

Continuing Professional Development

Guidance for CPD Year 2017/18

Guidance for chiropractors on how to meet our CPD requirements for 2017/18

**General
Chiropractic
Council**



Contents

<i>Section</i>	<i>Contents</i>	<i>Page</i>
1.	<u>Introduction</u>	4
2.	<u>The CPD scheme</u>	5
2.1	<u>What is Continuing Professional Development - CPD?</u>	5
2.2	<u>What are the main elements of the CPD scheme?</u>	5
2.3	<u>Why have requirements?</u>	7
2.4	<u>Who has to undertake CPD?</u>	7
2.5	<u>Is any chiropractor exempt from CPD?</u>	7
2.6	<u>How much CPD do I have to do?</u>	8
2.7	<u>What if I join the register part-way through the year?</u>	8
2.8	<u>Do I have to say if my learning is about improving patient care or developing the profession?</u>	9
3.	<u>Undertaking CPD</u>	10
3.1	<u>How can I make my learning cycles more effective?</u>	10
	<u> What you want to do</u>	10
	<u> How you plan to do it</u>	13
	<u> Doing it</u>	14
	<u> Evaluating it</u>	16
3.2	<u>What are considered to be good examples of learning cycles?</u>	17
3.3	<u>What activities are acceptable as CPD?</u>	39
3.4	<u>Are CPD activities accredited by the CPD?</u>	41
3.5	<u>What about opportunistic learning?</u>	41
3.6	<u>When should I undertake CPD?</u>	41
3.7	<u>When should I complete my CPD record?</u>	42
4.	<u>Reporting CPD</u>	43
4.1	<u>When do I have to tell the GCC about the CPD I have done?</u>	43
4.2	<u>What evidence of CPD must I provide?</u>	43

<i>Section</i>	<i>Contents</i>	<i>Page</i>
4.3	<u>How does the GCC check CPD?</u>	43
4.4	<u>What happens if I don't comply?</u>	44
5.	<u>CPD – what are the main things I need to remember?</u>	45
6.	<u>Who to contact for more information</u>	46
7.	Glossary	47

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 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 take place as a result of a number of activities not only 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, 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 men and women who have very specific healthcare needs.

For all these reasons we think that chiropractors are best placed to determine the learning and development that 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 effective adult development - a learning cycle. 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 every year:
 - a. complete and record one complete learning cycle that includes:
 - i. **reflecting** on and assessing their learning needs and interests within the context of advancing their professional development as a chiropractor or contributing to the development of the profession of chiropractic
 - 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 their 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 around the mandatory elements of the scheme. This means that it focuses specifically on the learning cycle, the hours of learning undertaken in a year, particularly those in which learning has been undertaken with others.

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

If chiropractors do not do this, it might seem that no professional development is taking place or perhaps they were not taking their professional development sufficiently seriously. Usually a different learning need or interest would be included at the start of the learning cycle. However occasionally a chiropractor might have the same learning need in two subsequent years but how they plan to meet that need and the activities they undertake will be different as will their evaluation of the outcome. For example, a registrant who works in education might realise that the evidence base relating to low back pain is developing rapidly and have this as their learning need in two consecutive years, but how they plan to meet that need will change as, for example, new journals are published and new learning opportunities become available.

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 address common issues (such as ongoing issues that arise in fitness to practise cases or the introduction of new legislation).

We plan to consult on this and other changes to the scheme in 2018 prior to seeking any necessary changes to 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 registered with the GCC is required to undertake CPD so they keep their knowledge, skills and competence up-to-date.

Individuals may currently be practising chiropractic or, they may be taking a break from practice and registered as non-practising.

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. Further information and the form you should complete are on our website [\[here\]](#).

