

Continuing Professional Development

British
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Council



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CONTINUING PROFESSIONAL DEVELOPMENT

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CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

WHAT IS CPD?

Continuing professional development (CPD) refers to learning which occurs throughout your professional life and supports you in your work and development as a practitioner. All health professions now regard CPD as essential for the ultimate benefit and care of patients. This handbook outlines how to fulfil the BAAC requirements for CPD, which require all practitioners from 2009 onwards to participate in 30 hours of CPD activity over the course of a year.

HOW TO USE THIS HANDBOOK

This handbook suggests how you can create your own unique personal development plan (PDP), where what you choose to learn relates directly to your practice and your stage of development as a practitioner. It has been designed to be used in conjunction with the Standards of Practice for Acupuncture (SPA) document discussed below. Because we all learn in different ways, this handbook outlines several different options to help get you started and offers a variety of approaches and materials for you to use, either within your clinic or when attending courses. However it is important to point out that if you want to use methods, techniques and templates other than those included in this handbook you are entirely free to do so.

THE CPD PROCESS FOR THE PRACTITIONER

There are two main stages in the CPD process: creating your PERSONAL PORTFOLIO of LEARNING and creating your PERSONAL DEVELOPMENT PLAN. You may find the SPA document (see below) helpful at both stages.

Creating your personal portfolio

Your personal CPD portfolio will consist of a paper record of any activities you undertake that might be regarded as CPD (see definition above), collected together into a box file or folder. You might already be keeping a journal backed up by material from courses and other sources of information. You may already have such paper work, but not in one place or in one file. Or you may have thought over the years that learning which occurs naturally within your practice is not 'real learning' or important enough to record systematically. But for CPD purposes it is. You can also include video work, audio taped work, photographs or anything else that you have learnt from.

Your portfolio might therefore include such things as:

- copies of articles or notes made from articles you have read and learned from
- notes from any supervision you have had
- notes made in connection with treatment planning
- notes from relevant courses, seminars, regional group meetings, CPD meetings
- thank you letters from patients
- notes from telephone calls/emails/conversations with other practitioners sharing information, or where you have asked for advice
- notes on how you dealt with any patient complaints
- multimedia materials that you have developed or used in your learning process.

Creating your personal development plan (PDP)

Once you have your learning notes gathered in one place in your personal portfolio, the next question to ask is: what would I like/ what do I need to learn in more detail or in greater depth? Looking through your portfolio might help you to define or choose your next learning focus, or you may already have a clear idea from other sources. For example, you might be preparing a case for presentation at a regional group of fellow practitioners. Or you might have seen an interesting course advertised in *The Acupuncturist*.

THE STANDARDS OF PRACTICE FOR ACUPUNCTURE (SPA) DOCUMENT AND ITS RELATIONSHIP TO CPD

As the SPA document contains everything that acupuncture practitioners do as part of professional practice, including topics like business planning and planning for retirement, one of its most useful functions is to define the scope of what can be included in a practitioner's CPD portfolio.

As a starting point, however, it may be necessary to reassure you that because it is so comprehensive, the SPA document gives all professional acupuncturists something to aspire to. Without exception, every acupuncturist we know, including ourselves, can find something we want to learn or feel we ought to learn when we read it. If on first reading the SPA document you think you fall short of the ideal practitioner described, then you are in good company.

The format of the SPA document has been designed to make it easy for practitioners to use. Specifically it can help you discover what you want or need to learn, and then through self-assessment it can help you check whether your learning has been successful.

You will also find an appendix attached which defines the scope of practice that is covered by our insurance provider and remind you that your CPD should fall within these areas too. Again, reassuringly the scope is extremely broad.

Identifying learning needs

The way in which the SPA document can help you identify specific learning needs is by reading the cue questions in column three on each page until you find a question that you can't answer very well or one that triggers a strong response in you or that puzzles you. This could be an area of learning where you choose to put your energy.

Self-assessment

Finally, when you have completed your work you can use the descriptors in the middle column of each page to evaluate how much you have learned.

