio may force students to engage but this process invites a conflict between the use of a device to encourage honest reflection and as an assessment tool (50). Many professional bodies promote or require the use of a portfolio/ logbook to chart and guide CPD, in some cases the portfolio is reviewed by the governing body prior to registration or renewal of registration. This facilitates therapists in analysing their own specific learning requirements and identifying systematic steps to implement and a method of evaluation (6).

Personal Development Plans (PDPs)

CPD sits within the wider context of personal development planning, where individuals can plan for lifelong career and personal progression. A PDP is a product of a process where learning needs are identified and a CPD plan is devised (61). The focus of PDPs is the dialogue between therapist and manager or peer, which clarifies learning choices, identifies goals and plans appropriate actions. Reflection is an important part of PDPs as through this process the practitioner may become aware of a gap in knowledge or skills and thereby identifies a learning need (62). PDPs can enhance the self- rated benefit of CPD (63) and may be incorporated into the appraisal system. The Health Service Executive has developed a guided web-based format for the formation of PDPs. The prompts include

- Where have I been?

- Where am I now?
- What does my current job require of me?
- What are my strengths and areas for development?
- Where would I like to go in 1 and 3 years?
- How do I get there?

This information can then be shared with the therapist's line manager, as a method of structuring and documenting the discussion on the therapist's learning needs at yearly performance reviews. (64)

How to maximise CPD opportunities in practice

Despite the lack of research undertaken into the effect of CPD on physiotherapy practice and patient outcomes (65), undertaking and recording CPD should be an integral part of a physiotherapist's work. As with any unfamiliar activities, it requires a behavioural change. Peer support can facilitate this, in the work place. In hospital settings, the formation of department based CPD co-ordinators is a useful new step in keeping staff fully appraised of all current recommendations from the ISCP, CSP and WCPT in relation to the delivery of CPD within physiotherapy. This has recently been introduced by the Dublin Academic Teaching Hospitals (DATHs), as part of the development of CPD Guidelines for Staff Grade Physiotherapists (37). Staff acting in this capacity should have a clear understanding of research and best-practice related to clinical reasoning, reflective practice skills and clinical supervision as part of CPD. In addition to this role, these co-ordinators are responsible for organising and potentially delivering in-house training on the structures of CPD and to act as a resource for all physiotherapy staff on accessing guidance regarding CPD structures. They can be the driving force behind the organisation of general departmental in-services and journal clubs. These methods have been identified as being under- utilised in smaller departments (66) but are considered one of the most valuable forms of CPD due to their direct link with reflection and clinical supervision. Co-ordinators can be the starting point for any staff seeking peer support, not necessarily to be the support structure, but to identify and match those seeking support with those with the skills to provide it.

For those who work in a private practice and possibly as a sole practitioner, peer support could be developed through other private practitioners, with the possible formation of CPD networks based on clinical specialty or geographical location Online

CPD may be the way forward for those who are remote and not able to access conventional CPD systems. The role of computer assisted learning (CAL) and the internet for accessing information, undertaking and evaluating CPD is likely to play an increasingly important role in the future. Although it cannot replace the acquisition of hands on skills, it is advantageous in cognitive learning and web-based learning (67). In the US, 14% of credit hours for CME in 2004 were obtained online, double the figure for 2002 (68, cited in 69). Web-based CPD has both advantages and disadvantages but can offer huge opportunities for learning and access to a vast amount of knowledge (70). A Canadian study found a high level of interest (78%) among 732 physiotherapists for partaking in CAL and factors associated with this interest included internet access, computer skill level and education level (67).

CPD is becoming increasingly important as the physiotherapy profession undergoes dramatic change increasing specialisation and evolving extended roles requiring the acquisition of skills which are not a routine part of undergraduate physiotherapy education and whose assessment is competence based. With the increasing need to prove cost-effectiveness the ability to justify what and why we do what we do is increasingly important. CPD gives therapists the skills to maximise patient care and a structure to develop the confidence to stand behind their decision making. Many challenges exist for therapists in engage in the CPD process but a collaborative approach is required to ensure that CPD activities become an inherent part of our everyday practice (66).

Conclusion

CPD is an inherent and now mandatory part of physiotherapy practice in Ireland. It incorporates a number of both formal and informal activities.

There are many forms of CPD, with those containing elements of reflection being more effective at changing clinical practice and achieving the ultimate aim of CPD, which is to improve patient care. With the introduction of reflection and use of portfolios as key elements of learning, reflection will become a routine part of a practitioner's daily work and to reflect on daily events in a portfolio is the best way of documenting the informal CPD. As well as the more traditional methods of CPD such as formal courses, journal clubs, clinical supervision, personal development planning and appraisal are just some

of the CPD activities that can be used in a physiotherapy setting. Support for CPD can be enhanced through the formation of CPD co-ordinators or mentors either within a work setting or across different practices. CPD is likely to become increasingly important in the future with the introduction of state registration, development of the physiotherapy role and the need to ensure ongoing competency to practice.

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Appendix 1: Reflective Practice Sheet

Details of Incident- What happened?

Why did that happen?

What was good about how I handled the incident?

If this was to happen again what would I do differently?

What do I need to do to ensure that I handle it differently in future?

How am I going to know I will handle it differently in future?