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 do need 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

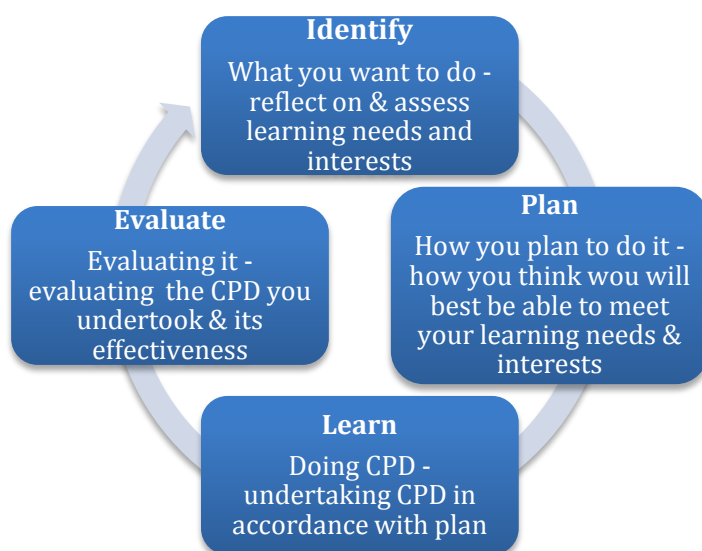
3. Undertaking CPD

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 (ie when you are applying your professional knowledge and skills)
- 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

Your CPD should be driven by what you need or wish to learn to maintain or enhance your professional practice – we call these your learning needs and interests and we define them as follows:

A learning **need** is something an individual:

must learn in order to practise effectively in the future and which will directly enhance their professional knowledge and skills¹.

A learning **interest** is something an individual:

wishes to learn because they expect that it will directly enhance their professional knowledge and skills.

The sorts of things that might help you identify your learning needs and interests are described in a series of questions below.

- Do you have any particular knowledge and/or skill gaps that would be helpful to fill for 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 data protection regulations, or 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?

¹ Professional knowledge and skills are those that a registrant uses when practising the profession of chiropractic to the standards set out in the Code.

- 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

Which patients are currently excluded from chiropractic because, for example, of where they live or their income? How might the profession develop itself to be able to meet the needs of a greater proportion of the population who has health needs which chiropractic could address?

What do you have to do to make connections with the NHS locally so that you can be more effective in partnership working?

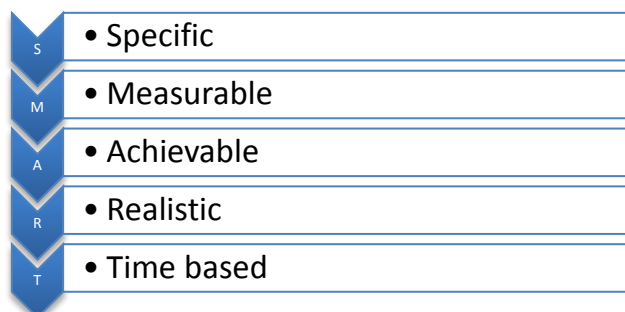
- What are your longer-term goals?

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?

Once you have reflected on and identified your learning needs and interests you need to form them into learning objectives – what it is that you specifically need / wish 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 they tend to be very general with a tendency to be vague so making your learning objectives more specific might help with the rest of your learning cycle. Some examples are given in the table below.

Statements of learning needs/interests that are inadequate	Why inadequate	Example statements that might improve these learning needs
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 improve my knowledge of new

		techniques that might be used in the management of low back pain
Nutrition	Too vague	To search out and evaluate 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.

In 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 ensure that chiropractors receive some feedback from others and are exposed to others' views and this in turn builds confidence in the profession and the public as it means that all chiropractors will be exposed to wider developments.

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

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

Learning and development opportunities	Different forms
Learning on one's own	Reflective practice Distance learning Private study e-learning
Learning with others	Undertaking a specific project with the support of someone else in order to improve one's own knowledge, understanding and skills Learning from others on the job Learning from developing others Formal courses (including MOOCs ²) Role play

² Massive Open Online Courses

	Learning sets ³ Induction Conferences Webinars (in real time and in which there is active engagement of participants)
--	---

We would encourage you 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, although this would not form part of your CPD itself.

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.

³ 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.

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 learning 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.

The CPD record summary has been modified with the aim of enabling 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.

We will continue to identify good practice examples which chiropractors produce and share these with you. 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 patients' posture

GCC reflection: This provides a good example of a complete learning cycle related to educating people about their posture. The learning need identified was driven by the desire to do more for the chiropractors' patients whether this be by education or rehabilitation. Having identified the learning need and having a broad plan as to how to proceed, the registrant identified three forms of relevant learning activities: own research, discussion with more experienced colleague and attending an orthopaedics faculty CPD seminar. From their evaluation of these different learning activities, it is possible to see those that will influence their practice in the short and possibly longer term.

