



Professional Portfolio

Name:

Accreditation Year:

Profession/s:

CONTENTS

Overview	3
Methods of Portfolio Storage	3
Portfolio Tips	3
Section 1: Curriculum Vitae	4
Section 2: Professional Association Membership(s)	5
Section 3: Continuing Professional Development	6
Section 4: Appendix	7
Clinical Physiologist Declaration	8
Clinical Supervisor Eligibility	9
Clinical Supervisor Declaration Form	10
Sole Practitioner Declaration	11
Scope of Practice Change Checklist	12
Continuing Professional Development Documentation Form	13
Continuing Professional Development Activity List	53

OVERVIEW

A professional portfolio is a record of your Continuing Professional Development (CPD) as a Clinical Physiologist. The portfolio belongs to you, is maintained by you, and is your responsibility to keep up to date.

It can be used as part of an interview for a Clinical Physiologist role, as part of your performance review with your employer, and to demonstrate ongoing clinical competence and professional development for professional association membership or professional accreditation.

This Professional Portfolio document provides the guide and templates for presenting your CPD evidence and must be read with the ACCP Accreditation Framework 2022.

METHODS OF PORTFOLIO STORAGE

When choosing how to store your portfolio documents, keep in mind how easy it will be for you to send these documents to ACCP if you are audited. Your decision may also depend on what technology is accessible to you; for example, do you have access to a multipage document scanner, a Dropbox account, a photocopier, PDF combining software?

Choose a storage method that is both convenient for you to collect evidence, and convenient when you need to share the documents with ACCP.

We do not accept posted folders/ring binders/plastic sleeves with original documents.

PORTFOLIO TIPS

- **NO patient identifiers:** Ensure that no documents in your portfolio, in particular presentations or case studies contain the name of any patient under your or another health professional's care. All patient identifiers must be deleted or covered.
- **NO staff identifiers:** Where possible do not identify any other health professional without their written permission or use a reflection of an incident or event to bring any other health professional or profession into disrepute.
- **CPD Evidence:**
 - **Keep with CPD form:** File or scan evidence such as certificates with the related CPD form.
 - **No evidence? Get it signed:** If no evidence can be provided, you must have your clinical supervisor sign the CPD form.
 - **PowerPoint files – shrink!** For PowerPoint presentations you created, print to PDF with six slides/page. Do not send other people's presentations.
 - **Only one piece of evidence needed:** One type of evidence is sufficient, e.g., for a conference attendance either an attendance certificate, OR a program, OR a registration receipt is sufficient – not all three.
 - **Keep it secure:** Do not file bank account statements identifying your account number. Do not keep flight details and bookings, or accommodation receipts in your portfolio.
 - **Organise CPD by calendar year.**

● Section 1

CURRICULUM VITAE

Keep a copy of your current curriculum vitae; review and update annually.

● Section 2

PROFESSIONAL ASSOCIATION MEMBERSHIPS

Keep a copy of any documents relating to professional memberships in this section.

This could include:

- Membership certificates
- Acceptance letters
- Payment invoices and receipts

If you are not a member of the ACCP's affiliated professional association for your discipline, then include evidence to confirm that you meet their membership eligibility requirements.

● Section 3

CONTINUING PROFESSIONAL DEVELOPMENT

Keep a copy of any documents relating to continuing professional development (CPD) in this section.

This could include:

- CPD learning outcome forms (template in appendix)
- Attendance certificates
- Case studies
- Presentations, and program of meeting announcing your presentation

Remember:

- A minimum of one activity per year for Group A, B and C
- Accumulate 20 points per year
- CPD auditing will be triennial
- CPD Forms without accompanying evidence should be signed by your clinical supervisor, educator, or a senior colleague.
- Collate all groups separately (i.e., all group A together) and keep evidence with the relevant CPD learning outcome form.

● Section 4

APPENDIX

Contents:

- [Clinical Physiologist Declaration Form](#)
- [Clinical Supervisor Eligibility and Declaration Form](#)
- [Sole Practitioner Declaration Form](#)
- [Scope of Practice Change Checklist](#)
- [CPD Documentation Form](#)
- [CPD Activity List](#)

CLINICAL PHYSIOLOGIST DECLARATION

What is your current scope of practice or that which you are applying for?

Cardiac Neuro Respiratory Sleep

(Note – if you are no longer practicing in a scope, do not apply)

Are you a current financial member of the relevant professional association/s for your scope of practice?

