CPD profile

1.0 Name:	**Physiotherapist (Clinical Specialist & Private Practice)**
1.1 Profession:	**Physiotherapist**
1.2 CPD number:	**CPD1234**

2. Summary of recent work / practice (Maximum 500 words)
I am a physiotherapist who has specialised in obstetrics, gynaecology, continence and sexual health. I am employed as a Clinical Specialist in an NHS Trust for 28 hours/week, and spend the rest of my working week in private practice.

In my NHS post, I am the physiotherapy expert in continence and sexual health within the Trust. My post is managed by the Women's Health Clinical Manager (the current post-holder is a nurse) and my work is split across two teams.

I am a member of the women's health physiotherapy service which is delivered by a small team of 4 staff. Our team delivers a physiotherapy assessment, treatment and advice service for women during pregnancy and postnatally, for women undergoing and recovering from gynaecological surgery, and for women with pelvic floor dysfunction. We accept referrals from consultants, GPs and other healthcare practitioners, and from women themselves. I supervise and appraise two physiotherapists and also supervise a physiotherapy support worker. I am a placement educator and also involved in the CPD of 200 staff across the trust.

I am also a member of the Trust's continence service. This service is delivered by a multidisciplinary team which includes a consultant, continence advisers, a dietitian, an occupational therapist, and a practitioner psychologist, and offers assessment, treatment and advice to women (and a growing number of men) who present with urinary and faecal incontinence.

I spend the rest of my working week working in a private physiotherapy practice which is attached to a local fitness club. The primary focus of my work in this setting is the assessment, design and delivery of personalised programmes of activity/advice that support women through their pregnancy and enable them to return to exercise/sport following childbirth. Women usually find out about this service via gym reception staff and personal trainers, the local branch of the National Childbirth Trust (NCT) or by personal recommendation from a friend.

(317 words)

3. Personal statement (maximum 1500 words)
Standard 1
I maintain my CPD portfolio in a box file. The format and structure of my portfolio makes it easy to keep a record of CPD activities and evidence to show how my learning has supported the development of my practice as a physiotherapist working in the NHS and

in private practice. The table presented in Evidence 1 lists the CPD activities I have undertaken over the last two years and maps how the learning outcomes from each activity relates to the HCPC's standards for CPD.

Standard 2

My CPD activity is guided by a combination of my annual appraisal and personal development plan as developed through my NHS practice; and an analysis of feedback received from my clients and the business manager at the private practice where I also work. I have undertaken a range of learning activities which meet the HCPC requirements including formal learning, work-based learning, self-directed learning and professional activity.

Over the past two years I have attended a number of short courses/study days and the Trust's mandatory training sessions which are designed to help staff manage the risks associated with the delivery of patient care. I have contributed to the Trust's policy on consent and am currently involved in two projects to review the delivery of physiotherapy. One is a review of physiotherapy caseload within the Trust, while the other is focused on mapping the availability of physiotherapy exercise/advice groups to support women in returning to exercise/sport following childbirth. Projects like these provide opportunities for work-based learning, and allow me to contribute to the ongoing development of physiotherapy services and the quality of care available to people who use our service.

My CPD record shows that I also engage in a variety of self-study / learning and professional activities. I keep a journal which allows me to record and then reflect on critical incidents – independently and with my peers (Evidence 2). I enjoy keeping up to date with developments in my field by reading books, journals and blogs, and have recently undertaken a book review which was printed in the Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) professional network newsletter (Evidence 3). I organise the bi-monthly multidisciplinary journal club for the Continence team, and am about to establish a virtual reading group on Facebook for my colleagues in the private practice where I also work.

Standards 3 and 4

My CPD activity is motivated by a wish to maintain and develop my ongoing competence to practice in order to improve the quality of care that I can offer my patients/clients. The examples presented show how my CPD has supported my personal development and ability to deliver high quality care that benefits people using my service.

Specific examples include:

1. 'Bowels' study day

I attended a study day on "Bowels" run by the POGP. The day was designed to refresh knowledge of bowel anatomy/physiology, and to develop confidence in assessing the bowel, and understanding of the evidence base for physiotherapy interventions in the management of bowel dysfunction. The study day offered space to critically evaluate my clinical reasoning and gain feedback about my handling skills. As a result of this learning I have modified some of the questions I use to take a subjective history. The modifications have improved the specificity of information my patients share with me, which in turn has had a positive impact on their understanding of engagement with treatment (Evidence 4).

At the end of the study day I gained the presenters' permission to share their slides and created a folder containing the presentations, my notes and other links to online resources which I found as a result of the event (Evidence 5). This folder was presented to colleagues as an in-service training session, and is now available for staff to access via the departmental intranet.

I also gained peer feedback from the in-service session and then met with one of the Physiotherapy lecturers from our local HEI to evaluate my practice and identify ways I could improve the design/delivery of future teaching sessions e.g. giving a clearer explanation of the evidence-base and making more time for questions/discussion (Evidence 6).

