



# Continuing Professional Development

## Guidance for CPD Year 2016/17

Guidance for chiropractors on  
how to meet our CPD  
requirements for 2016/17

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# 1. Introduction

Keeping your skills, knowledge and behaviour up to date throughout your professional life is at the heart of what it means to be a chiropractor.

An important aspect of professional life is continuing to learn and develop in order to maintain and enhance professional practice. For healthcare professionals this is particularly important as their actions have a direct impact on their patients and members of the public.

As a registered chiropractor you have a duty to maintain, develop and work within your professional knowledge and skills and make sure your personal behaviour maintains patients' confidence in you and the chiropractic profession.

Every chiropractor after they have graduated will have ongoing development needs and interests. Continuing Professional Development (CPD) is about taking the time to work out the best way of developing as a professional, looking at where you are now, what you want to achieve and planning and undertaking learning and development to help you meet your goals.

This is why the General Chiropractic Council (GCC) has a mandatory scheme of CPD for all chiropractors in the UK. You must meet our CPD requirements to maintain your registration with us.

This guidance sets out our CPD requirements. We also include some advice on how to get the most out of your CPD activity. It is important to read the whole booklet and become familiar with it.

The current CPD scheme was developed over a number of years involving consultation with the profession and research into various ways to change or modify the scheme.

In March 2015 the GCC Council decided to move forward with developing the CPD scheme so that it can provide a better assurance of chiropractors' continuing fitness to practise. This will be done by building on the current scheme rather than changing to a completely different system.

We have been working with chiropractors over the last few months and will continue to do so to further develop our thinking. In this document we have included our current thinking on how we might develop the scheme in the future – this is signalled up through the use of boxes entitled ***For the Future.***

## 2. The CPD scheme

### 2.1 What is Continuing Professional Development - CPD?

Our current [CPD Rules \(2004\)](#) define CPD as:

*“training which comprises lectures, seminars, courses, practical sessions, individual study or other activities undertaken by a registered practitioner which could reasonably be expected to advance his professional development as a chiropractor or contribute to the development of the profession of chiropractic”.*

We see the term ‘training’ as potentially rather limiting as learning can occur from undertaking a range of things other than direct training. We therefore think of CPD as being about the activities that a chiropractor undertakes to maintain, enhance and develop their professional knowledge, skills and competence once they have gained their initial chiropractic qualification.

Like other professions, all chiropractors have different life experiences, different backgrounds and different attributes on which to draw. Each chiropractor will have their own strengths, have different gaps in their knowledge and skills, and different short and long term goals.

The patients that chiropractors serve will also be different. Some chiropractors work in areas where individuals tend to have long-term chronic conditions which need managing, while others tend to work with people who have more acute healthcare needs, whereas others mainly provide services to sports people who have very specific healthcare needs.

For all these reasons we think that chiropractors are the people best placed to determine the learning and development that best meets their needs and interests and to set their own professional aims and objectives. CPD is the means by which chiropractors can achieve their aims and objectives by driving their own learning and development.

### 2.2 What are the main elements of the CPD scheme?

The GCC’s CPD scheme is designed to be flexible so as to be appropriate to every chiropractor’s professional development.

We set some mandatory elements within the scheme. These elements are designed to provide some basic assurance that chiropractors are taking their professional development seriously and are engaged with the broader chiropractic and healthcare community when they develop themselves.

Our CPD scheme is also based on what is widely recognised as a cycle of learning that adults can use to enable them to develop effectively. The elements of our scheme are very similar to those of other healthcare professional regulators.

The mandatory elements of the CPD scheme are:

1. Chiropractors must:
  - a. complete and record one complete learning cycle as follows:
    - i. **reflecting** on and assessing learning needs and interests within the context of professional practice
    - ii. **planning** how to meet their identified learning needs or interests and recording this in a personal development plan
    - iii. **undertaking** CPD in accordance with the personal development plan
    - iv. **evaluating** the CPD undertaken and its effectiveness in meeting the learning needs or interests they identified
  - b. undertake at least 30 hours of learning, of which at least half – 15 hours – is learning with others
  - c. claim activities as CPD which relate to his/her professional learning and development
  - d. confirm that the CPD record summary is a fair and true record of their CPD.
2. Chiropractors must submit an annual CPD return by 30 September each year. This is because our CPD year runs from 1 September to 31 August every year, and we allow a month for individuals to complete and submit their CPD records.

The CPD record summary that we ask chiropractors to complete is designed to include the mandatory elements of the scheme so it focuses specifically on the learning cycle, the hours of learning undertaken in a year and looks particularly at those hours which have been undertaken learning with others.

We expect chiropractors to develop, undertake and record different learning cycles every year.

If they did not do this, it would suggest there was no professional development taking place – and perhaps also that they were not taking their professional development sufficiently seriously.

We also expect the records that are submitted to be legible – this is a basic legal requirement for all records.

The CPD scheme does **not** include:

- mandatory subject areas
- specific types of learning activity
- undertaking accredited programmes
- achieving a number of CPD points – we have an hours requirement setting out the minimum amount that must be undertaken, not a points requirement.

### **For the future**

We are planning to ask registrants to undertake a small number of CPD hours (eg 2 - 3 hours in a 3 year cycle) in an area that we identify as of importance to the profession as a whole. We think that such an approach will help the profession as a whole address common issues (such as ongoing issues that arise in fitness to practise cases or the introduction of new legislation).

If you have any thoughts on this longer-term proposal we would be happy to hear them. However at the moment we are exploring this idea, we have not implemented it. To do so would require a change in the CPD Rules.

### **2.3 Why have requirements?**

We have CPD requirements:

1. to show members of the public that we and the profession take learning and development seriously
2. to guide chiropractors in the way we would like them to think about their learning and professional development and encourage them to link it to the development of their practice
3. as a means of confirming that the individuals registered with us continue to be fit to practise.

### **2.4 Who has to undertake CPD?**

Every chiropractor who is eligible to practise in the UK and is on our register is required to undertake CPD.

Individuals may currently be practising chiropractic or, they may be taking a break from practice and registered as non-practising. Every chiropractor on our register is required to undertake CPD so they keep their knowledge, skills and competence up-to-date.

### **2.5 Is any chiropractor exempt from CPD?**

No.

Individuals who experience exceptional circumstances can apply to have their CPD requirements reduced in one year. For example, if a chiropractor becomes ill for a period of time or is bereaved then they may apply to the Registrar for changes to their CPD requirements in that year.