A STEPPED APPROACH TO YOUR PERSONAL DEVELOPMENT PLAN (PDP)

Creating a PDP has the following stages, which will be discussed in depth in this handbook:

1. Finding out what I need to learn
2. Prioritising
3. Planning learning
4. Doing the learning
5. Reflecting on what I have learned
6. Integrating new knowledge or skills into my practice
7. Evaluating what I have successfully integrated into practice

NB The first and perhaps most important thing for you to keep in mind is how good you are already as a practitioner and how far you have come since you began to practise acupuncture. The second thing to remember is that you need only complete 30 hours of CPD in any one year and that this 30 hours includes the time it takes to complete all of the steps from one to seven outlined below. If you are a more of a concrete thinker, someone that needs to have a plan to stick to and a structure to help you work, then steps one to seven might work well for you. On the other hand, you may be someone who writes reflective notes and would prefer to write up your work in free text, whilst still covering the seven areas within the narrative you create. Please do what suits you best.

STEP 1: FINDING OUT WHAT I NEED TO LEARN

Discovering what you need to learn can be done in a number of ways in addition to using the SPA document. The process involves identifying through your practice and your portfolio what you are good at and where further work would benefit you and your patients. As practitioners, we often have a good idea what this might be. But occasionally our assumptions may need to be checked out by talking to trusted colleagues or patients or significant others. Sometimes through lack of confidence we may be assuming wrongly that we are not so good at something, perhaps because we missed a particular lecture or an optional module at college. Or we may hold an outdated image of ourselves as being no good at (fill in your own blank). The process of finding out your learning needs in a systematic and explicit way can go deep and you may get some pleasant surprises.

Here are some more suggestions for helping you to find out what you want/need to learn.

PUNs and PENs* (© Dr Richard Eve)

A 'PUN' is a patient's unmet need and a 'PEN' is a practitioner's educational need.

For one clinic session or so per month, record anything that happened where you could not readily answer a patient's question or anything you found problematic (finding a point, not sure of the causative factor, not sure of the syndrome, not sure about what advice to give, not sure about allopathic medication etc).

Either jot things down as you go or leave ten minutes at the end of a clinic to make a few notes. As an example, your list might look something like this. Start with what went well:

What did I do well?

- managed a patient who was angry
- patient used to have migraines once a week - has not had one for two weeks - good
- pulse change on gall bladder and liver positions
- managed to smell 'putrid' odour on a patient
- used a new combination of points that I learnt on a course last week.

What do I need to work on?

- difficulty finding Tianrong (SI 17)
- unsure what to say to patient who asked about candida diet - do I know enough to give advice about this?
- ran over time with patient - seems to happen quite often - time management problem?
- not sure of the effect of methotrexate on a person's qi.

Significant event analysis (SEA) or 'sticky moments'

This refers to things that happen in practice that really make us sit up and think and provide potential learning opportunities. For example:

Description of the event - what caused me the concern?

I showed a patient how to use a moxa stick. When I asked her to demonstrate the process to me before she left, she thought she was meant to smoke it!

What did I do well?

I did ask her to demonstrate the process and so was able to pick up on her misunderstanding.

What would I improve upon?

Explain things more clearly. Did I check she understood me at each step? Evidently not!

Did I repeat the information in different ways? No. Learn more about communication skills specifically in relation to summarising and checking understanding.

What could I do differently?

Communicate effectively; chunk information into small bits; check patient has understood each step; summarise the information; repeat the information during the consultation; give patients written information on the use of moxa.

Possible learning to be put in my PDP:

Write leaflet - show to colleagues, within two weeks; look up 'consultation skills' in book, within one week; practise explanation of the use of moxa at my supervision group - next meeting in three weeks

Other sources of information

Opportunities to find out what we need to learn and opportunities to learn are all around us. All of us who have been through decades of school and college education may not count the entire list below as valid ways of learning. Many of them are not sufficiently honoured in formal education. But they do count. Essentially we learn from others and often through conversation find out where our gaps in knowledge lie.

Opportunities for conversations:

- going on courses and learning from participants as well as the course providers
- email exchange between colleagues
- knowledgeable patients
- phone calls with other practitioners
- educational meetings
- practitioner meetings
- supervision/mentoring sessions
- observation of colleagues
- team-building events
- attending regional meetings and CPD meetings
- teaching
- local support group meetings
- conferences
- networking
- patient self-help groups
- voluntary/community groups
- social services/carers' groups
- NHS working environments
- other complementary therapists.