2. Trust policy on consent

My contribution to Trust policy on consent was to offer information and advice based on my understanding of continence and ethics that have developed through my CPD activities and my practice. My starting point was a review of standards and guidance produced by the Department of Health, CSP and POGP. The review highlighted that while seeking patient consent is mandatory for all health practitioners, there are specific issues around the process of assessing pelvic floor muscles and ethical concerns about the potential benefits/risks associated with performing a digital vaginal/rectal examination of these muscles. These concerns raise further questions about whether written consent is essential/desirable when undertaking intimate examinations. I also undertook a review of the literature around this topic and initiated a discussion through interactiveCSP to obtain the views of peers. As a consequence, my Trust policy has a section on consent for internal examinations which was informed by my review and critical reflection on practice in this area (Evidence 7). The preliminary results of a recent audit undertaken to evaluate the impact of the new policy suggests that it is being implemented, and is having a positive impact on patient-practitioner communications and on the recording of the clinical decision making process.

3. Review of physiotherapy caseloads

I was asked by the therapies service manager to join a small working group set up to conduct an internal review of therapy caseloads. This review was part of a Trust-wide project focused on optimising patient care. My contribution to this project was to trace the pathway through physiotherapy from the point of referral to final discharge. I worked with staff to map the pathways taken by different patient groups and in the process uncovered a small minority of physiotherapy referrals whose needs would be better met by an occupational therapist or practitioner psychologist. Once the group has established the source of 'misdirected' referrals, we will be able to make recommendations to ensure that patients are referred to service/staff with capacity to address their needs – which should ultimately benefit patients, staff and the service.

The review of caseloads also involved looking at the 'did not attend' (DNA) rates (figures that capture the number of patients who are offered an appointment but who fail to contact the service/attend their appointment) for the physiotherapy service. Analysis of the DNA data showed that a significant proportion of those failing to attend their first appointment were presenting with symptoms of pelvic floor dysfunction. I shared this observation in confidence with a peer from POGP who signposted me to a body of literature about the gap in people's knowledge of the pelvic floor and its function, and the stigma associated with incontinence.

I shared a summary of my review of this literature with colleagues in the women's health physiotherapy team (Evidence 8) and we used it to critically evaluate the quality of information available to patients referred to our service. As a result of our evaluation, I worked with staff and service users to develop and refine a leaflet that offers basic information about the structure and function of the pelvic floor, and the role physiotherapy can play in this area. This leaflet is available in hard copy with a multi-media digital copy available via the Trust's website (Evidence 9). Feedback from referrers and service users has been very positive (Evidence 10) and we are now in the process of translating the leaflet to make it more accessible to women from local communities where English is a second language.

Evidence from the latest service review suggests the leaflet is benefiting the service and service users. Figures show the DNA rate has dropped since the leaflet was introduced 6 months ago, and physiotherapy staff are reporting that women presenting for assessment appear more comfortable to talk about their incontinence and make informed choices about treatment. This shift seems to be having a positive impact on patients' engagement and the outcomes delivered through physiotherapy.

I used my experience and learning from developing the leaflet to stimulate a critical evaluation of the information about physiotherapy presented on the private practice website. I worked with the business manager and a small group of service users to create a section on the private practice website that offers information about what physiotherapy is, what it can offer during pregnancy, and how it can help promote a successful return to exercise/sports post-partum. Since launch of the webpage three months ago (Evidence 11) there has been an increase in women contacting the service, and I have noticed a change in the sorts of questions women are asking during their initial assessment which suggests that they are feeling more informed about what physiotherapy can offer.

In summary, my CPD activities are related to ensuring my practice is evidence-based and appropriate, aids the development of staff and contributes to the effective delivery of physiotherapy to service users.

(1500 words)

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standard(s) that this evidence relates to
1	Record of CPD activities undertaken during the past 2 years & map of how learning outcomes from each activity link to HCPC standards	Handwritten list/table (6 pages)	Standards 1-4
2	Record of reflections on critical incidents (undertaken independently and with peers) that have supported the development of my practice	Collection of 4 pieces (total of 15 pages)	Standard 3&4

3	Copy of book review published in the Pelvic, Obstetric and Gynaecological Physiotherapy newsletter	1 page	Standard 2&3
4	Anonymised patient record – annotated with reflections of how modifications to my subjective assessment impacted on the qualities of information the patient shared with me Copy of anonymised 'thank you' letter from the patient describing their experience of physiotherapy assessment and treatment planning process	6 pages	Standard 3&4
5	Copy of 'Bowels' study day folder which is available for staff to access on the departmental intranet	15 pages	Standard 2&3
6	Reflection/evaluation of my teaching practice	Audio file & written note	Standard 2&3
7	Trust policy on consent	10 pages	Standard 3&4
8	Summary of literature review about knowledge and awareness of continence and its treatment	4 pages	Standard 3
9	Regaining control - physiotherapy and you	Leaflet	Standard 3&4
10	Anonymised feedback about the design/content of 'Regaining Control: physiotherapy and you' leaflet from physiotherapy service users and people referring patients to the women's health service	14 pages	Standard 3&4
11	Screen dump of webpage explaining what physiotherapy can offer women during pregnancy and post-partum	1 page	Standard 3&4