The Registrar can agree that their circumstances are exceptional and offer either some additional time for the CPD to be undertaken or reduce the number of CPD hours in that year. Such a decision applies only to the CPD year in question and cannot be transferred to subsequent CPD years.

You should not wait until the end of the CPD year to seek such a modification but let the GCC office know as soon as you can about your issue in complying with CPD in that time period.

## **2.6 How much CPD do I have to do?**

We know that most registrants undertake much more CPD than we require of them, and welcome this. Chiropractors recognise the benefits they feel it brings, such as doing the best for patients, engagement with others of a similar interest, and for self-fulfilment.

We set no upper limit to the CPD which you do and we recognise that some years you are likely to do more than others. We set a minimum number of 30 hours (at least 15 hours learning with others) that we expect every chiropractor to undertake to remind registrants that CPD is important every year and to give assurance to the public that we and the profession take ongoing learning and development seriously.

## **2.7 What if I join the register part-way through the year?**

Chiropractors who join the register part way through the CPD year have to undertake a proportion of the hours requirement for the full CPD year.

This is the same for individuals who join the register for the first time as well as for those who are restored to the register.

The proportion is 2.5 hours of CPD for each full month of the CPD year that the individual is registered (i.e. a twelfth of the hours requirement for each month). The same principle is used for the half of CPD hours that includes learning with others.

Individuals who join the register in the last three months of a CPD year (i.e. after 1 June) do not have to complete a full learning cycle in that CPD year, but are just required to state the learning activities they have undertaken in those three months.

The requirements you have to meet on joining the register during a CPD year are set out in the table below.



Joining register during month of:	Total hours of CPD required	Hours learning with others	Hours learning alone	Need to complete a full learning cycle
September	27.50	13.75	13.75	Yes
October	25.00	12.50	12.50	Yes
November	22.50	11.25	11.25	Yes
December	20.00	10.00	10.00	Yes
January	17.50	8.75	8.75	Yes
February	15.00	7.50	7.50	Yes
March	12.50	6.25	6.25	Yes
April	10.00	5.00	5.00	Yes
May	7.50	3.75	3.75	Yes
June	5.00	2.50	2.50	No
July	2.50	1.25	1.25	No
August	0	0	0	No

## 2.8 Do I have to say if my learning is about improving patient care or developing the profession?

No.

In 2015 we made the decision not to ask chiropractors to do this. We found that these categories were confusing to registrants and there was a lack of clarity across the profession as to what the categories meant. The categories as such are not included in our current CPD Rules (dated 2004) although they are referred to broadly within the general definition of CPD.

We will continue to use the definition in the Rules to guide our decisions on CPD. This is

*“CPD means training which comprises lectures, seminars, courses, practical sessions, individual study or other activities undertaken by a registered practitioner **which could reasonably be expected to advance his professional development as a chiropractor or contribute to the development of the profession of chiropractic**”.*

So, you might find thinking about this description helps you decide if your learning and development is focused on what you do as a healthcare professional. If you include learning activities in your CPD return which do not clearly relate to the above definition, then we will need to seek further clarification from you and are likely to ask you to provide evidence of other learning that more clearly relates to your work as a chiropractor.

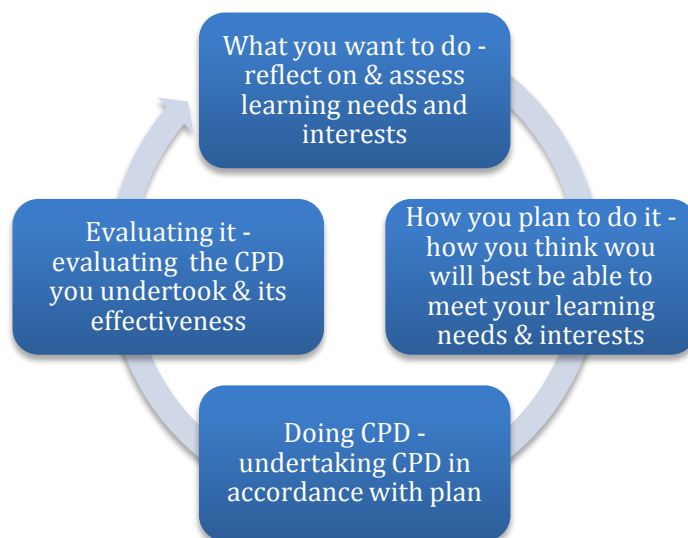
## 3.Undertaking CPD

### 3.1 How can I make my learning cycles more effective?

Learning cycles are like planning and undertaking any other project. They can be of different lengths from focusing on very short-term needs to considering much longer-term aims and aspirations. You can work on more than one learning cycle at a time by, for example, having one long-term cycle that covers a number of years and a number of several short term cycles on more specific learning areas.

In terms of a learning cycle this becomes:

- what you want to do - reflecting on and assessing your learning needs and interests within the context of your professional practice
- how you plan to do it - planning how you meet your identified learning needs or interests and recording this
- doing it - undertaking CPD in accordance with your plan
- evaluating it - evaluating the CPD you have undertaken and its effectiveness in meeting the learning needs or interests you identified.



We look at each of the stages of the learning cycle in more detail below.

#### ***What you want to do***

The sorts of things you should think about when developing your learning objectives are:

- Do you have specific knowledge and skill gaps that would be helpful in your current work?

*For example*

Are there a number of patients with specific health needs where you have learning needs?

Are there broader organisational issues that you need to address and where you need to learn and develop?

- Are there areas of practice where it would be helpful to check you are up-to-date and applying your knowledge and skills effectively?

*For example*

When did you last update your first aid knowledge and skills?

Are you applying your chiropractic techniques effectively or have you developed your own ways of working over time?

Are you confident you are up-to-date with legislation (eg in relation to Protecting Children and Vulnerable Adults)?

- Do you know what the latest standards, evidence, benchmarks and requirements that apply to your practice are (eg with the introduction or updating of legislation or with new information technology)?

*For example*

When did you last check out what is considered good practice in treating a specific condition?

Are you confident you are knowledgeable about all of the relevant NICE guidelines that apply to your practice?

- Do you know the persistent issues in the GCC's fitness to practise cases and might this be a guide to things you should think about?

*For example*

Did you know that the largest single category of complaints about chiropractors is related to clinical care including excessive or aggressive treatment, inadequate assessment and a lack of clinical justification for investigations or x-rays?

