



Continuing Professional Development

*Appendix 2:
Example portfolio*



The following pages are provided to give you some examples to show the range of activities that you might include in your portfolio.

The reflections on the forms are short – you may wish to make longer entries in your own portfolio. If you keep a reflective journal you may wish to cross-reference entries in your portfolio. You may also find it useful to come back to an entry and add to it at a later date as further insights occur to you.

The sample forms are available on the URHP website and Sharepoint – if you download them from the website and type your entries, the boxes will expand to allow you to enter as much as you like. You can then print the form and store it in your portfolio. Alternatively you might keep an electronic portfolio on your desktop – do whatever you feel works best for you.

CPD portfolio records

Portfolio Contents – **These section headings are examples only**

Section 1 Documents	CPD documents Personal development plan Annual reviews
Section 2 Formal learning	Courses attended. Conferences Attendance certificates for seminars and learning reviews of seminars Further/Higher Education
Section 3 Reflections and Critical incidents	CPD activity reflective notes Reflections on experience Critical incident reviews
Section 4 Private study	Reading and private study Record of books/articles read e-Learning
Section 5 Working with others	Professional contacts –work with colleagues in herbal world/ in healthcare Work for committees
Section 6 Mentoring	Peer supervision/ Mentoring
Section 7 Research	Research
Section 8 Teaching	Teaching and teaching related activities

Retain a copy of this in your portfolio. You should submit a copy if you are selected for audit along with the relevant evidence of your CPD activity.
You may photocopy this form.

CPD portfolio records

Portfolio CPD LOG (KEEP FOR YOUR OWN RECORD)

Date	Section number	Page number	Description of activity	Comments/notes
6/12/09	3	8	Where the wild things are. Seeing patents story as part of an illness narrative	Empathy, narrative based medicine and evidence based medicine
Sept – Oct 2009	7	14	Private study and research into cholesterol, statins and various nutritional supplements	How to help patients make informed choices about the drugs they are prescribed
April, May, June 2009	5	23	Revisions of clinical skills	Good to work with friends. Supportive activity we all benefited from
Spring 2010	2	4	Marketing seminars run by local Businesslink	Feel I know what's needed to improve my website

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CPD activity reflective notes (Keep for your own records)

Whenever you undertake an educational activity you should spend time reflecting on your learning. Use this sheet to help reflection on each CPD activity. Complete one record sheet for each CPD activity you do and place a copy in your portfolio. If you number each page and cross-reference it on your CPD log, it will make it easier to complete your annual summary or an audit profile. This record sheet is for your guidance only – you can maintain your CPD activity record in any format that suits you.

Title of activity	Special interest study
Date	Ongoing from July 2008
What did I do? Briefly describe the activity	Attended 3 day intensive seminar on cancer and herbal medicine (PTB) Part of special interest study group Attended one day seminar on woman's health (PTB) Attended naturopath's oncology group on cancer.
What was useful for me? (Key learning points?) What were the most important things I learnt?	Understanding what is happening in cancer in depth. Tumour markers, angiogenesis, apoptosis, oestrogen receptors. Oestradiol Phytoestrogens and isoflavonoids. Tests. A complete alphabet relating to cancer. Soy – being in a position to explain to patients whether soy is beneficial or not, and why. Mushrooms, adaptogens, Curcuma Paradox - Concentrating on one area of medicine has led me to understand a lot about other branches of medicine.
How will my learning influence/change my practice?	I feel much more confident in being able to support patients who have cancer. I can tell them what tests they can ask for and why. Give support to people on chemo or having radiotherapy or surgery. Able to explain how soy has benefits and why.
What will I do next in relation to this activity or as a result of this activity?	Attend future seminars on this subject. Study the drugs patients are taking and other oncology treatments. Continue working with colleagues in the study group.

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CPD portfolio records

CPD activity reflective notes (Keep for your own records)

