



What CPD should I do?

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This document is designed to give practical advice and support to BAA CPD participants by suggesting possible types of CPD activity and the ways these can be identified.

Planned or unplanned CPD?

Most documents written about CPD seem to assume that CPD is always planned and it is easy to see why many people therefore view CPD as “extra” work. In truth, most professionals’ CPD will include both planned and unplanned types.

- Planned CPD comes about as a result of identifying, in advance, things that need to be learnt or developed.
- Unplanned CPD may arise through a particular event during normal work activities and can be equally valid and worthwhile.

Both types aim to satisfy a particular objective such as developing or improving a service.

Unplanned (accidental or serendipitous) CPD

Although a gap in your knowledge / skills may not have been obvious to you or your Manager, none of us know everything about audiology. Situations will arise where we don’t know the answer to a question or we might see a patient with a combination of symptoms or test results that we can’t interpret or manage properly. In those circumstances we often turn to an experienced colleague, consult some text books / course notes or perhaps surf the web for answers. Having found and thought about those answers we can then deal with the patient much more appropriately and can handle similar cases effectively in future. Just about everyone reading this will have done that at some stage or other. The only difference between that sort of activity and CPD is that with CPD, you take the credit for it, write it down and think about how your new knowledge is likely to change your practice in future. That process (called reflective practice) also often reveals related CPD Goals and Learning Needs that hadn’t previously been identified.

The layout of the BAA CPD on-line diary pages doesn’t appear to lend itself to non-planned CPD because terminology such as Goal and Learning Need are used and those seem to assume that you have a master plan. Fair enough. What you need to do is have some suitable wording that can be used for case study circumstances. If you saw an interesting case that prompted you to consult a reference book for example, a general Goal might be:

“Develop my clinical practice through case-led self-directed study”.

Another Goal could be:

“Extend my clinical skills using case studies”.

The Learning Need will depend on the nature of the particular case in question, so it might be:

“Identify and learn how to manage the rehab and amplification needs of patients with chronic otitis externa” or:

“Learn how to recognise and deal with collapsing ear canals in pure tone audiometry”.

You wouldn't necessarily have thought of those in advance, but having a patient with particular circumstances or individual needs does often expose the requirement to undertake CPD. With a little practice, it's not too difficult to think of a way of expressing the general idea (the Goal) and the specifics (the Learning Need) of what you need to learn. More examples of the sort of terminology you should use are provided in the CPD Examples document.

Planning CPD

It important that you do not rely on everyday clinical cases as sources of inspiration for your CPD. If you did, it would be almost like crisis management.

As professionals we must have critical awareness of our own limitations – that's one of the HPC standards. That in turn means that from time to time we should sit down and review what we are good at, what we *should* be good at but are not, and what we need to learn in order to improve the services we provide. It can be helpful to consider the following questions to help establish some CPD priorities relating to your current role:

1. Describe up to three incidents in your workplace during the past year that caused you to feel that you had made a difference or were a personal and/or professional success.
2. Looking through your responses to the previous question, try to identify a learning need that relates to each incident that might help you build on that success.
3. Describe up to three incidents in your workplace during the past year that caused you to feel uncomfortable, unhappy, ill-at-ease, threatened or simply fed-up.
4. Looking through your responses to the previous question, try to identify a learning need that relates to each incident that might help you handle similar situations more effectively.

The following questions will help you establish how your current role(s) may change over the coming years, and how you may prepare for these changes.

5. If your workplace has a development plan, briefly summarise the three points of that plan that will most affect you.
6. What learning needs do you have that relate to these three points?
7. What learning needs do you have arising from each of these policies and priorities?

The following questions should help you focus on your key career goals over the coming years.

8. Looking at your career plans for the next 3-5 years, identify three new things that you want to be doing within that time frame.
9. What learning needs do you have that relate to each of these career aspirations?

The above review (an example of reflective practice) can be done without external help – in many ways we know better than anyone where our weaknesses lie, though it is not always easy to admit them and plan to do something about it. However, sometimes we have shortcomings or a skills gap that we are not aware of. It takes a colleague, or your supervisor or even an outside professional to recognise those things. Such external help can go by a number of terms but for simplicity, we will refer to it as Mentoring. Documents on CPD Mentoring are available and you should take the time to read through them, starting with “Choosing a CPD Mentor”. A Mentor, especially if independent of your employer, may be able to assist you with your general career development and help you with a long-term plan that does not necessarily address the immediate service needs of your department.

In addition to having formal sessions with a CPD Mentor to help you identify and plan your CPD activity, another common and useful way of planning appropriate CPD is an annual or periodic appraisal – usually with your line manager. Although most people find such appraisals daunting, they can often highlight areas in which we should focus our development. This might involve learning activities that will eventually lead to you taking on a managerial or training role. Less dramatic changes might involve improving one of your department’s services by a combination of a short course, private study and visits to shadow an expert at a nearby hospital.

What CPD should I NOT do?

For a learning activity to count as CPD, it needs to lead to professional development. So, if your personal career plans involve moving into a new area of audiology like paediatrics, CPD activity that takes your development in that direction is valid, even though it may be of no direct benefit to your current employer. However, if an activity is realistically not going to lead a change in your practice, it does not qualify for CPD, no matter how “interesting” the subject is. There is little point in attending courses or going to meetings in subjects in which you are already expert, unless your knowledge needs updating. You therefore should be critical in your choice of activity – things that are easy or convenient to do may not help you develop at all. Thinking things through in that way is another example of reflective practice.

The list of examples of CPD activities on the on-line system do not guarantee development – they are simply examples of activities that *sometimes* lead to development and the list is there as a source of inspiration! In the end, you must identify what *your* individual learning needs are and choose activities that enhance *your own* specific professional development.