Are you sure your relationships with patients are appropriate given that this is the second highest cause for complaint? Are you confident in your knowledge, skills and behaviour relating to communication and obtaining consent, maintaining professional boundaries, and privacy and dignity.

- Are there new ways in which you can improve your practice and the service you provide?

*For example*

Do you know the value of gaining feedback from patients and applying this to your patient care?

Are you confident in conducting audits and applying your results to improving the service you offer to patients?

- What are your wider professional interests? How would you like to develop your own ways of practising or contribute to the development of the profession?

*For example*

Does chiropractic reach all parts of the community? How might it be developed to meet a range of different patient needs and circumstances and work with patient groups who do not normally receive chiropractic care (such as the homeless or refugees)?

What do you have to do to win NHS contracts (eg through the Any Qualified Provider scheme)?

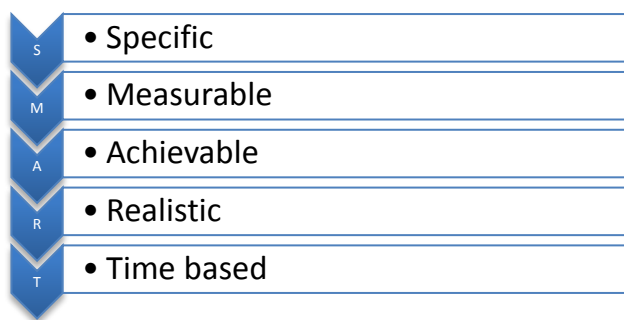
- What are your longer term goals?

*For example*

Do you wish to develop your interest in research or teaching? If so what knowledge and skills do you need to develop to help you progress down that path?

Have you wondered how healthcare policy is developed and how you can influence it?

In a learning cycle, once you have reflected on your learning needs and interests you need to form them into learning objectives – what it is that you specifically want / need to learn. Like any other project, it helps if you make your learning objectives SMART as shown in the diagram below.



This is because if you specify your learning need or interest in a SMART way:

- you will be clear as to exactly what you want to achieve
- you can tell if you have achieved it because you have a way of measuring completion
- it is likely to happen because it is achievable
- you have taken into account relevant factors such as resources and time to make it realistic
- setting a time frame or deadline helps you to focus on the activities required to achieve the objective and might help you to stop postponing the more difficult things.

We have found when looking at individuals' learning objectives that generally they lack specificity so making your learning objectives more specific might help with the rest of your learning cycle. Some examples are given in the table below.

<b>Statements of learning needs that are inadequate</b>	<b>Why inadequate</b>	<b>Example statements that might improve these learning needs</b>
Acupuncture	Too vague	To develop dry needling skills
Patient wellness	Too vague	To develop my understanding of how chiropractic might promote an individual's health and wellbeing
New techniques	Too vague	To update my knowledge on techniques that might be used in the management of low back pain
Nutrition	Too vague	To update my knowledge of the latest evidence on

		healthy eating so I can better advise my patients
BCA conference	Is a description of an event not a learning need	To learn how to effectively utilise Patient Reported Outcomes Measures (PROMs)

### ***For the future***

We are encouraging registrants to have a structured discussion about their CPD with someone else to support them in reflecting on their learning and development and applying it to their practice.

Such discussions should help individual chiropractors think through what their learning needs and interests are and what might be a useful focus in the coming year. It can also help individuals think through how best to form these into SMART objectives. It will also help them demonstrate how they are actively engaging with learning and development and reflective practice.

The Royal College of Chiropractors, the professional associations, the chiropractic education providers and a range of other learning providers offer a number of different forms of support.

### ***How you plan to do it***

In the planning stage you need to think about:

- the nature of the learning objectives you have set – as these are likely to influence the type of learning and development that is appropriate
- how you prefer to learn (e.g. informal group work, on the job learning, formal courses) and the relationship of this to your learning objectives
- possible learning and development opportunities for your learning objectives - including the support that might be available to you in your practice, in a local support group or if you will need to look at regional or national provision.

For your CPD record you need to write down how you think you are likely to meet your learning objectives. In practice you might find that you do not use all of these different methods as, for example, you might plan to undertake a course but find that one is not available when you wish to access it.

### **Doing it**

The learning and development stage is crucial as it is through learning that chiropractors not only develop their knowledge, skills and behaviour and learn to apply them in practice, but also develop themselves more fully as individuals.

There are many different ways in which individuals learn and develop. Any form of learning and development might be appropriate for different individuals and can be used. Our only specific requirement is that at least 15 hours of learning and development is undertaken with others each year. This is to help provide some confidence that chiropractors receive some feedback from others and are exposed to others' views. This is because it is possible for chiropractors to work on their own and not be exposed to wider developments.

Chiropractors have the responsibility to take their own learning and development seriously.

The types of learning and development opportunities that can be used are shown in the table below.

<b>Learning and development opportunities</b>	<b>Different forms</b>
Learning on one's own	Reflective practice Distance learning Private study e-learning
Learning with others	Participating in specific areas of work Learning from others on the job Learning from developing others Formal courses (including MOOCs <sup>1</sup> ) Role play Learning sets <sup>2</sup> Induction Conferences Webinars (in real time and in which there is active engagement of participants)

<sup>1</sup> Massive Open Online Courses

<sup>2</sup> A 'learning set' or 'action learning set' is when a group of between 5 – 8 people meet together regularly to discuss work-related issues or develop skills in an area of common interest. Learning sets are usually facilitated by an independent person who is not one of the learners.

You might find it helpful to discuss with others - colleagues, peers or those whose role is to facilitate learning and development - the learning and development opportunities that are likely to be most effective in meeting your learning objectives.

Such discussions might usefully consider:

- the learning opportunities that you have used in the past and what you have gained from them
- your confidence in relation to learning and development generally and the different methods available
- other aspects of your life that might support or hinder your learning and development
- the learning and development opportunities that are available or that can be arranged and that will be effective in meeting your learning needs and interests (e.g. conferences might be useful for updating but be less use in terms of applying knowledge and skills in practice)
- the cost (direct and indirect) of learning and development opportunities - we recommend you make careful choices when investing time and money in CPD products and services
- any funding that is available for different forms of learning and development and how you can apply and use such funding
- whether there are any restrictions on accessing different learning and development opportunities (e.g. whether you need to possess certain qualifications or be of a certain age)
- how to manage practical issues related to learning and development such as location, timing and travel
- the benefits of you gaining formal recognition or accreditation for specific aspects of your learning and development.