Sections – for the complete learning cycle	Responses				
1. My identified learning needs and interests are:	Having a lot of office workers as patients I see a lot of poor posture, although there are many others who are not office workers who also have poor posture. I have found it hard to educate people in a way that will improve their posture to aid recovery with the chiropractic treatment that is easy to remember and sustain for the patient. Alongside this are there any techniques or rehabilitation that could be implemented to improve this process?				
2. I plan to meet my learning needs and interests by:	I will look into the literature on improving posture and the most effective ways to do this, also speaking to other chiropractors on what they have found works and what is no so effective. I will also look for any CPD that covers this topic to attend.				
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	Date	Learning activity	Hours learning with others	Hours learning on own	Total hours
	17/03/2016	Researching posture	-	3	3

		<p>improvement techniques and different treatment protocols for varying posture issues.</p> <p>Resources used: Journal of Chiropractic Medicine (multiple articles), sciencedirect.com (multiple articles), BCA posture advice page</p>			
	04/05/2016	<p>Discussion with colleague (BW) in regards to a certain patient whose working posture was causing recurring shoulder pain, also general discussion of advice/ideas to help educate patients on their</p>	2	-	2

		responsibility to improve their posture.			
	18/06/2016	Attended a CPD event by the orthopaedics and rehabilitation faculty about current concepts in posture and spinal rehabilitation	7	-	7
	20/06/2016	Reading/research on effectiveness of exercises for spinal rehabilitation with chiropractic treatment. Resources used: Journal of chiropractic medicine (multiple articles).	-	2	2
	12/07/2016	Researching effectiveness of Kinesio taping for assisting spinal	-	3	3

		rehabilitation as a passive method for helping patients who struggle with poor posture. Resources used: sciencedirect.com (multiple articles), American Journal of Clinical Chiropractic (multiple articles)			
4.1 My evaluation of the effectiveness of the learning activities – researching posture - is:	Although there are many articles on improving posture there is not much written about patient education in relation to posture, although some technique ideas were insightful.				
4.2 I have applied the learning on researching posture to my practice by:	I did find some good general advice for patients that is quick and easy to read and understand which can be given to patients after treatment.				
4.1 My evaluation of the effectiveness of the learning activities – discussion with colleague - is:	Very interesting talking to an experienced chiropractor on what she has found works with patients and what doesn't				
4.2 I have applied the learning – discussion with colleague - to my practice by:	New ideas to give to the particular patient with the recurrent shoulder pain in relation to their work.				
4.1 My evaluation of the effectiveness of the learning activities – CPD at orthopaedic faculty - is:	Really interesting course that had excellent theories as well as a practical element that got us all talking and thinking.				
4.2 I have applied the learning – CPD at orthopaedic faculty - to my practice by:	Great orthopaedic tests and exercises demonstrated which will be very useful in practice for patient assessment as well as rehabilitation. Also				

	feeling more confident about patient education.
4.1 My evaluation of the effectiveness of the learning activities – reading on spinal rehab exercises - is:	Although there is some conflicting research, there seems to be reasonable evidence that exercises can be beneficial for patients with lower back pain.
4.2 I have applied the learning – reading on spinal rehab exercises - to my practice by:	Some exercises I found are relevant to cases that I have, but now also have resources ready if I need them in future with other patients.
4.1 My evaluation of the effectiveness of the learning activities – researching effectiveness of kinesio taping - is:	Again I came across some conflicting evidence but found the whole concept a good idea that as a relatively cheap means of helping patients maintain a better posture after treatment is worth a try to find my own results with this concept.
4.2 I have applied the learning – researching effectiveness of kinesio taping - to my practice by:	Although this will not affect my practice straight away as a chiropractor, I believe this is something I wish to do further CPD training/seminar on so that I could use it in future.

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. If we were being very picky, we could ask why the exact seminar noted down appears in the planning stage – but this is not something we would do. 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:	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.

4.2 I have applied the learning to my practice by:

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 the use and effectiveness of acupuncture and dry needling

GCC reflection: This provides a good example of a fairly brief, but highly useful, learning cycle in which the registrant is exploring the use and effectiveness of different types of acupuncture and dry needling either by other healthcare practitioners (eg through referral) or in the longer term by themselves. There is a clear specification of each stage of the learning cycle and the practitioner's evaluation of the two forms of learning activities used clearly reveals how the two forms of learning have worked well together. It also shows how the practitioner might choose to develop themselves in the longer term but the learning has shown this not to be a priority for them at this stage.