Keeping a learning log

You may want to occasionally keep a learning log to also help you decide where you might want to focus your learning. Recording what prompted learning and how you chose to address a challenge can tell you a lot about your preferred ways of learning and how the need to learn was brought to your attention. Again you may be surprised to find just how much of what you already do can count as CPD.

Date	Trigger for learning	Educational activity	Time spent
May 5	With patient - could not remember location of point	Look up point location	1 minute
May 15	New patient presents with	Read up this complaint in medical	15 minutes

	'myasthenia gravis'	text book	
May 30	Regular session with supervisor	Talked about the challenges of two new patients	1 hour
June 1	Simply a wish to extend my skills. I put this in last year's PDP to do this year	Attended course on cupping techniques	6 hours
June 16	Patient asked for information on homeopathy for her small child	Looked up homeopath register on the internet looking for local practitioner	15 minutes
June 16	Patient who I have been seeing for a while and not getting very far with	Phone call to colleague - ideas for dealing with a very withdrawn patient	20 minutes
July 1	European Journal of Oriental Medicine arrived. I want to keep my knowledge up to date	Read and made notes on article on the use of Yinlingquan	15 minutes
July 13	In response to a student doing a research project (postal questionnaire) on the treatment of diabetes	Short review of patients with diabetes	20 minutes
July 17	Patient did not understand the use of moxa when I had explained it	Put this in this year's PDP	3 hours minimum
July 30	PUN's and PEN's exercise - patient wanted to find out more about a diet for candida albicans	Put this in this year's PDP	1 hour minimum

STEP TWO: PRIORITISING LEARNING

Having chosen your preferred ways of finding out what you want and need to learn, you can now prioritise what you do. Some things like looking up point location happen regularly in the course of our work and may not need to be prioritised. Other needs can be included in your PDP, always remembering that you don't have to do everything all at once.

At this point you will need to decide what you want to concentrate on learning and it may be a good idea to ask a trusted colleague or group of practitioners to help you sift through all you have collected in order to answer the following questions:

- what does the information from my needs assessment tell me?
- can I see any patterns emerging about what I might need to learn?
- what should take priority?
- what would I find most interesting?
- how much can I learn in the time that I have available?
- how much can I learn with the resources I have available?

Finding and getting support from others is an important part of CPD, especially at the start. Support can make learning easier and more enjoyable, as well as providing inspiration and

reassuring you that others share similar doubts and questions. Where face-to-face meetings are not practical, linking up by phone or email can be just as fruitful.

STEP THREE: PLANNING LEARNING

Once you have identified what you need and want to learn, the next step is to plan how best to learn it. Your plan will include:

- learning outcomes specifying what you intend to learn
- choosing an appropriate method(s) eg attend a course, reading a book, working with others, recording a video of your consultation
- how you will evaluate what you have learned eg conduct a survey of your patients, give yourself a test, receive feedback from others on your skills, feel more confident, find the standard in the SPA that relates to your work and self assess using the descriptors.

Working with learning outcomes

Learning outcomes or objectives clarify what you want to have achieved by the end of each educational activity. They will help you focus your learning and time and can also point the way to an appropriate method.

For example, perhaps you have decided that you want to carry out an audit of one aspect of your practice and that this will be part of your PDP. Writing out specific learning outcomes would help identify the steps that you need to go through to successfully complete this work.

Generally learning outcomes can be prefaced by the phrase 'when I have completed my learning I will have...' or 'by the end of my educational activity I will be able to...'

For some of us this way of approaching learning can feel alien, too prescriptive and too stifling. However giving some thought to this can help you think realistically about what can be achieved in the time you have and what steps you need to take and in which order. A little planning at the beginning can help prevent getting stuck or feeling overwhelmed later on as you realise just how much work is involved in what you have chosen.

In relation to conducting an audit of some aspect of your practice, an example of learning outcomes could be:

By the end of this piece of work:

- I will have identified, obtained and read the literature on how to undertake a simple audit of my practice
- I will have successfully completed the preparation and planning for a simple audit of my practice
- I will have conducted a simple audit of my practice
- I will spend some time reflecting on the outcomes of my audit
- I will use this information to inform my practice.

Writing an effective learning outcome will also give you the benefit of being certain when you have achieved it. To use a different example, you may have learned that your most pressing need is to learn to manage your time better as you have a tendency to keep patients waiting. You may start with the following learning outcome:

- I will be better at managing my time with patients.

