Studying for academic awards can only provide a valuable base line for learning and that knowledge base is only relevant at the time you achieve your qualification. The world is changing rapidly and in order to ensure that the highest standards of practice are achieved it is essential for professionals to continue to develop professionally throughout their careers.

These concepts are not new, however, the emphasis is on systematic development and the provision of evidence. I truly believe that OT’s are reflective people, we have to be by the very nature of our work but the important and often neglected part of reflective practice is the evidencing of this reflection and the subsequent changes in practice and result (Fenech 1999). Continuing Professional Development (CPD) is about:

- Career Development
- Improving the quality of practice
- Expanding your domain of competence
- Facilitating changes in practice
- Quality assurance for the users of your service and the people who pay your salary.

CPD which is driven by a personal development plan can be defined as: ‘The maintenance and enhancement of the knowledge, expertise and competence of professionals throughout their careers according to a plan formulated with regard to the needs of the professional, employer, the profession and society’ (Madden and Mitchell 1993).

At the end of the day the responsibility for maintaining our competence to practice, upgrading our skills and offering client centre practice rests firmly with you and I (the individual). Support can however be achieved from the MAOT, your employer, peer group, manager or mentor. CPD should not be seen as an additional activity but as an integral part of your professional career.

Don’t just think that CPD is all about going on courses! People have individual learning styles and may not learn effectively sitting in a seminar room. In the 10th issue of the MAOT journal there were many OT’s writing up their CPD experiences for others to share. There were a couple of people writing up research papers, which may or may not have been the result of a course (Brincat 2002, Cachia 2002, Bondin 2002).
Experiential learning has been proved to be an effective form of learning, learning by experience as in the case of Calleja 2002 writing up a shadowing experience where much learning was gained from working in another service for a short while. We learn just as much from our mistakes as our successes. CPD will also improve your employability. Employers are now looking for professional who are self directed.

What is Competence?
According to Merriam-Webster’s Collegiate Dictionary, the non-competence first appeared in 1632. It is defined as:

- A sufficiency of means for the necessities and conveniences of life,
- The quality or state of being competent,
- the knowledge that enables a person to understand.

The word competent appeared earlier in the 15th Century, and is defined as:
1. Proper or rightly pertinent,
2. having requisite or adequate ability or qualities,
3. legally qualified or adequate,
4. having the capacity to function or develop in a particular way.

Therefore, to demonstrate competence an occupational therapist must have pertinent skills to the job, which he or she is doing. These skills must be adequate to the task, showing the capacity to understand, function and develop.

The dictionary says nothing about skills having to be up to date, however, studies by Watkins (1992) and later by Henwood (1994) suggest that competency regresses in the years following training. The skills may be superseded by new developments or become obsolete.

Professional competency is therefore a perishable commodity with initial registration qualifications being only the first step towards continuous learning and attainment of knowledge.

What is the point of CPD for you?
- A reminder of what you have achieved.
- Employers are now looking for professional who are self directed.
- Evidence of transferable skills to take you to another job.
• To reduce the chance element of employing a new member of staff whilst ensuring that your new job requires and appreciates your skills.

• To ensure that the service that you give to your users, clients or patients is based on the evidence, is of the highest quality possible, uses the most up to date methods and is the most appropriate for them.

• To allow you time for clinical reasoning.

• To give you credibility with your multi-disciplinary colleagues who also practice CPD.

• To deepen your knowledge of occupational therapy and related issues.

• To prevent burnout and ensure that occupational therapy remains meaningful and satisfying throughout your career.

• CPD is flexible and tailored around your needs and interests.

• CPD is an investment in your future and the future of your profession.

• To ensure that your development is given a status of importance rather than being sidelined by pressure of work.

• To provide you with a source of information that is easily accessible.

• To keep your CV up to date.

• To provide evidence for future registration.

• To enhance reflective practice.

• It is good practice.

• To enable you to keep up to date and to maintain skills which are necessary for you to carry out your job.