Sections – for the complete learning cycle	Responses					
1. My identified learning needs and interests are:	Acupuncture and dry needling in a clinical setting - identity, usefulness, efficacy, whether I feel able to recommend patients for acupuncture, whether I should consider learning the skill myself					
2. I plan to meet my learning needs and interests by:	Private research into what needling is, what the difference is between western and traditional acupuncture, what it claims to be able to affect, whether the evidence is there to support its use. Also attending a seminar about the same.					
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	Learning activity	Dates	Hours learning with others	Hours learning on own	Total hours	
	Private research	Acupuncture/dry needling	01/16 – 05/16	-	4	4
	Seminar	Acupuncture Research Summary Evening	03/16	2	-	2

	<i>Total hours</i>	2	4	6
<p>4.1 My evaluation of the effectiveness of the learning activities – private research - is:</p> <p>4.2 I have applied the learning – private research - to my practice by:</p>	<p>Researching into current evidence surrounding acupuncture, as well as investigating the different types of acupuncture on offer, what they purport to treat and whether they are effective in doing so. Research conducted primarily through the PubMed database, but also through careful online search and discussion with fellow professionals. Evidence found to be very sketchy, and communication with acupuncturists and chiropractors who use dry needling seems to support the fact that it works really well for some people, but it can be very hard to predict who will respond.</p> <p>If I am struggling to achieve the desired results through my normal treatment methods, or if a patient is offered acupuncture through the NHS, then I would recommend them trialling the treatment. As for whether I would learn the technique myself, it will almost certainly be something I do pursue in the future, but there are probably other more important areas to cover first as it is not likely to be something I use on a frequent basis.</p>			
<p>4.1 My evaluation of the effectiveness of the learning activities – seminar - is:</p> <p>4.2 I have applied the learning – seminar - to my practice by:</p>	<p>Seminar given through the Royal College of Chiropractors into the current research around acupuncture. Extremely informative event, encompassing a brief description of the different types of acupuncture, and describing the problems with trying to conduct research into the efficacy of acupuncture. Comes down to the individual variances in patients and practitioner - what works really well for one person may not work for another, and there is almost no consistency in the type of acupuncture used or which points are needed, making direct comparisons almost impossible.</p> <p>On the basis of this event, I will now strongly recommend patients try acupuncture if it is offered through the NHS referral routes, particularly for disorders such as arthritis affecting the knee, but I may be less inclined to</p>			

refer outside the NHS unless I am sure the person I am referring them to is suitable. It may or may not relieve their symptoms, but it is worth a try as long as it is conducted in a safe and hygienic manner.

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:	<p>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</p> <p>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</p> <p>7/14 – 8/14 Reading books – Improve your presentation technique. 5 hours learning on my own</p> <p>Total hours in this learning cycle: 19 hours learning with others and 11 hours learning on my own</p>
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>
---	---

Example 8: 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 9: Learning cycle related to understanding NHS referral systems

GCC reflection: This provides a good example of an overall learning cycle in which the chiropractor is interested in understanding more about the broader healthcare system in which they practise and how this affects their patients and the advice that they are able to give them. It is simple, yet complete, in nature and relates to informal learning with others – talking to local GPs. It also reveals that there was additional learning which ensued by both the chiropractor and the GP.

Sections – for the complete learning cycle	Responses
1. My identified learning needs and interests are:	I have identified within my own practice, a lack of knowledge in the up to date time scales, procedures and routes that a patient may undergo following referral. I have found I have been asked many questions by patients when discussing referral, that I find it difficult to give solid answers.
2. I plan to meet my learning needs and interests by:	I aim to contact local GPs in my area, to discuss the areas I have identified above: things like waiting times for certain procedures, the path that a patient would take through the NHS system, the types of treatment that are available. Also any lectures or courses that may be available during the CPD year.
3. I have undertaken the following learning activities to meet the learning needs and interests set out in section 2:	Nov 2015 – July 2016 Interactive Discussion meetings with local GP - What happens to a patient pre and post referral 16 hours learning with others
4.1 My evaluation of the effectiveness of the learning activities is:	I have found these discussions invaluable, I have learned a lot more than I was expecting, not only current waiting times for patients and the route that a patient would take through the NHS system relating to

