

# Continuing professional development

## A brief guide

**F**ROM October, chartered members of the British Psychological Society face the possibility of having their practising certificates withheld if they do not produce the appropriate evidence of continued professional development (CPD). In this article, we hope to give a timely reminder about the importance of CPD – post-qualification learning throughout a professional's career. We describe the Society's CPD procedures, and lessons from the first year of compulsory CPD. We go on to look at CPD in practice within the NHS, and the potential impact of statutory regulation.

### What is it?

CPD is how professionals keep up to date and competent to practise. It is 'any process or activity that provides added value to the capability of the professional through the increase in knowledge, skills and personal qualities necessary for the appropriate execution of professional and technical duties, often termed competence' (Professional Associations Research Network, [www.parn.org.uk](http://www.parn.org.uk)). Another, oft cited, definition is 'the activities we undertake that maintain and improve our professional competence' (Miller, 1990).

These definitions make explicit the link between maintaining competence and



**LAURA GOLDING and IAN GRAY**

*look at the what, why and how.*

undertaking CPD activity. For many professionals, however, the term 'continuing professional development' is more about what they do than what it means. They emphasise the activity itself (such as attending a conference) rather than the purpose of the activity (keeping up to date). It is important, however, that we do the opposite. Attending a conference does not in itself ensure that we are safe to practise. However, if instead, for example, we identify that we need to update our knowledge and skills in our work with people with a diagnosis of autism and specifically attend a conference workshop on this topic, this may bring us nearer to ensuring that our clinical practice is safe. It is a subtle, but important, difference.

### Stick or carrot?

Think about your GP. We will assume that they were fit to practise as a newly qualified doctor, say 25 years ago. But what matters to you now when you consult them? For most of us, we need to know that the professionals we consult about important matters are competent to practise, regardless of whether they qualified yesterday, last year or 25 years ago. This is where CPD enters the picture. The last day of professional training signals the beginning of lifelong learning (Golding & Gray, 2006).

Nowadays, most professional bodies have established CPD processes that their members are required to follow. For many professional groups, registration to practise is explicitly linked to proof that they undertake systematic CPD. While laudable in theory, perhaps this encourages professionals to undertake CPD activity to meet the criteria of their professional or registering body – to collect CPD points or hours – rather than to meet specific

personal training needs to ensure their competence to practise.

In an ideal world, professionals (including applied psychologists) undertake CPD for the carrot of a meaningful goal (i.e. to update in their specialist area of practice, to gain an additional qualification to aid career progression), rather than to avoid the stick (i.e. being 'struck off'). In our experience applied psychologists are now undertaking more meaningful CPD activity. Enquiries used to be about quantity and time recommendations; these days they are more about outcome and linking CPD activity to service priorities. Within the NHS, the emphasis on evidence-based practice and clinical governance has made a huge difference.

### CPD, the Society and applied psychologists

According to the 2005 Annual Report, the Society has 11,376 full chartered members (those holding a practising certificate). This is approximately 25 per cent of the Society's total membership – a substantial minority. A key role of the Society is to reassure the public that chartered psychologists practise at an appropriate level of competence. The Society's CPD policy (BPS, 2004) provides the means to offer such an assurance and to monitor psychologists' ongoing learning and development.

The Society's Statute 13(2) states: 'Chartered Psychologists holding Practising Certificates will be required to engage in Continuing Professional Development and to maintain their professional competence to provide the psychological services they are offering or agreeing to provide'. Members voted for this in 2000. This statute applies to all chartered psychologists holding a



**Clients should be safe to assume that professionals are fit to practise**

practising certificate, irrespective of the number of hours worked or degree of experience or time taken out of the profession for specific reasons such as maternity leave or long-term sick leave. Chartered psychologists who do not comply with the Society's CPD policy and requirements will be removed from the register.

Since October 2005, chartered members who hold practising certificates have been required by the Society to submit a log of their CPD linked to renewal of their practising certificate. The Society's online method of planning and recording CPD activity is designed to assist members in this task (see [www.bps.org.uk/cpdintro](http://www.bps.org.uk/cpdintro)). The Society (BPS, 2004) and the Divisions (e.g. DCP, 2001) have provided detailed guidelines for members. The Society's CPD office also provides advice and support to members, including an online guide and bookable telephone training sessions. Members are taking this offer of advice seriously. During this first year of submission of online CPD records, the Society's CPD office has received as many as 1,000 enquiries a month.

