**Form 4 – Continuing Professional Development**

**Criteria**

In order to retain Accredited Independent Healthcare Professional status the following CPD

has to be undertaken annually and submitted every other year by April 30th to the Accreditation

Officer:-

• 10 hours CPD which may include up to 5 hours in-house or mandatory training and 5 hours external training/courses – per year.

• 3 Reflective Practice reports which may be based on the CPD submissions – per year (therefore 6 submissions in total to cover CPD requirement).

• A Personal Development Plan.

• Extended Scope of Practice (if applicable).

**Personal Details**

|  |  |
| --- | --- |
| Title: |  |
|  |  |
| Family Name |  |
|  |  |
| Given Name |  |
|  |  |
| Date of Birth |  |
|  |  |
| Address for Correspondence: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Postcode: |  |
|  |  |
| Telephone and Extension: |  |
|  |  |
| Fax: |  |
|  |  |
| Email: |  |
|  |  |
| AGIP Registration number: |  |

Please use the table to indicate range of CPD undertaken and attach robust evidence e.g. proof of attendance or participation (Nb. A programme schedule is **not** appropriate evidence), publications or presentations. Reflective Practice reports confirmed by a senior colleague may also be submitted in support of activity such as B and K.

**Section 1 - Record of CPD Activity**

Internal CPD codes External CPD codes

|  |  |  |  |
| --- | --- | --- | --- |
| A B | Clinical GovernanceIndependent Study | G H | External meetingsExternal courses |
| C | Research meeting | I | Distance learning |
| DE | Postgraduate meetingJournal Clubs | JK | Teaching/training/examination workVisiting another unit |
| F | Other | L | Other |

|  |  |
| --- | --- |
| Year | 20\_\_\_\_\_\_\_\_\_ |
| Hours | A | B | C | D | E | F | G | H | I | J | K | L |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |  |  |  |  |  |

Internal CPD codes External CPD codes

|  |  |  |  |
| --- | --- | --- | --- |
| A B | Clinical GovernanceIndependent Study | G H | External meetingsExternal courses |
| C | Research meeting | I | Distance learning |
| DE | Postgraduate meetingJournal Clubs | JK | Teaching/training/examination workVisiting another unit |
| F | Other | L | Other |

|  |  |
| --- | --- |
| Year | 20\_\_\_\_\_\_\_\_\_ |
| Hours | A | B | c | D | E | F | G | H | I | j | K | L |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |  |  |  |  |  |

It is important for practitioners to reflect on any development activity undertaken using this form for each activity

**Section 2 - Reflective Practice**

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |

Description of developmental activity:

|  |
| --- |
|  |

Summary of learning from the activity:

|  |
| --- |
|  |

Limitations of the experience:

|  |
| --- |
|  |

Future application of the experiential development and learning:

|  |
| --- |
|  |

Personal competences demonstrated and to be developed further:

|  |
| --- |
|  |

Other development areas to which this experience relates:

|  |
| --- |
|  |

Links to other activities:

|  |
| --- |
|  |

Outcome of the developmental activity on service delivery or patient care:

|  |
| --- |
|  |

Supporting documentation and evidence of outcome:

|  |
| --- |
|  |

Any further actions arising from this developmental activity:

|  |
| --- |
|  |

**Confirmation of the Line Manager**

 I confirm that this is an accurate summary of the learning activity and its outcomes:

Signed:

Date:

(Line Manager or equivalent senior colleague)

**Confirmation by the person submitting this reflective practice:**

I can confirm that this is a fair and accurate account, which I have read and discussed with the healthcare manager whose name and signature appear above.

Signed:

Date:

**Section 3 - Personal Development Plan**

Please give a brief list of any planned CPD for the year to come, for examples please see the list in Section 1. There is no need to list any more than five objectives.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Development Objectives | Type of CPD (use codes from Section 1) | Intended outcomes |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

Signed:

Date:

**Section 4 - Extended Scope of Practice**

The association should be aware of the work you do as an accredited professional. Since your last submission, please detail below if you have extended your scope of practice into new areas. E.g. clinical skills, service development, teaching, management

|  |  |  |
| --- | --- | --- |
| New Scope of Practice | Details of Training Received | Evidence or HealthManager’s confirmation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Signed: Date:

**Section 5 – Check List**

Please make sure you have completed all the above sections before submitting as incomplete submissions will be returned.

|  |  |
| --- | --- |
| Personal Details |  |
| Robust evidence of CPD activity |  |
| Six signed Reflective Practice reports (signed and dated by you and an appropriate senior colleague)  |  |
| A Personal Development Plan |  |
| Extended Scope of Practice (if appropriate) |  |

**Late submissions will be subject to a £50 administration charge made payable to the**

**BSG**