

EMT

CPC Guide 2018

FOR PRE-HOSPITAL
EMERGENCY CARE
PRACTITIONERS

CPC Guide 2018

A guide for Emergency Medical Technicians registered with the Pre-Hospital Emergency Care Council

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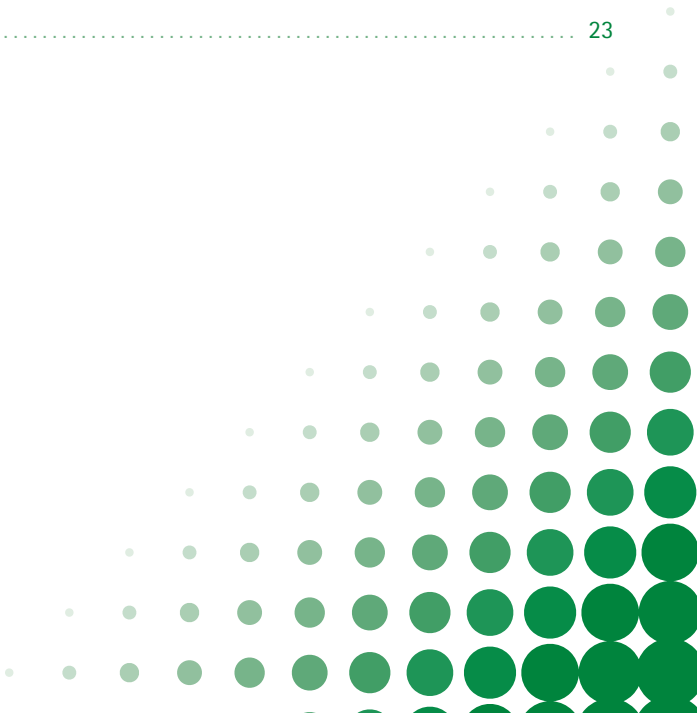
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Abbreviations

ACR	Ambulatory care report
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CPC	Continuous professional competence
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CPG	Clinical practice guidelines
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DFB	Dublin Fire Brigade
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EMT	Emergency Medical Technician
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NAS	National Ambulance Service
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NQEMT	National Qualification in Emergency Medical Technology
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PCR	Patient care report
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PHECC	Pre-Hospital Emergency Care Council
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RI	Recognised institution (an organisation accredited by PHECC to provide training)
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About this document

The Pre-Hospital Emergency Care Council (PHECC) has provided this document for its registered Emergency Medical Technicians.

Throughout this document:

- ⊙ 'we' refers to us, the Pre-Hospital Emergency Care Council (PHECC);
- ⊙ 'you' refers to an Emergency Medical Technician on our register;
- ⊙ 'registered practitioners' also refers to Emergency Medical Technicians registered with us.

People who might find this document useful include:

- ⊙ a registrant who wants to find out about CPC;
- ⊙ a PHECC recognised institution or licensed CPG provider;
- ⊙ an employer thinking about CPC and how they might help an EMT with CPC;
- ⊙ a person or organisation thinking about offering CPC activities to registrants.

Acknowledgements

2018 Guide – Edited by Ricky Ellis, Programme Development Officer – PHECC

This guide is based on PHECC (2013) *Continuing Professional Competence Guide* and research conducted by Dr Shane Knox, National Ambulance Service, and Professor Colum Dunne, University of Limerick, Ireland. And the 2017 edition edited by Omar Fitzell, EMT CPC Coordinator.

Introduction to Continuous Professional Competence (CPC)

...to enhance and promote professional integrity

Pre-hospital emergency care services in Ireland have developed in line with international best practice over recent years. The introduction of clinical practice guidelines (CPGs), associated medications that can now be administered by registered practitioners and the establishment of a register of pre-hospital practitioners are just some of the initiatives that have helped to advance the role of the practitioner and the profession, both nationally and internationally.

Regulated health professions including the pharmaceutical, medical and nursing professions, have already developed systems of Continuous Professional Development (CPD). We need to maintain this impetus and further enhance pre-hospital practitioner development if the profession is to develop in line with other healthcare professions.

