Developing and sharing your CPD portfolio

As part of our Personal Development Planning (PDP) or Continuing Professional Development (CPD) it is important that we collect evidence of our practice. We have to be able to show that we are maintaining our standing as professionals. Indeed this is the first of the CPD standards set out by the Health Professions Council (HPC)[[1]](#endnote-1) and followed by the Institute of Medical Illustrators (IMI), see Table 1.

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| Standard | Which means that |
| 1. Maintain a continuous, up-to-date and accurate record of their CPD activities; | You must keep a record of your CPD, in whatever format is most convenient for you. |
| 2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice; | You must make sure your CPD is a mixture of different kinds of activities – not just one kind of learning – and that it’s relevant to your work. It could be relevant to your current role or to a planned future role. |
| 3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery; | You should aim for your CPD to improve the quality of your work. It may not actually improve your work, due to factors beyond your control, but when you choose your CPD activities you should intend for them to improve your work. |
| 4. Seek to ensure that their CPD benefits the service user; and | You should aim for your CPD to benefit service users. As above, you may not be able to make sure that this happens, but you should have the intention of benefiting service users. Depending on where and how you work, service users might include patients, clients, your team, or students. |
| 5. Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD. | If you’re audited, you need to send us a CPD profile (which must be your own work and supported by evidence) to show how you have met our standards. We will send you the CPD profile to fill in. |

Table 1. CPD standards and their meaning (<http://www.hpc-uk.org/registrants/cpd/>)

*Task 1 – How up-to-date is your CPD portfolio?*

In looking at what you have (or don’t have), how long would it take you to pull together all the materials ready for an audit? If you have a portfolio ready it may take no time at all or it could take you a lot of effort and time looking for where you put things and trying to remember what you have done?

Are you a regular user of CPD Record (<http://www.imi.org.uk/members/cpd>) on the Institute of Medical Illustrators website? Do you regularly add items to your institutions online electronic portfolio e.g. PebblePad? Do you add each activity with information to a folder on your computer or into a CPD folder?

**Developing your portfolio**

Whether you are working on creating a visual portfolio or show reel of your work, to show a prospective employer or client, or working on your CPD portfolio there are a number of useful steps you can go through which are to; Collect, Reflect, Design and Publish, see Figure 1[[2]](#endnote-2). This is very much a continuous cycle as you add more materials to your portfolio.



Figure 1 Diagram of portfolio development workflow for the portfolio owner from the Open Source Portfolio Initiative (OSPI)2.

**Collect**

We generally think about PDP and CPD as a 2-3 year cycle so thinking about the type of work you have been doing over the past 2-3 years collect together all your evidence. Even if you have been able to find everything it is key to get examples of a range of activities, see Standard 2 above and the previously published Learning and CPD activity “Adding variety to your learning activities”[[3]](#endnote-3), see also the example of learning activities online (http://www.imi.org.uk/file/download/3427/ExamplesofCPDactivity\_1.pdf).

It is important that your collection has a purpose as the portfolio is not just about CPD audit it is equally a tool to help you see your professional development and progress whether towards a goal or target you, your tutor or line manager have established or more generally for you to realize how far you have come or how much you have done over the past year or more.

For lifelong learning, which is what CPD is aimed at, a portfolio may demonstrate;

* Progress towards educational and professional objectives or learning outcomes
* The format can be electronic or physical or a combination of these
* The evidence may be in the form of records, writing or visual material

As medical illustrators showing what we can do in the form of ‘visual material’ is important. A medical illustrators portfolio without images would look very bland and boring. This is where you can include your entries to the IMI galleries and competitions, recent work, copies photographs, videos, illustrations and graphics that have been published or exhibited.

Portfolios are by their very nature “Cumulative” so they contain work completed or evidence collected over a period of time. They are a work in progress; so they are never finished as old work is removed and new material is added. Indeed ‘little and often’ is far better than a mad panic when an audit request comes in as it will eventually for everyone or all too quickly after your 2 years probation as a newly qualified medical illustrator.

**Reflect**

It is no use just collecting evidence a good portfolio also needs to be reflective. Some of the evidence may indeed be reflections, ideas and thoughts on your professional practice as you work each day but we should also be reflecting on events we go to for example; conferences, postgraduate medical centre meetings, regional IMI meetings and lectures, training we have undertaken at a local or national level, papers we have read and thought might be useful to apply or Learning and CPD activities undertaken.