<p>4.2 I have applied the learning to my practice by:</p>	<p>different types of conditions. We discussed many presentations of conditions that the GP's are faced with on a daily basis. It has given me a much better idea of how the NHS system works. Also it has given the GP's a much more informed view of the chiropractic profession.</p> <p>The wider knowledge of how the NHS system works has made it easier when communicating with patients. It has also helped me to identify some conditions that I may have other wise overlooked. I feel that this has improved the care that I provide for the patients that I see.</p>
---	---

The following two sample learning cycles have been provided to show how peer discussion can be included in your learning.

Example 1: Learning cycle related to improving history taking for a new graduate

Sections – for the complete learning cycle	Responses
My identified learning needs and interests are:	<p>On occasion I have realised that information I could (or should) have obtained during the initial history taking of a patient was missed. This has come to light on a small number of occasions and I believe reflects my inexperience as a new graduate.</p> <p>I am concerned that I may be rushing my history taking and missing relevant information. I don't want to develop a lax attitude to this aspect of my clinical practice as I know it is vital to building a rapport and having an accurate diagnosis. However, I am not sure if this is a time management issue or an issue of poor questioning.</p>
I plan to meet my learning needs and interests by:	<p>Having discussed my concerns with an experienced colleague we decided it would be beneficial for me to be observed conducting the history in a new patient visit and for me to observe my colleague. We have agreed to conduct these observations in the following way:</p> <ol style="list-style-type: none"> 1. Colleague will observe my practice 2. Meet and discuss observation 3. Observe colleague's practice 4. Meet and discuss observation 5. Develop a personal development plan, reflect on current practice and set goals for improvement 6. Use literature and further observations of other colleagues to help inform my own practice

	<ol style="list-style-type: none"> 7. Be observed by colleague again 8. Meet and discuss improvements/areas of weakness 9. Repeat PDP if required
My evaluation of the effectiveness of the learning activity is:	The observations, discussions and feedback helped me identify key areas where I could improve my history taking. These were time management, previous medical history and medications. What became apparent is that I do not probe into a patient's past medical history enough. The clinic is in an area where the majority of our patients are elderly and generally have several pre-existing conditions. I need to ensure I ask questions in the correct way to gather all the relevant information and not accept their first answer at face value. This means I need to allow more time on these areas of the history to ensure I gather all the necessary information.
I have applied the learning to my practice by:	Through the observations and peer discussions I have been able to improve my history taking skills and can manage my time more effectively during the appointment. I feel more confident in being able to elicit information from the patient in the history and this in turn has helped my overall management of their complaint.

Example 2: Learning cycle related to taking clinical and medical histories in pregnant patients

Sections – for the complete learning cycle	Responses
My identified learning needs and interests are:	I feel that I am less efficient at taking clinical and medical histories in pregnant patients. The presenting complaint of their primary complaint is accurate and effective; however, with the multitude of possible co-morbidities I am concerned that I may not be asking sufficient questions to truly consider them all.
I plan to meet my learning needs and interests by:	<p>I will discuss my concerns with a more experienced clinician, one who has a particular interest and experience in dealing with pregnant patients. We will address these concerns and potential weaknesses in the following ways:</p> <p>We will discuss my current practices, where I feel my weaknesses lie and why this is the case.</p> <p>They will observe my history taking of a pregnant patient.</p> <p>We will discuss this encounter, my technique and skills, and also consider some potential strategies to enhance my history taking skills.</p> <p>I will review the literature on communication skills and look for specific texts on history taking in pregnancy.</p> <p>I will then practice these skills prior to being observed again for further development.</p>
My evaluation of the effectiveness of the learning activity is:	<p>Following these activities, I feel much more confident and reassured in my history taking skills. I have a much more robust logic and approach and as such feel that all possible comorbidities are now considered.</p> <p>I believe a key factor in my skills development came from the discussions and mentoring I received from my colleague. These meetings highlighted key areas and</p>

	questions to ask all pregnant women as well as exploring specific pregnancy related conditions, the questions to ask and the symptoms to be aware of.
I have applied the learning to my practice by:	I now employ these skills when taking a history from a pregnant patient in clinic leading to a more thorough and efficient history being taken and more appropriate management decisions being made.