The Health Professions Council of South Africa describes the purpose of CPD as:

...to assist health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The beneficiary will ultimately be the patient/client (Africa, 2009).

There are many definitions and related terms associated with CPD. Some of these terms, such as continuous medical education (CME), which relates to medicine, are specific to a profession. To prevent possible confusion and to focus specifically on continuous improvement, we have adopted the term 'continuous professional competence '(CPC). This term is also used in PHECC's Education and Training Standards.

Guided by the principle of 'beneficence', regulated healthcare professions recognise the need to update and develop the knowledge, skills and attitudes that support professional competent practice through the implementation of a CPC scheme. This protects the public interest, meets the requirements of the register and promotes the profession.

...to provide net medical benefit to patients with minimal harm – that is, beneficence with non-maleficence. To achieve these moral objectives health care workers are committed to a wide range of prima facie obligations... Hence we need rigorous and effective education and training both before and during our professional lives.

– Gillon, 1994

The Pre-Hospital Emergency Care Council and CPC

In November 2010, we began to develop and put into place a new system of CPC for all our registered pre-hospital practitioners.

The initial objective is the implementation of a CPC model to address current requirements for PHECC registration.

Our initial aim was to develop a system of CPC to address current requirements for registration with us. This would ensure consistency between all registered practitioners and provide a platform that we could expand across the country.

Anecdotal evidence from other countries suggests that although CPC has appeared in response to the need for regulation, less attention has been placed on the job-specific requirements for professionals in their field of practice. Because of this, and as a first step, an electronic survey was carried out as a kind of consultation process, thus allowing registered EMT practitioners to influence the setting up of an Irish system for pre-hospital CPC.

Feedback on the CPC model was sought from EMT representative groups across the country. We encouraged registered practitioners at every level to take part in, and influence, the project through this consultation process.

Developing an appropriate CPC system specifically for pre-hospital professionals will ultimately benefit the public we protect, the patients you treat and significantly contribute to the development of the profession itself.

CPC ensures that there is a minimum national standard for registered EMTs providing quality care to patients.

The CPC process is not designed to be difficult. In essence, it is about:

- ⊙ documenting the things you do regularly;
- ⊙ encouraging you to reflect; and
- ⊙ recording and responding to CPC as a healthcare professional.

Whether you are an employee or a volunteer, you are a registered pre-hospital practitioner on a professional register and CPC is an important part of your registration.

This model builds on the first initial model of CPC for EMTs. Amendments are based on the feedback from and experiences of practitioners. CPC is dynamic and will always be developing, improving and changing to reflect current practice. As we learn from consultation with EMTs, it will also be consistent with best practice for regulated healthcare professions.

Responsibility: Emergency Medical Technicians

Pre-hospital practitioners, as with those of any regulated profession, have a responsibility to commit to their own personal and professional development. Section 3.2 of our *Code of Professional Conduct and Ethics* says that a registrant will **'participate in ongoing CPD (CPC) requirements of the relevant division on the Register'**.

PHECC will review the CPC portfolios of a selection of registrants on an annual basis, moving away from the previous three-year cycle. The yearly CPC cycle will run from 1 November to 31 October each year. CPC applies to all EMTs, whether you work in a voluntary or paid capacity.

...a registrant shall participate in ongoing CPD (CPC) requirements of the relevant division of the Register.

Section 3.2 Code of Professional Conduct and Ethics (Pre-Hospital Emergency Care Council).

CPC points are still based on the principle that one hour of CPC activities equal 1 CPC point. You must gather **18 CPC points per year**. We do not want to limit the activities you take part in as part of your CPC requirements, which will allow you access to all relevant programmes or activities and should encourage you and help you to meet your CPC requirements. We believe that the content introduced in 2013 is still very relevant and for this reason the sections and requirements have not been changed. A detailed explanation will be shown later in this document for each section.

