**Rehabilitation Workers Professional Network**

**Continuing Professional Development (CPD) Scheme**

**Underlying principles of the scheme**

1. CPD is mandatory for all RWPN registered vision impairment specialists (whether Vision Rehabilitation Specialists or Vision Habilitation Specialists). Pre-qualifying students are exempt from this requirement. Registrants must maintain a continuous, up-to-date and accurate record of their CPD activities. By undertaking a portfolio of CPD, a registrant is demonstrating their commitment to their profession as required by their National Occupational Standards (NOS) and by the professional body's Code of Ethics and Professional Conduct. The NOS and Code of Ethics and Professional Conduct also require that employers and registrants, through the supervision they receive, identify personal development needs and opportunities and provide opportunities for these development needs to take place.
2. Registrants should seek to ensure that their CPD benefits the service user. Ultimately the purpose of professional standards is to ensure that professionals meet the needs of those using the service in a safe and accountable way.
3. RWPN’s professional register is accredited by the Professional Standards Authority (PSA). RWPN’s CPD requirements are broadly similar to those of other professions currently registered with PSA and to the requirements of the statutory registers regulated by the Health Care Professions Council, Social Care Wales, Northern Ireland Social Care Council and Scottish Social Services Council.
4. Registrants must demonstrate that their CPD activities are a mixture of learning activities relevant to current and future practice in vision rehabilitation or habilitation. They should also seek to ensure that their CPD has contributed to the quality of their practice and service delivery.
5. Registrants must be prepared, upon request, to present evidence of their CPD for monitoring.
6. By undertaking CPD, a registrant’s development is formally recognised as an important part of being a practising vision specialist and is an essential component of remaining on the professional register. Confidence in a professional register is essential to providing quality assurance for employers and to the public who use the services of vision rehabilitation and habilitation professionals.

**How is CPD measured?**

Every registrant is required to document their CPD in writing (or alternative format). They will be required to start logging their CPD from January in the year after they qualify or become a registrant.

The amount of CPD undertaken is measured in hours. The number of hours required is 90 over three years. This is a minimum number. Although this figure equates to 30 hours per year, registrants do not need to document 30 hours in any one year, provided that the total is 90 after three years. RWPN recommends, but does not require, that CPD is spread evenly over the three years.

Required CPD hours are the same irrespective of the number of hours of employment. Part-time workers should be given the same opportunities and support to meet their training needs as full-time workers. It is equally important for this group of workers to be appropriately prepared for the demands of the job through continuous development of their knowledge, skills and values. This principle is in line with the four statutory registering care councils in the UK.

**Deferrals, Exemptions and Considerations**

* A registrant can be exempted from completing CPD or defer submission of their CPD by one year where: there is absence from work due to an extended period of sickness, secondment or extended authorised leave; where maternity, paternity or shared leave of 6 months or more is taken from work. Wherever practical, such a deferment or extension should be put in writing to RWPN in an email “request for CPD deferment”. In certain circumstances this request may be referred to RWPN’s Registration and Professional Standards Committee.
* Any registrant studying on one of the BSc. top-up degree options at Birmingham City University, or study at a higher level such as Masters, does not need to undertake CPD in addition for a period of two years.
* Any registrant undertaking modular top-up at level 6 (i.e. not the full degree option) will be allowed to allocate 15 hours of CPD towards the 90 hours for each 20 credit module they study.
* Mentoring: we believe that mentoring students and apprentices is an important element of continued learning. Any registrant who is mentoring a student, and who has not mentored another student in the last three years, can allocate 20 hours of their 90 hours towards the mentoring experience. In this case the registrant must demonstrate a variety of different and reflective examples of what they have learned through mentoring.

**CPD skills to be demonstrated**

CPD will require that registrants demonstrate learning in five areas of core competence. These are:

* Orientation and Mobility
* Independent/Daily living skills
* Communication skills (including ICT)
* Low Vision
* Assessment

Note: the term “low vision” in the context of the core competencies relates to the role of the vision rehabilitation or habilitation professional in improving functional vision through personal strategies and the use of optical and non-optical aids, equipment and adaptations.

These five areas are central to, and define the role of, Vision Rehabilitation Specialist (as defined in the RWPN standardised job description) and Vision Habilitation Specialist (as defined in the Quality Standards for Habilitation). All workers are expected to maintain and develop their knowledge of the full range of their professional skills in each three year period. The flexible approach to CPD should allow workers to cover all five areas of practice, even where it is not always a part of their day-to-day work.