However, this statement is too general to be of much use. If you then spend some time reflecting on your consultation style you may notice that you have a tendency to reopen conversations with patients near the end of the treatment session, which leads to a habit of running late. You need to further consider which of these conversations is appropriate to have and under what circumstances, and which are not.

Given what you have discovered a more helpful learning outcome might be:

- I will be able to close consultations more effectively for myself and the patient.

You could also choose to include a particular 'sticky moment' in your PDP. Taking the example of showing a patient how to use moxa the learning outcomes might be:

- I will have written a leaflet for patients on the use of moxa
- I will have received feedback from colleagues on this leaflet
- I will have reviewed the key literature on skills for explaining things to patients
- I will have practised these skills with colleagues
- I will have received feedback on using these skills from colleagues.

You might also add:

- I will have checked that patients who use moxa are using it correctly
- I will have received feedback on my leaflet from patients who already use moxa
- I will have received feedback from patients on the effectiveness of my oral communication skill when giving information.

STEP FOUR: DOING THE LEARNING

Now that you have completed the first three steps you can now do the easy bit, undertaking the learning itself.

As well as learning from others (outlined in step one) you can of course learn through reading, e-learning, keeping a journal, getting consent to video a consultation for the development of communication skills, distance learning, practitioner research, patient satisfaction surveys.

The following table matches what you want to learn with the most appropriate method. You will also have your tried and tested and preferred ways of learning. Please keep these but think about how you could expand your range.

Educational methods	This method is likely to be most useful in helping you to...
Focused reading/e-learning	√ Checking knowledge
Writing or preparing articles	√ Dormulate tight arguments and clarify questions
Reviewing the literature (journals as well as books	√ Identify models of good practice
Practitioner/research	√ Collecting information about your practice
Practice-based methods	
Observation with colleagues	√ Learn more about a specific area of interest, illness, type of acupuncture, observe a technique or take a specific patient focus (consultation skills)
Specialist coaching	√ Develop skills through practice and immediate feedback with a skilled colleague
Mentoring support	√ Receive supportive and challenging feedback about a range of issues related to the programme as a whole
Use of video recording	√ To obtain feedback/self-review of consultation skills
Specific practice based learning (for those in group practice)	√ Develop and agree ways of working, team building, working with significant events that affects the group practice
Multidisciplinary learning group	√ Learn more about how others work, what they do and how to work together, make referrals etc

Organised courses, conferences, meetings	
Lectures	√ Raise questions and update knowledge base
Participatory small groups	√ Sharing expertise, practising skills, identifying attitudinal issues, getting support

STEP FIVE: REFLECTING ON LEARNING

We all rely on our ability to reflect to be able to change our practice, add new skills and reject things that don't work. However, to get the best out of reflecting on what your learning has given you, it is good not only to talk about it with other people but also to write it down. This is sometimes where some of us slip up. Chris Johns (2001) who writes about reflective practice in nursing maintains that 'reflection doesn't happen on the top of a bus'. Yes, you may be thinking about the course you have just done or the clinic you have just completed on your way home, but without writing about the essence of this experience your thoughts and ideas can get lost very quickly. Getting into the habit of writing will make completing your PDP easier and will help you retain your learning and put it into practice with your patients. You can of course record your thoughts on tape or through drawing if writing is difficult or feels too uncreative, but please find some way that works for you.

STEP SIX: INTEGRATING LEARNING INTO PRACTICE

You have successfully completed the preceding five steps and now you need to integrate your new knowledge and skills into your existing practice. This is what it has all been for. Some questions you might like to ask are:

- what do I want to integrate?
- do I know enough to do this (knowledge)?
- have I practised enough (skill) to do this?
- which patients would this be appropriate for?
- how will you remember to do this?
- how will I conduct treatment planning in light of my new knowledge and/or skill?
- am I going to replace some of my existing treatment regime to be able to use my new knowledge/skill?
- if the mode of treatment is different how will I explain this to my patients?
- do I need to get patient consent?

