# **Optometry Board of Australia**

## **DRAFT** Continuing professional development (CPD) portfolio

#### March 2018

This template has been developed to record continuing professional development (CPD). You may choose to use another format to record your goals, activities, reflections and evidence.

When you renew your registration each year in November, you will be asked to declare if you have met the Board's CPD requirements.

Information about the Board's requirements for CPD can be found in the following documents:

- Registration standard: Continuing professional development, which is published on the Board's website, and
- Guidelines: Continuing professional development, which are published on the Board's website.

There is an ever increasing amount of CPD available to you within Australia and internationally. The Board's CPD guidelines and associated FAQ will provide you with further information.

Each year you must plan and record your learning goals, the CPD activities that you have done to meet these goals, the evidence of their completion and your reflections on how the CPD activities are expected to improve or have improved your practice.

You must keep your CPD portfolio for 5 years after the completion of the CPD cycle. The Board may request it if you are audited or as part of an investigation arising from a complaint (notification). You are required to complete cardiopulmonary resuscitation (CPR) training once in the previous three registration periods. You need to keep evidence (most commonly a certificate of completion<sup>1</sup>) of the most recent training you completed.

The process of planning and reflecting on your CPD is an opportunity to:

- 1. review available evidence and well-established and accepted knowledge to inform good practice to enable you to evaluate and improve your level of competency, treatment plan or service delivery
- 2. work on areas where you could improve your practice using evidence-based or best practice standards, and
- 3. further your knowledge and/or develop competency or strengths in areas of particular interest or aptitude

Your planning will usually be enhanced by discussion with peers, mentors and/or supervisors as it may be difficult to identify your own areas for improvement.

From time to time the Board may identify areas of focus for CPD. e.g. improving cultural safety particularly for Aboriginal and Torres Strait Islander peoples, identifying and responding to family violence etc. Feedback from your patients may also help identify areas to focus continuing professional development.

The evidence suggests that consciously reflecting on your CPD activities as they relate to your practice helps to improve your competency. When reflecting on your practice you may choose to review a case where the outcomes from your care did not meet your expectation and consider what you could have done better and review the current evidence and/or 'best' practice in the literature.

Reflection on what you have learnt and your practice can contribute to your learning goals for the coming year as part of the ongoing CPD cycle and help you target the best CPD for your knowledge gaps. This can help improve your knowledge and skills so that you can provide the best treatment plans and outcomes for your patients.

### Learning Plan

Before undertaking CPD, you must identify and plan your own learning needs and the type of CPD to meet these needs. Examples are provided below.

The table below is an example only. You can adjust the table to have the number of rows you need. For example, many identified learning needs may be met by a postgraduate qualification; while alternatively a single learning need may be met by multiple CPD activities.



<sup>&</sup>lt;sup>1</sup> Note that the 'Perform CPR' certificate expires after one year but for the purposes of the CPD requirement will be valid for three years.

# Continuing Professional Development portfolio

Name: ..... AHPRA registration number: ..... Registration period: 1 December \_\_\_\_\_ to 30 November \_\_\_\_\_ Endorsement for scheduled medicines: Y / N (circle one)

Identified learning goals	Description of activity	Evidence	Date	Provider	Activity type	No of hours	Reflection <sup>2</sup>
[Identify and plan your own learning needs]	[The name of the event/activity]	[The evidence of the CPD event/activity undertaken]	[The date the activity was undertaken]	[List the name of the provider or source]	<ul> <li>[List the activity type]</li> <li>For example: <ul> <li>clinical<sup>6</sup></li> <li>clinical in an interactive setting with other practitioners</li> <li>non-scientific/non-clinical</li> <li>CPR</li> <li>therapeutic</li> <li>Therapeutic in an interactive setting with other practitioners</li> </ul> </li> </ul>	[Number of hours for the activity]	[Record your reflections on completed CPD and how it improved your learning or practice. If the activity did not meet the learning goal, the learning goal should be reviewed and remain on your plan]
<b>Example 1</b> Refresh and update my knowledge and understanding of XX	Online learning module on the principles of XX	Certificate of successful completion attached.	xx/xx/2017	Provider of XX	Clinical	1 hour	Improved my understanding of the principles of XX. Much of the information was benchmarking my understanding of this topic. In the module there was a recommendation to refer ZZ within 2 weeks. This is not my understanding and I will look at the evidence based practice from other sources.
<b>Example 2</b> To improve my critical appraisal skills when reviewing journal articles	Critically appraised study 123, Journal of ABC. 2010 Mar- Apr;62(2):220-32.	Summary of article attached and key points	xx/xx/2017	Journal of ABC	Clinical	2 hours	Cohort study 123 on XX demonstrated XYZ, but the result was statistically insignificant due to a small sample size of # and the study was conducted by the manufacturer. I subsequently shared my appraisal at a staff meeting of the optometrists in the practice. The value of running a regular journal club was discussed by the size of the staff was not adequate to support this in the long run. We will look into joining Crowd Care, an crowd sourced online journal article appraisal tool

<sup>&</sup>lt;sup>2</sup> Did the activity help you meet this learning goal? Yes/No? If 'no' the learning goal should be reviewed and remain on your plan; How did/will this activity improve your learning/practice?