The outputs of the learning and development stage are records of the learning that you have undertaken – this may include outputs from projects or hand-outs from formal training provision.

The outcomes should be that you have gained new knowledge and skills, have developed yourself and are better able to apply your knowledge and skills in your practice.

#### ***For the future***

We recognise that our current requirement of 15 hours working with others in order to ensure that there is some external input to every chiropractor's learning and development is not necessarily as effective as it might be. We are interested in refining this approach.



In the meantime we encourage registrants to think about the value of, and engage in, an objective activity in which they gain feedback from other sources on what they are doing and apply the feedback in their further learning and development.

Examples of such activities are: peer observation and feedback, patient feedback or clinical audit. The activities might build on the tools already developed, for example, by the Royal College of Chiropractors.

### ***Evaluating it***

The purpose of the evaluation stage is so you can:

- reflect on the effectiveness of your learning and development in developing your knowledge, skills and behaviour
- identify how your learning has improved your application of knowledge and skills in practice
- identify whether you wish to apply your learning in practice or whether, for whatever reason, you think that it is not appropriate to do so
- offer feedback to learning providers on how their learning and development activities might be improved.

The evaluation stage is not the end of learning and development – it should take you back round the learning cycle again. The outcomes of evaluating learning and development and its effect on your practice may form the starting point for the next learning cycle.

This means that every year your review and development builds on what you have done previously and what has worked well (or not) in the past. As the process takes place over time, you should have a better understanding of the learning and development that is effective for you and where your strengths lie.

We recognise that chiropractors might find the learning cycle approach difficult initially. However over time individuals will develop and learn how to apply their knowledge and skills in these activities so that it becomes more rewarding and valuable.

The output of the evaluation stage is an evaluation of the learning and development activities you have undertaken and their value in meeting your learning objectives and for your professional practice. This means that your evaluation should clearly relate to the learning objectives that you set.

We have found that often the evaluation tends to be too general (eg very good, quality time spent discussing cases) rather than focusing on whether the learning objectives have helped you learn what you intended or has made you question whether you indeed wish to apply your learning in practice.

The outcome of the evaluation stage should be that you are able to reflect on your learning and development and apply your reflections to your future work and development.

We have amended the CPD record summary slightly in the hope that it enables you to focus more clearly on learning cycles.

### **3.2 What are considered to be good examples of learning cycles?**

We have set out below some examples of actual learning cycles that chiropractors have undertaken and told us about. Overall these examples show:

- clear learning needs and interests
- plans for how to meet those learning needs and interests
- specified learning activities which clearly relate to the plans and learning needs / interests
- an evaluation of the learning activities in addressing the learning needs / interests and their relevance to professional practice.

As might be expected, the examples vary in the extent to which they clearly show the different stages of the learning cycle. We have added a short reflection of the things we have thought about when we have received the learning cycles.

We have accepted all of the examples as meeting our requirements.

We hope the examples are useful in demonstrating that the information we are seeking from you is not extensive, rather it needs to be focused on your professional development and how you are thinking about this.

In the coming year we are hoping to work with chiropractors to develop more examples of good practice and extend these into broader areas.

This will accompany work on improving this guidance so that individual chiropractors and the profession as a whole find it more helpful in developing CPD.

## Example learning cycles

### Example 1: Learning cycle related to improving treatment related to a specific condition

*GCC reflection: This provides a good example of an overall learning cycle related to chiropractic care in which the chiropractor has taken a very methodical approach to the learning cycle. There is probably more detailed information than we actually need or look for in the application to practice, as the chiropractor has looked at how they have applied each learning activity whilst we would have been very happy to see how their learning as a whole has been applied (or not).*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	Research into the diagnosis, treatment and management of Chiari malformation, Ehlers Danlos syndrome and cranio-cervical instability. Understanding how prevalent these conditions are, how quickly a diagnosis is made and what are the management and treatment options available for these conditions.
2. I plan to meet my learning needs and interests by:	<p>My first question is what is the role of chiropractic in these conditions. This will be obtained by finding research and clinical experience of chiropractors.</p> <p>What must be considered when treating these people with chiropractic care? This requires attending a seminar technique which is primarily low force.</p> <p>What options are given to people living with these conditions? Research online into how this condition is approached surgically and non-surgically.</p>
3. I have undertaken the following learning activities	13 – 15/12/2013 Basic care intensive seminar Barcelona

<p>to meet the learning needs and interests set out in section 2:</p>	<p>Reintroduction to low force technique – 16 hours learning with others</p> <p>Videos online: 3/3/14 EDS related cranio-cervical instability; 3/3/14 diagnosis of craniocervical instability in the Chiari and EDS population; 5/3/14 modified and alternative physical therapy; 11/3/14 follow up 2 year after surgical decompression – 6 hours learning on my own</p> <p>11/12/13, 16/12/13, 20/12/13 and 18/1/14 Basic care intensive seminar lecture notes review – 5 hours learning on my own</p> <p>5/4/14 &amp; 11/4/14 MRI and X-ray viewing online case studies and research into chiropractic management of EDS, chiari and cranio-cervical instability – 5 hours learning on my own</p> <p>25/8/14 Proprioceptive gym meeting with a physiotherapist who follows up spinal decompression surgical cases</p>
<p>4.1 My evaluation of the effectiveness of the learning activities is:</p>	<p>The seminar focused my technique to have lower force, greater precision, patient positioning and detecting cervico-cranial instability.</p> <p>The online videos taught me about how to diagnose and which investigations are best, such as standard MRI is not as effective in the diagnosis as upright MRI.</p> <p>It was very helpful to continue learning the lecture notes. This has also helped me to formulate questions to ask colleagues.</p> <p>Viewing the MRI and X-ray online case studies has been really effective in understanding how these conditions change over time</p> <p>The proprioceptive gym was an incredible place and very effective in understanding how much rehabilitation is needed (a lot more than is</p>

<p>4.2 I have applied the learning to my practice by:</p>	<p>normally provided).</p> <p>Seminar – I use the technique regularly and it's particularly effective in hypermobility patients. Patients have reported greater levels of comfort.</p> <p>Videos – I now have contacts to refer patients to these doctors who have chosen to specialise in these conditions therefore first choice for patients.</p> <p>Lecture notes - My records are becoming more and more precise – this assisted in taking and reviewing the progress of patients.</p> <p>MRI and X-ray online case studies – in reporting back to patients I have used this to give patients realistic expectations as to what chiropractic care will assist them with.</p> <p>Proprioceptive gym – this was inspiring and has led me to find practitioners and rehabilitation clinics that also hold that physio's ethics.</p>
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**Example 2: Learning cycle related to improving knowledge and skills related to a diagnostic technique**