Where an EMT cannot meet their CPC requirements due to serious illness, pregnancy or other circumstances, they should contact PHECC to suspend their registration. This self-suspension removes your obligation for CPC for an agreed time period. In cases where part of a year is suspended, PHECC may still require CPC on a pro rata basis and will inform you of such requirements when you request to re-join the register for the remaining portion of the year.

Patient Privacy and Confidentiality

You must adhere to the requirements for patient privacy and confidentiality.

When recording incidents we understand that patients will be referred to; however, you must not include any information that could identify patients or carers by their name, address, job title or in any other identifiable way. To do so would mean breaking the law on confidentiality, as laid out in data protection legislation (*Data Protection Act 1988, Data Protection (Amendment) Act 2003 and Data Protection Act 2018*). It would also be contrary to point five of our *Code of Professional Conduct and Ethics* – 'maintain confidentiality' (Pre-Hospital Emergency Care Council). The best approach is to refer to a patient as either 'a male' or 'a female'.

Licensed CPG Providers and Organisations

CPC for staff or members, no doubt benefits an organisation. An organisation may facilitate a registered practitioner in their CPC by providing CPC activities or by allocating time to participate in such events. For example, an organisation may help you meet your CPC requirements by providing opportunities through courses, case reviews, mentoring and so on.

CPD is a fundamental component that lies along the continuum of lifelong learning...and is invariably twinned with the strategic visions of health organisations and managers' immediate needs.

— Ryan, 2003

Some organisations may ask their members (or staff) to carry out extra CPC activities—this is a matter for your organisation. However, **the requirement to maintain registration is your responsibility**.

To maintain your registration, you will **always register directly with PHECC**. While organisations may request your portfolio for their own inspection, **it must be readily available for assessment by PHECC on an annual basis**. You, as the registrant, are responsible for having your completed portfolio ready for assessment by the 31 October deadline each year.

Any accredited-related programme provided by other healthcare professions for the purposes of CPD may be considered for CPC points. Examples include programmes run by the Medical Council, the Irish College of General Practitioners (ICGP) and the Nursing and Midwifery Board of Ireland (NMBI).

Recognised Institutions can develop and provide programmes of learning and issue CPC points. All PHECC approved programmes that are developed and conducted with reference to a specific body of knowledge and/or clinical practice in an area of practitioner level care are considered acceptable for CPC, with one hour of learning time currently counting as 1 point.

Upon completion of a CPC programme, the organisation involved must issue you with a dated certificate for your CPC portfolio. This certificate must outline the number of CPC points awarded.

Many training organisations provide training that would be relevant for CPC, including PHECC recognised institutions (RIs). You can find a list of PHECC RIs at: <http://www.phecc.ie>.

Remember that there are many ways of gaining CPC points, other than completing programmes. (See page 16 for extra activities.)

Pre-Hospital Emergency Care Practitioners are required to register directly with PHECC. If you maintain your CPC requirements and meet the additional registration requirements, you will be entitled to re-register.

Key terms and dates of CPC Process

To help you fully understand the CPC logistics of CPC, and what that means to you as a registrant, it is important to understand the key terms and dates related to the CPC process.

CPC cycle:

The 12-month period in which the specified CPC points must be attained.

End of annual CPC cycle:

This is the final date, up until midnight, whereby you can attain CPC points for that CPC cycle.

Registration notification date:

This is notification of upcoming licence renewal. Please note that if a registrant is still in the CPC assessment process, they will not get this notification.

End of annual CPC cycle:

This is the final date, up until midnight, whereby you can attain CPC points for that CPC cycle.

Registration expiry date:

The date in which the registrants licence expires.

Notification of selection:

This is advance notice of a registrant's selection for upcoming CPC assessment. Notification will usually be forwarded 4 weeks before the CPC cycle ends to allow for completion of the CPC portfolio.

Key terms and dates of CPC Process

	EMT
End of annual CPC Cycle	31st October
Start of CPC cycle	1st November
Registration notification date	6th January
Registration closing date	3rd March
Registration expiry date	31st March

CPC Portfolio Assessment Process

CPC portfolio assessments for registered practitioners take place in a structured manner and operate on the basis that the portfolio should be maintained on an ongoing basis. A random percentage, as determined by the Council, of each division of the register will be selected for mandatory assessment. Those selected will be notified to prepare their portfolio for submission by the end of CPC cycle date for their respective register. PHECC do not accept any voluntary submissions of portfolios and will only assess randomly selected portfolios.