• To create an up-to-date record to use when applying for jobs, secondments, courses.

• To assist you when you attend development meetings with your manager. (COT 1999)

MENTORS

It would be useful to consider whether you need someone to share your ideas with; to help you think through the options; to give you honest answers; to encourage you when you need it. Do you have email? Then why be constrained to a mentor within Malta and Gozo?

A mentor is likely to be someone in a senior or similar position to you, but should not be your line manager (because of a possible conflict of interest). A mentor’s role is what you want it to be and what you agree it to be with your mentor. So the first thing to do, is review your skills and then look at where your career is going and what you need to prepare for or develop to improve in your current job or apply for a more senior post or move sideways into a different clinical area.
Self Review
The introduction to your portfolio, which can also be used as a learning contract with your mentor, may include the answers to the following questions:

- What is your experience to date?
- What are your current strengths and weaknesses in relation to your post and your future?
- What are your skills, and what skills are needed to fulfil your post?
- What is your style of communication, of doing things?
- What type of staff do you work with on a daily basis, and in what capacity?
- Where do you fit in the team’s structure?
- Where is the team heading in the future, what is its strategy?
- What systems of doing things, for example, home visits, booking appointments, do you use, are they effective?
- What are the shared values of the team, what are they there for?
- Where do you want to be (what level of skill/knowledge do you need to attain)?
- How will you get there (plan/strategy)?
- How will you know when you get there (what evidence can you produce to show your improvement)?

Development Plan
Having assessed your needs you can now draw up a development plan. This involves deciding what you want to achieve in the life of the plan (your objectives) and the actions that you will take to get there. You will find that no more than 10 objectives will be enough to cope with, and remember to select actions that are realistic (within the time and resources available) and achievable.

Do not place much reliance on others doing things for you; their actions often involve them giving up time for you and time is scarce!

It might help you to plan development objectives by breaking your thinking into three areas – personal, managerial and clinical. Try to spread your objectives across these three – it does not help to stay solely within the one that you might describe as your “comfort zone”

Having decided on your objectives, you now need to decide what methods you will adopt to achieve your goals. Continuing Professional Development can be carried out in a formal or an informal way i.e. speaking at meetings and/or conferences; project work/ research and writing reports; coaching /
mentoring others; secondments/job swap/ visits to other organisations private study – such as general reading; accessing clinical databases; or the Internet and fieldwork education.

Whichever methods you use you should keep a record of your development: ‘create a portfolio’. A portfolio is simply a file that you use to record your development work. It will hold your development plan and all the evidence that you are creating to show that you really are developing. There is no set recipe for a portfolio; it can be as detailed as you decide to make it. Evidence can vary and will be discussed in what events count as evidence, what to put into your portfolio and how to develop evidence for your portfolio.

**Monitoring your CPD**

Your development portfolio will enable you to assess how well you are achieving your objectives. It is important that you review your development activities frequently – discussing your plan with your mentor, using your portfolio as a working tool, may be the best way of doing this.

The review process will allow you to see whether particular development methods are causing you problems: whether there are particular blockages, such as individuals; or perhaps you are not able to access certain opportunities and need help.

This review process will allow you to instigate the necessary actions to allow you to continue towards the objectives in your plan. For this reason, the review process must be a regular one. Plans for next year’s CPD will be based on experiences from the past combined with realistic plans for the future, taking into account your changing personal circumstances. Refer back to your long-term goals and decide whether you have taken steps towards them, and how relevant they still are. CPD should be a fluid process.