Title of activity	Private Study
Date	From mid-March to end June
What did I do? Briefly describe the activity	<p>Entry 1 My reasons and plan: Patients often ask me how to control or lose weight. Yesterday one asked me about GI foods. I decided to study the glycaemic index.</p> <p>I need to revise carbohydrate metabolism to make sure I am up to date on current knowledge.</p> <p>Entry 2 What I actually did. I looked at the role of cortisol and stress and its relationship with weight gain.</p> <p>This led me to read more about adaptogens (book)</p> <p>Lots of research papers – PUBMED.</p>
What was useful for me? (Key learning points?) What were the most important things I learnt?	<p>Continuously elevated cortisol levels, its relationship with weight gain and fat distribution. Whether or not cortisol is a primary cause of weight gain or not is debatable. There is a lot of research going on in this area but there are different arguments (of course).</p> <p>One area is looking at mutations of a gene called the proopiomelanocortin (POMC) gene.</p> <p>I learnt about some adaptogens that I had not used before but have heard about. I now stock them in my practice and have discussed them with colleagues at a seminar.</p> <p>Whatever the reason for weight gain, dealing with chronic stress is essential for health. Even a brisk walk can improve insulin sensitivity.</p>
How will my learning influence/change my practice?	<p>As a result I have produced an information leaflet for patients, which is also available on my website. I have written two articles for my local paper, and this has resulted in several new patients.</p> <p>Several of my patients have been given one of the two adaptogens I have introduced into my dispensary. One of them has CFS and was struggling with energy dips – since giving her Rhodiola she has noticed a considerable improvement.</p>
What will I do next in relation to this activity or as a result of this activity?	<p>I am now looking at the effects of exercise on weight control, as well as carb metabolism, and the effects of adaptogens generally, but especially on athletic performance.</p>

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Title of activity	Clinical examination skills – collaborating with colleagues
Date	April, May, June
What did I do? Briefly describe the activity	<p>A new patient presented with a neurological condition and I had to perform a full cranial nerve exam – it had been some time since I did one and I felt quite rusty doing it so I decided I needed to refresh this skill. I remembered learning everything and practising it over and over until it had become second nature – which kept me in good stead because I hadn't carried out a cranial nerve exam in over 5 years! What was nice though was patient commented that specialist had done exactly what I did – she didn't notice, but I felt I needed to work on it.</p> <p>Two colleagues agreed to work with me and together we decided to undertake a complete revision and updating of our knowledge about neurological conditions. Over the course of 3 months we met regularly (every 2-3 weeks) and practised the cranial nerve exam and discussed diagnosis and diagnostic features. In between times we studied privately. We revised anatomy and physiology, as well as pathology, as well as evaluating our approach to a range of conditions.</p>
What was useful for me? (Key learning points?) What were the most important things I learnt?	<p>I found it extremely useful doing this, but also was heartened to find my knowledge had developed so well through my years of practice. We were all able to refresh our examination skills – we made use of a set of DVDs on examination skills and brought in colleague A's mentee to put us through our paces and give us an assessment since he has only just completed his training and this is fresh in his mind – although he did say it forced him to make sure he knew what he was talking about and he felt both privileged to be asked and scared of exposure. Not half as scared as the rest of us.</p> <p>All in all this was a good experience, but very intensive.</p>
How will my learning influence/change my practice?	<p>I have been carrying out more physical examinations and feel this gives my patients a better service. It has changed my relationship with them as there is always physical contact in a caring professional way – I recall being told that FFH always said one should touch all patients in a therapeutic way, and from my recent experience I think I can say he was absolutely right.</p>
What will I do next in relation to this activity or as a result of this activity?	<p>Revise more A&P and examinations.</p>

Retain a copy of this in your portfolio. You can use this evidence of your CPD activity to complete your annual summary and/or to compile your profile if you are selected for audit.

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CPD portfolio records

CPD activity reflective notes (Keep for your own records)

Title of activity	M. Ed (Clinical Education)
Date	Sept 2009 -
What did I do? Briefly describe the activity	<p>I have enrolled on a Master of Education (Clinical Education) course. My work as an academic requires me to have a higher degree – this one combines my interests in education and clinical work and improves my ability to do my job well.</p>
What was useful for me? (Key learning points?) What were the most important things I learnt?	<p>So far, looking at research in teaching in clinical setting. I have developed better understanding of learning, teaching and assessment in the clinical setting. Theories of learning and learning styles. Deep learning and surface learning. Teaching students how to learn. Seeing teaching as scholarship.</p>
How will my learning influence/change my practice?	<p>As well as making me think more about my teaching, I have been cascading what I have learnt to colleagues and we have set up a critical reading and discussion group to look at medical education in general and clinical education in particular, sharing teaching/learning experiences and learn from one another. As a group we have set a premium on our own development as educators.</p>
What will I do next in relation to this activity or as a result of this activity?	<p>Continue with my study – the course is part-time over a 3 year period.</p> <p>I am working on teaching students to learn – there is no single right way to learn. I plan to attend a conference on clinical education.</p>

CPD portfolio records

CPD activity reflective notes (Keep for your own records)