Portfolio Assessors

PHECC support the principle of peer review, registered practitioners from the same division of the register will assess the CPC portfolios. These assessors are selected from the register following an application process. Each CPC assessor must have been on the PHECC register for a minimum of three years, or have a suitable qualification to supersede this requirement. They must also be a qualified Cardiac First Response Instructor and agree to sign a confidentiality agreement and complete training on conducting portfolio assessment. PHECC may provide feedback on portfolios following assessment. Our assessors are monitored during assessments by the CPC Coordinator and each assessor is given, at random, a sample portfolio created by PHECC. Assessments of this sample portfolio are then checked for consistency, quality and transparency in the assessment process.

Portfolio Assessment Outcome

Three outcomes can arise from a portfolio assessment:

- ⊙ standard met – the registered practitioner CPC requirements have been met in full for this cycle;
- ⊙ more information required – further information is required, for example appropriate evidence of a course or activity may not have been submitted;
- ⊙ standard not met – the CPC requirements for this cycle has not been met.

What happens during assessment if I do not meet the standard?

If a peer assessor deems that your submission does not meet the required CPC standard then a second peer assessor will independently reassess your portfolio. If it still does not meet the standard your peer CPC Coordinator will assess your portfolio a third time. This triple check system involving three of your peers ensures that no portfolio is unduly found to not meet the standard.

Taking into account the feedback from the previous two assessors, your peer CPC Coordinator will then set mandatory compensation requirements that you must attain within three months before you can re-register with us. The compensation that you may have to undertake will only count towards the previous CPC cycle and will not be credited to the new CPC cycle. When you meet these requirements, within the three-month period, you will be permitted to re-register on your respective register.

Can I appeal a decision?

Yes. The appeals process is listed in detail on the PHECC website.

CPC Requirements

CPC points per year

In order to meet the CPC required standard each year, you must maintain your practice status (see Section 1 & 2) and have 18 CPC points accumulated. If you have not met the CPC standard by the end of your registers annual CPC cycle date (EMT 31st Oct) and have not been called for assessment by us, your registration will be based upon the declaration that you make to PHECC that your CPC is up to date, this declaration is made as part of the standard registration process. It is your professional responsibility to compensate before you re-register your licence. This compensation should be recorded in addition to your standard years CPC requirement as part of the next CPC cycle.

CPC continues to use a system of points. It is divided into three sections:

- ⊙ **Section 1:** practice statement; (statement of context)
- ⊙ **Section 2:** compulsory requirements; and
- ⊙ **Section 3:** additional requirements (including self-selected options).

As previously mentioned, if a registrant is not practicing as a Pre-Hospital Emergency Care Practitioner due to reasons such as illness, pregnancy or personal circumstances, they should request a suspension of their licence for that time-period. If that applicant requests re-joining the register, PHECC will outline the CPC points required, which is based on the amount of time they were active on the register during the relevant cycle.

Section 1: Practice Statement

This section clarifies your practice status and the environment in which you practice.

Practice setting – *Where and with whom do you practice?*

You are required to list:

- ⊙ the main service provider with whom you practice;
- ⊙ where you practice; and
- ⊙ the capacity in which you practice (paid or voluntary).

Where the Pre-Hospital Emergency Care Practitioner also practices with a second or even a third CPG organisation, these should also be listed in the same format as above. An example of this would be a registered practitioner in full time employment with a licenced CPG provider who also volunteers with a voluntary or auxiliary licenced CPG provider.

Statement of context – *Do you want to elaborate on the above information?*

This introductory statement explains the context in which you collect evidence and record experience as a practicing Pre-Hospital Emergency Care Practitioner.