It will be possible to direct CPD to areas of special interest. However, when you record your activity, you need to identify which of the core competencies your training covers. Any single CPD activity can cover more than one area of competency. Example: CPD learning that is ostensibly focused on Orientation and Mobility may also cover Low Vision, Communication and Assessment. Example: if your CPD is related to learning disability, you will need to identify how your learning relates to one or more of the core competencies in relation to working with a person with learning disability.

**Ways to undertake CPD - Learning Domains**

Continuing professional development does not necessarily mean attendance at training events – we recognise that restricted budgets or lack of available training may make this difficult. As with other professions, learning can be demonstrated in a wide variety of ways. RWPN has identified three broad areas (domains) in which CPD will be categorised and monitored. In documenting your CPD you will need to identify which of these three categories it falls under. During the three year cycle there is no absolute requirement to provide evidence of CPD in more than one category of learning domain (i.e. all your hours could be made up from attending events). However, we strongly recommend a mix of learning domains, not least because promoting visual impairment awareness to other people (i.e. developing the profession), is part and parcel of the job.

**The three learning domains are:**

1. **Reflective Review**
2. **Continuing Education**
3. **Developing the profession**

For a list of suggested areas of CPD in each of these three domains see appendix 2 at the end of this document.

**How you record your CPD - keeping a portfolio**

Registrants can maintain their CPD in any format they choose, including paper copy. However, the Continuing Professional Development page <https://www.rwpn.org.uk/CPD> within the registrants’ section of the RWPN website contains a link to the electronic portfolio, and a guide on how to use this electronic portfolio.

If you are keeping your records in your own format, please make sure that you include the following details:

* which of the five core competencies are covered by the activity (it may be more than one)
* which of the three learning domain it fits into
* how many hours were spent doing it
* what you learned from the activity, how it will benefit people you work with and what you might do differently in future (see “being a reflective practitioner” below)

A sample template in Word is available as appendix 3 of this document.

A three samples of CPD entries are given in appendix 4 as a rough guide to what you might include.

Registrants are eligible to submit their portfolio in audio format. Any such submissions should come across to the listener as professional and follow the same structure as written entries: title of CPD; which of the five competencies; which learning domain; how many hours were spent doing it; what you have learned, how it will benefit people and what you might do differently.

**Being reflective practitioner**

Whilst it is important to undertake as wide a range of CPD activities as possible, it is equally important that what you learn will benefit the people you work with. How you write about what you have learned and how it will benefit other people is personal to you and your writing style. However, the way you reflect on your learning should be at a standard expected of someone of your professional standing. It is also true to say that not all CPD activities give opportunities for great insight: indeed some CPD activities may not meet your expectations or not teach you as much as you hoped. You can still choose such activities for your portfolio, but we would expect you to explain why you found them poor and how it could have been done better.

Appendix 5 contains an example of reflective practice that meets the required standard, plus one that does not and one that exceeds the expected standard.

**How is CPD monitored?**

A registrant’s CPD portfolio is eligible for monitoring at the end of any year provided that they have a) have been a registrant for three years or more b) have not submitted a portfolio in the last three years.

Similar to other professional and regulatory bodies, a percentage of the total registrants will be asked to submit their portfolios to be monitored. This figure will be 5% of the total eligible registrants in any one year.

Those registrants selected for monitoring are selected at random. If a registrant is selected, they are advised in writing to up to 6 months before submission date (i.e. in July for submission in the first week of the following January). They will receive email reminders at subsequent intervals.

**Who monitors the portfolio?**

The portfolios are monitored by a professional who is a qualified Vision Rehabilitation or Habilitation Specialist and who has experience of providing line-management supervision.

Each portfolio is reviewed by one person but a small sample may be cross-checked by another assessor to ensure consistency of scrutiny.

