



BAA CPD – Getting Started on-line

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The purpose of this document is to introduce the concept on which the BAA CPD scheme is based, provide a couple of examples, then guide you through the process of logging on to your CPD diary and get you started with making your first CPD entries. It is recommended that you read this document fully and carefully before attempting to go on-line. You should also aim to read the full BAA CPD document within the next month or so – it contains more detail and advice than given here and it explains all the terms used. A frequently asked questions (FAQ) document is designed to provide answers to common queries. All these documents are available on the CPD web site: <http://www.cpd-audiology.org>

CPD – in a nutshell

There are various definitions of CPD but one is the learning & development that we all need to do as professionals in order to keep up with technological change and so maintain our competence to do our jobs. We all do that on a routine basis, but most of us don't think of it as CPD. For example, the fact that you're reading this document and will be learning how to use the BAA CPD scheme is a good example of CPD. Later, when you go on-line to use your CPD diary, your first entry will be to document and take credit for the learning you're doing now. We'll use that exercise as your introduction to the on-line CPD system.

Background

In the past, some CPD schemes (like the old BAAS CPD scheme) were based on measuring the **input** to the learning process, in which points were earned for designated activities, with a 50 point per year target. The problem with that approach is that it didn't really measure the right thing. Many of the old "approved" activities often didn't contribute to people's development at all. Rather, they were brownie points, offered in reward for doing noble deeds like being on a committee or being an examiner. What really matters is the **outcome** of the learning process, especially the way it affects and develops you and the services you provide.

The HPC view of CPD

The Health Professions Council has taken the outcome approach, in which you identify learning goals and the means by which they are satisfied. You undertake an appropriate activity and then evaluate the extent to which your knowledge and practice has developed as a result. We have no choice in adopting this basic framework – it goes hand in hand with HPC registration. For many people who are used to using "points", this touchy-feely approach can seem very woolly but if you consider the pros & cons, it has much to commend it – mainly because it forces you to sit down and think about what you need to learn, and later, decide how effective that learning has been and how it will influence the way you do your job in future. That

process is “reflective practice” and it consolidates the learning you’ve done and highlights any new learning needs.

The BAA CPD scheme

We technical types like the idea of measuring things. The good thing about points-based CPD was that it provided feedback, giving us a rough idea of whether we were doing enough. Following a consultation of members in 2005, BAA has retained the concept of quantifying CPD (and therefore getting feedback) within the HPC framework. We have kept the familiar CPD points system, based on one hour of learning per point, measuring **input**. Courses, meetings etc will be accredited with these points just as before. To this input-measurement we have added new a number The new number is called the “effectiveness index” and has a value, chosen by you at the reflection / evaluation stage, designed to denote the effectiveness, efficiency or relevance of the activity to your practice or service. It may range from zero to one. The product of CPD points and effectiveness index (the multiplication is performed by the on-line software) generates the resulting “CPD Value” (a measurement of the **outcome**) of the activity and it is *this* number that is added up and for which there is a notional annual average – 15 to 20 units per year, taken over a 5-year rolling average. Examples are given later to clarify what is meant. The 5-year rolling average provides the flexibility to have good and bad years, short career breaks or illnesses. Even so, this “target” is designed simply to give you an idea of whether you are seriously over- or under-doing CPD. There is no sanction for not reaching the target, only for not trying or for blatantly abusing the system!

Many CPD activities like courses or meetings will be accredited with a maximum number of CPD points. However, you should claim this number only if 100% of the material was new to you: if only a third was new, then you should claim only a third of the points and so on. The same idea applies to all CPD points – claim 1 point per hour only for the time you spent learning, which is not necessarily the same as the time taken overall. You will also need to make a judgement about your learning when the time comes to decide on the “effectiveness index”. You choose the effectiveness index to reflect the impact / relevance / efficiency of that learning to your practice / service. As a guide, we recommend that the following guidelines be used when deciding on an effectiveness index for a given activity:

Index	Guideline
0.0 – 0.1	very poor effectiveness: pretty much a waste of time and effort or not new or not relevant knowledge
0.2 – 0.3	quite modest effectiveness but nevertheless of some benefit
0.4 – 0.5	an “average” degree of effectiveness: this should be a typical score
0.6 – 0.7	highly effective in satisfying the learning need
0.8 – 1.0	exceptionally effective: to be reserved for rare or profound learning experiences, or where a lot is learnt in a very short time.