Section 2: Compulsory Requirements

All Pre-Hospital Emergency Care Practitioners must complete and show evidence of compulsory CPC. This must include evidence of at least 12 patient contacts per year, your current CPG status and your Cardiac First Response status.

Evidence of at least 12 patient contacts per year.

A patient contact shall be accepted where a registered practitioner has completed a meaningful intervention during that patient's care. Patient contacts should be recorded utilising PCR / ACR / incident numbers and a brief description of the patient's condition, along with the treatment provided, should be included for each contact.

Where Practitioners have difficulty in achieving 12 patient contacts, an approved competence assessment may be undertaken. This prescribed assessment must be carried out by a PHECC Recognised Institution (RI).

Evidence of your current CPG status

Evidence of current CPG status will be provided by including a CPG upskilling certificate issued by an RI. Where a Pre-Hospital Emergency Care Practitioner has attained their NQEMT on the current CPGs, a copy of the NQEMT will suffice.

Evidence of your Cardiac First Response status

Cardiac First Response Advanced certification must be current and up to date, in order for a Pre-Hospital Emergency Care Practitioner to practice. As such all PHECPs are required to be certified every two years. This certification should be included in your CPC portfolio.

Section 3: Compulsory Requirements

All Practitioners must complete and show evidence of completing and accumulating 18 additional points. These points will only be valid if you have successfully satisfied Section 1 & 2 which are the 'compulsory requirements' section.

Requirements	CPC	Extra information
Reflective practice and / or case studies	4	A document containing key learning points (2 CPC points per documented evidence) and/or a case study on an incident, condition or injury encountered (2 CPC points per case study).
*Self-selected options from courses, seminars and related activities	14	Must demonstrate a direct relevance to the Pre-Hospital Emergency Care Practitioner standards and/or practice.
Total additional CPC points	18	CPC points required per year.

*Self-selected activities table

Additional requirements explained

Reflective practice and/or case studies

For this compulsory requirement you must attain a minimum of 4 CPC points. A reflective practice document and a case study each carry 2 CPC points. To attain four points, you may complete one of each or two reflective practice documents or two case studies.

Reflective Practice

Reflection allows us to transform current ideas and experiences into new knowledge and action (Lockyer et al., 2004).

Your portfolio is not just about retaining copies of certificates, it is about showing evidence of learning and how that learning arose through the various related activities. Learning that occurs in the context of daily workplace (or while you are practicing as a registered practitioner within your organisation), is far more likely to be relevant and reinforced, leading to better practice (Davis 1995).

Reflection appears to be the 'engine' that shifts surface learning to deep learning and transforms knowing in action into knowledge in action.

— Schon 1983, Moon 1999

There are several reflection models that a registered practitioner can use to complete reflection. All such models will be accepted by PHECC when assessing portfolios. Research has clearly shown that PHECC, as the Regulator, has not provided clarification on specific areas of CPC activities (Knox et al, 2015). For this reason, our sample CPC portfolio suggests headings that should assist a registered practitioner in completing a reflection based on the Gibbs' reflective cycle (Gibbs, 1988). Detailed explanation is available at <http://prehospitalresearch.eu/> (Batt, 2014).

Suggested headings include:

- ⊙ Description
- ⊙ Feelings (at the time)
- ⊙ Evaluation
- ⊙ Analysis
- ⊙ Conclusion
- ⊙ Action plan

It would appear that EMTs are motivated and accept CPC but further guidance from the Regulator could maintain and support such an initiative.

— Knox et al, 2015

GIBBS' REFLECTIVE CYCLE



Description

This is a description of the call or incident, with relevant details. Remember to maintain patient confidentiality. Don't make judgements yet or try to draw conclusions; simply describe the events and the key players. Set the scene. It might be useful to ask yourself the following questions:

- ⊙ What happened?
- ⊙ When did it happen?
- ⊙ Where were you?
- ⊙ Who was involved?
- ⊙ What were you doing?
- ⊙ What role did you play?
- ⊙ What roles did others play?
- ⊙ What was the result?

Feelings

Don't move on to analysing these yet, simply describe them.

