The British Psychological Society

hcpc health & care professions council

## CPD profile

**1.1 Profession:** Health Psychologist, (NHS Grade 8B).

**1.2 CPD number:** **CPDXXX**

### 2. Summary of recent work/practice

Over the past three years, I have been working in the NHS across adult diabetes and cardiology services, providing a range of services to both patients and secondary care staff. I am responsible for providing a highly specialist clinical service to adults who have types 1 and 2 diabetes and to adults with coronary heart disease (CHD).

Typically, the focus of my work is on improving health outcomes, and this commonly involves addressing significant psychological distress. This includes conducting individual assessments of presenting problems and of risk; developing formulations, and delivering a range of therapeutic interventions, as well as assessing their impact and adjusting as appropriate. As a health psychologist I draw upon a variety of models and theories depending upon the client's presenting need and situation. I am also responsible for the design; delivery, and ethical conduct of group-level interventions to adults with diabetes and cardiac conditions. Individual and group level interventions are highly complex and are often designed and delivered in an absence of national clinical guidelines, and of substantial high quality research such as large scale randomised controlled trials.

I am responsible for liaising with colleagues in the healthcare system about on-going medical treatments which commonly influence psychological work, and vice versa. As an independent practitioner, I am responsible for all case management decisions, including negotiations about when contact should discontinue. I am also responsible for informing medical, nursing and other colleagues about the outcomes of assessments, guidance about the provision of psychological therapy and about the success or failure of treatments. I am overall supervisor for health psychology trainees, and supervise other applied psychologists and colleagues from other health professions on the psychological management of cases within diabetes and cardiac services. I design and deliver a range of training programmes on the interface between psychology and self-management of chronic conditions to health professionals including medical consultants and doctors in training; specialist and practice nurses; physiotherapists; dieticians, and podiatrists.

322 words (Maximum 500 words)

## 3. Personal statement

I keep a CPD log detailing all relevant professional activities. Every year, this forms part of the basis for my annual appraisal with my line manager. During discussions, one of the key topics covered is whether or not I succeeded in meeting the CPD goals of the previous year – which I did.

Evidence 1 of this CPD profile contains the information from my CPD log for the period under review together with supporting evidence.

**Standard 2: A registrant must identify that their CPD activities are a mixture of learning activities relevant to current or future practice.**

Over the last two years I have participated in a range of CPD activities, including monthly two-hour peer-supervision meetings with a small number of applied psychology colleagues wherein the focus was generally case management. This group contained applied psychologists with a range of expertise and experience. In-between times, I have had frequent discussions with senior colleagues about case management where necessary.

The medical departments in which I work both have monthly CPD meetings which are multi-disciplinary in nature and are helpful in keeping up to date with developments in the fields of diabetes and cardiac medicine [see evidence 2 for minutes of meetings]. The Psychology Department also has a monthly CPD event which I attend – this can be a presentation on research; audit; teaching and training, or on a complex case [Evidence 3]. I have read a range of journals (as a teaching hospital we have access to many), formally subscribing to two [Evidence 4].

I have attended conferences annually over the last two years, including the Division of Health Psychology Annual Conference and the British Association of Behavioural and Cognitive Psychotherapies (BABCP) Annual Conference [Evidence 5/6]. At the latter, I attended a master class workshop on applying acceptance and commitment therapy to adults with medical conditions. As part of my professional development, I have periodically shadowed my lead psychologist to various professional meetings across the hospital. Additionally I have presented my work at conferences and within relevant publications [Evidence 7].

Service users are anyone who directly or indirectly is affected by my practice. For my practice, service users could include staff, members of the research community, patient groups, health professionals, members of the public.

**Standard 3: A registrant must seek to ensure that their CPD has contributed to the quality of their practice and service delivery.**

**Standard 4. A registrant must seek to ensure that their CPD benefits the service user.**

I feel the CPD activities I have undertaken over the past two years have been complimentary and have significantly improved my practice. Importantly, they link to my Knowledge and Skills Framework appraisals thereby facilitating my professional development in all core dimensions. Consequently, almost always CPD areas are planned in advance at my annual appraisal [Evidence 8] with my manager and thereafter suitable events and experiences are targeted.

## Peer Supervision

Peer supervision [Evidence 9] in particular has helped me to resolve difficulties within my individual casework sooner than was previously the case (one of my goals at my last appraisal). Peer supervision, I feel, is one of the main drivers of my professional development. It is inherently reflective. I reflect deeply on my clinical practice with specific patients before presenting cases to my supervision group and greatly appreciate the suggestions of my peers about overall case management and pertinent psychological processes. Likewise, reflecting on and discussing the cases of others also helps me to further develop my knowledge and skills. It is within this setting that my colleagues and I reflect upon my efforts to use somewhat new approaches to clinical problems. One example over recent times was my use of acceptance and commitment therapeutic approaches following attending the BABCP master class. Supervision provided a forum to share knowledge acquired and to discuss how the application of acceptance and commitment therapeutic approaches could benefit to service users and how it fits in with existing practice. The benefits to practice include a greater scope of skills to work with client issues and for service users additional methods to reduce psychological distress and facilitate management of their physical health condition.