The hope is that this more complex arrangement will provide a much more realistic and helpful measure of our CPD than the old input-points schemes. Since these numbers are primarily designed for feedback there is no sanction for under achievement. Rather, it allows the CPD team to identify those members who might benefit from support or advice.

Audit

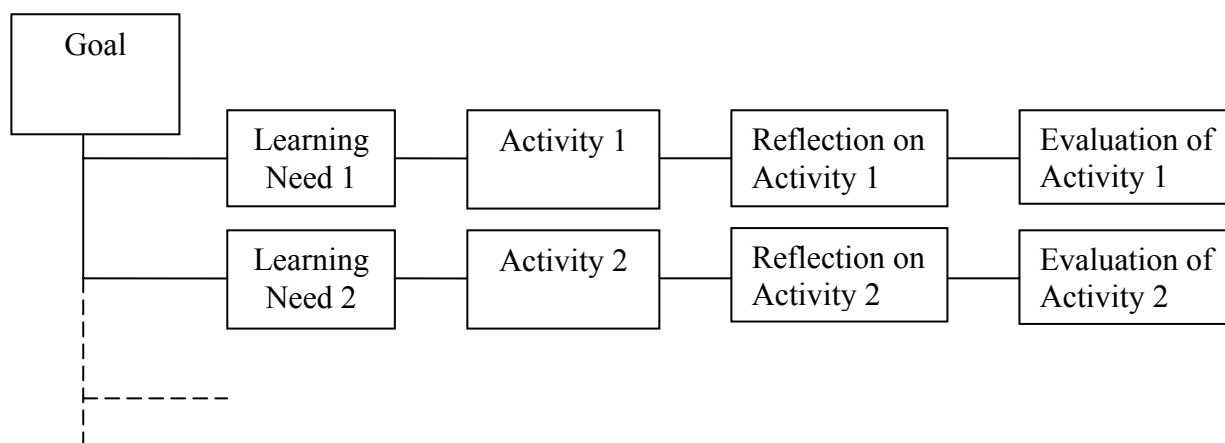
Each CPD activity you record can be labelled with a status: pending, current, evaluate or complete. Only **completed** activities add to your average CPD Value score or will be inspected by the BAA CPD Team for audit purposes. CPD records do not have to be submitted annually since the CPD Team can access members' completed records on-line at any time. The Team guarantee confidentiality and the on-line system is secure and backed up. See the reference CPD document for full details. Likewise there will be no annual certificate awarded. Material from your record can be printed for your own use. Although the use of CPD Mentors will be encouraged, their use is optional and no counter-signing is required. The on-line scheme is linked to the BAA accredited events database, allowing you to browse and select appropriate education-based activities or to select an activity from a list of examples based on those provided by the HPC.

The structure of your CPD entries

The first tier of an entry is called a **Goal**. This is the grand idea: an overview of what you want to achieve; a title if you like. Just a few words will do (max 100 characters).

The second entry you should make is the **Learning Need** associated with that **Goal**. It is a brief description of what you need to learn. A sentence or two should suffice (max 256 characters). Note here that you can have multiple **Learning Needs** associated with a given **Goal**.

Each **Learning Need** will have an **Activity** (max 256 characters): this is what you decide to do to satisfy that **Need**. There will be just one **Activity** for each **Learning Need**. Here you have a choice of selecting one of many examples of activity, sub-divided into 5 HPC categories, or selecting a BAA-accredited event. You can search for an appropriate event using a subject keyword. You decide on the number of CPD points that is appropriate, based upon the time you spent learning. Upon completion of an **Activity**, there are stages of **Reflection** and **Evaluation** (max 8000 characters each). This is where you Reflect about what you have learnt, decide whether it has completely or partially satisfied that **Need** or spawned new ones and **Evaluate** how effective the learning was, identifying how your practice or service will change in future. For these two elements you should aim to write a paragraph or two for each. The following diagram may help clarify this structure.