- ⊙ How were you feeling at the beginning?
- ⊙ What were you thinking at the time?
- ⊙ How did the event make you feel?
- ⊙ What did the words or actions of others make you think?
- ⊙ How did this make you feel?
- ⊙ How did you feel about the final outcome?
- ⊙ What is the most important emotion or feeling you have about the incident?
- ⊙ Why is this the most important feeling?

Evaluation

- ⊙ What was good about the event?
- ⊙ What was bad?
- ⊙ What was easy?
- ⊙ What was difficult?
- ⊙ What went well?
- ⊙ What did you do well?
- ⊙ What did others do well?
- ⊙ Did you expect a different outcome? If so, why?
- ⊙ What went wrong, or not as expected? Why?
- ⊙ How did you contribute?

Analysis

- ⊙ What can you apply to this situation from your previous knowledge, studies or research?
- ⊙ What recent evidence is in the literature surrounding this situation, if any?
- ⊙ Which theories or bodies of knowledge are relevant to the situation – and in what ways?
- ⊙ What broader issues arise from this event?
- ⊙ What sense can you make of the situation?
- ⊙ What was really going on?
- ⊙ Were other people's experiences similar or different in important ways?
- ⊙ What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?

Conclusion

- ⊙ How could you have made the situation better?
- ⊙ How could others have made the situation better?
- ⊙ What could you have done differently?
- ⊙ What have you learned from this event?

Action Plan

- ⊙ What do you think overall about this situation?
- ⊙ What conclusions can you draw and how do you justify these?
- ⊙ With hindsight, would you do something differently next time and why?
- ⊙ How can you use the lessons learned from this event in the future?
- ⊙ Can you apply your learning to other events?
- ⊙ What has this taught you about professional practice and about yourself?
- ⊙ How will you use this experience to further improve your practice in the future?

Case Study

Case studies provide valuable teaching material, and indeed learning material, demonstrating both classical and unusual presentations that may confront the practitioner (Budgell, 2008). Pre-hospital medical case studies are more defined than reflective practice. Case studies must be appropriate to your clinical level and arise from a patient that you have come into contact with. It may be an unusual condition that interests you, or a common condition that presented, requiring you to complete some research into the condition or presentation.

The following suggested headings are provided as guidance in completing a case study. These are only suggestions; you are free to compile your own headings when completing a case study. It is the content we will be assessing and not the headings presented.

To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.

—Osler, 1945

Suggested headings include:

- ⦿ **Introduction** – Why you chose this patient as your case study.
- ⦿ **Case details** – Clearly outline the presenting situation, taking into account the scene, differential diagnosis if applicable, vital signs presented on arrival and the condition in which the patient presented.
- ⦿ **Working diagnosis** – Explain how the signs and symptoms related to the patient, present a detailed review of the condition in question, referring to the relevant research literature, and explain how you arrived at the working diagnosis.
- ⦿ **Pre-hospital management** – Summarise the treatment provided for the patient in line with CPGs.
- ⦿ **Key learning outcomes** – Document any learning outcomes and explain how it benefits your practice.
- ⦿ **References** – Reference any research literature used in your case study. The style of referencing will not be assessed.

NOTE – Patient confidentiality should be maintained at all times in your learning portfolio. Practitioners and other personnel involved should not be identifiable either. Case studies should contain detail appropriate to clinical level.

Examples of self-selected activities

You must gain **14 CPC points** for self-selected activities such as attending courses, seminars and/or other profession related activities. A combination of the options listed below will support your accumulation of the required CPC points. The choices listed are deliberately wide-ranging which encourages you to take part in activities that are relevant to you personally and are specific to your own learning and development needs. You must gain **14 CPC points** from these self-selected options each year as part of the overall compulsory CPC requirements.

