Guidance for setting a CPD plan

1. The following is for <u>guidance only</u>. It is intended to assist participants in planning their CPD recertification cycle and meeting recertification requirements.   The CPD Recertification Programme requires that participants will plan and record rationales and objectives for their CPD in the Online CPD Record. It does not require participants to demonstrate the process by which they have set their rationales and objectives. The Board will not monitor whether participants utilise this guidance.

2. The Board acknowledges that it can be difficult to plan learning two years in advance, and that goals may change over time for any number of reasons. Participants are not expected to adhere to their initial objectives if circumstances change during the course of the recertification cycle. Ideally, when this happens, participants should make changes to their CPD plan to better reflect changes in their practice than stick with a plan that is no longer of benefit to them. If a participant decides to make changes to their initial plan, they should clearly document this in the Online CPD Record by creating a new rationale and objective(s) in the Online CPD Record, explaining the change in direction.

Setting a rationale:

3. Setting a rationale will assist in focusing objectives and identifying relevant activities. Participants should reflect on their needs before deciding on their rationale. This exercise does not need to be recorded in the Online CPD Record or provided to the Board at any time. It is for the participant's own use to help identify learning needs. Helpful questions include (but are not limited to):
    *   What am I interested in learning more about?
    *   What areas of my practice am I weak in?
        o   My self-assessment against the Board's <u>Competency Standards</u> and <u>Code of Ethics</u>
        o   My colleagues' views
        o   Patient feedback (formal or informal).
    *   Do my client demographics indicate an area of practice I should develop further?
    *   Where do I want to be, professionally, in 5 years' time, and is there any learning I can undertake now to help me achieve this?
    *   What performance goals has my employer set me (if applicable) and is there any learning I can undertake to help me achieve these goals?

4. It is important that the reflection process is conducted properly in order to provide the participant with a complete picture of their learning needs. Research indicates that health practitioners are not generally able to accurately self-identify weaknesses in their practice, and therefore need input from other sources, including patients and peers.

5. Once these and any other relevant questions have been considered, individuals should have an idea of their priority learning goals. These should form the basis for forming rationales for the CPD plan, and for the objectives that will come out of this. Participants can create as many rationales as they wish.

Setting an objective:

6. Objectives should be SMART:

    *   Specific   -   identify what is to be achieved
    *   Measurable   -   specify how the participant/Board will know that the objective has

been met
- Achievable   -   can realistically be completed, given the timeframe and resources available
- Relevant   -   relates to the participant's practice, to the rationale, to the requirements of the CPD recertification programme and to the Board's competence standards and/or code of ethics
- Time limited   -   sets a target date for completion.

Examples of rationales and their related objectives (for demonstration purposes only):

7. Rationale: An analysis of my client database indicates that I have a high number of patients with X condition. I would like to ensure my skills and knowledge in this area of practice meet/exceed expected standards of practice in New Zealand. This relates to competence 0.0 in the Board's Competence Standards.
    Objectives:
    - Undertake a literature review on X condition by March 20XX, taking into account recent literature from New Zealand, Australia, North America and the United Kingdom. (estimate 6 hours, Group B)
    - Identify a difficult case from amongst my clients, attend a peer group discussion and present my management of the case to my peers, for discussion. Write a summary of the discussion, including how I might manage the case if it presented to me now - by July 20XX (estimate 4 hours Group B)
    - Attend a lecture on management of X condition (estimate 1 hour, Group B) before the end of the CPD year.
    - Conduct a clinical audit of my management of all clients diagnosed with this condition (estimate 25 hours, Group A), before the end of the recertification cycle.

    Rationale: Feedback obtained from my patients through a formal survey indicates that X percent do not fully understand their diagnosis/treatment plan. I need to improve my communication and informed consent procedures. This relates to competence 0.0 in the Board's Competence Standards.

    Objectives:
    - Ask a colleague to observe an afternoon of my consultations with both new and repeat patients, by July 20XX. Discuss my colleague's observations and identify/implement any changes I could make to the way I communicate with patients. Ask my colleague to conduct a further observation four months after the first assessment (estimate 8 hours, Group A) *[NB, the colleague could also claim Group A points for this activity, with appropriate documentation]*.
    - Review my consent forms and processes against standards and make sure any written consent information is in plain English. Ask patients for feedback (estimate 4 hours, Group B), by September 20XX. *[NB: This could become a Group A activity if the participant sought peer review of their revised forms]*.
    - Undertake communication training in obtaining true informed consent (estimate 4 hours, Group A or Group B, depending on type of training) before the end of the recertification cycle.

8. The Board strongly encourages each individual participant to discuss their CPD plan with a colleague who is familiar with their practice, in order to obtain an external view on their educational needs.