The Society encourages members to reflect upon and record outcomes of their CPD activity based on the six key roles of the National Occupational Standards (NOS) for Applied Psychologists (generic) (BPS & STMC, 2002): what individuals can *do*, not just what they *know* (see box).

The first year of CPD log submissions has been 'sanctions free'. But from October 2006, non-submission of a log or submission of an inadequate log could ultimately lead to the Society withholding chartered members' practising certificates. Approximately 58 per cent of chartered members submitted their CPD logs in the first quarter of the year. The remaining failed to submit (even if the intention is to submit late, when sanctions are in place this would be problematic). The CPD assessors' initial feedback on these submissions is that many members are unaware of the breadth of activities that count as CPD. Guidance from the Divisions (such as the DCP, 2001), explicitly state that CPD is much more than just attending a conference or training course. It includes relevant reading of journals, books, etc., teaching others, shadowing a more experienced colleague or an expert in a particular field, receiving supervision, attending clinical faculty meetings etc. The key is that whatever the

activity may be, it should fit coherently with the applied psychologist's service priorities and their own learning needs for that particular year. One applied psychologist's CPD activity should vary greatly from the activity of another.

Many members also seem to struggle with the reflective outcome evaluation of the activities they have undertaken, often stating that attending the event was itself the outcome. It appears that there is room for improvement in the ways in which chartered members identify and then reflect on the outcome of their CPD activity.

So what about the 75 per cent of members who are not chartered? Does CPD apply to them? Well, all Society

### **'there is perhaps an argument that academics should submit a CPD record'**

members have an obligation to maintain their level of competence and to stay up to date regarding their psychological knowledge. For now, the CPD activities of academic psychologists, who are not full chartered members, are not monitored by the Society. However, academic psychologists are subject to university appraisal systems which should be linked to the Personal Development Plan (or equivalent) process. Given the need for academics to be up to date in many areas of their work – including their teaching and supervision skills, and research ethics – there is perhaps an argument that academics should submit a CPD record as well. We would like to hear readers' views.

#### **CPD and the NHS**

In recent years, the NHS has placed increased emphasis on the importance of CPD for all healthcare staff. This stemmed initially from the introduction of clinical governance into the NHS (Department of Health, 1999). This is the framework through which NHS organisations are made accountable for continuously improving the quality of their services. CPD is one of seven pillars of clinical governance. The government introduced this legislation, in part, from a number of high profile NHS inquiries. Many of these highlighted the need for good management within the NHS and the role that CPD plays in this. This was one of the many issues highlighted in the Public Inquiry into

Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995.

In 1999, a Health Service Circular 'Quality in the New NHS' announced that: 'By April 2000, training and development plans should be in place for the majority of health professional staff in the NHS'. It stated that CPD was an important element 'in the delivery of a range of Government objectives focussing on the needs of patients by delivering the health outcomes and health care priorities of the NHS as set out in NHS Service Frameworks and local Health Improvement Programmes.'

Like all other healthcare staff, applied psychologists working in the NHS engage in the annual appraisal review process out of which their CPD needs are identified. The process of identifying CPD needs is systematic and must balance the needs of the individual psychologists against the needs of their service. In the past, the tendency was for individual practitioners to define their own CPD needs via reference to their current work activities and future career aspirations. Now there is a shift towards a balance of practitioner needs and service needs.

The Department of Health published the NHS Knowledge & Skills Framework (NHS KSF) and the associated developmental review process in October 2004 (Department of Health, 2004). This forms part of the Agenda for Change (AfC) modernising initiative on pay and conditions in the NHS (Department of Health, 2002). The NHS KSF is a single framework on which to base the process of review and development for all staff that come under the NHS Agenda for Change National Agreement (Department of Health, 2002). The KSF is a broad

#### **SIX KEY ROLES FOR CPD**

1. Develop, implement and maintain personal and professional standards and ethical practice.
2. Apply psychological and related methods, concepts, theories, and instruments in psychology.
3. Research and develop new and existing psychological methods, concepts, models, theories and instruments in psychology.
4. Communicate psychological knowledge, principles, methods, needs and policy requirements.
5. Develop and train the application of psychological skills, knowledge, practice and procedures.
6. Manage the provision of psychological systems, services and resources.

framework which describes the application of knowledge and skills to any particular post in the NHS. These capture those broad functions within the NHS which are deemed necessary to provide good quality services to the population. There are six core dimensions:

- Communication
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

These are described as core dimensions, underpinning and reinforcing any specific functions which need to be performed. They are therefore as applicable to large volume ancillary workers as they are to highly specialist and highly qualified clinical delivery staff.