3.3 What activities are acceptable as CPD?

CPD is any learning and development activity that can reasonably be expected to be in the context of:

- advancing your professional development as a chiropractor, or
- contributing to the development of the profession of chiropractic. This category is about learning which involves research and taking the profession forward. It includes those activities which do not directly impact on a chiropractor's own patients but which will inform the profession and improve the clinical skills of other professionals.

For most chiropractors CPD will be focused on your learning and development as a healthcare professional. If you include learning activities in your CPD return that do not clearly relate this, 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.

Contributing to the development of the profession is most likely to be relevant to individuals who are working in an educational capacity (eg lecturer, mentor) or undertaking research (either in a research post or undertaking specific research programmes). We would normally only expect those who work in education or are involved in, or actively undertaking, research to be contributing to the development of the profession of chiropractic.

We have found in the past that a few people forget that CPD is about their own professional learning and development or about informing the development of other professionals. This has meant that individuals have sought to claim activities as CPD that are not about learning and development or, the information submitted to us does not clearly explain how it is related to their learning and development.

We have set out some short examples below to illustrate this point, which are based on previous submissions and given here to show why they may not meet our CPD requirements.

Example activity	Why it probably isn't acceptable learning and development
Data protection	You just find the subject fascinating and like hearing about the latest scams. It would only be acceptable when it is relatable to The Code and guidance
Using social media	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	You are telling us about the time you spent at a community event offering spine check.

Example activity	Why it probably isn't acceptable learning and development
Voluntary work	While laudable, voluntary work is not a learning activity for you, as you are using your chiropractic knowledge and skills as you normally would in the practice setting.
Committee work	If you simply log that you are a member of a committee and do not describe how this contributes to learning and development we will not accept it.
Teaching	Teaching is generally not a learning activity for the teacher as they are simply imparting information they already know. However, there may be times when you are preparing new materials to teach a new area which involves the person in learning and development.
Gaining practice building information	You are finding out how to increase your patient numbers solely for your business purposes
Visiting exhibition stands at conferences	You wander round the stands briefly seeing what is there but do not enter into detailed discussion or think deeply about 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 and from this learning results.

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 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.

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. We provide details of what the evidence must include on our website [[here](#)].

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.

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.
 - You must tell us the CPD you have done by completing the CPD form by the end of September each year.
- 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

registrations@gcc-uk.org

www.gcc-uk.org

7. Glossary

Term	Definition
Continuing Professional Development - CPD	“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”. (GCC CPD Rules, 2004)
Learning cycle	<p>A full circle of professional learning through identification, planning, doing and evaluation. There are four stages in a full learning cycle:</p> <ul style="list-style-type: none">• identifying what you want to do - reflecting on and assessing your learning needs and interests within the context of your professional practice (ie when you are applying your professional knowledge and skills)• planning how you meet your identified learning needs or interests and recording this• learning - doing CPD in accordance with your plan• evaluating your learning (ie what you have undertaken and its effectiveness in meeting the learning needs or interests you identified).
Learning interest	Something an individual wishes to learn because they expect that it will directly enhance their professional knowledge and skills.
Learning need	Something an individual must learn in order to practise effectively in the future and which will directly enhance their professional knowledge and skills
Developing the profession	<p>Contributing to the development of the profession should either be:</p> <ol style="list-style-type: none">1. Training for a role that aids development of other chiropractors, but which is not part of that role <i>This would include courses associated with a role in education or a mentor to other registrants</i>2. Learning that aims to improve the obtainability or quality of chiropractic services by patients <i>Commissioning for NHS, patient triage into NHS services</i>3. Research, or training in research skills, aimed at

adding to the knowledge base of chiropractic; or

4. Learning aimed at improving a registrant's performance for a position they hold within the profession, but is not the performance of that position itself and is outside of normal professional practice.

This would include training for a role on one of the GCC's committees or professional associations or those undertaking the role of expert witness.

Advancing a registrants professional development

Learning that could reasonably be expected to advance a registrant's professional development is learning expected to increase the registrant's professional knowledge and/ or improve their professional skills in the context of [The Code](#).