STEP SEVEN: EVALUATING THE EFFECTIVENESS OF LEARNING

When writing your plan you will have included some information about how you intend to evaluate what you have learned. Finding an objective measure can prove difficult, especially if your need was to feel more confident in a certain area of practice. In such cases, a personal indication such as less stomach churning or feeling happier whilst working with a particular group of patients would be perfectly legitimate.

You might also get feedback from a number of outside sources, such as:

- from patients - formally and informally, how have they responded to different treatments?
- from data you have collected and case reviews/audits you have carried out
- feedback from colleagues, if you work in a group practice - this can be informal or collected in a more structured way during review/practice meetings and/or by using survey methods
- from your mentor/supervisor.

SELF-ASSESSMENT AND THE SPA DOCUMENT

You can also evaluate how much you have learned by looking again at the SPA standard(s) that underpinned your work. Looking at the descriptor will help you see how you have developed as a practitioner and how your practice has changed.

SUGGESTED TIMETABLE FOR CREATING YOUR PDP

The annual minimum CPD requirement of this programme is set at 30 hours. This includes work on all of the seven steps outlined above and not just those hours spent 'doing the learning'. The plan and timetable below is a guide to how you might complete 50 per cent (15 hours) of your annual total.

Step one: assessing your learning needs

Three hours over three months: this is the time it might take you to write down or otherwise collect the evidence for what you need to learn.

Step two: prioritising

One hour: ideally this should be done with the help of a trusted colleague and need take you no longer than an hour.

Step three: making a plan for your learning

One hour.

Step four: doing the learning

Five hours over two months: this would be a reasonable amount of time for your first plan. It is a good idea to do the learning in small chunks, review your progress and then create another plan building on the first. In this way you can keep your plan flexible, as you may find that when carrying out the work for your PDP other more important learning needs become apparent.

Step five: write reflections on your work

One hour.

Step six: integrating new knowledge and skills to your practice

Two hours.

Step seven: evaluation of learning put into practice

Two hours.

Using two of the examples in this handbook there follows a simple action plan that may help you plan your learning and a one-page form that helps you record your learning from start to finish using the steps in this handbook.

PERSONAL DEVELOPMENT PLAN: ACTION PLAN TEMPLATE

What would you like to achieve this year?	The SPA standard / principle that relates to your aims for the next year	What are you already good at in this area? Existing skills and knowledge	What steps do you need to take to achieve your aims/undertake learning?	How do you hope this will enhance your practice?	Proposed date of completion for your learning
Give clear instructions to patients about their use of a moxa stick	S1.1 C1 2.4 DT 4.4	I do check if the patient has understood or not	Write patient leaflet Review communication skills in this area Share work with colleagues	I will always keep my patients safe	September 2009
Learn about anti candida diets from a western and acupuncture point of view	CI.2.3 DT4.4	I know quite a lot about foods to avoid with this condition	Find reading material Talk to other practitioners Learn about which dietary supplements are useful	I will be able to help patients support themselves	October 2009

RECORD OF LEARNING

1. What I need to learn and how I discovered this

I learned that I needed to work on how I instruct patients to use a moxa stick when one of my patients clearly had not understood what I said to them.

Time: during clinic

2. How I planned and organised what I wanted to learn

I thought that I should review my communication skills in this area. I also thought it would be good to write an easy to understand patient leaflet. I went back to my college notes on communication skills and spoke to a fellow practitioner on the phone. I decided to write a leaflet and take it to my practitioner group for comment.

Time: 20 minutes

3. What I did

I reviewed communication skills from college notes. I then wrote a patient leaflet on the use of moxa. This was amended with the help of my practitioner group and I piloted it with some patients who already use moxa.

Time: 1.5 hours

4. Reflection on learning

I was pleased with the outcome and wished I had written the leaflet before. I am now wondering whether I explain the use of cupping within treatment adequately or describe acupuncture in a way that my patients can understand.

Time: 15 minutes

5. How did I integrate new learning into my practice?

This was easy. I had the leaflet to hand which not only helped my patients but also meant that I was more able to explain all the steps clearly.

Time: in relevant consultations

6. How I evaluated the impact of new knowledge/ skill on my practice

I now feel more confident that my patients are safely using moxa as I am much more careful to make my explanations clear. Patients have said that they find the leaflet useful and easy to understand.