Self-Selected Activity	CPC points	Evidence
CPC-related training programme provided by training organisations or programmes accredited by other professional organisations (e.g. NMBI, ICGP)	1 point for each hour	Certificate including date and length of time spent learning (or CPC points awarded).
Additional case study	2 points maximum	Case study on an incident, condition or injury you have encountered.
Additional reflection	2 points maximum	A document containing the main points you have learned.
Seminars and conferences	1 point for each hour	Evidence of attendance.
Programmes such as ACLS, PALS, PHTLS, PEPP, ATC, MIMMs, ITLS, Wilderness- EMT, ATLS, AMLS (non-exhaustive list) and other PHECC approved courses	1 point for each hour	Certificate showing CPC points awarded or time spent learning.
Journal article review	2 points maximum	Critical appraisal of a journal article.
Electronic learning / online learning related to practice	1 point for each hour 6 points maximum	Printed certificate from site, which should include CPC points awarded or time spent learning.
Mentor-mentee	1 point for each hour 6 points maximum	<ul style="list-style-type: none"> • Mentoring a student • Being mentored while practising or on an experiential placement. • Placement on an operational response vehicle or voluntary duty with a licensed CPG provider.

(Table continued from page 17)

Self-Selected Activity	CPC points	Evidence
Lecturer/Tutor/Instructor	1 point for each hour 6 points maximum	<ul style="list-style-type: none"> Lecturing/tutoring/instructing on PHECC approved CPC courses.
Publishing related to pre-hospital care	6 points maximum	Copy of published article or research paper <ul style="list-style-type: none"> – short article, 2 points maximum per article – peer reviewed publication– up to 6 points

The table above includes examples of CPC activities. Such work will allow you to build evidence of your CPC activities in line with your own needs and preferred learning style.

We encourage you to take part in relevant CPC programmes or activities. It is important that you maintain a portfolio and keep all certificates of attendance or participation in CPC activities. You can then use this portfolio to support your own development plan. You can also use it as independent evidence of your CPC activities at a later stage.

Remember, **CPC is about more than attending courses or conferences**. Just as much can be gained from reflecting on patient encounters. If you can be self-critical and honestly identify aspects of your practice you might change, then you have learned. Document any such learning and keep it in your portfolio.

MENTOR–MENTEE AND / LECTURER–TUTOR–INSTRUCTOR

For each of these activities you can attain 6 points maximum . The points are awarded as 1 CPC point per hour and can involve either mentoring or teaching.

Mentor–Mentee: This should take place while practicing as a registered practitioner or on duty or on placement on behalf of a licensed CPG provider. A mentoring programme should have a direct benefit to all practitioners and these benefits should be quantifiable. A registered practitioner should not mentor their own peer (a registered practitioner at the same clinical level) unless they are an Assistant Tutor, Tutor or Facilitator. A registered practitioner who has completed one 12- month cycle of CPC may mentor a student or intern at or below their own clinical grade. An example of this would be mentoring a student PHECP by engaging in clinical discussion or facilitating skills development.

Teaching goals should be listed by those undertaking the mentoring of a registered practitioner and learning outcomes should be listed by those who were mentored.

Lecturer–Tutor–Instructor: You should provide details of the PHECC approved course you have taught on, outline who your audience was, the teaching goals of the session, and any learning outcomes that arose. A copy of your Tutor or Instructor certificate should also be included where necessary.

What is a learning portfolio?

The learning portfolio is a tool to support practitioners in committing and engaging in lifelong learning, long after they have been awarded the National Qualification in Emergency Medical Technology (NQEMT) and have been successfully registered (Pre-Hospital Emergency Care Council, 2011).

A professional development (learning) portfolio is a collection of material, made by a professional, that records and reflects on key events and processes in that professional's career (Hall, 1992). This means you should record, reflect on and keep evidence of any activities that relate to CPC. In doing this you will accumulate evidence of your experience.

Portfolios are as diverse as their possible content and can be adapted for various purposes (Webb, 2002). We have developed a sample portfolio as a starting point for the creation of your own learning portfolio. A free electronic portfolio will also be developed by PHECC for all practitioners.

This sample portfolio is available on the PHECC website. You are encouraged to adapt it to work for you, ensuring that you still meet the requirements of CPC. The sample portfolio allows you to use a range of learning styles, depending on your preferences.