*GCC reflection: This is an example that shows how briefly someone’s learning cycle can be described. . Ideally the evaluation might identify any further areas of learning that the chiropractor thought they still had, although we recognise that as they used a combination of learning activities to address their learning needs / interests perhaps they did not have any gaps.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	To learn more about the awareness, interpretation and when to refer for MRI scans
2. I plan to meet my learning needs and interests by:	Attend a lumbar spine awareness seminar at AECC on 17 May 2014 Read and search the internet and talk to colleagues Look at MRI scans in more detail
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	17/5/14 Lumbar spine MRI awareness seminar – 7 hours learning with others 7 hours learning on my own - internet, colleague discussions and MRI scans Total hours in learning cycle = 14
4.1 My evaluation of the effectiveness of the learning activities is:  4.2 I have applied the learning to my practice by:	Learnt about the mechanics and development of MRI scanners. The value of scanning and when to refer patients. The interpretation of MRI scans particularly with regard to disc prolapse and nerve root compression as well as other space occupying lesions in the lumbar spinal canal and possible cauda equine syndrome and other red flags.  This has made me more aware in practice of the benefit to patients in referring them earlier for MRI scans and the importance of ruling out

underlying disease.

**Example 3: Learning cycle related to multi-disciplinary working**

*GCC reflection: This example focuses on an interesting area of development. The weak area in this example is in stage 2 as what the chiropractor has written down is more a statement of the rationale for the subject area they have identified than a plan for meeting their learning needs or interests. However we would not tend to question this as overall the learning cycle hangs together well and the chiropractor has undertaken a range of learning activities to meet their learning need / interest. It is particularly interesting to note that the individual stated that, whilst the sports conference in November 2013 was not of immediate clinical value to their work, the learning from being part of this event has triggered a potential longer term learning interest which might be pursued in the future.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	Understanding a more multi-disciplined way of treating patients
2. I plan to meet my learning needs and interests by:	I am aware that other professions treat the same problems we see as chiropractors, but their approach and the clinic pathways they adopt are often very different and I feel that understanding more about their approach will further my clinic abilities and understanding. This in turn will help my patients as I will be more aware of what to refer and to whom.
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	9/13 Conference: Making clinical governance work for all – learning with others 7.5 hours 11/13 Conference: sports – learning with others 7 hours 1/14 Conference: emerging evidence – learning with others 7 hours 4/14 World Conference: Injury and illness in sport – learning with others 21 hours, learning on own 10 hours. Total learning hours = 52.5



<p>4.1 My evaluation of the effectiveness of the learning activities is:</p>	<p><i>9/13 Making clinical governance work for all conference</i></p> <p>This was a useful weekend as it looked at best practice and what we do well as chiropractors. I found this review a good basis for understanding where the chiropractic profession is at the moment. I decided to use this as the platform to compare out best practice with those adopted elsewhere and in other disciplines.</p> <p><i>11/13 Sports Conference</i></p> <p>This was a multi-discipline conference on working with disabled athletes in sport. It presented the different skills sets of various professions involved in disabled sports and how they treat these individuals.</p> <p><i>1/14 Emerging evidence conference</i></p> <p>This was a presentation on the latest evidence especially in chiropractic.</p> <p><i>4/14 World Conference on Injury and Illness in sport</i></p> <p>This conference was run by the International Olympic Committee and fully embraced a multiple disciplined approach to healthcare. It attracted some of the world's leading experts and was excellently delivered. It included presentations, workshops and poster presentations. All of these were of the highest calibre and was outstanding in terms of delivery.</p>
<p>4.2 I have applied the learning to my practice by:</p>	<p><i>9/13 Making clinical governance work for all conference</i></p> <p>The care pathways for low back and neck pain were very useful as was the self managing outcomes for patients with these conditions.</p>

The exercises were especially useful for my patients.

*11/13 Sports Conference*

It was very interesting but was not of much clinical value to me as I do not treat many patients with disabilities. It has made me more interested in potentially working with this population and I will probably look more into this area of expertise in the future.

*1/14 Emerging evidence conference*

The information on care pathways and the way that it's developing was helpful and how this will affect the overall delivery of healthcare within the medical professions was useful. However, it was more about clinical governance than being specifically about similar professions deal with similar MSK diagnoses.

*4/14 World Conference on Injury and Illness in sport*

Superb congress and I was able to discuss many of the issues with fellow doctors, physiotherapists, osteopaths, psychologists and sports therapists. This congress cemented my learning cycle this year as I learnt a great deal about my area of interest this year.

**Example 4: Learning cycle related to maintaining and improving research knowledge and skills**

*GCC reflection: This example is related to a broader area of professional practice than working directly with patients. However this is clearly linked to the individual’s professional practice. It is a learning cycle clearly focused on a specific topic which appears to be of particular importance for the individual at that point in their professional development.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	Revision of research methodology and practice
2. I plan to meet my learning needs and interests by:	Develop and pilot a research questionnaire within a clinical field
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	<p>9/13 – 3/14 <i>Research</i> – methodology / piloting. 10 hours learning with others and 40 hours learning on my own</p> <p>5/14 – 8/14 <i>Dissertation</i> – writing of dissertation. 5 hours learning with others and 40 hours learning on my own.</p> <p>Total hours spent on learning cycle: 15 hours learning with others and 80 hours learning on my own</p>
4.1 My evaluation of the effectiveness of the learning activities is:	<p><i>Research</i> questionnaire refined and distributed to the target audience. Responses received were monitored and tabulated for further assessment and analysis. A poor response rate meant that the analysis of the results had to be altered. It was a very good process in adapting research methodology.</p> <p>Writing the research-based <i>dissertation</i> provided an opportunity review techniques for the literature review, abstract and discussion. Analysis of the data was required and this then given to statistical analysis with an overall summary of relevance of the data in the given situation. A good way of reviewing with feedback from relevant tutors.</p>

4.2 I have applied the learning to my practice by:

*Research* in practice is playing an ever more important role in the gathering of evidence for chiropractic. Principles reviewed could be of benefit in future research activities and ultimately in the treatment of patients.

*Dissertation* – ability to interpret and analyse reports / papers / journal articles and determine their relevance for day to day practice. The research is awaiting possible publication in a peer reviewed journal.