Activity	Research cholesterol, statins, magnesium and co-enzyme Q10.
Date	September - October 2009
What did I do? Briefly describe the activity	<p>Patient came with nerve damage as result of taking statins. Major problem was muscle cramps. I decided I needed to investigate statins and side effects, along with magnesium, CoQ10 and Vitamin D</p> <p>Pubmed search Internet searches Series of videos on Youtube</p>
What was useful for me? (Key learning points?) What were the most important things I learnt?	<p>Understanding the impact on Co-enzyme Q10 status in the body in patients taking statins and the implications of that for the health of patients taking statins.</p> <p>Mevalonate, precursor of Co-Q10 is inhibited by some beta blockers.</p> <p>Use of magnesium in range of diseases/disorders e.g. blood pressure control and heart disease, diabetes, migraines, depression, CFS etc</p> <p>Effective dose range of Mg</p> <p>Magnesium oil and forms of using/taking magnesium</p> <p>Co-Q10 and breast cancer and in poss prevention of heart damage during chemo.</p>
How will my learning influence/change my practice?	<p>I am taking more notice of patients' dietary habits and looking much more closely at possible nutritional deficiencies that may be contributing to their problems.</p> <p>I have looked at cholesterol before and have examined the evidence that cholesterol may impact on heart disease. Many patients believe that they must do something about their cholesterol levels, but making changes to their eating habits is beneficial anyway.</p>
What will I do next in relation to this activity or as a result of this activity?	<p>Look at other common drugs and the effect they have on nutritional status and other side-effects.</p> <p>Continue research in this area.</p>

Retain a copy of this in your portfolio. You can use this evidence of your CPD activity to complete your annual summary and/or to compile your profile if you are selected for audit.

CPD portfolio records

You may photocopy this form.

CPD activity reflective notes (Keep for your own records)

Title of activity	Review of Where the Wild things are	
Date	6/12/09	(One hour)
What did I do? Briefly describe the activity		
Read Where the Wild Things are by Maurice Sendak Looking at story as metaphor		
In the story Max has been punished for something. He travels to where the wild things are and a 'wild rumpus' ensues, until suddenly Max stops everything saying "enough" and then travels back to his bedroom where his supper is waiting for him.		
What was useful for me? (Key learning points?) What were the most important things I learnt?		
Whilst clearing up the children's books in my practice room I happened to open this book. I hadn't read it since my own children were young. I didn't expect to learn anything from this – it was an unplanned activity.		
I understood illness from a different perspective. I wasn't expecting anything but in reading the story it dawned on me that it could be a metaphor. A patient is like Max – their life is going along in an orderly fashion until something interrupts that. For the patient the wild rumpus is the chaos that their illness has become, whether that is metaphorical or at a cellular level perhaps with inflammatory processes out of control.		
The journey to health for the patient is like Max saying "Enough". At that point they consult me, and we work together to help them find their way back to their 'bedroom', where supper awaits them in the form of a return to better health.		
I looked at the word 'bewilderment' in an etymological dictionary and discussed it with colleague who works in story-telling and creative writing. I learnt that bewilderment means confusion. In a sense confusion is where patients are when they are ill.		
How will my learning influence/change my practice?		
I am able to empathise with patients as a result of understanding their 'bewilderment' at their illness. My role is to help them make sense of what is happening to them, how it has happened and how to help them restore order in their lives so they become healthy again. This may involve prescribing herbs (usually does) or recommending supplements (often), or helping them make changes to their lives so that their lives are not detrimental to their health. It may mean helping them come to terms with the difficult circumstances of their lives and cope better by creating strategies to deal with stress or situations.		
What will I do next in relation to this activity or as a result of this activity?		
Read more fiction – it helps us understand human nature better. I'll also recommend patients read fiction and poetry.		
I may investigate story in general, but this has prompted me to look more closely at Narrative Based Medicine. And how it links to e.g evidence based medicine.		

Retain a copy of this in your portfolio. You can use this evidence of your CPD activity to complete your annual summary and/or to compile your profile if you are selected for audit.

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Whenever you undertake an educational activity you should spend time reflecting on your learning. Use this sheet to help reflection on each CPD activity. Complete one record sheet for each CPD activity you do and place a copy in your portfolio. If you number each page and cross-reference it on your CPD log, it will make it easier to complete your annual summary or an audit profile. This record sheet is for your guidance only – you can maintain your CPD activity record in any format that suits you.