In addition to the six core dimensions, there are 24 other dimensions that apply to some, but not all, jobs throughout the NHS. These 30 dimensions will be used to produce a KSF outline for almost all posts in the NHS. Annual review will monitor delivery of these dimensions or competencies and form the basis of agreed future CPD plans for each employee.

The Society set up a working group to advise members on implementing the KSF. The joint Amicus/Family of Psychology (representing the Society's Divisions of Clinical, Counselling, Health and Occupational Psychology) working group produced guidance to the membership in June 2005 based on several months' intensive work on the KSF (BPS, 2005). The group's work on the profiles has been enormously helpful. Work is under way to provide an option on the Society's online CPD record system to relate development needs and activities to the KSF's

dimensions as well as the National Occupational Standards, in order to avoid duplication for NHS-employed chartered psychologists.

### Statutory regulation

The Department of Health published its consultation document on the statutory regulation of applied psychologists in March 2005 (Department of Health, 2005). It proposed that applied psychologists are

**'members might leave the Society...to avoid having to submit two CPD records'**

registered through the Health Professions Council (HPC). The proposals included the statement that applied psychologists registered through the HPC would be required to follow the HPC's CPD procedures in order to maintain their registration. The Society rejected the proposals, but has made clear that it continues to be committed to the regulation of those psychologists who need to be regulated.

The main implication of statutory regulation through an independent body is that chartered members would need to meet the CPD requirements of that body. It would then become the mandatory CPD requirement to ensure that applied psychologists can continue to work. One possible – and somewhat controversial – implication of this would be that members might leave the Society, or cease to be chartered, to avoid having to submit two CPD records.

The Society has been waiting for the publication of the Foster Review (Department of Health, 2006) regarding the regulation of non-medical healthcare professions, to ascertain the likely next steps towards statutory regulation for applied psychologists. The consultation period ends on 10 November 2006 and the Society will formally respond to this consultation by this date. Meanwhile, the Society remains in favour of establishing a General Psychology Council but is aware that the government still prefers the option of regulation through the HPC or a similar body (Miller, 2006).

### CPD – Is it for me?

If you are a chartered psychologist, whether you have just qualified or have

been qualified for 30 years, CPD is for you. CPD is, in fact, a great leveller. No matter where you are in the hierarchy, it is just as important – no-one is immune from having to maintain and improve their competence. Although the type of CPD activities that a newly qualified applied psychologist may undertake will differ greatly to those undertaken by a much more experienced applied psychologist, the importance to both is the same. We all need to ensure that we are fit for purpose, safe to practise and up to date throughout our careers.

Think about your GP. You rightly expect him or her to be up to date and competent to practise. It is no different for psychologists. That's why CPD is for you.

■ *Laura Golding is with the North West Clinical Psychology CPD Scheme, Psychology Services, Bolton, Salford & Trafford Mental Health NHS Trust. E-mail: laura.golding@bstmht.nhs.uk.*

■ *Ian Gray, is Clinical Director on the Lancaster University Doctoral Programme In Clinical Psychology. E-mail: i.gray@lancaster.ac.uk.*