**WHAT IS A PORTFOLIO?**

Chambers Concise Dictionary (1991) defines a ‘portfolio’ quite simply as a collection of papers. For a long time, portfolios have been used as a method of marketing the level of skill attainment and, therefore, the potential of an individual to undertake a task. It is an investment for an individual to collect and collate evidence of the level of competence that he/she has achieved in a structured form so that it can be presented to anyone with an interest in the person’s skills and abilities. Brown (1992) defines a portfolio as a ‘collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement.’
Comments from a radiography manager about the effects of their staff portfolios include: "Continuing professional development is essential for respect by other professions. I get more from those staff involved in continuing professional development, and they get more from the job. It helps the efficiency of the department no matter how small" (Castle 1997)

Creating a Portfolio
The structure of your portfolio will differ according to your experience and career path to date. However, generally, your portfolio should contain:

1. A title page
2. An index (optional but effective)
3. An up to date curriculum vitae (CV)
4. References
5. Achievements: transcripts of projects, certificates, volunteer service
6. Work examples and reflections:
   - Examples of your abilities as they apply to your field. Documentation, which supports your learning outcomes.
   - Turn your experiences of fieldwork placement, or teaching projects, into materials for your reflective portfolio.
   - Subject outline for each subject for which Accreditation of Prior Experiential Learning (APEL) is requested.
7. A development plan
8. A written summary of your learning outcomes.

What to put into a Portfolio
The process of producing a portfolio is likely to start with a self-review and a CV, a history of your education and employment. A portfolio, however, needs to be much more explicit about the learning that has occurred. The CV only details the event, not what was learnt from them. The CV does not state how events assisted in personal or professional development, how they enhanced competence to practice or how they improved services to clients. It is also important to note that learning can occur through failure.

Reflecting on practice, questions might include:

- What was the nature of the experience or event?
- What aspect of the event went well or what was good about the experience?
- What did not go so well or was not so good?
- What were your feelings of others?
- What have I learnt from the experience?
- What did the others think I should learn?
- What do I need to do next?
• How can I use what I have learnt in professional practice? Honey and Mumford (1986)

Learning is best done as a deliberate, conscious process, perhaps using a learning log which entails:
• Thinking over the experience and selecting the part that is significant and/or important
• Writing a detailed account of what happened without specifying what was learnt
• Listing the conclusions reached as a result of the experience.
• These conclusions become the learning points, deciding how to use the learning that has occurred.

You may be concerned about having personal observations; reflections and emerging insights open to scrutiny in a portfolio. One way of resolving this dilemma is to divide the portfolio into two parts: the first to be personal and accessed only by the individual and the second to contain selected material that provides evidence of learning and personal development, which you are prepared to share.

**Your development plan**

Your development plan is just that – a plan. You are more likely to be successful in reaching your goals and objectives if you have a plan. It may be clearer to present this as follows:

**Key result areas on your job description**
- To establish and provide an evidence-based occupational therapy service to.....

**Skills needed to develop in these areas**
- Supervision
- Clinical skills, for example, knowledge of normal movement

**IPR and CPD objectives**
- Gain confidence in supervising assistant staff

**Prior learning completed/experiences**
- Fieldworker educators course at....
- 3student occupational therapist from...

**Suggestions of how to gain development**
- Arrange to shadow or talk to a relevant person

**Evidence that this objective is achieved**
- Shadowed neurological occupational therapist.
Learning Outcomes/Reflections

Your ‘learning outcomes’ indicate what you have learnt. Not just what experiences you have had, but what you have learnt as a result of your experiences. No one can read what is in your mind or evaluate your intuitive knowledge. Documentary evidence of attendance alone cannot explain your knowledge. On of the ways experiential learning may be presented is through well written portfolios. Credit for CPD cannot be awarded for experience alone, nor can the assessor assume what you know as a result of a given experience.

Regardless of the particular subject being discussed, your reflection document should include:

- Your experience of the subject prior to the learning experience
- How the knowledge was acquired
- How the knowledge was applied and used
- A description of your learning outcomes
- Evidence of your processing and reflecting upon the knowledge.

The reader is looking for evidence that you have interacted with the knowledge and, in doing so, gained an understanding of it. This evidence of mental processing may take the form of explaining the subject, critiquing it, rearranging it or combining it with other knowledge on the subject. Show evidence of generalisation and conceptualisation, that is, being able to put it into practice in another situation or context. Discuss how you might apply or use your knowledge in the future, giving examples if you already have some.

References