<sup>&</sup>lt;sup>3</sup> Clinical in this context refers to clinical CPD that seeks to improve patient outcomes and experiences, draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible, to inform good practice and decision-making, contributes directly to improving your competence (performance, communication and behaviour), keeps you up to date in your chosen scope and setting of practice and builds on your existing knowledge

Identified learning goals	Description of activity	Evidence	Date	Provider	Activity type	No of hours	<b>Reflection</b> <sup>2</sup>
<b>Example 3</b> To become competent in the application and use of XYZ	Attended training package by XYZ supplier (non clinical CPD)	Certificate of attendance	xx/xx/2017	XYZ supplier	Clinical	30 min	Session described he helped me interpret r this presentation was could have been pres will have to consider presentations in the f
Example of 4 To increase my understanding of treating XX	<ul> <li>A: Attended webinar on the drug treatment of XX (CPD related to endorsement)</li> <li>B: Attended conference workshop on XX</li> <li>C: Attended multi-disciplinary committee XYZ (CPD in an interactive setting with other practitioners)</li> </ul>	A: Certificate of attendance B: Certificate of attendance C: Email confirmation of attendance	A: xx/xx/2017 B: xx/xx/2017 C:xx/xx/2017	A: Webinar host name B: Conference workshop host name C: Hospital name	<ul> <li>A: therapeutic</li> <li>B1: clinical in an interactive setting with other practitioners (optometrists)</li> <li>B2: therapeutic in an interactive setting with other practitioners (optometrists)</li> <li>C: clinical in an interactive setting with other practitioners (ophthalmologist, nurse and pharmacist)</li> </ul>	A: 30 min B1: 2 hours B2: 1 hour C:1 hour	<ul> <li>A: Even though the viline drug treatment of and potential drug into the medications discursions discursions discursions discursions with fellow in gaining insights in for aiding compliance dose frequency.</li> <li>C: participation in an committee XYZ and hunderstanding of treat patient care perspect the importance of the topical medication y. I will min light of this.</li> </ul>
<b>Example 5</b> To increase my understanding of cultural safety	Cross cultural training	Certificate of attendance	xx/xx/2017	Provider 123	Non-scientific/non-clinical	1 hour	Training deepened n cultural safety and pr implement in my prac cultural safety for my to change some of or procedures at the pra with the staff and the to be reviewed in six effectiveness.
<i>Example 6</i> To keep up to date with training in cardiopulmonary resuscitation	Cardiopulmonary resuscitation course	CPR certificate of completion	Xx/xx/2015	Approved CPR training organisation XYZ	CPR	3 hours	Training has kept me The number of comp changed to XX.

	No of hours	Reflection <sup>2</sup>			
	30 min	Session described how to use XYZ and helped me interpret results. The value of this presentation was limited; the key points could have been presented much faster. I will have to consider the value of similar presentations in the future.			
n other with other other d	A: 30 min B1: 2 hours B2: 1 hour C:1 hour	<b>A:</b> Even though the webinar described first line drug treatment of XX, the side effects and potential drug interactions, a number of the medications discussed are not available in the Australian context. Based on the evidence presented I will change the usual first treatment for this condition and lengthen the period between reviews.			
		<b>B</b> : conference workshop increased my understanding of treating XX. I found the discussions with fellow practitioners useful in gaining insights in to methods I can use for aiding compliance by the patient to the dose frequency.			
		<i>C:</i> participation in an inter-professional committee XYZ and increased my understanding of treating XX from a holistic patient care perspective. I had not realised the importance of the interactions between topical medication x and systemic medication y. I will modify my history taking in light of this.			
	1 hour	Training deepened my understanding of cultural safety and provided me with tools to implement in my practice and improve cultural safety for my patients. We will have to change some of our front of house procedures at the practice in consultation with the staff and these changes will need to be reviewed in six months for effectiveness.			
	3 hours	Training has kept me up to date with CPR. The number of compressions has now changed to XX.			

<u>Checklist</u> Have you maintained your portfolio of your learning goals, your planned CPD activities and your reflection on how these CPD activities are expected to improve or have improved your practice? Y/N (circle one)	<ul> <li>For general registrants</li> <li>A: at least 20 hours of CPD that:</li> <li>A1: includes clinical<sup>4</sup> [minimum of 15 hours]</li> <li>A2: includes clinical<sup>4</sup> in an interactive setting with other practitioners [minimum of 5 hours]</li> <li>A3: may include non-scientific/non-clinical [maximum of 5 hours]</li> <li>B: CPR [training to be completed within the previous three registration periods with an approved provider]</li> </ul>	<b>A1</b> : XX hours	A1:Y/N (circle one)
	<ul> <li>Only for registrants with an endorsement in scheduled medicines:</li> <li>C: an additional 10 hours of CPD that is related to:</li> <li>C1: therapeutics [minimum of 8 hours]</li> <li>C2: therapeutics in an interactive setting with other practitioners [minimum of 2 hours]</li> </ul>	<b>C1</b> : XX hours <b>C2:</b> 3 hours	C1: Y/N/NA C2: Y/N/NA

<sup>&</sup>lt;sup>4</sup> Clinical in this context refers to clinical CPD that seeks to improve patient outcomes and experiences, draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible, to inform good practice and decision-making, contributes directly to improving your competence (performance, communication and behaviour), keeps you up to date in your chosen scope and setting of practice and builds on your existing knowledge