In the above example the **Goal** has two **Learning Needs** and associated **Activities**.

Examples

Here is one simple and one more complex example, set out in the order / format used in the on-line CPD diary.

Example 1: Simple (a single Need & Activity)

Goal: Understand more about vibro-tactile responses during AC and BC PTA.

Learning Need: Refresh & update my knowledge of vibro-tactile stimulation so I don't misinterpret VT responses as auditory thresholds and so I can train students more effectively.

Activity: Read about VT responses and discuss with more senior colleagues.

Activity Type: Review of books/articles **Category:** Self directed learning

CPD Points: 1.5 (1 hour of study plus 30 min discussion with boss)

Reflection: This came about because I saw a patient the other day that reported feeling, not hearing, the stimulus – this prompted me to recap on when VT thresholds were likely to occur. BSA PTA recommended procedure and a book in our dept library were good sources of info. VT values are different for TDH-39 phones and ER-3A inserts so if I get a case where VT is a problem with phones, I could use our insert-equipped audiometer. It seems pointless to test at 250Hz by BC because of low BC VT thresholds. Even need to be careful at 500Hz. I must remember to include VT problems & solutions in my training sessions on PTA with BSc students.

Evaluation: A useful hour spent recapping and reaffirming when VT thresholds could occur. Not ground breaking knowledge but important for my own clinical practice and when training students.

Effectiveness Index: 0.4 CPD Value: 0.6 (1.5 x 0.4 = 0.6)

Example 2: More complex (several Needs & Activities)

Goal: Become proficient at identifying and managing patients with Auditory Neuropathy.

Learning Need 1: Find out what on earth this AN thing is, and how it is diagnosed.

Activity 1: Studied the NHSP document on AN (<http://www.nhsp.info/cms.php?folder=84>) and followed up with papers by Starr et al & Berlin.

Activity Type: Reading and review of journal articles. **Category:** Self-Directed Learning.

CPD points: 4.5

Reflection 1: This 10% of hearing impaired children seems high but it is apparently right – it certainly explains why some do very poorly with their hearing aids & language acquisition. Clear OAEs and an absent ABR seem to be the main diagnostic finding but apparently CM tests are more robust (less affected by middle ear pathology). The problem is that if OAE is used as the only screen we will miss AN cases, so we must check that we are alert to AN at later stages / parental concern etc. I'll arrange a tutorial with all relevant staff. Fortunately, most AN cases are in high risk categories so will have had an AABR. See if there are any meetings / courses on AN. Investigate the BSA APD special interest group and attend their next meeting.

Evaluation 1: This private study (4.5 hours) was highly productive in developing my knowledge of AN but I need to consolidate this with practice and then review in a year's time to see if I am on the right lines.

Effectiveness Index: 0.6 CPD Value: 2.7 (4.5 x 0.6 = 2.7)

Learning Need 2: Become proficient at conducting and interpreting cochlear microphonic tests.

Activity 2: Use the NHSP CM protocol with ER-3A inserts on 3 normal subjects (staff) and all future cases of severe / profound loss in neonates. Identify any technical difficulties and discuss with John / NHSP team.

Activity Type: Service development. **Category:** Work-Based.

CPD points: 6

Reflection 2: Had to first get our transducers calibrated to the new NHSP RETSPLs. Wasn't aware that with inserts, SPL in neonate's canal is 20dB higher – must relay that noise hazard risk to our paediatric / screening teams. CM tests on normals were difficult because they have an ABR (!) and their CMs were rather small. Clamping the insert tubing is a crucial way of distinguishing CM from artefact. Tested 3 profound neonates so far: first 2 had absent OAEs, absent ABR and no CM (so presumably had a cochlear loss) but last week I did a NICU baby – had OAE, CM but no ABR at 80dB (inserts, i.e. ~100dBnHL actual) so probable AN case. Will follow up. The CM was beautiful: reversed polarity and disappeared when the tubing was clamped. JCS confirms my interpretation. Need to do more cases and do follow up.