Nature of activity	Seminars on Marketing run by Businesslink
Date	February – March 2010
What did I do? Briefly describe the activity	A series of half day seminars dealing with topics on marketing – online marketing, marketing on a shoestring, and writing brochures
What was useful for me? (Key learning points?) What were the most important things I learnt?	Getting into a prospective patient's shoes to find out what they want and how they would look for it. Realising that social networks might be useful in marketing and how. Understanding how search engines work – local searches. Understanding the need for analytics on a website to target marketing. Keywords and tags.
How will my learning influence/change my practice?	I'm aware of what people may be looking for when they look for a herbalist. I understand that a website should not be static – it needs to have new things added regularly in order to come top of the search engines
What will I do next in relation to this activity or as a result of this activity?	Review my website -. Consider starting a blog – this needs considerable investment of time . Revise my practice leaflets. Read recommended book – Don't make me think.

Retain a copy of this in your portfolio. You can use this evidence of your CPD activity to complete your annual summary and/or to compile your profile if you are selected for audit.

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Excerpt from a reflective journal.

Today I met Andrew in the street. It is now six months since Sue died. I don't remember when either of them last came to see me as patients. Probably 2 or 3 years before her death. I treated Andrew a couple of years before Sue came to see me. They'd been good patients – always came on time, did all I asked them to do and they got better.

I remember X telling me Sue was in hospital and they thought it was a hit and run accident. She'd been found lying on the side of the road beside her bike – but it turned out there wasn't a mark on her. A mystery. No head injury, no stroke. Nothing on CT scan. She never regained consciousness, they didn't know what was wrong with her – she just died after ten days in intensive care. Andrew never got to say goodbye to her – he just went out to work one morning and that was the last time he spoke to her, or spoke to her to get a reply. I went to the funeral. I felt I owed it to both of them to be there. Andrew appreciated that. He phoned me shortly after and said he needed some help sleeping. Then he collected a bottle of medicine and I didn't hear from him again. Until today. I met him in the street outside his house and he was really keen for me to come in. I'd been there before, when Sue was alive of course. Delivered medicine when he had flu – the house is on the main road so I had to pass by on my way to the post office. Today he wanted me to come in briefly to give me a book he'd found.

In the house things had changed. The sitting room was no longer used – or at least it was only used for storing things. He was obviously clearing stuff out. Andrew now lived in what had been their dining room. There was a moderate amount of disarray but nothing major. I could see he had not lost large amounts of weight – just a little but he'd always been quite overweight so the loss didn't do him any harm. I did the usual – asked him how he was doing, was he eating OK and so on. I had no concern about his ability to eat well as I knew he was a good cook. All of that was in order. It was just one thing that struck me – Andrew's change in circumstances was reflected in his house. He didn't say anything, he didn't have to – it was obvious from his surroundings. He had withdrawn from the sitting room at the front of his house into the dining room at the centre. He had withdrawn into his core. Clearly this was where he needed to be right now. He needed to be away from the front of the house where the world went past his window. He didn't want to be that close to the world. He needed to be with himself.

Grief does all sorts of things to people. There's all that stuff about the stages people go through, but nothing prepares you for the death of someone you love, someone close to you. Andrew made me see, without needing to say anything, what his situation is at the moment. But maybe I can see it better because I've been there myself. When my mum died I did the same thing but I can only see it clearly now that I am looking at Andrew. Andrew moved into the centre of his house, away from the world as much as he can be. Seeing that as an actual physical manifestation of his grief helps me see what I can do to help him.

(KEEP FOR YOUR OWN RECORDS)

This section should be used to plan your personal development. It should be updated whenever there has been a change – either when a goal is achieved or modified or where a new need is identified. Complete the form after you have considered the questions where are you now and where do you want to be. There is no obligation to use this form or to produce a personal development plan.

What are my current development needs?	How will I address them?	Outcome and additional comments	Date completed
Explain the need	Explain what action you will take and what resources you are likely to need	How do you expect/hope your practice to change as a result of the development?	Complete this box when you feel you have met your goal
1. Improve book keeping skills	Attend Businesslink seminars on starting in business	I will have a better understanding of finances in general.	March 2010
2. Learn about and become better at Cream making	Investigate attending a practical pharmacy seminar, or ask to spend time with colleague who makes creams		
3. First aid certificate update	Attend first aid training	Renewed and hold a current First Aid certificate	14/3/10
4. Develop better understanding of nutrition	Private study, attend seminar run by Lamberts, Discussions with colleagues		

Retain a copy of this in your portfolio. You might chose to submit a copy of your completed PDP if you are selected for annual audit and feel this form will be useful as evidence of your CPD activity. You may photocopy this form.