### References

- British Psychological Society (2004). *Continuing professional development (CPD) – New Society requirements*. Leicester: Author.
- British Psychological Society (2005). *Lifelong learning and the knowledge and skills framework for applied psychology*. Leicester: Author.
- British Psychological Society/Science, Technology & Mathematics Council (2002). *National occupational standards in applied psychology*. Leicester: Author.
- Department of Health (1999). *Clinical governance in the new NHS*. HSC 1999/065. London: Author.
- Department of Health (November 2002). *Agenda for change: A modernised pay system*. Letter to all NHS Chief Executives and HR Directors. London: Author.
- Department of Health (October 2004). *The NHS knowledge and skills framework and the development review process*. London: Author.
- Department of Health (March 2005). *Enhancing public protection: Proposals for the statutory regulation of applied psychologists*. London: Author.
- Department of Health (2006). *Healthcare professional regulation: public consultation on proposals for change*. Department of Health: London.
- Division of Clinical Psychology (2001). *Guidelines for CPD*. Leicester: British Psychological Society.
- Golding, L. & Gray, I. (2006). What a difference a day makes. In L. Golding & I. Gray (Eds.) *Continuing professional development for clinical psychologists: A practical handbook* (pp.1–6). Oxford: BPS Blackwell.
- Miller, R. (1990). The role of the DCP in continuing professional development. *Clinical Psychology Forum*, 28, 36–37.
- Miller, R. (2006). President's column. *The Psychologist*, 19(7), 395.

### DISCUSS AND DEBATE

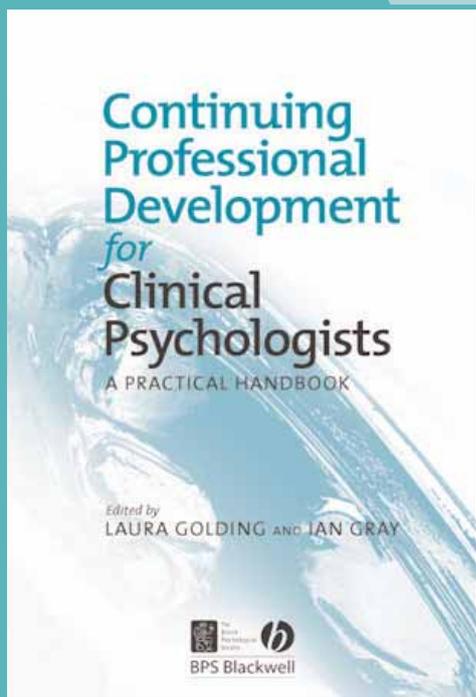
Should all chartered members of the Society be required to submit an annual CPD record?

Should failure to demonstrate active CPD engagement be a disciplinary matter?

How can we balance the CPD needs of services with the personal needs and interests of applied psychologists?

How can we encourage applied psychologists to reflect on the outcomes of their CPD activities?

*Have your say on these or other issues this article raises. E-mail 'Letters' on [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk) or contribute to our forum via [www.thepsychologist.org.uk](http://www.thepsychologist.org.uk).*



# Continuing Professional Development for Clinical Psychologists

A Practical Handbook

*Edited by*  
**LAURA GOLDING & IAN GRAY**

This handbook provides a practical guide to continuing professional development for clinical psychologists. Written by a group of practising clinical psychologists and experts in continuing professional development (CPD), it takes a 'hands-on' approach, addressing the many practical issues involved in identifying, evaluating and meeting CPD needs.

The volume starts by outlining the importance of life-long learning for clinical psychologists, taking into account the context of statutory regulation and mandatory CPD requirements. It goes on to explore the CPD needs of clinical psychologists at different stages of their careers, giving examples of good practice. It also describes some of the CPD structures required in services, the outcomes of CPD activity in practice, the work of the British Psychological Society, the Division of Clinical Psychology, and special interest groups and faculties in the field, and it looks at the NHS Knowledge and Skills Framework and its implications for applied psychologists. The book concludes by considering likely future developments in CPD for clinical psychologists.

*"This is the most comprehensive coverage of CPD to date. The book concludes with the sentence, 'what a difference CPD should make!' What a difference to your personal CPD, and your service planning this book should make! It is bang up-to-date and highly readable. I expect to see many a thumbed-through copy on clinicians' desks in all professional groups."*

Tim Cate, Professional Head of Clinical Psychology and Counseling, DCP Chair, Tees, Esk and Wear Valleys NHS Trust

March 2006

232 pages / 1-4051-2397-4 pb / £24.99



BPS Blackwell

To see the table of contents and to purchase please visit:

[www.blackwellpublishing.com/1405123974](http://www.blackwellpublishing.com/1405123974)