Time: asking for feedback within the consultation

FREQUENTLY ASKED QUESTIONS ABOUT CPD

Any method or system of learning is not without its problems and will always give rise to questions, some of which can be answered easily, whereas for others there is no ready solution. We hope the following will help. If you have specific questions or queries, you can contact the British Acupuncture Council on 020 8735 0400 or by email at cpd@acupuncture.org.uk

Does the BAAC run courses?

No it doesn't. To find out about courses you can get in touch with our British Acupuncture Accreditation Board (BAAB) accredited teaching institutions (TIs) and look in the BAAC newsletter, The Acupuncturist, for a course that you might want to attend.

Does the BAAC accredit courses?

The BAAC now has a system for approving short post-qualification courses for CPD. This means that the course providers have provided the BAAC with information about how their courses are run which appears to be educationally sound. As the system for CPD includes the development of a PDP it is a good idea to attend courses with some specific goals in mind. One person could attend a particular course and get a lot from it. Another person could attend the same course and get very little from it. What is important is how any knowledge gained is used for the benefit of patients and this most certainly counts towards a successful CPD portfolio. You can also of course attend courses that don't have BAAC approval. This may happen if you want to pursue something rather specialised or unusual, which you think would enhance your practice.

Does having a course attendance certificate count towards CPD?

Yes, but as above, you need to remember to plan how you will integrate new learning into existing practice. As well as the hours that are spent on the course you can count the time spent in your practice reflecting on your need to attend a particular course (ie identifying your learning need) and also the time taken to integrate new knowledge into your practice.

Does completing the training to obtain a first aid certificate count as CPD?

No. This is a requirement of membership of the BAAC and does not count towards CPD. CPD is work that you choose to do in any way that suits you and will be unique to you.

Does reading the SPA count towards CPD?

If you are reading the SPA to help you find out what you need to learn, the time spent would certainly count towards finding out where you need and want to put your energy. As it also contains a description of standards, reading the SPA document at a later stage can help you to judge how you have improved in the area of your choice.

How many points do I get for my work?

The BAAC does not run its CPD programme on the basis of a points system. What we ask you to do instead is to count and record the hours that each piece of professional development work has taken and you will need to do 30 hours in total in any one year. This is to give you maximum choice about what you do.

I can't afford to go on courses, so what do I do?

As this handbook has outlined, creating a PDP is not dependent on going on courses. There are many other ways you can learn.

Does completing learning in nutrition/crystal healing/reiki/homoeopathy/IT etc count towards CPD?

The more related to acupuncture the course is, the easier it is to justify including it within CPD. Crystal healing would be on the extreme outer edge of what might count and needs debating. Nutrition could find its place in your PDP as it could be said to relate to Standard 4.4 in the Diagnosis and Treatment section of the SPA document. Learning to use IT can count if it helps

you carry out an audit of your practice and would be recorded under Standard 4.2 in the professional development section of the SPA document.

I am a physiotherapist. Does reviewing the skeletal structure of the body count towards my CPD for acupuncture?

Again this can count but you need to be sure that a link can be made directly to your acupuncture practice.

I am a teacher: can teaching count towards CPD?

All BAAB accredited TIs have a CPD system for teachers to improve their educational skills. This does not count towards acupuncture CPD, but what can count is the preparation time for teaching acupuncture if this uncovers learning needs that you have connected to your own practice of acupuncture and you complete that learning outside of your teaching time.

Does anybody mark my CPD/PDP?

As you determine the content of your PDP within the parameters of the SPA document, it is up to you to determine how much you have learned and to show how patient care has changed as a result.

I have been in practice for years: do I need to do this?

Everyone needs to do CPD. As an experienced practitioner who has worked hard to build and maintain a practice, your challenge will be to find something you need to learn that really interests you, is useful to your practice and that keeps your skills and knowledge up to date.

I'm a newly qualified practitioner: where do I start?

The challenges of CPD will be different for you than for your more experienced colleagues. Finance may be an issue if you want to continue studying by attending postgraduate courses. It is worth bearing in mind that starting and sustaining your business is part of CPD, as well as integrating all you have learned so far into the treatment of your patients.

What if halfway through my PDP I find out I need to learn something else?

A PDP is meant to be flexible. If part way through you find that you need to do something else that is more urgent, then create another plan. Once you have finished the new learning you can either continue with your original plan, or just keep the completed part in your portfolio as further evidence of learning.