Below is a grid that the assessors use to structure the way they monitor the quality of the portfolio.

| **Standard** | **Standard not met** | **Standard partly met** | **Standard met or exceeded** |
| --- | --- | --- | --- |
| Registrant must have completed an up-to-date record of 90 hours of CPD | Insufficient hours | Not applicable | Sufficient hours. Hours significantly in excess of 90 hours does not equate to exceeding the standard. |
| Registrant has undertaken CPD across the five core competencies | CPD has not taken place across all five competencies | Not applicable | CPD across all five competencies. |
| Registrant’s CPD covers a range of varied activities | Portfolio only evidences a very narrow range of learning opportunities within one domain | Portfolio evidences a reasonable range of learning opportunities but relies on an excessive use of case work (particularly where the reflection does not demonstrate how learning will benefit clients) | Portfolio evidences a broad range of learning opportunities.  A portfolio that shows learning across all three domains and includes good examples of developing new initiatives may constitute a portfolio that exceeds the standard |
| Registrant has reflected on their learning and demonstrated how it will benefit the people they work with | Portfolio shows little or no evidence of reflection on what has been learned and/or has not demonstrated how the registrant will apply new learning to the people they work with | There is some evidence in CPD entries that learning has benefited the people they work with but statements to that effect are not backed up with sufficient reflection | There is good evidence in a number of entries that the registrant has reflected on their learning and has can weigh up the ways it will be beneficial to the people they work with.  A portfolio that provides reflection and analysis throughout most entries may constitute a portfolio that exceeds the required standard |

Any registrant who does not submit their portfolio upon request without any explanation or approved deferment will be withdrawn from the register.

Any registrant whose portfolio only partially meets the required standard will advised of areas that require improvement. They may then be required to submit a further log of CPD for a period of time set by RWPN.

Any registrant whose portfolio does not meet the required standard will either be supported to resubmit their work at a later date to be agreed with the registrant or will be required to submit a further log of CPD for a period of time set by RWPN.

In the event of a portfolio either failing to meet the required standard or only partially meeting it, the registrant will be offered peer support from a fellow professional.

Any registrant whose portfolio does not meet the required standard after a third attempt at submission will be deemed to not meet the standards required by RWPN and they will be withdrawn from the register.

**Client confidentiality note**

At no point in a registrant’s CPD log or in their portfolio for submission should it be possible to identify a specific client/service user. We would also strongly recommend that the names of professional colleagues are anonymised. Registrants should make every effort to ensure all references are anonymised.

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Version 3.0

**Appendix 1 – Useful Resources**

National Occupational Standards – Sensory Services Standards

Professional development issues run throughout all the standards, but **standard one** is specific: Develop your own professional practice and promote awareness off vision impairment issues.

<http://www.skillsforcareanddevelopment.org.uk/Careersincare/Sensory_Services_Standards.aspx>

To see an example of how the National Occupational Standards have been used in context of personal development see this example from West Sussex Social Services. <http://www.rwpn.org.uk/CPD>

To see an example of the documentation used by a local authority to guide **practice observations** see this one developed by Rhondda Cynon Taff for all their social care workforce (including for Rehab. Workers)

<http://www.rwpn.org.uk/CPD>

**Social Care Institute for Excellence: Effective Supervision in a variety of settings**

<http://www.scie.org.uk/publications/guides/guide50/>

**RWPN Code of Ethics and Professional Conduct** <http://www.rwpn.org.uk/Professional-Standards-and-RWPN-Documentation>

**Appendix 2 – Suggestions for CPD activity**

**Learning Domain 1: Reflective Review**

A reflective review of your professional practice is an opportunity to gain specific feedback to assist you in the delivery of your practice. Practice settings vary considerably so each professional will be able to design and identify relevant activities that could be included in a review.

These could include

* live or recorded observation of practice by a supervisor or peer.

To see an example of the documentation used by a local authority to guide **practice observations** see this one developed by Rhondda Cynon Taff for all their social care workforce (including for Rehab. Workers) <http://www.rwpn.org.uk/CPD>

* a formal review of your case notes and lesson plans with a supervisor or peer
* presenting a case at a structured peer review session either at a regional group meeting or in your own team. The guidelines for how such groups can be run are also on the RWPN website
* through the formal process of being mentored through RWPN’s 1-to-1 mentoring scheme
* live vision rehabilitation/habilitation tasks under simulation conditions with a supervisor or peer. Using simulation spectacles is something many of us rarely do after qualifying but both teaching someone who is wearing sim. specs or being taught by someone whilst wearing sim. specs can help you to approach familiar teaching tasks in a radically different way

**Learning Domain 2: Continuing Education**

Continuing education can include attendance at a range of events where a reflection on what has been learned has been demonstrated. The training does not need to be accredited. You need to demonstrate that the course content and the learning from it can be related to your work in vision rehabilitation. Events could include:

* training events (either externally or from your employer). It can either be in person or on-line. The training does not have to be visual-impairment specific but in your reflection you need to say how it applies to the people you work with (e.g. if the course is an on-line course on financial abuse, you may choose to relate this to work with people who are deafblind)
* conferences/seminars/webinars
* attendance at regional rehabilitation/habilitation events/meetings
* reading articles in journals. A number of magazines have some free on-line content such as Community Care, or JVIB (free with your membership). Some of the articles in journals like Community Care are hard to ascribe to one of the five core competencies because they are about policy, so choose the closest fit (probably “assessment”)
* reading research papers. You may try and make an arrangement with an academic institution to get access to academic journals
* shadowing colleagues. You may not have shadowed a colleague since your first days in the job. Ideas change, so do equipment, technology and referral processes. With your wealth of experience you may now view other job roles differently from how you used to. Why not shadow a low vision specialist, an Orthoptist, a qualified teacher of the visually impaired (QTVI), an neuro or learning disability-Occupational Therapist, a Physiotherapist, a learning disability nurse, an Eye Clinic Liaison Officer, an Ophthalmologist, a Speech and Language Therapist or a head injuries Social Worker, your local voluntary agency – the list is vast
* learning from case work experience. If there is a particular workplace situation or allocated case that has significantly changed the way you think or practice, it is legitimate to count this as CPD, provided you can document what it is you have learned and how it will change what you do (remembering client confidentiality at all times). It is usually better to share this type of experience with colleagues to get peer feedback (which might include a telephone peer review with a professional from another locality).

**Learning Domain 3: Developing the Profession**

This is a broad category that reflects how you can promote the profession. It could include any of the following:

* mentoring a Vision Rehabilitation/Habilitation student through placement;
* mentoring a colleague through a formal process
* regularly supervising colleagues in either a managerial or practice advisor capacity
* lecturing and teaching to Vision Rehabilitation/Habilitation students or students on other courses
* presenting or leading seminars at conferences
* marking or moderating student assignments
* delivering presentations about aspects of the profession either in person or on-line to other professionals
* delivering training on aspects of visual impairment to non-visual impairment-specialist staff, or to carers or volunteers. This could focus on any number of aspects of your knowledge such as awareness-raising training, sight guide training, falls awareness training, benefits and entitlements knowledge
* writing articles for journals
* writing blogs/vlogs where there is a clearly demonstrable learning benefit to the writer and to the profession
* contributing to the Special Interest Groups on RWPN’s website
* contributing, in a demonstrable way, to forums, expert groups, consultation processes, (such as Access Groups)
* delivering access audits (or contributing to access audits)
* participating in research linked to sensory impairment issues.
* leading research or contributing to the way research is steered, structured or reviewed
* project work. You may be involved in a project or development of a new care pathway that seeks to improve the lives of visually impaired people (e.g. diabetes management; Black and minority ethnic community outreach; falls prevention; accessible technology promotion etc.) Doing so raises the profile of the profession

**Appendix 3 - Word format template for CPD portfolio**



RWPN CPD Record Template

Name:

Date:

**Description of CPD event (write in the box below)**



No. of CPD hours:

**Domain** – select one only - delete as appropriate

continuing education/developing the profession/reflective review

**Core competencies** – tick all that apply or delete those that don’t

**•**Orientation & Mobility **•**Independent/daily living skills

**•**Low Vision **•**Communication Skills (including IT) **•**Assessment

**What was the learning activity? (write in box below)**



**What did you learn from the activity, and what will you now do differently? (write in the box below)**

**Appendix 4 – Sample CPD entries**



RWPN CPD Record – Example 1

Name:

Date: 3/7/17

**Description of CPD event (write in the box below)**

No. of CPD hours: 3

**Domain** – select one only - delete as appropriate

continuing education/~~developing the profession/reflective review~~

**Core competencies** – tick all that apply or delete those that don’t 

**•**Orientation & Mobility **•**Independent/daily living skills 

**•**Low Vision **•**Communication Skills (including IT) **•**Assessment

**What was the learning activity? (write in box below)**

**What did you learn from the activity, and what will you now do differently? (write in the box below)**



RWPN CPD Record – Example 2

Name:

Date: 14/8/17

**Description of CPD event (write in the box below)**

No. of CPD hours: 1

**Domain** – select one only - delete as appropriate

continuing education/~~developing the profession/reflective review~~

**Core competencies** – tick all that apply or delete those that don’t 

**•**Orientation & Mobility **•**Independent/daily living skills

**•**Low Vision **•**Communication Skills (including IT)**•** Assessment

**What was the learning activity? (write in box below)**

**What did you learn from the activity, and what will you now do differently? (write in the box below)**





RWPN CPD Record – Example 3

Name:

Date: 21st March 2017

**Description of CPD event (write in the box below)**

No. of CPD hours: 1

**Domain** – select one only - delete as appropriate

~~continuing education/developing the profession/~~reflective review

**Core competencies** – tick all that apply or delete those that don’t 

**•**Orientation & Mobility **•**Independent/daily living skills

**•**Low Vision **•**Communication Skills (including IT) **•** Assessment

**What was the learning activity? (write in box below)**

**What did you learn from the activity, and what will you now do differently? (write in the box below)**

**Appendix 5 – Samples of Reflective Practice**

1. **Exceeds required standard (real example)**

I put myself forward to do the Macular Society 'Skills for Seeing' training as I felt that I could incorporate these skills into rehabilitation training programmes. I found this training was good and would be really useful but once I had done the training I felt very much on my own. I wasn't sure that I was doing the training correctly and found that many of the people I was assessing were not suitable candidates for using the eccentric viewing or steady eye strategies. I wondered whether I was doing something wrong. I also found that there were so many test cards and paperwork to assess someone’s suitability for the training that I was tying myself up in knots trying to find a system that worked. I was pulling out loads of test cards and pieces of paper and looking a little like I didn't know what I was doing. I was invited back to attend a refresher workshop and put myself forward. Prior to this we were asked for feedback as to what we felt was and wasn't working. I pointed out the difficulties I was having assessing and the lengthy paperwork process following assessments. The workshop was invaluable. It went over the training pack again and gave everyone the opportunity for more practice assessing for the preferred retinal locus. It provided tips on assessing and doing things in a more organised way therefore making it somewhat easier. The Macular Society had listened to everyone's suggestions and difficulties and acted on this - to my surprise everyone had been having similar issues. Following this training I will now create myself a checklist and try to organise my paperwork into an order which is easier to following prior to making the home visit.

**What makes this reflective entry especially good is less about its length and more about the analysis. There is little unnecessary description of the course content but the writing shows a clear understanding of the reasons why they were finding eccentric viewing difficult to teach, what they did about and what they will do in the future.**

1. **Meets required standard (real example but adapted)**

Working with two colleagues from other local authorities we decided to do some long cane training on the escalator on the underground.

I learnt how beneficial collaborative working can be with other professionals. So often we can become entrenched in the small part of the rehab world which we inhabit. This meeting was supported by our senior managers and came about via discussion about how we all found teaching clients how to use escalators often difficult, especially in busy tube stations. We were able to improve our skills by using long canes and sim specs. We concentrated on cues, sounds and negotiating crowded areas. We also talked to Transport for London staff and provided them with additional awareness. Following this session we met with another two workers who are primarily workers with Deaf clients but are also responsible for dual sensory loss assessments.

**Why this entry meets the required standard is partly the focus of the CPD: it takes a core aspect of practice (escalator travel) and tackles it in an innovative way (peer review). The entry gives some detail about a particular feature that been identified as a learning need (using sound cues and negotiating busy spaces) and also describes a bi-product of the session (awareness training). How this entry could have exceeded the standard might have been further reflection on how they used the new learning with a client or what improvement to long cane skills had been identified, or more detail about the discussions with Transport for London staff.**

1. **Does not meet the required standard (fictitious example)**

I attended the quarterly network meeting of regional rehab. workers. We had a guest speaker from the local carers’ network who gave us details of the services they offered. Other agenda items included a round-up of news from around the different organisations we represent and some of the vacancies that might be coming up. My co-worker Brian Davis led a peer group case study about a deafblind person and this led on to a discussion about how we are assessing deafblind people in our area. I learned that there is great inconsistency about how we assess deafblind people and that the guidance is vague on how we should do this.

**Whilst this entry describes what occurred during the meeting, it provides no insight into what has been learned about carer services or approaches to deafblind assessment. Nor do they say how the knowledge they gained might be used for people they work with. The entry states that they learned there was “great inconsistency” around assessment but they do not back this statement up with what the range of practice is, why there might be inconsistency or their thoughts on any solution. In relation to the peer discussion it might be interesting to know whether they felt able to contribute and, if not, what held them back – the honesty around personal shortcomings given in example 1 is refreshing. Full names of colleagues or service users should NOT be included in CPD entries.**