Evaluation 2: This took quite a time if you include installing CM protocol into ERA system, calibrating inserts and testing normals as well as testing babies. 23 hours in total but probably about 6 hours of actual learning so I'll claim 6 points. Although this is important knowledge and will have a direct impact on the service I provide, it was not obtained particularly efficiently so index = 0.4.

CM waveforms (patient identification removed) are included in my portfolio.

Effectiveness Index: 0.4 CPD Value: 2.4 (6 x 0.4 = 2.4)

Learning Need 3: Identify the latest thinking on AN management and ensure we can provide it.

Activity 3: Blah blah blah – you get the idea!

One limitation of this scheme as it stands is that a Learning Need leads to only one Activity. This was done to minimise complexity. There are going to be occasions where a Need is multifaceted and logically leads to several distinct Activities. In such cases, simply create multiple Learning Needs with the same name (suffixing them (a), (b) etc) so that each can have a different Activity.

There is a reference document you can consult under the "CPD Description" tab.


Mentors

One thing you must decide quite soon is whether you want to arrange to have a CPD Mentor to help you. Having a Mentor is not compulsory but is recommended. To decide, read the document "Choosing a CPD Mentor". There is also a document designed to help people decide whether to become a CPD Mentor, if asked.

Going on-line

No special software is needed so you can have an on-line CPD session anywhere where you have access to the internet.

- Go to <http://www.cpd-audiology.org> The home page allows you access to full documentation on the CPD scheme, including the latest version of this document.
- To log on to your CPD diary click the "**Log-in**" button and enter the username and password that will have been sent to you. Note that these are "case sensitive".
- The first time you Log on you will be asked to provide a security question and your answer. This is to allow the web site's technical helpdesk to verify your identity if you need to contact them by telephone in the event that you forget your password.
- You should then be taken to your main CPD page – "**My CPD**". We'll come back to that in a moment but first there a little housekeeping to do.
- Click on "**My Details**" and check that the information (this is part of your details held on the BAA membership database) shown there is correct. You can correct errors or make updates to most fields. Please use "Proper Case" and change all CAPITALISED entries now, especially your name and contact (mailing) address. The greyed-out fields can be edited only by BAA office. Of particular importance is your email address – please ensure that this is kept current. Note that soon, you can opt to receive special communications, regular BAA mailings and the BAA magazine sent to you either by email (attachments will always be no bigger than 1MB) or by post (the present arrangement). To save costs, the default is email. This facility will be introduced as soon as possible so enter your preferences now. You should take this opportunity to change your username and password to ones that only you know. The limits and restrictions for these are shown. You can change these whenever you like.

- You can now go to your CPD diary. Click on **My CPD**. You will see that there is already a Goal: *Learn to use this CPD on-line diary*. That Goal has already been given a Learning Need: *Learn the basics as described in the documentation*.
- Click on that Need. This brings up a page dealing with that Need. We have already entered the activity and the number of CPD points for you (this exercise, including reading this document carefully should take about an hour to complete so we've entered 1 point for you).
- Notice the information  icons that you may click to bring up prompting text at most stages.
- Edit the entries in the Reflection and Evaluation panels (refer to the examples given above for an idea of what to enter), select the date completed, select an Effectiveness Index and mark the activity as complete.
- Then click "submit". This takes you back to your main page – note how the date, status, CPD (input) points, Effectiveness and CPD Value are now shown for that Learning Need.

This Learning Need, with example entries for Reflection and Evaluation is shown below as it would appear in the CPD diary:

Need/ Activity for Goal: Learn to use this CPD on-line diary [Submit](#) [Cancel](#)

Learning Need:
Learn the basics as described in the documentation

Activity
Read and then follow the instructions in "Getting Started On-Line"

Choose Activity/Event ...

HPC Category: Self-directed Learning
Selected Activity: Study of reference texts

CPD Points
1.0

Status

Planned Completion Date: 21/06/2006

Actual Completion Date: 27/06/2006

Pending
 Current
 Evaluate
 Complete

Evaluation of Completed Activity

Reflection
I agree that the idea of measuring outcome is much better than input . We'll have to see how it works in practice and whether it is an obstacle to those who are determined to just invent their CPD records. I see that Mentors are not compulsory – so they cannot act as policemen. I've learnt how to input data but I need more experience, obviously. I'm a bit confused with this effectiveness index thing. Let's see what to do next....