What happens if I start out with a particular plan for my learning and then find I have learned other things as well?

All learning is valuable and does count. It is perfectly acceptable to include a written or taped record of any additional, unplanned learning even though it may not be easily evaluated or related to your original aims. A PDP is meant to be flexible and if you find yourself learning things other than those you originally planned, do record them.

The methods outlined in this handbook for examining significant events may prove challenging when you first apply them to your working life. Recording a significant event or 'sticky moment' generally works well if the learning only affects you, but if the incident also involves colleagues, you may find them reluctant to take part. We all learn differently, so experiment with some of the methods and see which suit you the best. You may well find other ways that work better for you which you can then go on and share with colleagues.

How can I always measure everything?

The measurement or evaluation of what you have learned can often be largely subjective and this is fine. Don't worry if things that you do can't immediately be quantified. We increasingly live in a society where the dominant value system suggests that if something can't be measured it does not exist. We can resist this pressure.

I feel too constrained by this way of working, what else can I do?

In order to provide a useful CPD framework for the profession as a whole we offer structures and templates that are there for you as a guide. However, within this basic structure there is considerable flexibility. It is worth experimenting to find out what works best for you and any feedback you can give the BAAC will be useful in making future versions of the CPD guidance more effective and relevant.

CONCLUSIONS

The Education Committee of the BAAC has attempted here to keep the material on CPD accessible and user friendly. Our hope is that you can use this handbook together with the Standards of Practice for Acupuncture document to assist you in the process of producing your own unique personal development plan. Above all we want you to enjoy your learning. Please remember that there is a CPD facilitator team available to help you and that The Acupuncturist has new articles on CPD in every issue. It may be helpful too for you to view your PDP as your contribution to the development of the profession as a whole. When we all learn, the profession learns. When we treat, having enhanced our learning, our patients benefit and the profession as a whole is held in higher regard. We all have our own unique contribution to make to the profession and this contribution can occur through our own CPD.

You will find included here in the Appendix some templates for your use if they suit your way of learning and some further information for teachers of acupuncture.

Worksheets

Keeping notes on courses

Learning needs assessment:

- Puns and Pens

- Significant event analysis

- Learning log

My plan for learning:

- My PDP action plan

- The seven steps of my PDP

- The record of my learning

Exploring the difference between a PDP for my practice and a PDP for my Teaching

CPD NOTES

Event:

Date:

Topic/Workshop:

Presenter(s):

In advance

What do I hope to learn about this topic?

My reflection

What were the main things I learned?

How will I use/integrate what I have learned?

What would I like to do next to deepen my understanding in this area?

PATIENT UNMET NEEDS/PRACTITIONER EDUCATIONAL NEEDS (PUNS AND PENS)

Date:

What did I do well?

What challenged me?

What do I need to learn?

SIGNIFICANT EVENT ANALYSIS

Description of the event

What caused me the concern?

What did I do well?

What could I improve upon?

What would I do differently?

Possible learning to be put in my PDP

LEARNING LOG

Date	Trigger for learning	Educational activity	Time spent

THE SEVEN STEPS OF MY PDP

Step one **Assessing my learning needs**
What will I do?

Amount of time taken:

Step two **Prioritising learning**
How will I do this?

Amount of time taken:

Step three **Making a plan for my learning**
How will I do this?

Amount of time taken:

Step four **Doing the Learning**
How will I do this?

Amount of time taken:

Step five **Reflections on my work**
How will I do this?

Amount of time taken:

Step six **Integrating new knowledge and skills into my practice**
How will I do this?

Amount of time taken:

Step seven **Evaluation of learning put into practice**
How will I do this?

Amount of time taken:

PERSONAL DEVELOPMENT PLAN – ACTION PLAN

What would you like to achieve this year?	The SPA standard/principle that relates to your aims for the next year	What are you already good at in this area? Existing skills and knowledge	What steps do you need to take to achieve your aims/undertake learning?	How do you hope this will enhance your practice?	Proposed date of completion for your learning

RECORD OF LEARNING

1. What I needed to learn and how I discovered this

Time:

2. How I planned, prioritised, and organised what I wanted to learn

Time:

3. What I did

Time:

4. My reflection on learning

Time:

5. How did I integrate new learning into my practice?

Time:

6. How I evaluated the impact of new knowledge/skill on my practice

Time:

EXPLORING THE DIFFERENCE BETWEEN A PDP FOR MY PRACTICE AND A PDP FOR MY TEACHING

If you are involved in teaching acupuncture your teaching institution may want you to have a separate PDP for your teaching activities which will probably be made up of similar stages outlined for practitioners above ie assessing your needs, prioritising, planning, learning, reflecting, evaluating.