Professionals in Cardiac Sciences Australia

Australian and New Zealand Society of Respiratory Science

Australian and New Zealand Sleep Science Association

Association of Neurophysiology Scientists of Australia Inc.

I have attached proof of membership to this application.

If not, please provide evidence of eligibility of membership to relevant professional association/s.

Do you wish to make a change to your scope of practice, e.g. add a new scope, remove conditions, or apply for an extension of practice? (see checklist for documents required to do so)

Yes No

Applicant to answer every statement to indicate agreement:

I confirm that I am fit to practice	Yes	No	
I confirm I have maintained the required standards for competence	Yes	No	
I confirm I have practised lawfully	Yes	No	
I declare I have no mental or physical conditions I am aware of that may compromise my competence and therefore compromise the safety of patients.	Yes	No	
I declare that the information I have supplied in this application (and other supporting information provided) is true and correct to the best of my knowledge.	Yes	No	
I accept that false declaration or failure to disclose relevant information could result in my removal from the register.	Yes	No	
I consent to the Australian Council for Clinical Physiologists (ACCP) obtaining confidential verbal or written information about my professional experience and current role for the purpose of assessing my registration and scope of practice eligibility.	Yes	No	
I confirm I have adhered to any conditions on my current Scope of Practice	Yes	No	N/A
I have completed further training as directed (if you tick yes, attach evidence of completion of the training program, certification or qualification you have been directed to undertake)	Yes	No	N/A

Applicant's name:

Applicant's signature:

Date:

CLINICAL SUPERVISOR ELIGIBILITY

Supervisor eligibility:

Declarations must be signed by yourself, and by your Clinical Supervisor. The person who signs your declaration must be qualified and capable of attesting to your competence to practice. They will be required to note their full name and registration number with the board under which they are registered.

A Clinical Supervisor should in the first instance be one of the following from your profession:

- Clinical team leader, lead physiologist or department head
- Clinician responsible for your service
- Clinical Manager or Educator
- Director of Allied health
- Person undertaking your annual performance review

The following list are those ineligible to sign the declaration:

- Workplace peer, Section head, Senior Physiologist not in a charge role, non-clinically trained manager

? **Industry representatives**

Your line manager should sign your declaration

? **More than one scope or more than one employer?**

One supervisor can sign for both scopes of practice, or there is space for an additional signatory for different scopes, and an additional workplace.

? **Not currently employed – e.g., between roles, on extended leave**

Please include an additional statement of your circumstance. You may be approved for registration with conditions until supervisory support can be obtained.

CLINICAL SUPERVISOR DECLARATION FORM

Clinical Supervisor is to circle an answer to every statement to indicate agreement

I confirm the applicant is suitable to practice as a Clinical Physiologist in the scope of practice of which they are employed. Yes No

All individuals are required to demonstrate a suitable level of competence in the following domains as per the competency standards set by the relevant professional society:

Scientific, Clinical, Technical, Problem Solving, Communication, Research and Management/Leadership (standards are available on ACCP website)

I hereby certify that the above-named applicant has demonstrated a level of competency and provided appropriate evidence in each of the specified domains above that fulfils the requirements of both the professional body association to which the named applicant is a member, or eligible for membership, and the requirements of ACCP. Yes No

I confirm that the above-named has completed Continuing Professional Development activities which meets the objectives set out in the Portfolio requirements for ACCP. (Portfolio guidelines available on ACCP website) Yes No

If you have answered NO to any of the above statements, attach a summary outlining any areas where the above-named applicant is not meeting the requirements for competency or CPD, and document the plan in place for the specific requirements to be met. Please attach to this application.

Supervisors Name:

Supervisors Name:
If > 1 scope or workplace)

Supervisors Signature:

Supervisors Signature:

Registration number:

Registration number:

Registered with:

Registered with:

Position:

Position:

Date:

Date:

SOLE PRACTITIONER DECLARATION

Complete this section if you have no clinical supervision or oversight from within your profession such as a lead physiologist, team leader, and clinical manager, or outside of your profession such as a medical consultant, unit manager, or service manager.

Tick if applicable

I declare that I am practicing as Sole Practitioner.

I have abided by the process set by my profession to assess my ongoing competence to practice, and continuing professional development.

Applicant's name:

Applicant's signature:

Date:

SCOPE OF PRACTICE CHANGE CHECKLISTS:

Tick any changes you wish to be made to your scope of practice and supply the requested information to ACCP, accompanying the Declaration and proof of professional association membership/s or eligibility.

New qualification or certification in last 12 months

Attach a **certified** copy of the qualification certificate or results letter. This will then be added to your ACCP profile.