**Example 5: Learning cycle related to developing knowledge and understanding about the role of nutrition in health and wellbeing**

*GCC reflection: This example relates to a broader topic which might affect a patient’s health and wellbeing. The chiropractor is clear they have an interest in this area of work which they wish to pursue and the learning chosen is designed to take them into a different area in the overall subject of nutrition. The evaluative statements explain this more fully and the application to practice show some of the reasons for this being an important area in this practitioner’s patient base.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	To continue to increase my knowledge and pursue my interests in nutrition which impacts on every patient’s health and wellbeing
2. I plan to meet my learning needs and interests by:	To study a course on the Science of Nutrition with the Open University which I feel will assist and enhance my patient screening and diagnosis and help my chiropractic treatment and to look at any other courses which may interact and add on to this development.
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	On line interactive course The Science of Nutrition with The Open University October - November 2015 12 hours learning with others
4.1 My evaluation of the effectiveness of the learning activities is:  4.2 I have applied the learning to my practice by:	This interactive course covered the science of nutrition which is a subject I had not covered before including the chemistry of digestion and the molecular structure of the food we ingest.  Diet is becoming increasingly important in the health and wellbeing of our patients, so many of them are experiencing digestive problems and disease such as diabetes is on the increase. I feel this will help in guiding patients to look at their diet and habits which in turn will enhance their well being and the effect of their chiropractic care.

### Example 6: Learning cycle related to improving communication with patients

*GCC reflection: This is a clear example of a complete learning cycle where the chiropractor has identified a learning need / interest, thought about how best this might be met, identified a range of generally quite informal means of meeting the learning need / interest, and evaluated the activities in helping them meet their learning need / interest. As in some of the previous examples, more focus could ideally be given in the application sections to support the improvements in practice and / or to identify further learning needs for the future. This is an ideal though not something we require at present.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	To expand my knowledge in being able to communicate more effectively with my patients. This would help me have better rapport with my patients by understanding their needs and helping them achieve their health goals.
2. I plan to meet my learning needs and interests by:	Attend seminars, reading articles and meetings with colleagues
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	11/13 – 08/14 Learning with colleagues and preparation on my own – clinic meetings. 6 hours learning with others and 4 hours learning on my own  06/14 Seminar and homework: Finding your innate voice: speaker fast track program by Carren Smith. 13 hours learning with others and 2 hours learning on my own  7/14 – 8/14 Reading books – Improve your presentation technique. 5 hours learning on my own  Total hours in this learning cycle: 19 hours learning with others and 11 hours learning on my own
4.1 My evaluation of the effectiveness of the learning	Learning with colleagues: it was helpful to discuss different case



**Example 7: Learning cycle related to taping techniques**

*GCC response: This is an interesting example of a complete learning cycle from a chiropractor who identified a learning need / interest related to using taping techniques. The learning activity met the learning need / interest and appears to have been effective in covering the area effectively. However through undertaking the learning activity the chiropractor is able to bring other learning to bear which makes them consider the benefits of applying their learning in practice. In this case the chiropractor evaluates the learning and decides that, whilst what they learnt was interesting and the techniques were useful, there are reasons why they will not be using this approach in practice as they had originally thought. The reasons they provide for this appear well thought through with a clear rationale and we accept a chiropractor’s professional judgment as to whether they will apply their learning or not.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	To learn about taping techniques and how they may be incorporated into chiropractic care
2. I plan to meet my learning needs and interests by:	I plan to attend a seminar on taping techniques and to practice what I have learnt on a colleague.
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	03/14 – 5/14 Workshop / seminar – Kinesio taping fundamentals and advanced. 16 hours learning with others and 20 hours learning on my own.
4.1 My evaluation of the effectiveness of the learning activities is:	This course was an intense and thorough session on the techniques of taping developed by Kenso Kase. I learnt how muscle testing can be used to great effect in identifying injured muscles and where to apply the tape. Areas of skills covered were re-education of the neuromuscular system, prevention of muscle injuries, reduction of pain and swelling. The course tutor was very proficient at teaching the syllabus and gave excellent one to one tuition. The tutor was easy to



<p>4.2 I have applied the learning to my practice by:</p>	<p>approach and answered the questions professionally and considerately. I felt that I was included in all aspects of the class and managed to fulfil the required skills to a good standard. I came away feeling that I had learnt a valuable skill which could be used the next day.</p> <p>On reflection I felt that the cost to benefit ratio did not justify purchasing any of the tape for the few number of patients that I would use this on. I did use a few of the skills on some patients but did not buy any of the tape that was used on the course. Therefore I was not able to use this skill in my practice that I had hoped.</p>
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### Example 8: Learning cycle related to a number of different treatments

*GCC reflection: This is an example of a more complex learning cycle with a number of different aspects. Stage 2 clearly shows that the individual has identified the range of learning they believe will help meet their learning needs and interests and then found activities to do this. It does not however give us information on the specific activities undertaken. An interesting point to emerge from this learning cycle is how the learning has fed into how this chiropractor and their colleague have found how they need to improve how they work together in the interests of patients.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	Need to improve skills to treat / manage radiculopathies Improve acupuncture / dry needling skills Research trigger points / fascia release
2. I plan to meet my learning needs and interests by:	Practise / discuss nerve flossing techniques for various radiculopathies such as median / sciatic / ulva nerve - Attend a dry needling course Reading / research internet relating to trigger point therapy / fascial stretching
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	10/13 One day course on dry needling - 7 hours learning with others 4/14 Discussion / practise ways to treat / manage radiculopathies - 5 hours learning with others and 3 hours learning on my own 9/13 – 7/14 Practical discussing cases / practise techniques - 3 hours learning with others and 1 hour learning on my own 1/14 Reading on trigger point therapy – 5 lots of 3 hours learning on my

	<p>own = 15 hours</p> <p>Total hours in this learning cycle: 15 hours learning with others and 19 hours learning on my own</p>
<p>4.1 My evaluation of the effectiveness of the learning activities is:</p>	<p>One day course on dry needling: This one day course with John Reynolds greatly improved my confidence and proficiency in dry needling / acupuncture with patients.</p> <p>Discussion / practise ways to treat / manage radiculopathies: We discussed and practised the various different ways to treat nerve entrapments. We focused on the technique of nerve flossing and practised it for median / ulna and sciatic nerve. We also discussed other ways of treating this nerve. I also spent time reading about nerve flossing and researching material on the internet relating to this.</p> <p>Practical discussing cases / practise techniques: I have identified a need to discuss with my colleague how manage patients and various techniques we use between us. My colleague and I have spent time discussing and learning new techniques / practising these techniques. We discussed various cases which we see in our clinic and how best each other would treat them. We also discussed and practised exercises for patients and theraband use.</p> <p>Reading: I felt I needed to expand my knowledge on fascial stretching / active release and trigger point therapy as I found I was slightly limited in my use of these techniques in practice. I read / researched Travell and Simon's book on myofascial trigger points and researched release techniques online.</p>
<p>4.2 I have applied the learning to my practice by:</p>	<p>One day course on dry needling: I have begun using more acupuncture</p>

in practice and have found fantastic results with patients.