Together with collection and reflection is the process of selection. Which are the most appropriate pieces of evidence to include? Which of the 20-30 photographs should we include as an example? Which lecture from a conference or meeting most affected how you worked so is the best to reflect on? There is no point making things difficult for yourself, lets be honest there are some things that may be very useful but don’t make good areas for reflection e.g. a new tool on InDesign or the latest Health and Safety update at work. It is better and easier to reflect on areas of your practice that directly impact on service users, which then supports Standard 3, see Table 1 above.

Although we look at Collect and Reflect as separate parts of the process, the aim is that your collection and reflection should be integrated into your everyday practice, with the portfolio providing a supportive structure to reflection whether that is on your own with peers or with a mentor. There have been several Learning and CPD activities[[4]](#endnote-4) based around reflection that can help with this part of your portfolio development as well as books[[5]](#endnote-5) and other resources online[[6]](#endnote-6).

*Task 2 – Collect and reflect on the evidence of your practice*

Your regular collection could be weekly, monthly or whichever works best for you personally but the key is for it to be regular. Are you able to set aside the time? When are you at your most productive? It there a lull at the same time each week or month when you could up date your portfolio and also reflect on the week so far?

Even short notes and thoughts added to your evidence can start the process of reflection as it is not just about a collection of pieces of paper but the impact your CPD has had on you as a professional, your professional practice, the people you work with and the patients that are affected by what you do or don’t do. So the collection of evidence and pieces of reflection when taken together, with other learning, can lead to further reflection, realisations about the way you work and so to change and improvement in practice.

**Design**

The range of ways to design your portfolio will depend on how you like to work or they may be dictated by the preferred style of where you work or study. You can arrange by subject, aspect of learning or work, date of working in a journal, log or diary format, as suggested by a professional body or career direction. You can even use multiple formats or several sources e.g. CPD Record, a blog and a gallery showing off some work that you have permission to show more widely, remembering ethical issues[[7]](#endnote-7).

You can keep your portfolio in portfolio box, folder with dividers for sections, online as an e-portfolio, using a desktop publishing programme. Whichever way it is the evidence that is key not how you store it as long as it is easy to collate ready for audit or review.

**Publish**

This is probably the part we don’t usually consider when it comes to CPD as it is ours and so private. However, if you look at Figure 2 showing the full OSPI diagram, you can see that there is another aspect to portfolio development, sharing. This is not publishing in the sense of producing a hard copy but publishing so others can see and share in what you are doing and have achieved.



Figure 2 Diagram of the full portfolio development workflow from the Open Source Portfolio Initiative2.

Publishing and sharing allows our ongoing CPD to be supported or viewed by a mentor, tutor, line manager or colleague through a process of Review, Analyze and Guide. This can help in many ways; it could be you have a colleague you are mentoring so you can show them how you have developed your CPD. You could get feedback from a colleague before you submit for audit. As a team you could be sharing your ideas so that changes in practice don’t stay with you but can be disseminated more widely.

In a wider context this process of review, analyze and guide could be sharing through common interest groups e.g. groups of the same specialism, photographers, artists, graphic designers or video getting together to share but also address common issues and possible solutions. This portfolio once published will then be ready with the appropriate paperwork for a guest to view or for evaluation and review through CPD audit

*Task 3 Work out where and when you can share your CPD portfolio*

After you have organized your portfolio think about how you might be able to share it. An online collection can be shared with a colleague in a different organization or even in a different part of the world. You can share with your workplace mentor/line manger or with your mentee and them with you. When on a course of study you can share your PDP or CPD with other students or your tutors.

Do you meet up at regional meetings with other medical illustrators? If so you could spend a few minutes before a meeting looking at each other’s portfolios. Part of a meeting could even include a CPD portfolio review like a show and tell. This enables your CPD to become more developmental as ideas you have can be shared. It also enables any common themes, issues and problem areas to be looked at along with wider dissemination of examples of good practice.

Developing our personal CPD portfolios is a key part of our professional work as medical illustrators but without the added element of sharing good practice we are limiting their value to our small part of the world or even just to our own personal practice. In a world of social media we have to be careful how our work is disseminated but the profession as a whole, patients, clients, your team or students can only benefit when we do share more widely.

1. **References**

   Health Professions Council (2011) Your guide to our standards for continuing professional development. http://www.hpc-uk.org/assets/documents/10003858Your\_guide\_to\_our\_standards\_for\_CPD.pdf [↑](#endnote-ref-1)
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6. Palgrave (2012) Structured reflection. Skills4Study: Personal Development Planning [URI <http://www.palgrave.com/skills4study/pdp/structured/> accessed June 16th 2012] [↑](#endnote-ref-6)
7. Bryson, D. (2011) Ethical dimensions to reflection. Journal of Visual Communication in Medicine Vol. 34(1): 36-37. [↑](#endnote-ref-7)