Completion of a program of post graduate professional development – remove condition of 'Supervised Practice' from scope of practice

If you have completed a program of postgraduate professional development in the last 12 months, and wish to apply to have the condition of 'Supervised Practice' removed, please attach the following:

1. **Certified** copies of your qualification/ certification certificates or results letter
2. A letter of support from your clinical supervisor, supporting your competence to practice without supervision
3. An updated CV reflecting your current role and duties

Add a new scope of practice

If you are practicing in a scope of practice not currently listed on your ACCP profile, and you wish to have this listed, please provide the following documents:

1. Evidence of supervision, post graduate development and assessment/certification (*or planned) in the additional scope
2. A letter of support from the clinical supervisor in your additional scope of practice, confirming your competence to practice without supervision (*or appropriate supervision until program completion)
3. Proof of membership, or eligibility for membership, of the professional association related to your additional scope of practice
4. An updated CV reflecting your current roles and duties.

* If you are not yet certified, you will have this scope added with a condition of 'Supervised practice'

Add an 'Extended Practice' condition to your scope of practice

If you are practicing in a single defined role, outside of your normal scope of practice, and wish to have this noted on your ACCP profile, please attach the following:

1. Evidence of supervision and assessment/certification in the role
2. Letter of support from the clinical supervisor of the service in which you practice this role, supporting your competence to perform the role.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

Name of activity

Date of activity

Type of activity

Group A –

workplace learning (1 point per activity)

case review, incident reflection, staff education meeting, in-service training, audit, project, rotation/shadowing

Group B –

structured learning (2 points per activity)

external conference session, course, seminar, lecture, assignment or lecture for a qualification

Group C –

self-directed learning (3 points per activity)

journal article review, case study, peer review of paper submission, mentoring/clinical supervision/student supervision, presentation at conference/meeting/course/lecture

Describe the activity - please write 2-3 sentences outlining what the activity involved and your involvement in it.

What did you learn – please write a paragraph showing what you learned. Review the activity if necessary and be specific.

CPD DOCUMENTATION FORM

First Name

Last Name

Accreditation Year

How will you apply this to your practice – write a short paragraph describing any impact the activity could have on your practice.

I verify this activity as being valid for CPD purposes

Evidence attached
relating to this activity:

Verified by:

Signature:

Designation:

Date:

For any activity EITHER obtain sign-off (by Clinical Supervisor, educator or senior colleague)
OR attach evidence.

CPD ACTIVITY LIST

All CPD activities should be reflected upon and your learning outcome documented via a CPD documentation form.

EITHER evidence as listed below OR sign-off by Clinical Supervisor/educator/senior colleague should accompany each activity.

CPD Activity

Evidence to be kept in portfolio

Group A: Learning from experience in the workplace

1 point per activity

Discussion with colleagues	Summary of discussion via CPD form
Staff educational meetings	Attendance record and CPD form
Review and analysis of incidents/events	CPD form
In service training	CPD form
Clinical Audit activities	CPD form
Peer review (you perform the review)	CPD form
Project work	CPD form
Work shadowing/job rotation	CPD form

Group B: Learning from structured courses

2 points per activity

External Seminars/Workshops/Lectures	Attendance certificate plus CPD form
Specialist or multidisciplinary conferences	Attendance certificate plus CPD form
External Courses	Attendance form plus CPD form
Qualifications gained Review of select individual lectures	Qualification certificate or exam results letter 1 CPD form per lecture
Learning from structured online courses	Documentation of website and CPD form
Developing training courses	Details of course and your input via CPD form

Group C: Learning from self-directed personal work**3 points per activity**

Journal article review-Self directed	CPD form and copy of article
Case study	*Copy of case report (patient identifiers removed) Summarize your learning via CPD form
Peer review of a paper submission	Copy of article/paper and CPD form
Presenting and Teaching	*Summary of teaching sessions and what you learnt preparing or updating it via CPD form
Mentoring/student supervision	Anonymised summary of staff/student, your role and what you learnt via CPD form
Presentation at meeting/conference/course/seminar	*Copy of presentation and invite for presentation or program for event. Summarize your learning via CPD form

**For power-point presentations, print/save to PDF with 6 slides per page.*

Remember:

- **A minimum of 60 points over 3 years is required.**
- **A minimum of 1 activity per category per year**
- **CPD to be appropriate to level of role**

Other types of CPD activity can be used as long as they meet the CPD principle of ongoing learning and self-reflection.