Discussion / practise ways to treat / manage radiculopathies: I have taken this discussion into practise and given many of my patients with these conditions home exercises of nerve flossing. I have seen good results using this technique.

Practical discussing cases / practise techniques: I have found these discussions to be useful when we are treating patients particularly when we are sharing a patient and we need to keep our techniques consistent for the patient. I have also learnt some new exercises and theraband techniques which has helped me with the management of some conditions.

Reading: I have used many of these techniques in practice and have found it to be of benefit to my patients' recovery of certain conditions.

**Example 9: Learning cycle related to improving knowledge and understanding of dementia**

*GCC reflection: This example is brief but manages to describe clearly the purpose for pursuing this area of study and how it relates to improving the individual practitioner's assessment and care of patients. Given the subject area, which has been chosen because of the increased need in the practice, the practitioner has selected a learning activity applicable to a number of different disciplines so that s/he can improve their knowledge and understanding of symptoms, progression and prognosis of patients with such conditions. The first part of the evaluation is rather weak in that it describes the nature of the course and its content rather than stating how effective the course actually was – this is implied rather than explicit as stands. However overall given the remainder of the learning cycle this was accepted.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	To increase my knowledge of dementia
2. I plan to meet my learning needs and interests by:	Open University course covering the many different aspects of dementia in order to be able to recognise symptoms in patients as people are living longer and patients attending the clinic are doing so at greater ages than before.
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	Dementia – the Many Faces of dementia – March – April 2016 - 8 hours learning with others
4.1 My evaluation of the effectiveness of the learning activities is:	Future learn course with other students to look at familial Alzheimers disease, brain chemistry and other forms of dementia such as Parkinsons, vascular, lewy body and fronto-temporal which affects people

4.2 I have applied the learning to my practice by:

The age of patients attending my clinic is getting older as people live longer more healthy lives. I treat many patients with Parkinsons and early onset Alzheimers and need to learn more about the symptoms, progression and prognosis of these patients.

**Example 10: Learning cycle related to developing knowledge and improving practice in a specific form of treatment**

*GCC reflection: This example sets out clearly what the chiropractor wishes to learn and why, how they plan to meet their learning need, the learning activity undertaken, its length and the dates at which it was undertaken and a clear evaluation of its effectiveness. Overall it is very easy to follow through and understand the reasons for the learning, what has been done and how effective it was in taking practice forward. If we were looking for improvements, we would prefer to have acronyms explained (ie HVLA SMT) and it would be good to have further information on why patients were ‘very pleased’.*

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	Improve understanding of and treatment for lumbar disc derangement and stenosis
2. I plan to meet my learning needs and interests by:	Attend the Cox Technic Seminar
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	Cox Technic Seminar Parts I & II April 2016 – 31 hours learning with others and 10 hours learning on my own
4.1 My evaluation of the effectiveness of the learning activities is:	This was an extremely interesting course. It covered the basics in anatomy and pathophysiology of disc lesions and spinal stenosis. It was also very helpful in guiding me though the essentials of clinical examination and differential diagnosis formulation. The course was very strong on covering the evidence for various modes of treatment for these conditions. There was also plenty of opportunities to get hands-on experience and practice the Cox Flexion-Distracton Technic under the guidance of experts in the field.

4.2 I have applied the learning to my practice by:

I came away from this course with some fantastic new skills to help diagnose and treat lumbar disc derangements and spinal stenotic conditions. I love the way in which very acute patients can be treated effectively without the need for any HVLA SMT. I've been back from the course for a month now and find that my patients are very pleased with this type of treatment. Very pleased to have gained a detailed understanding of this treatment.



### 3.3 What activities are acceptable as CPD?

Any learning and development activity that can reasonably be expected to advance your professional development as a chiropractor or contribute to the development of the profession of chiropractic is acceptable as CPD.

We have found in the past that a few people forget that CPD is about an individual's professional or the profession's learning and development. This has meant that individuals have sought to claim activities as CPD which are not about learning and development or do not appear to be so to us as we have not been sent information on how the activity contributed to learning and development.

We have set out some short examples below to illustrate this point. However in looking at these remember that it is often how the activity is described which is the problem as individuals forget to say how what they have done relates to the advancement of their own professional development or that of the profession's.

Example activity	It might be learning & development if ...	It probably isn't learning and development if ...
Using social media	When you were learning how to use social media you learnt, for example, about how to protect patients' rights in a social media context	You are logging the time you spend tweeting and on Facebook as general activities but do not tell us how you were learning and developing in doing this
Spine checks	When you were running a spine check you came across an interesting patient case, decided to find out more about the condition and then described how this triggered a new learning cycle and the learning within that cycle	You are telling us about the time you spent at a community event offering spine checks but not what you learnt while you were there
Voluntary work	You are undertaking voluntary work for a specific purpose related to your professional learning and development (eg	You are volunteering because you see it as a good thing to do and you don't tell us about how the learning from your volunteering has

Example activity	It might be learning & development if ...	It probably isn't learning and development if ...
	working in a homeless hostel to better understand the healthcare needs of homeless people or acting as a volunteer sports chiropractor to expose yourself to a range of different sports related injuries)	contributed to your professional learning and development
Committee work	If you can show how the committee work that you are doing is helping you develop as a professional or how you as part of the committee is developing the profession (eg developing clinical guidelines on the management of low back pain, gathering information on how chiropractors can best approach gaining and using patient feedback)	If you simply log that you are a member of a committee and do not describe how this contributes to your or the profession's learning and development
Teaching	In terms of preparing for the activity through checking out the latest research, finding new ways of explaining things or new ways of facilitating learning etc, or if during the teaching an interesting idea is proposed and explored which sets you off in thinking about things in new ways	You are repeating a session you have run before or teaching a class where your own learning and development is not taken forward
Gaining practice building information	You are learning about how to provide a better standard of patient	You are finding out how to increase your patient numbers solely

Example activity	It might be learning & development if ...	It probably isn't learning and development if ...
	care and a more patient-focused service	for your business purposes
Visiting exhibition stands at conferences	You discuss the technique / approach that is being advertised on the stand with the stallholder, evaluate its use and are able to explain this in your CPD record.	You wander round the stands briefly noting what is there but with no detailed discussion or thought as to what you are looking at.