The following provides an example of how you might put together a teaching PDP looking at your teaching skills but you need first to refer to any guidance given you by your institution about what they might require. This example is included here to illustrate the possible difference between a teaching PDP and a practitioner PDP.

Learning needs assessment exercises:

- student feedback from recent teaching
- personal reflection - diary kept after teaching sessions
- peer observation- feedback from another teacher.

Feedback from all of the above indicates that I need to develop ways of getting the quieter students in the group to contribute. About half the class contribute on a regular basis while the rest contribute much less often, if at all.

Planning:

By the end of this piece of work I will:

- be able to identify ways of involving quieter students in class
- be able to invite quiet members to contribute without embarrassing them or seeming to force them
- be able to make space in the class to enable the quieter students to contribute.

I will do this by:

- getting ideas by sitting in on classes with a more experienced colleague
- reading articles or texts on developing teaching skills
- writing a list of ideas I would like to try and experimenting with them in class.

Evaluation:

- peer observation - ask a different teaching colleague for specific feedback on my ability To involve quieter students
- video a class and ask a colleague to review it with me.

Evaluation of the impact of learning once applied:

- student evaluation
- self-assessment.

How to make the most of your teaching for your acupuncture PDP

In broad terms your practitioner PDP can contain anything that benefits patient care, while your teaching PDP will contain work that is of benefit to your students. Of course, there are many times when your educational work may directly benefit your patients too. You might be teaching the heart patterns and this could prompt you to look at key symptoms in heart problems and the specific application of points. This can count towards your acupuncture PDP as you are reviewing work that could be of benefit to your patients. A lot of teaching preparation can therefore count towards your PDP for acupuncture.

THE SCOPE OF ACUPUNCTURE PRACTICE

The practice of acupuncture means the stimulation of specific points on the surface of the body by the insertion and removal of fine solid needles. It may include other affiliated techniques, as noted below, according to the principles of traditional oriental medicine and in accordance with the codes of professional conduct and safe practice. The purpose of this practice is to restore the balance of energies within the body, to control or reduce pain and to promote, restore and maintain health.

CENTRAL/CORE TECHNIQUES OF ACUPUNCTURE:

Needling: the insertion of filiform needles in order to stimulate specific points

Moxibustion: the burning of mugwort (*Artemisia Vulgaris*) on or near the skin to stimulate the acupuncture points

Mechanical: the use of mechanical devices such as cups and seven star hammers, in accordance with the principles of traditional oriental medicine

AFFILIATED TECHNIQUES AND SPECIALISED AREAS OF EXPERTISE:

Massage/Manual: the use of oriental manual and energetic therapies such as tuina, guasha, qigong and shiatsu according to the principles of traditional oriental medicine

Electrical: the use of electrical devices for the assessment and treatment of acupuncture points, such as electro-acupuncture and tens devices, ion pumps and magnets.

Herbal: the use of pre-prepared patent formulae as an adjunct to acupuncture, according to the principles of traditional oriental medicine

Thermal: the use of thermal devices in assessment and treatment eg Infra-red

Nutritional: dietary guidelines according to the principles of traditional oriental medical theory

The scope of acupuncture does not include the practice of physiotherapy, chiropractic or osteopathic techniques, nor the use or prescription of drugs, medications or herbal medicines (when the latter are mixed and prepared with raw herbs).

The BAcC's insurers define the scope of acupuncture practice as that which is included in the original training (received at an approved institution) together with appropriate further training involving specialised techniques and intended to extend treatment options. It is the responsibility of the individual practitioner to ensure that any extended training falls within the scope of acupuncture and is in accordance with all BAcC Codes.

All of the techniques listed above, therefore, are currently within the range of core and affiliated techniques permitted by the BAcC Code of Professional Conduct and are automatically covered by the BAcC bloc insurance policy with Royal and Sun Alliance.