Evaluation
I read the "Getting Started on-line" document and writing this entry now is a way of testing whether I've understood the gist of the new scheme – hope so. So far I think I've got to grips with it. I bet some people will be tempted to claim 1 or 0.9 in order to maximise their score. Maybe this behaviour will be automatically spotted and attract an email from the CPD Gestapo. So, what Effectiveness Index should I select now? I think this was an effective session – let see what the guidelines suggest for that.

Effectiveness 0.6

[Submit](#) [Cancel](#)

[Delete...](#)

As a next step, you should try creating a new Learning Need yourself.

- Click on "Add Need/Activity" and in the Learning Need box that appears, type "*Learn how to create an entry myself*".
- In the Activity box, type something like "*Create and complete this Need/Activity*".
- Now, see if you can complete the rest of the page, selecting an appropriate activity type, date, number of points (this exercise will probably take you 15-20 minutes, so claim something like 0.3 points), making entries for Reflection, Evaluation and Effectiveness.
- When done, mark it as complete and submit.

You might want to try creating another Need/Activity under the existing Goal, such as "*Decide whether I should have a Mentor & if so, who it should be*". [Hint: if you do this, then read the "Choosing a CPD Mentor" document].

You will see that at the top of your main page, you can opt to view all your entries, just the completed ones or just those in progress (those not marked as completed). You will also see the button used to create a new Goal. This is the button you'll probably need to use next time you log on, to create a Goal like the examples given earlier. Don't make the mistake of entering all your CPD under the existing "Learn to use this on-line CPD diary" Goal: create a new Goal that deals with the general topic of your latest CPD. Note that you will be logged off automatically after 40 minutes of inactivity so be sure to click "submit" before stepping away from your computer.

That concludes this whirlwind tour of the new on-line BAA CPD scheme but we haven't really addressed the issue of what CPD you should do and the practicalities of when & where you do it. For that, and other issues like annual appraisals, mentorship and dealing with non-planned CPD you should aim to read the reference documents (for example "What CPD should I do?") on the CPD site as well as discussing CPD with your manager or colleagues. The document "Examples of typical activities" not only gives some ideas of everyday activities that involve CPD but also does so in the format used on the BAA CPD diary, using appropriate terminology. These examples should therefore be helpful when completing your own entries.

If you are a manager or head of service, it will be important to think about how you ensure that your staff can be encouraged and empowered to become better professionals and provide a better service through the mechanism of CPD.

BAA hope to support its members' involvement in CPD in a number of ways: if you have a query, your first port of call should be to consult the "Frequently Asked Questions" and other documents on the Documentation page; BAA Regional Coordinators have had their own introduction to the new scheme and should be able to answer many queries; there will be a

regular CPD session at future BAA annual conferences. Finally, the CPD Team can answer specific questions – email them via the link on the Help page (baacpdteam@coacs.com).

Feedback please

It would be helpful to know how you got on with the exercise and what your first impressions have been. Once you have completed the exercise (including creating a Learning Need yourself, with reflection and evaluation) please email your answers to the following questions. Send your email to baacpdteam@coacs.com with "Feedback" as the subject. To save the complication of attachments, just send a plain text email with your answers numbered. Many thanks.

Feedback questions:

- 1 Do you think you fully understand Goals, Learning Needs, Activities etc?
- 2 What value of Effectiveness Index did you choose for the first exercise?
- 3 Do you think you will have difficulty finding / being given time to update your CPD diary at work?
- 4 Do you think you will have difficulty in getting ideas for what CPD to do?
- 5 Do you think you will have difficulty in getting time and funding to allow you to do CPD?
- 6 Have you read the documents "What CPD should I do?" and "Examples of typical activities"?
- 7 Do you intend to have a Mentor?
- 8 Please make one suggestion that would make the scheme better or easier to use.
- 9 Finally, please give us any other observations or comments that will help us to improve the scheme or any specific queries we can respond to.