Here are some important things that are generally recorded in a portfolio.

- ⦿ **The experience** – What happened, what you have done, seen and written.
- ⦿ **The learning** – How the experience has translated into learning, particularly in terms of improving practice.
- ⦿ **The evidence** – Showing how you apply what you have learned in an appropriate context.
- ⦿ **Learning needs** – Identifying your arising learning needs.
- ⦿ **Learning opportunities** – Preparing an educational action plan that identifies how you might meet your learning needs (Redman, 1994).

Portfolios are as diverse as their possible content and can be adapted for various purposes.

–Webb, 2002

A portfolio is a good starting point. Begin by collecting certificates and material related to your profession. This can then be linked to your learning experience through reflection, documenting what you have learned or how you might do something better the next time.

Professional competence is about more than factual knowledge and the ability to solve problems with clear-cut solutions; it is defined by the ability to manage ambiguous problems, tolerate uncertainty and make decisions with limited information (Schon, 1983).

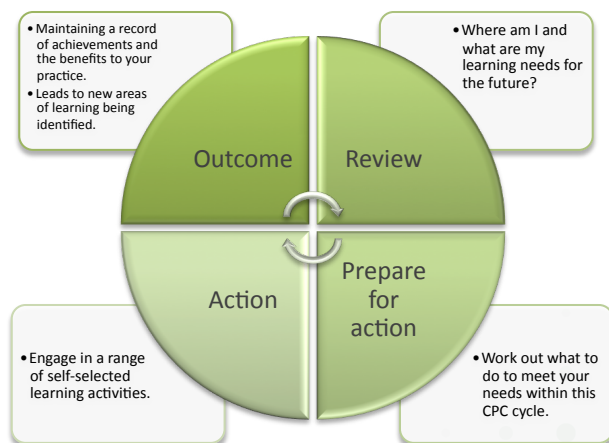
Professional competence is more than factual knowledge.

– Schon, 1983

Personal Development Plan (PDP)

Consider developing a plan around your CPC, some would call this personal development planning and others call it professional development planning. Engaging in this type of planning helps you identify your own development needs and how you will achieve them. As part of the CPC process and to increase the impact of CPC we would strongly encourage Pre-Hospital Emergency Care Practitioners to engage in self-reflection and develop a plan to support the identification of their own CPC needs. It is important to say that this is advice not a direction or a requirement for the practitioner, simply good practice to set about identifying your own learning needs, indeed it is one of the hallmarks of good professional practice.

The PDP cycle



Summary

You and Registration

- ⊙ It is **your** responsibility to ensure you comply with PHECC CPC requirements.
 - Each year CPC for Pre-Hospital Emergency Care Practitioners commences on:
 - **EMT** - 1st November and ends on 31st October
- ⊙ Responsibility for registration is **yours** and the relationship for registration is between you and PHECC.
- ⊙ Each year, as part of our registration process, you will **sign a declaration stating that you meet the CPC requirements** and we will then issue your Pre-Hospital Emergency Care Practitioners licence.
- ⊙ You must maintain a learning portfolio and accumulate 18 CPC points per year.
- ⊙ Your learning portfolio must include:
 - **Practice Statement**
 - **Basic Requirements**
 - **Additional Requirements (including self-selected options).**
- ⊙ Ensure patient privacy and confidentiality when recording information for CPC.
- ⊙ We may request your CPC portfolio. If this does not happen, you will be automatically eligible to re-register.

Recognition of courses etc. for CPC

- ⊙ PHECC recognised institutions may provide education programmes or events that are eligible for CPC points.
- ⊙ Bespoke educational programmes or events must be pre-approved by PHECC.
- ⊙ All recognised institutions and lead programme directors of pre-approved bespoke educational programmes or events should provide registered practitioners with a certificate, on successful completion of a programme. This certificate should clearly state which programme the registered practitioner has completed. It should be dated and it should state the CPC points awarded or the time spent learning on the course.
- ⊙ Any accredited-related programme provided by other healthcare professions for the purposes of CPD may be considered for CPC points.

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