### 3.4 Are CPD activities accredited by the GCC?

No. We do not currently accredit activities for CPD nor approve the number of CPD hours advertised on courses or conferences, and we have no intention of doing so in the future. We expect chiropractors to claim CPD hours for those parts of events that they actually attended and from which they learnt.

We do not accredit activities because we believe doing so:

- would potentially restrict the professional learning and development that chiropractors want to undertake and that they will find useful
- would add unnecessary cost to the process.

### 3.5 What about opportunistic learning?

We recognise that some of the learning you undertake will be opportunistic in that you find yourself learning something of relevance to your professional practice that you have not planned but nevertheless you find it to be of value.

For example, you may start to discuss a patient case with a colleague and this triggers off an interesting debate during which you both share learning that is of value to your practice. Or maybe you are scanning through a journal and an article catches your eye that takes your thinking off in a new and unexpected direction.

All of this learning is relevant to your professional practice, as are any additional planned learning cycles beyond those that you detail and submit in your CPD record summary. You can capture this other learning in the 'other CPD' section on your CPD summary.

### 3.6 When should I undertake CPD?

You can choose when you undertake your CPD. Your choice will be influenced by:

- the learning activities you plan to use and when they are available
- how you can best fit your CPD in with running your practice
- personal factors such as family and friends.

We encourage you to spread your CPD out through the year as much as you can as by doing this it will increase gradually and learning and development will just feel like a natural thing to do. You are also less likely to run into problems due to lack of time at the end of the CPD year.

### 3.7 When should I complete my CPD record?

Ideally you should complete your CPD record as you undertake your CPD – think of it as keeping a diary of CPD or like keeping your patient records up-to-date. This will help you remember what you have done and make it more likely that you can demonstrate that you meet the requirements.

We encourage you to complete your CPD online as this should be a simpler system for you and will take out a lot of the trouble of arranging to send us a package by the due date. However you currently have a choice as to whether you prefer to complete your CPD records online or on paper.

#### ***For the future***

Over the coming months we will be researching new ways of improving our online system so that it can be more up-to-date and fit for purpose. For example, we will be looking to use a system in the future which, may let you see a dashboard of how you are doing against the CPD requirements, or will send you automatic reminders about required completion dates or if you have some elements missing. If you have any ideas about how you think the online system should be improved, or if you know of other systems which you found user-friendly, then do tell us.

## 4. Reporting CPD

### 4.1 When do I have to tell the GCC about the CPD I have done?

Near the end of each CPD year we will contact you to ask you about all the CPD you have done during the year, including the amount of learning you have undertaken with others.

You do not have to wait until we ask you to let us know about the CPD you have done. We recommend that you log onto the online CPD tool after each CPD activity to update your record and let us know how much you have done so far. You can log on at any time [here](#).

### 4.2 What evidence of CPD must I provide?

We ask every chiropractor every year to complete a CPD record summary. We will only ask you for further information when what you have initially submitted does not show that all of the criteria have been met.

Every year we also audit the CPD of a percentage of chiropractors to confirm that they can back up with evidence what they have stated on their CPD record summary. If you are to be included in the audit that year, we will let you know by the beginning of August so you have two months in which to provide the information.

### 4.3 How does the GCC check CPD?

We have developed another guidance note that sets out more fully how we check and audit CPD returns. The criteria we use to check CPD returns are developed from the mandatory elements of the CPD scheme. The criteria are shown in the box below.

#### *Criteria for checking CPD returns*

1. The individual has submitted their CPD return by the deadline of 30 September – our CPD year runs from 1 September to 31 August each year so individuals need to submit their forms by the end of the following month which is the last day of September.
2. The CPD record contains all the necessary information. Specifically that the registrant:
  - a. has completed and recorded one complete learning cycle as follows:
    - i. reflecting on and assessing learning needs and interests within the context of professional practice
    - ii. planning how to meet their identified learning needs or interests and recording this in a personal development plan

- iii. undertaking CPD in accordance with the personal development plan
    - iv. evaluating the CPD undertaken and its effectiveness in meeting the learning needs or interests they identified
  - b. has undertaken at least 30 hours of learning, of which at least half – 15 hours – is learning with others
  - c. is claiming activities as CPD which relate to his/her professional learning and development
  - d. has confirmed that the CPD record summary is a fair and true record of their CPD.
3. The CPD record summary that has been submitted changes across years to reflect the changes that will occur in an individual's professional development needs.
4. If a paper CPD record has been submitted, we confirm that it is legible enough for us to check it.

#### **4.4 What happens if I don't comply with the CPD requirements?**

Our guidance on [checking and auditing CPD](#) sets out more information on what we do to check that everyone on the register has undertaken CPD and how we go about this.

We know from experience that nearly all chiropractors undertake more CPD than we require. This means that a lot of the checking that we undertake is to confirm our understanding of what someone has said or our understanding of what is written down. The steps we go through to do this are explained more fully in the other [guidance note](#).

If you don't submit your CPD returns by the end of the CPD year we will send a warning notice to do so immediately. You may be removed from the register without further notice if you don't.

## 5.CPD – what are the main things I need to remember?

- CPD is about your professional learning and development.
- The CPD scheme is flexible and is designed so you can develop yourself in the areas and in the ways that you need or are interested in at that point in your professional life.
- The basic requirements are:
  - You must show how you have undertaken one complete learning cycle in the CPD year
  - You must have undertaken at least 30 hours of learning and development of which at least 15 hours is learning with others.
- Record your CPD as you do it so that you remember it all and you can easily complete your annual return at the end of the year.
- Enjoy your learning and development and its contribution to your professional life!

## 6. Who to contact for more information

For further information, or if you have a question about CPD, please feel free to contact us at:

Registrations Team

General Chiropractic Council

44 Wicklow Street

London

WC1X 9HL

Tel: 020 7713 5155

[cpd@gcc-uk.org](mailto:cpd@gcc-uk.org)

[www.gcc-uk.org](http://www.gcc-uk.org)