This record sheet is for your guidance only – you can maintain your CPD activity record in any format that suits you.

NIMH Postgraduate Training Board

CPD seminar : reviewing your learning *(Keep for your own CPD records)*

After a seminar it is helpful to think about what you have learnt and what was most valuable for you today and how you can use that to benefit your patients. To assist you with this process and to reinforce and extend your learning beyond the seminar, we have created this form to help you. It will help you to compile your CPD portfolio. Continue on a separate sheet or overleaf if you need more space to write.

Title of seminar	Chasing the dragon's tail
Date	18 th March 2009
Name of presenter(s)	Edward Thompson
<p>What was the seminar about? Briefly describe the seminar and indicate why you attended it.</p> <p>Possible Drug- herb interactions. We had a brief revision and refresher of pharmacology, pharmacodynamics and pharmacokinetics. Then we looked at body systems and the common drugs we might encounter in herbal practice, and the likelihood of interactions with the herbs we would prescribe.</p> <p>We used case studies and in groups decided if the drug regimen was a cause for concern or not.</p>	
<p>What did I learn? What was useful for me? What were the most valuable things I learnt? What do I know now that I did not know before? What do I understand now that I did not understand before? What can I do now that I couldn't do before?</p> <p>Therapeutic action of drugs, and how an interaction might occur.</p> <p>In order to make an assessment of possible interaction you need to know the mechanism for a drug's action, herbal pharmacology. What would be clinical consequences of interaction?</p> <p>Drug –drug interactions.</p> <p>Is interaction beneficial – herb reduces need for drug?</p> <p>I can make better clinical judgements about herb safety when presented with a patient on a range of drugs. I feel quite confident that I have a 'tool' to assist in this judgement, using a fourpoint scale to decide if I drug causes me concern, at what level that concern may occur and what to do about it.</p>	
<p>What is the significance of what I have learnt for my practice/patients/students? How do I intend to apply this learning?</p> <p>I will advise patients taking Proton pump inhibitors to take their herbal medicine about an hour before or after taking their drugs.</p> <p>I feel that I can communicate much better with patients' doctors when I need to as I feel in a much stronger position to answer questions about drug herb interactions. The seminar has given me a lot of confidence in my treatment and treatment options, and understanding of common drugs.</p> <p>I need to attend part of this topic and look at further categories of drugs.</p>	

This record sheet is for your guidance only – you can maintain your CPD activity record in any format that suits you.

CPD portfolio records

Continuing Professional Development Annual Summary Record

Please complete this form and return a copy to the URHP Registrar by 31 st March each year.

Name	
Membership number	
CPD Year	
Are you on IPD?	Yes / No

Please complete the table below with a synopsis of your CPD activity giving 3-4 examples of your CPD activity for the year, which demonstrate a mixture of learning activities.

Key dates	What did you do?	What did you learn from this?	What impact has this had on your practice?
6/12/09	Where the wild things are. Seeing patents story as part of an illness narrative	I am able to empathise with patients as a result of understanding their 'bewilderment' at their illness. My role is to help them make sense of what is happening to them, how it has happened and how to help them restore order in their lives so they become healthy again.	I have deeper understanding of my role in helping people make sense of what is happening to them, how it has happened and how to help them restore order in their lives so they become healthy again That may mean helping them come to terms with the difficult circumstances of their lives and cope better by creating strategies to deal with stress or situations.
February – March 2010	Attended a series of half day seminars dealing with topics on marketing – online marketing, marketing on a shoestring, and writing brochures	Understanding how search engines work – local searches. Understanding the need for analytics on a website to target marketing. Keywords and tags.	Have reviewed my website and provided more information for patients and prospective patients .
September – October 2009	Private study on statins	Understanding the impact on Co-enzyme Q10 status in the body in patients taking statins and the implications of that for the health of patients taking statins.	I am taking more notice of patients' dietary habits and looking much more closely at possible nutritional deficiencies that may be contributing to their problems.
18 th March 2009	Chasing the dragon's tail PTB seminar on herb drug interactions	Therapeutic action of drugs, and how an interaction might occur. In order to make an assessment of possible interaction you need to know the mechanism for a drug's action, herbal pharmacology. What would be clinical consequences of interaction? Drug –drug interactions. Is interaction beneficial – herb reduces need for drug?	I can make better clinical judgements about herb safety when presented with a patient on a range of drugs.

Please tick this box to certify your record

I certify that this is an accurate record of my CPD activity for the year.....

Please note, failure to complete and return this form may delay or prevent your renewal of registration with the URHP