## Multi-disciplinary CPD meetings

These meetings have proved invaluable to both facilitating multi-disciplinary team (MDT) working and in optimising the provision of services to patients. These CPD meetings [Evidence 10] have helped me to keep up to date with recent developments and evidence-based practice in a range of health care professions including medicine; nursing; physiotherapy; occupational therapy; dietetics, and podiatry. This cross-fertilisation process has helped all professions better understand each other, and I feel has consequently improved patient care through more co-working at individual and group-level. For example, I now facilitate along with nursing; dietetic, and podiatry staff the educational group for newly diagnosed type 2 patients. This has allowed the introduction of psychological self-care to people with diabetes at a much earlier stage of overall care provision, and allowed patients to develop knowledge of effective behaviour change strategies. This did not occur prior to my involvement in these educational classes.

## BPS Division of Health Psychology (DHP) Annual Conference

I found the annual DHP conference [Evidence 5] an important forum to share knowledge and experience in the field of health psychology, both formally and informally. As well as being able to read and listen to current/recent research in the field was is an excellent opportunity to be able to discuss findings in more depth. This year there was a symposium on diabetes and a key note lecture on coronary heart disease, both of which were very informative. This meant that I was able to keep up to date with research in my field as inevitably there is a significant delay in the process of completing and then publishing journal articles. My attendance of the conference has benefitted service users in that their treatment continues to be evidence-based and aimed at maintaining positive health outcomes. For example, I am better able to address service users' misconceptions regarding their diagnosis and treatment which helps to encourage their adherence to medication, and reduces the risk of potential complications or readmissions to hospital.

**Service evaluation**

As indicated previously, I routinely evaluate the effects of group interventions using standard psychological and biological measures, and this is also the case for my work with individual patients. In fact, I am now taking more of a lead role in designing group level interventions for patients, some of which are based around intervention models that I have received advanced training in, including acceptance commitment therapy. Early signs are that the groups are accessible and effective. This is valuable both to my personal practice, colleagues, and to the service as a whole. It is helping to identify what is currently working well as well as any potential gaps in service provision. In terms of the service, such outcome data shows that the service makes a difference and can help to secure future funding and service development. This has been beneficial to colleagues who have learnt more about the role and value of psychology within the service. Other service evaluation has enabled group programmes to be shortened by one week whilst continuing to cover the content of a standard length programme, this has been particularly beneficial to patients who now have a reduced waiting times due to the impact this has had upon efficiency as well incurring cost savings.

**Journals/relevant reading**

I have read a number of articles over the last two years [Evidence 4] to inform my practice as well in preparation for any teaching I have delivered. For example, I have recently read a meta-analysis considering the impact of gender differences on outcomes [Evidence 11] (Psychological Treatment (PT) of Cardiac patients: a meta-analysis; Linden, W., Phillips, M.J., Leclerc. (2007) European Heart Journal, 28, 2972-2984). This has helped to inform my thinking around individual differences and how different groups may respond to information. For example, whilst men may respond well to direct advice about required lifestyle changes, evidence suggests that women do not. This is of benefit to service users because I am able to tailor my approach based upon this research to the needs of individual service users, with the aim of encouraging those service users to make lifestyle changes (in conjunction with other psychological interventions) which in turn reduces their risk of a further cardiac event. I am currently working on ways to incorporate this and other aspects of current research in to my clinical practice with individuals and groups.

1407 words (Maximum 1500 words)

## 4. Summary of supporting evidence submitted

| Evidence number | Brief description of evidence | Number of pages, or description of evidence format | CPD standards that this evidence relates to |
|---|---|---|---|
| 1 | Record of CPD activities | 3 pages<br>Hard Copy | 1, 2 & 4 |
| 2 | CPD meeting notes | 12 pages<br>Hard Copy | 2, 3 & 4 |
| 3 | List of departmental CPD events | 2 pages ard Copy | 2, 3 & 4 |
| 4 | List of articles read | 2 pages<br>Electronic CD | 2, 3 & 4 |
| 5 | Certificate of attendance at DHP conference | 1 page hard copy | 2 & 3 |
| 6 | Certificate of attendance at BABCP conference | 1 page hard copy | 2 & 3 |
| 7 | Photocopy from abstracts book confirming presentations and publications | 3 pages Hard Copy | 2 & 3 |
| 8 | Copy of appraisal with my manager | 1 page<br>Electronic CD | 2, 3 & 4 |
| 9 | Meeting notes- peer supervision | Electronic CD | 2, 3 & 4 |
| 10 | MDT meeting notes | Electronic CD | 2, 3 & 4 |
| 11 | Copy of Abstract for journal article | 1 pages hard copy | 2, 3 & 4 |